

CORRESPONDENCE

The German Health Care System in International Comparison: The Primary Care Physicians' Perspective

by Dr. rer. medic. Klaus Koch, Dr. med. Antje Miksch, Dr. rer. nat. Christoph Schürmann, PD Dr. med. Stefanie Joos, Prof. Dr. med. Peter T. Sawicki in volume 15/2011

Lowest Implementation Body in Social Politics

The results of the Commonwealth Fund (CWF) Study seem to have left the authors utterly bewildered. They suspect themselves that in the context of this study, not all areas were covered that might explain the strikingly high dissatisfaction among Germany's primary care physicians. However, the problems are common knowledge and have found their way into multiple publications. Germany's statutory health insurance system is based on a body of rules and regulations that would be unimaginable in other countries. The conditions under which Germany's primary care physicians are laboring are:

- The ongoing conflict between social politicians' and health insurers' public promises of unlimited services, with concealed rationing at the level of the service providers
- Fragmentation of services as a means of controlling costs
- Threats of legal recourse in a Byzantine legal system (an impenetrable mess of unclear and contradictory rules, collective liability, penalties without proven guilt)
- The abolition of basic rights for the doctors contracted to work for the statutory health insurers (freedom to form coalitions, freedom to set their own fees)
- A centralized planning economy with a detail-obsessed mania for regulations, whose implementation requires enormous resources in each and every practice
- A lack of scientific understanding of primary care physicians' activities. The concept of evidence based medicine can thus far be applied only to narrow segments of primary care doctors' work.

In the past 30 years, general practices have mutated into the lowest-level implementations bodies within social politics. Patient oriented medicine in the system of contracted doctors is often only possible by breaking existing regulations, accepting economic sanctions, and working any amount of unpaid overtime.

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REFERENCES

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Dr. med. Reinhard Reitmeier
Altötting, Dr.R.Reitmeier@t-online.de

In Reply:

Reitmeier's correspondence poignantly illustrates the dissatisfaction we described in our article. We regard the first five causes as an expression of political opinion that we do not wish to comment on. However, it is not the case that "the concept of evidence based medicine (EBM) can thus far be applied only to narrow segments of primary care doctors' work."

The application of EBM has already yielded many examples of better treatment for patients. From a scientific perspective, there is no reason why EBM shouldn't be applicable in all medical specialties. Its widespread use does, however, require special training and support for physicians.

The process started a while ago. In recent years, evidence based general practice has become established as a scientific discipline with professorial chairs or departments at many Germany universities. Many of the sites organize "general practice days," offering scientifically first-rate, industry independent, continuing medical education for primary care physicians and practice teams (for example, Heidelberg, see www.klinikum.uni-heidelberg.de/Tag-der-Allgemeinmedizin.7460.0.html).

Furthermore, the German College of General Practitioners and Family Physicians (DEGAM) has been focusing on developing evidence based guidelines for general practitioners in recent years. Numerous guidelines for common causes for consultations that are relevant for clinical practice are available; some of them with diverse accompanying materials (information for patients, abbreviated versions) (<http://leitlinien.degam.de/index.php?id=fertiggestellt-leitlinien>). Furthermore, the EBM service in the *Zeitschrift für Allgemeinmedizin*, DEGAM's official publication, provides evidence based information in response to relevant questions from general practice on a regular basis. These developments have crucially contributed to the scientific understanding of the specialty that is general practice.

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Dr. med. Antje Miksch, PD Dr. med. Stefanie Joos
Abteilung Allgemeinmedizin und Versorgungsforschung, Universitätsklinikum Heidelberg

Prof. Dr. med. Peter Sawicki
Institut für Gesundheitsökonomie und Klinische Epidemiologie (IGKE), Universitätsklinikum Köln

Dr. rer. nat Christoph Schürmann, Dr. rer. medic. Klaus Koch
Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen (IQWiG), Köln
klaus.koch@iqwig.de

Conflict of interest statement

All authors declare that no conflict of interest exists.