

ELECTIVE (SSC5b) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

Describe the pattern of prevalent Musculoskeletal conditions in Germany and discuss this in the context of global health

In 2015 Germany spent 338,2 million euros on healthcare. According to the federal statistics office, 10% of that goes to the musculoskeletal system. As a developed country with a life expectancy of 81 years, the pattern of most common diseases is similar to the UK, according to my supervisor. Osteoarthritis is one of the most common conditions that are managed by both primary care and eventually surgery, which is similar to the UK. Resources for orthopaedics in Germany is organised by the patient to care provider ratio – making sure that there is no overall shortage. However locally, availability can vary. This can be compared with the system in the UK – often people have to travel long distance to meet one of the few consultants that are able to treat them, as the best centres are often in metropolitan areas.

German Healthcare system and distribution of orthopaedic services

The German healthcare system first took form around 1880s in times of hardship, with the principles starting from the times of Wilhelm Kaisereich, covering around 10% people (who were often poor) which makes it the oldest socialistic healthcare system in the world. Now the public version covers around 82% of the population, with the private version supplying the rest. It is a combination of the statutory healthcare system, and a private health insurance. The statutory healthcare system is called Gesetzliche Krankenversicherung (GKV) and everyone who earns below EUR 59.400 is automatically enrolled into this programme. The salary required goes up every year. This is paid for by both the employer and employee, each contributing to the cost. Those who receive benefits have their insurance paid for by the municipality. There are hundreds of associations (Krankenkassen) who offer GKV services, and by law, the cost to the individual is fixed at 14.6% of their salary for every association. These Krankenkassen must cover at least a minimum of care that is dictated by law but can vary in their terms and conditions outside of these limits. If a person pays for GKV, their non-working dependants are covered at no extra cost. GKV only covers services provided by registered doctors and hospital, not private hospitals or doctors.

The private insurance is called Private Krankenversicherung (PKV). This is available to those earning above EUR 59.400, is a civil servant, or is self-employed. Some companies also offer private insurances as a benefit to their employees. People can choose to compliment or replace the GKV with PKV. In contrast to GKV, cost calculations are risk based (e.g. age, gender of the patient). Cover is per person rather than per family like the GKV. However, depending on the insurance plan, they can be much more comprehensive than GKV, and could cover things such as dental works or glasses.

An interesting difference I found after visiting the emergency department (as a student, not a patient) is there they have split medical and surgical emergencies in different departments, on opposite sides of the hospital. There is also a centre just for children. However this is just at the hospital I worked at – in the other campuses of the same organisation there is just one department. This seems to only appear in the big hospitals. Of course, if the patient needs an operation they are still admitted to the wards.

Describe the approach Germany takes with regards to treatment strategies in terms of cost effectiveness and prevention.

The decisions as to where the money gets spent is done amongst a few groups of agencies and associations, under the umbrella of the Federal Joint Committee. The committee requests evidence and data for their decision making from an organisation called the Institute for Quality and Efficiency in healthcare (Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen – IQWiG). This organisation can be compared to NICE in the UK. They are an independent structure that only analyses evidence and provide recommendations. At the committee's request (and with extra commissions) they will also analyse cost effectiveness. They do not set the rules themselves - the committee reads IQWiG's report and issues legally binding directives regarding investigations and treatment decisions.

As Germany runs under two insurance systems, there are no distinction between private and public hospitals – only private and public patients. For example, private patients might get their own rooms in the same hospital and wards as the rest of the patients. For orthopaedics, both insurance plans will cover work that the patients might require, unless they are extremely new and expensive treatments that only private insurance might cover. Therefore, both sets of patients will generally have the same treatment plans, unless they are taking part in trials that are currently running. For example, a patient in the ward was currently trying out bacteriophages as a treatment – so there was no surgery planned for removing or replacing prostheses.

German in a medical context and attempt to communicate through a language barrier.

There are quite a lot of similarities in medical words between German and English, especially in orthopaedics with heavy use of anatomical words. For example, you probably don't need to know German to know what a fraktur is, and if you know that kopf means head then femurkopf will be easy to guess. This has made it easier to sit through the meetings where the head doctors make decisions on treatments. Some basic words like screws and scissors still needed learning though.

Although it would be unlikely for German in a medical setting to be useful to me again after this elective (unless I decide to move to Germany), learning to communicate through a barrier would be an important skill to have for a doctor especially if they work in London, as some patients might not speak English.

Communicating in German was difficult at first. However, I was fortunate to have a friend who could translate things to me so it did not become too much burden. As part of my role there I needed to take blood samples from patients in the morning, so I quickly learnt to communicate that to the patients. I have realised that there are some key words that if you know, it would make communicating a lot easier. For example, basic words to know would be left and right, pain, better or worse, and perhaps the question asking if they went to the toilet today. The rest of the content of what you want to say can probably be substituted by pointing. However, accuracy of communication is important and for vital communications a translator should be used. I can apply what I learnt here back to London depending on the local population.

Overall this has been a fun elective, and it is interesting how even another country so similar to the UK would have differences in how they do things, from the procedure to taking bloods to how they attach a drainage bottle after surgery (although I am told this is only at this hospital)