EXTRACTS FROM THE WORLD MEDICAL JOURNAL

THE DOCTOR IN WEST GERMANY*

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Anyone who wishes to practise medicine in West Germany must be in possession of legal permission, known as an 'approbation'. The legal conditions for granting such registration are set out in special regulations. According to these, medical education lasts for at least 7½ years. Six weeks of nursing service precede the 5½ years spent in university studies in a medical faculty; finally 2 years of work as a 'medical assistant' (equivalent of our houseman), intervenes between university studies and approbation.

The overwhelming majority of doctors in West Germany and West Berlin (at present about 48,300) are in 'free practice'. 'Free practice' has no equivalent in English: it means practice in which the doctor is not salaried or employed full-time either in a hospital or an official position. It is thus often a combination of private practice and insurance or panel practice. The remaining physicians either work in hospitals, or are teaching and doing research in universities and scientific institutes, or have official positions in public, government or local services, or work as industrial medical officers, in the pharmaceutical industry or in the medical services. About four-fifths of doctors working in hospitals are assistant doctors, corresponding to senior residents or junior visiting staff. Most of these doctors working in hospitals are only there temporarily, until they can establish themselves either as a general practitioner or a specialist. Of doctors in private practice, 65% are general practitioners and about 35% specialists, but in the last 15 years a trend towards specialization has set in and this will raise problems in medical care.

The doctor in West Germany is naturally subject to common law in the exercise of his profession and also to a set of official regulations drawn up by his own elected bodies, the medical associations. Violations of these regulations involve appearance before a professional tribunal.

Specialization

In contrast to the regulations for general medical education laid down by the state, the training of specialists is strictly an affair of the medical associations and is governed by the medical profession itself. There are now 16 specialties recognized: Internal medicine, chest diseases, paediatrics, neurology and psychiatry, dermatology and venereology, ear, nose and throat diseases, anaesthesia, radiology and clinical pathology. Recognition as a specialist must be preceded by a period of work as an assistant doctor associated with the specialty. This work must be carried out in German university clinics or institutes or the hospitals recognized by the medical association, or it may for a limited period be done in the practice of a specially recognized specialist. Any hospital approved for training must measure up to certain standards guaranteeing a comprehensive training in scientific and practical aspects. Training abroad may be counted towards the total training if

*Abstracted from Stockhausen, J. (1964): Wld Med. J., **11**, 341.

it is approved by German regulations. The following periods of service as an assistant doctor are the minimum required for specialist recognition; they date from the time when the doctor has received his 'approbation'.

Internal medicine	5 years	ENT disease	3 years
Paediatrics	4 „	Anaesthesia	4 „
Dermatology and venereology	3 „	Radiology	4 „
Orthopaedics	4 „	Chest disease	4 „
Oro-maxillary disease	3 „	Neuro-psychiatry	4 „
Gynaecology and obstetrics	4 „	Surgery	5 „
		Urology	4 „
		Neurosurgery	5 „
		Clinical pathology	4 „

When a trainee has finished his service he can apply to the Land medical body for approval as a specialist. In support of his application he has to bring proof of his work, and the last year of his training is scrutinized in particular detail to ensure that he is in possession of the necessary knowledge and skill to exercise his specialty. If there is doubt about his testimonials, the specialist committee of the medical association may ask for evidence from other specialists. Specialists must limit their activity to that specialty in which they have been designated and must not engage in general practice.

In West Germany, official regulations lay down minimum and maximum charges for all doctors, specialists as well as general practitioners. The same tariff applies for a specific service, whether it is carried out by a specialist or a general practitioner.

Statistics

On 1 January 1963 there were 91,271 doctors and medical assistants. In free professional practice there were 48,281 doctors. The proportion of specialists in the total medical population rose from 31·3% in 1938 to 41% in 1963. The density of physicians in West Germany has increased considerably since 1945 and continues to increase. While the population has risen by about 15% since 1950, the number of doctors has increased by about 34%. In 1938 there were about 7·3 doctors per 10,000 inhabitants, but this proportion is now more than doubled. In other words, whereas in 1938 there was one doctor to 1,397 inhabitants, there is now one to 627. This number is very high in relation to other countries, and in order to keep the proportion at this already high level, it is estimated that 2,000 to 2,100 new doctors are needed annually. However, last year almost 5,900 school-leavers began to study medicine, and numbers were equally high the year before, so that the necessary recruitment is covered more than twice over.

Medical practitioners in West Germany enjoy a high degree of popular esteem, but social status and professional skill are unfortunately still not reflected in the economic situation. As elsewhere, there is a general tendency to undervalue the services of the profession. Medical fees have risen substantially as part of the general economic development in the last 10 years, but this rise is still not commensurate with the work done, partly because official medical tariffs lag behind the general rise in salaries and prices. These tariffs consist of fees agreed between the bodies representing doctors working in health insurance schemes and the insuring bodies. Incomes in a large proportion of the profession have reached a certain level because doctors have taken on a work-load far beyond what is normal in other callings. Practice expenses are constantly rising because of general increases in costs and because modern medicine involves more complicated facilities.

Private practice, either for the specialist or the general practitioner, is seldom economically possible without participation in insurance practice, since about 85% of the population is now insured. Up to 1960, the number of doctors legally admitted to insurance practice was limited to approximately one physician per 500 insured persons or 1,200 members of the population. This restriction was removed by the Constitutional Court in spring 1960 and the free access to insurance practice led to the admission of a further 6,000 doctors to this type of practice in the following year. The long-term consequences of the free access system have still to be assessed.

Certain dangers to professional practice in West Germany, as elsewhere, stem from the ever-increasing development of the welfare state. Three aspects of medical practice particularly threatened are: maintenance of professional secrecy, free choice of doctor, and freedom of the doctor to make his own professional decisions. A multiplicity of control measures and notification requirements disturb the doctor-patient relationship, while more regulations for medical treatment appear, and there is a trend towards the continued intrusion of organizations controlled by the state or the insurance body in the field of medical care. The German medical profession opposes most of these trends, and defence of the free exercise of the medical profession is a major concern of the national Association.

Organization of the Profession

1. *Medical associations.* The Länder of West Germany as well as West Berlin each have a medical association (Aerztekammer). To these medical associations all physicians in the area must legally belong, and they are organized on democratic principles. A delegate assembly of the association is elected by all the doctors of the area by secret ballot, and this assembly elects its council. The most important legal duties of the association are to maintain the highest level of ethics and science in the profession, to ensure the professional requirements of the members, to supervise the exercise of medicine, to promote postgraduate teaching, to draw up regulations for professional and specialist activity, to promote collaboration between members, to participate in framing legislation relevant to professional practice and to public health, and to take measures for the welfare of the members and their widows and orphans. The Land medical associations are organized at the national level under the German Medical Association whose headquarters are in Cologne. The latter assembles usually once a year (Deutscher Aerztetag) as a meeting of delegates from all the daughter associations. Each of these sends one delegate for every 500 doctors. This Assembly has existed since 1873, and in 1963 it met for the 66th time, its meetings having been suspended during the two World Wars and the Nazi regime. Its business is prepared and organized by a Council or Praesidium which consists of a business committee with a President and two Vice-Presidents, the whole committee being elected by the Aerztetag by secret ballot every four years, together with representatives of all significant medical organizations in Germany.

2. *Social security organizations.* Those doctors (Kassenaerzte) who have been admitted to the legally constituted health insurance organizations in West Germany are associated in large Länder as a Society of Doctors in Health Insurance, and these societies are united nationally; both types of organization have legal status. The main function of these societies is to ensure the medical care of the insured population, now amounting to 85% of the total. All the manual workers and the majority of white-collar workers (up to a certain income level) must by law be insured. The societies represent their members vis-à-vis the insurance bodies. Fees for medical care rendered by members are turned over to the regional society which distributes the money to its members in accordance with the local practice, either as item-for-service payments or as otherwise determined by the doctors themselves. The level of fees is negotiated between the insurance body and the society. To an increasing degree the possibility envisaged by the Medical Insurance Statute of 1955 of paying doctors on item-for-service is being employed.

The societies of doctors in health insurance also have the responsibility of arranging for admission of doctors to an insurance practice, candidates consisting of qualified physicians who possess certain personal and professional qualifications laid down locally. Any doctor in possession of these qualifications must be admitted on application to health insurance practice. Senior hospital specialists may on their personal application be permitted to participate in the medical care of the insured referred to them. Insured persons and their families have free choice of any general practitioner or specialist attached to insurance practice.