Report

Recent Aspects for Public Health in Germany

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Abstract

Germany becames a brige to central Europe and east Europe as a member of EU since 1990's Unified state. Germany has been joining in international cooperative health projects. As a WHO and a EU member, has sent representatives to many important steering committees of other countries. The administration of that is spread dispersedly on 16 local governmental bases. Regarding the hygienic level, the life span has steadily grown, such lengthening can be said to result from, the progress of therapeutic medicine, health education, regular preventive medical examinations, health promotion and guidance of a healthy lifestyle. Of deaths from illnesses, 50 % are caused by diseases of the heart and other circulatory system diseases, and malignant neoplasms are the second largest cause of death. Earlystage cancer detection programs have been carried out since 1971. Infectious diseases have become inconspicuous by virtue of modern medicine, AIDS has appeared as a new and important problem. the federal government has been executing anti-AIDS programs centering on protection from virus contagion and wideranging consulting and nursing service for patients and carriers. The problem of deficiency and imbalanced distribution on physicians,may be solved in due time, because the number of doctors has been continuing to increase. As regards health care, Health-care system covers all citizens as a socially guaranteed right, all residents must learn to take the responsibility to maintain their health and to protect themselves by avoiding dangers.

The most important task now facing German health policy is to establish a well-prepared health system in eastern Germany. Expenditures on medical and insurance system about DM. 140,000 million, which is about half of all the health expenditures of western Germany. This problem of how to deal with large expences hereafter remains in Germany.

The author intends to summarize my investigation on the situation of public health, which I had an opportunity to conduct in the Federal Republic of Germany from 1991 to 1994.

I. Background

The Federal Republic of Germany is located in the central part of Europe and is surounded by 9 countries. Germany becames a brige to central Europe and east Europe as a member of EU and NATO since Unification of state in Oct. 1990. Germany has approximately 80 million

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populations, the population is the second size to be next in Russian in Europe. The Federal Republic of Germany's Health-care system covers all citizens as a socially guaranteed right. Although health care is before everything a matter of each individual, the nation and society also bear part of its responsibility. Regardless of economic and social condition, all citizens must have an equal opportunity to maintain or recover their health. The administration of the German health system is spread dispersedly on 16 local governmental bases.

II. Health indicator

The average life span of Germans has steadily grown for the past 40 years. Currently the male average is 72.2 and the female 78.7(Tab. 1). Such lengthening can be said to result from, above all, the progress of therapeutic medicine. The average span is said to be able to be extended further if so-called "civilization diseases" or "adult disease" decrease. Therefore, thorough preventive measures are sought for such diseases, including health education, regular preventive medical examinations, and health promotion and guidance of a healthy lifestyle.

Tab. 1 Health Indicator in developed countries.

	life (M) span	life (F) span	infant death rate	peri-natal death	GNP /man	Expenses/man	Doctor /10000	Nurse /10000	Expenses/GDP
Germany	78.7	72.2	6.9	6.0	20,750	1,079	25.6	36.4	5.2%
Japan	81.8	75.9	4.6	5.7	33.400	1,667	17.1	60.3	5.0%
Australia	80.0	73.9	6.7	7.9	23,450	1,760	22.9	110.2	7.5%
Austria	79.2	72.6	7.5	7.9	20,380	1,697	26.1	41.0	8.3%
Canada	80.4	73.8	6.4	7.7	21,260	2,110	19.6	84.7	9.9%
Denmark	77.7	72.0	6.5	8.3	23,660	1,623	25.1	27.8	6.9%
Finland	78.9	70.9	5.8	6.2	24,400	1,257	22.3	169.5	5.2%
France	80.9	72.7	7.2	8.9	20,600	2,104	31.9	36.9	10.2%
Italy	79.7	73.2	8.0	11.3	18,580	725	42.4	20.6	3.9%
Netherland	80.1	73.8	6.8	9.7	18,560	1,011	22.4	85.5	5.4%
Norway	79.8	73.4	8.0	9.8	24,160	965	22.2	94.3	4.0%
Sweden	80.4	74.8	5.9	6.5	25,490	2,184	26.1	263.1	8.6%
Switzerland	80.9	74.1	6.4	7.7	33,510	610	14.6	101.0	1.8%
England	78.7	73.2	6.6	8.1	16,750	1,908	16.4	42.7	11.4%
U. S. A.	78.8	72.0	9.2	9.6	22,560	2,679	21.4	87.0	11.9%

III. Cause of death

As in other industrial countries, civilization diseases cause great problems in Germany. Of deaths from illnesses, 50 % are caused by diseases of the heart and other circulatory system diseases, and malignant neoplasms are the second largest cause of death(Fig. 1). Typical geriatric diseases such as allergies and diseases of the central nervous system also show a steady increase. Although once-prevailing epidemics, including of tuberculosis, cholera, diphtheria and pneumonia, have become inconspicuous by virtue of modern medicine, AIDS has appeared as a new and important problem (Fig. 2—Fig. 3).

IV. Doctors and Hospitals

In 1990 there were approximately 195,000 doctors in western Germany and 42,000 in eastern Germany. This was 321 residents per doctor for the former and 379 for the latter.

Given these statistics, Germany ranks among the best medically-provided countries in the world. However, it cannot necessarily be said to have established a medical structure throughout the nation because of the regionally imbalanced distribution of practicing physicians, who are the cornerstone of a medical system(Fig 4). Some countrysides and suburban districts of towns do not have any such physicians(Fig 4). This problem may be solved in due time, because the number of doctors has been continuing to increase(Fig. 5—Fig. 6). Doctors working as practitioners account for less than half of all doctors, and the rest work at hospitals, government offices and research institutes.

Germany has 3,600 hospitals for over 830,000 beds. Hospitals managed by the national or local government account for more than half of these beds, and public-service hospitals, most of which are run by church-related organizations, 40 % or more. Privately managed ones exist, though few(Fig. 7—Fig. 10).

V. Supply of Medicines

This nation places importance on the safety of medicines. The pharmaceutical law states that they may be marketed only after their quality, effects and safety pass the examination for national authorization. To protect consumers, such products must be monitored continuously even after authorization, and the law provides for certain systems for taking prompt measures when any danger exists. It also stipulates detailed safety rules for producing medicines and designates clearly those to be available "over the counter" and those requiring a doctor's prescription. The Institute of Medical and Pharmacological Research of the federal republic governments of insurance in Berlin and republic auditors examine and control new medicines and sales of medical supplies. One who suffers injury by using unsafe medicines has the right to demand compensation from the producer.

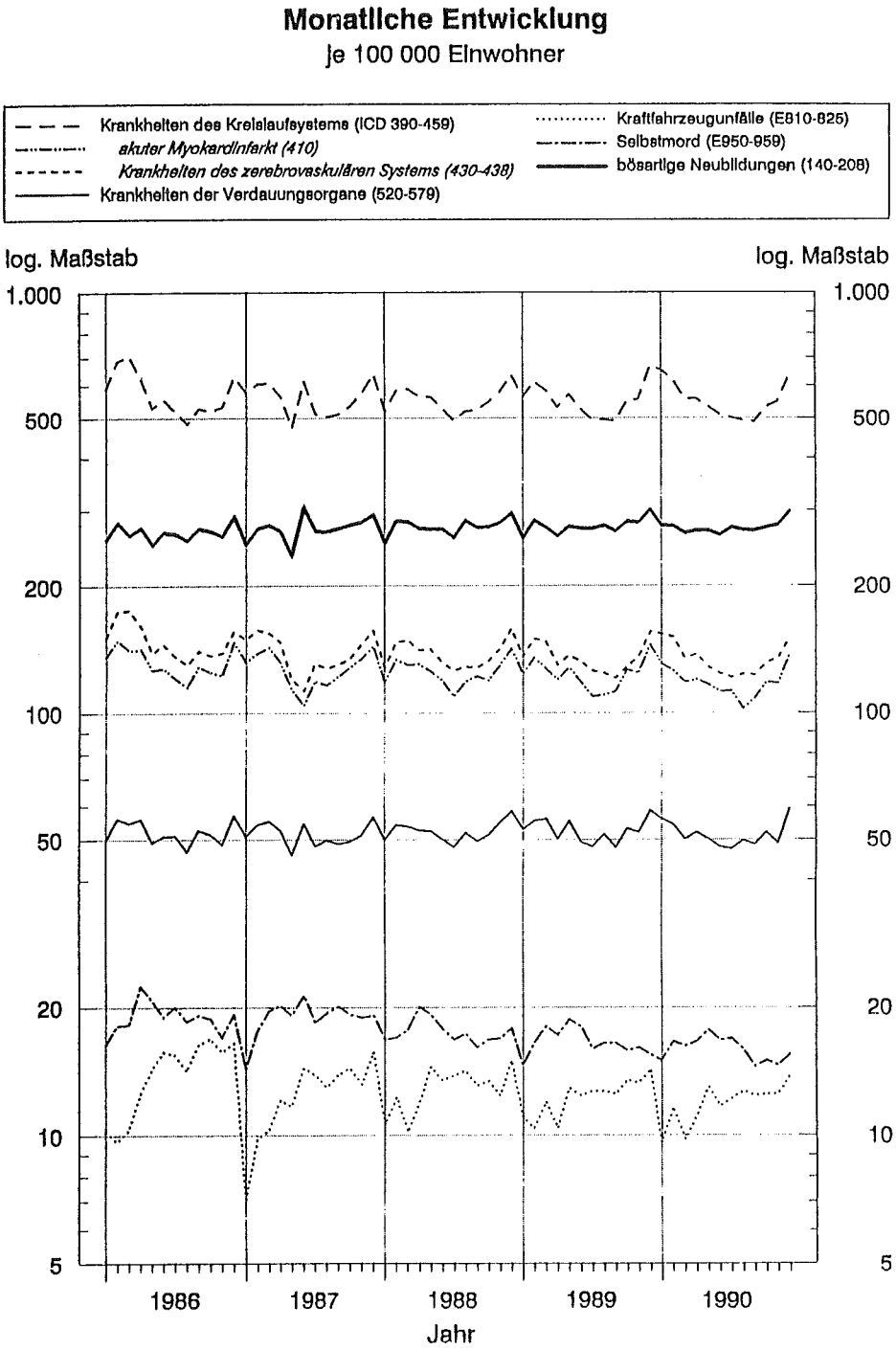

Fig. 1 Ausgewählte Todesursachen

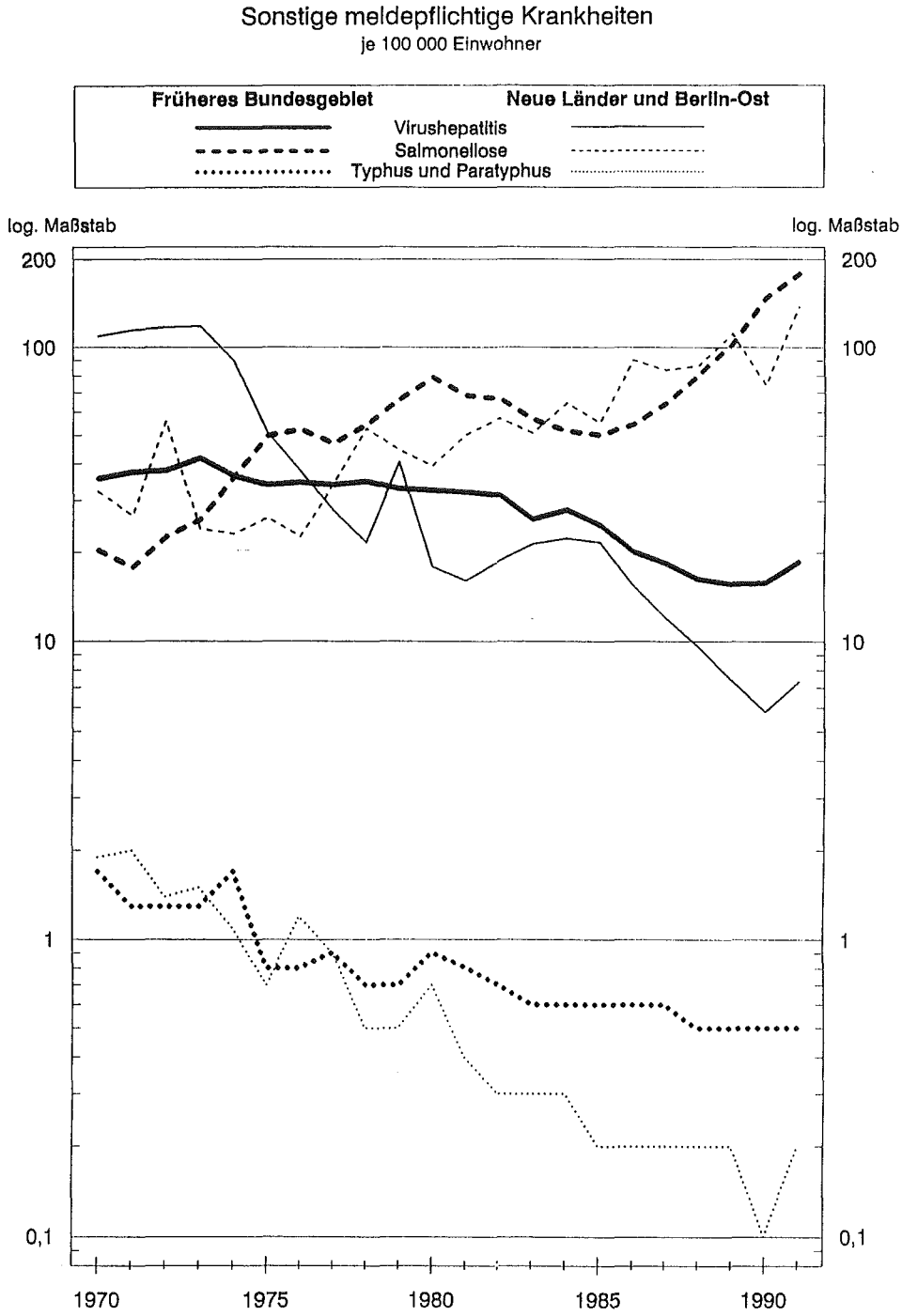

Fig. 2 Erkrankungen an ausgewählten meldepflichtigen Krankheiten

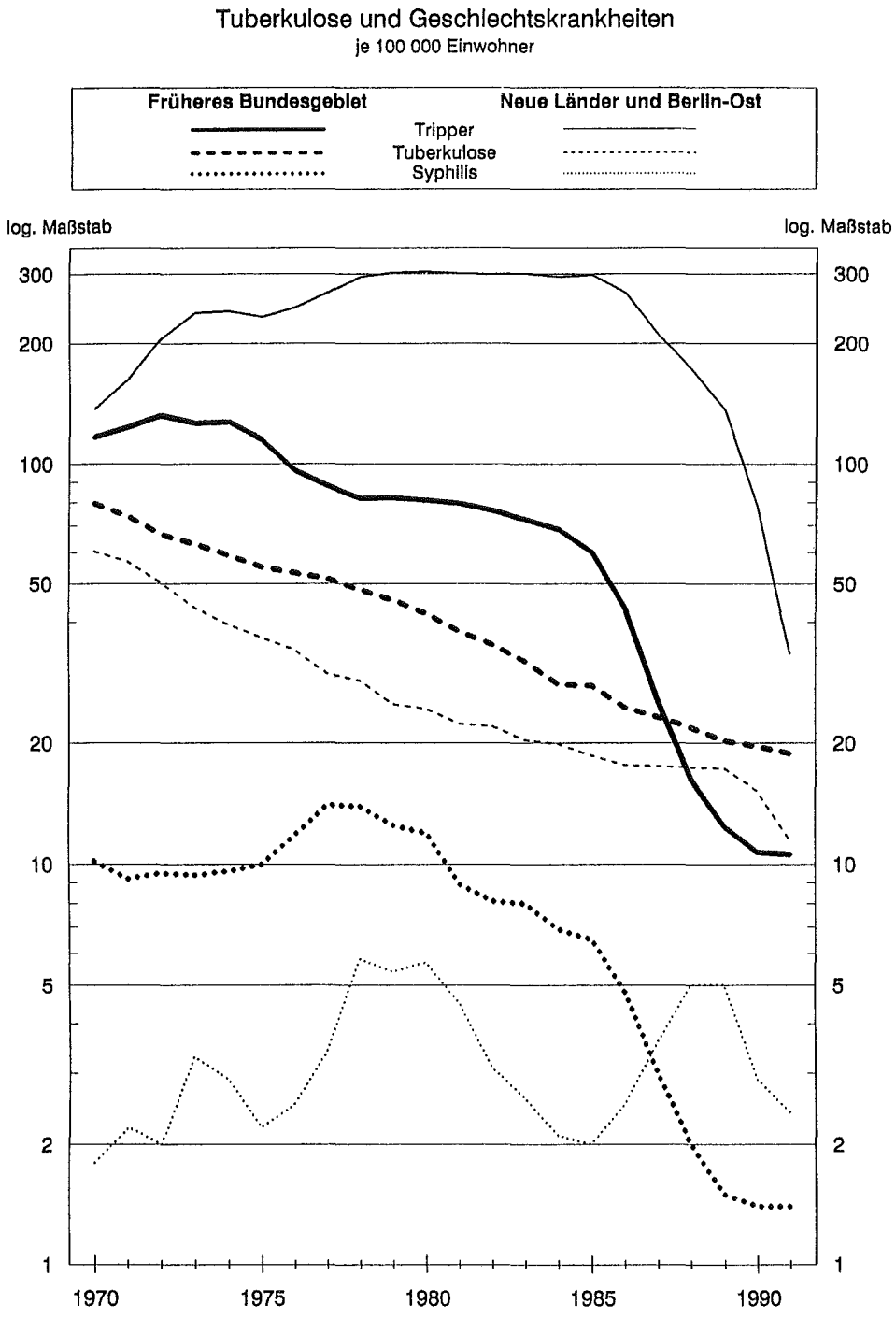

Fig. 3 Erkrankungen an ausgewählten meldepflichtigen Krankheiten

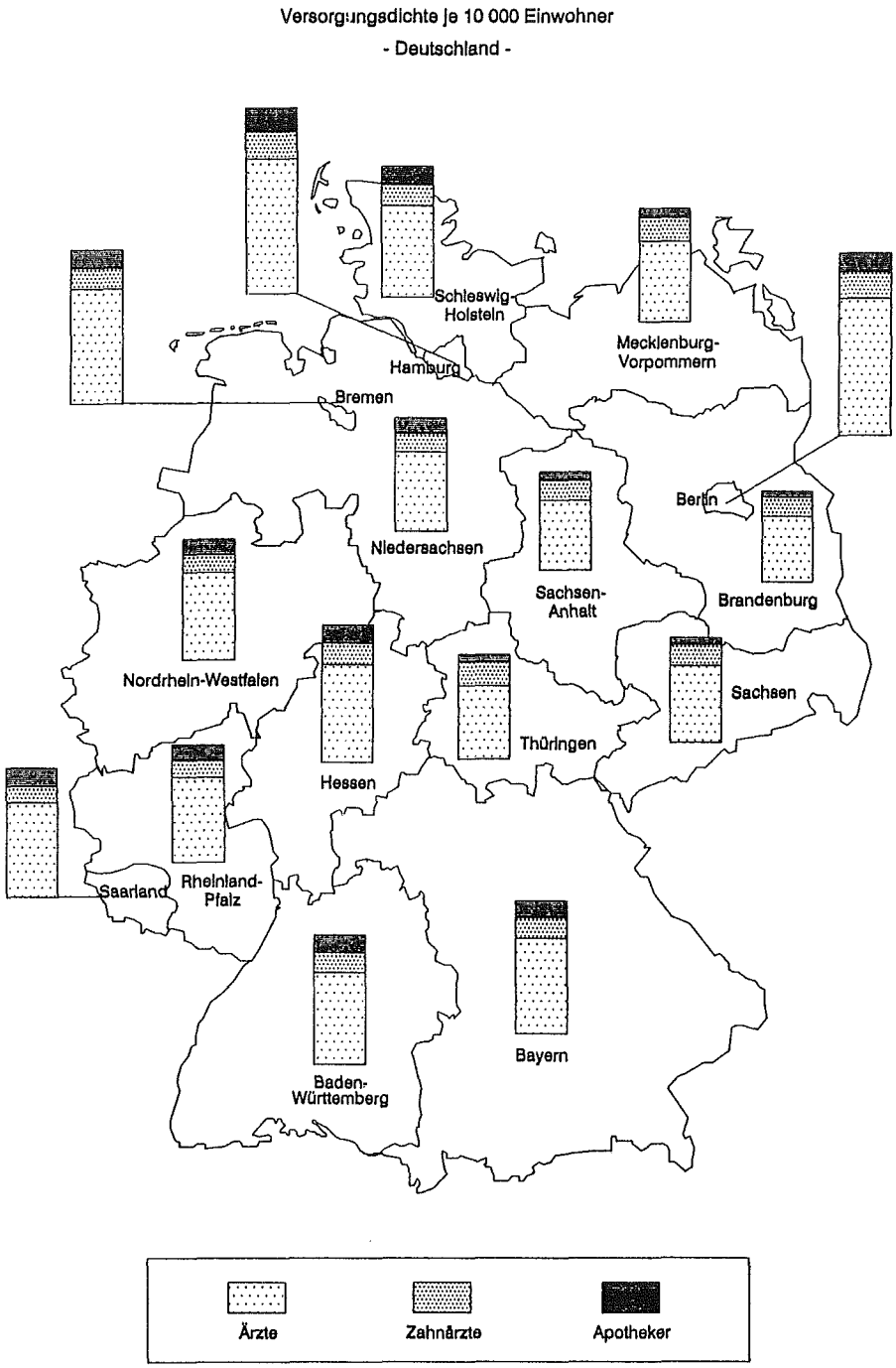

Fig. 4 Berufstätige Ärzte, Zahnärzte und Apotheker 1991

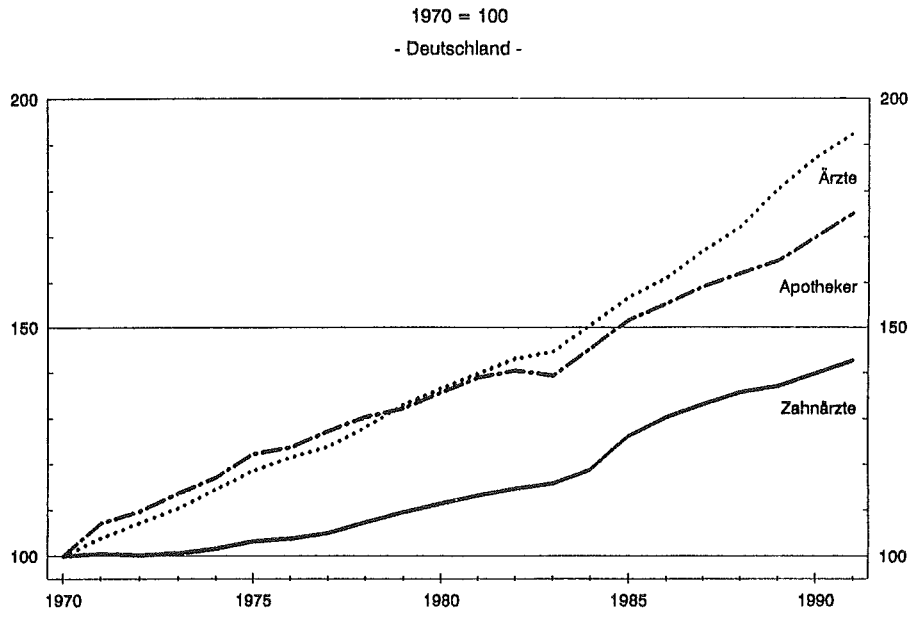

Fig. 5 Berufstätige Ärzte, Zahnärzte und Apotheker

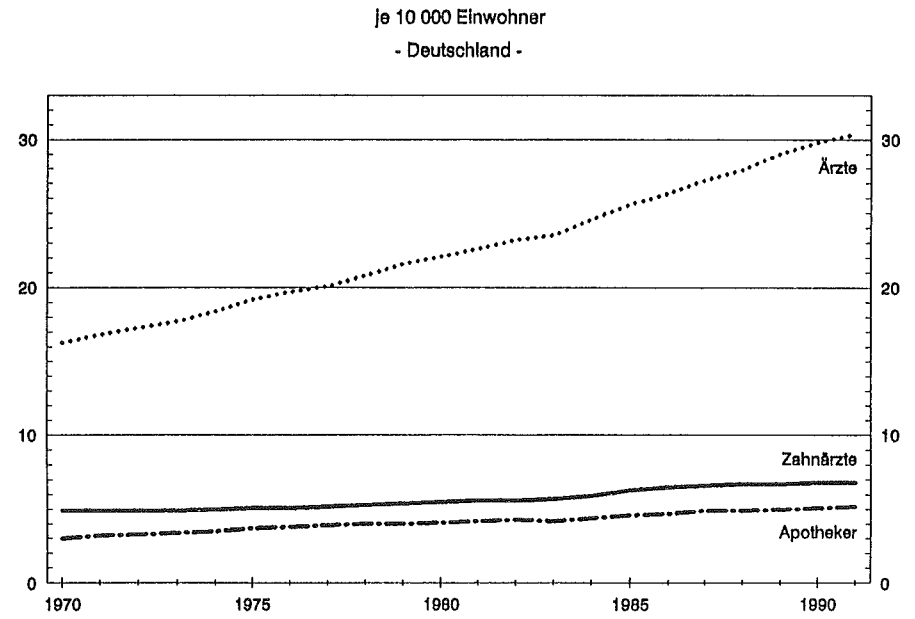

Fig. 6 Berutstätige Ärzte, und Apotheker

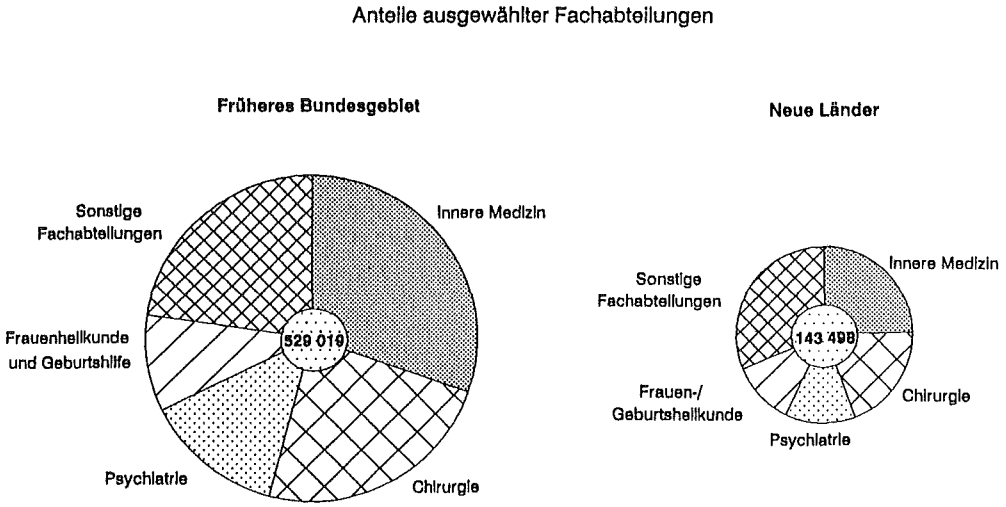

Fig. 7 Aufgestellte Betten in Krankenhäusern 1990

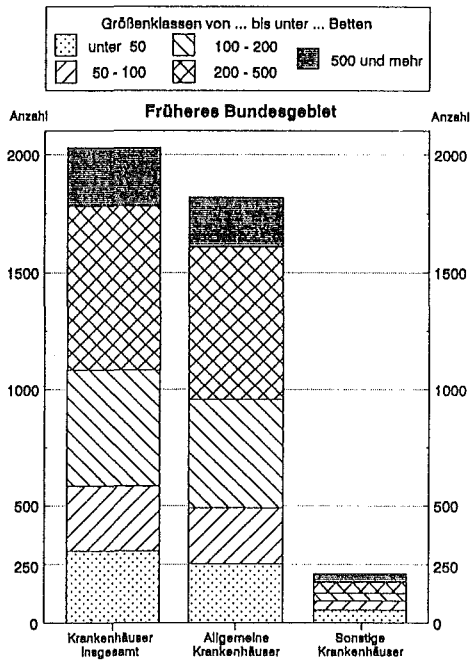

Fig. 8 Krankenhäusern 1990 nach Typen und Bettengrößenklassen

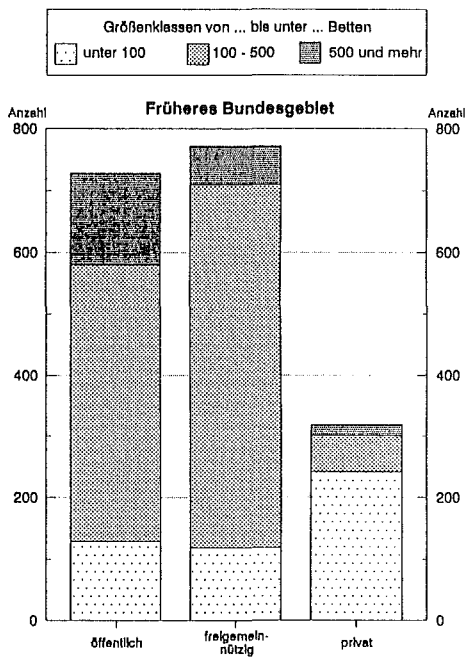

Fig. 9 Allgemeine Krankenhäuser 1990 nach Trägern und Bettengrößenklassen

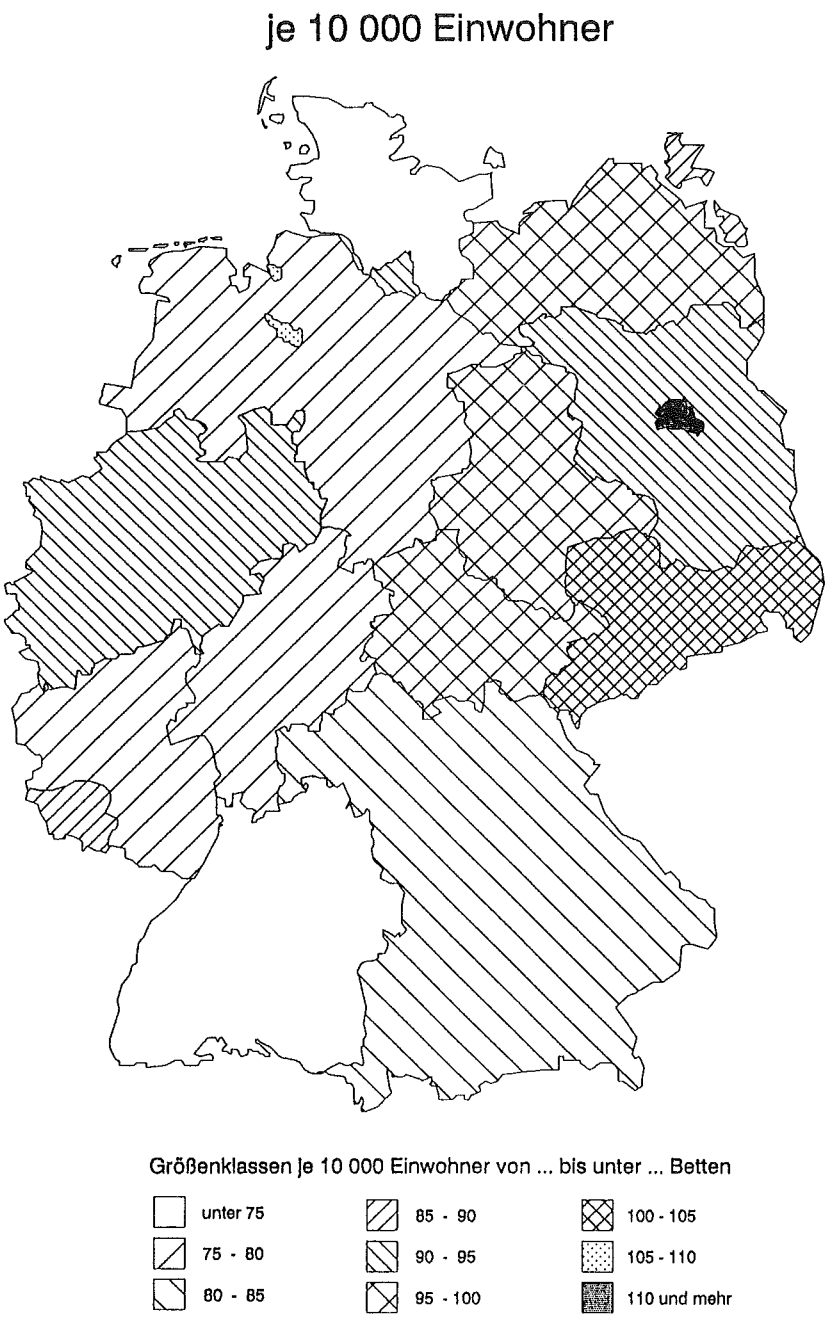

Fig. 10 Krankenhausbetten 1990 in Deutschland

VI. Health Care

"An ounce of prevention is worth a pound of cure." This old proverb also holds good in today's health policies. As regards health care, all residents must learn to take the responsibility to maintain their health and to protect themselves by avoiding dangers. Preventive medical examination and that for the early detection of diseases have been introduced in various communities and companies. Many federal and provincial facilities and public-service organizations provide a variety of information on health education. They hold classes and have prepared consulting programs on the following subjects.

1). Health care for expectant and nursing mothers ; health care for infants and children ; health education at schools
2). Overcoming of unhealthful living habits, including alcohol and nicotine dependence, which cause heart and circulatory diseases and are believed to contribute to cancer and various other major diseases, and including medicine/drug dependence, poor nutrition, obesity, and lack of exercise
3). Support for those suffering from chronic diseases, for the handicapped and for their families, to make them better able to live with their diseases or injuries (Fig. 11—Fig. 13).

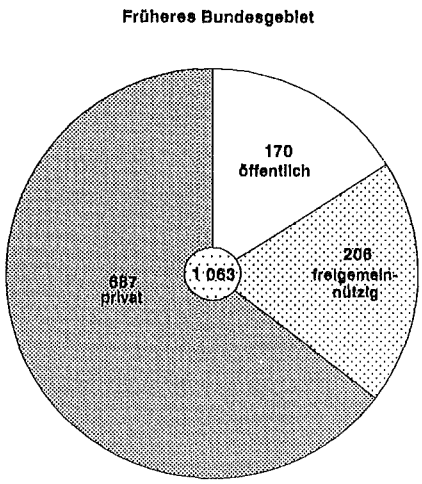

Fig. 11 Vorsorge-oder Recahilitationselnrichtungen 1990 nach Trägen

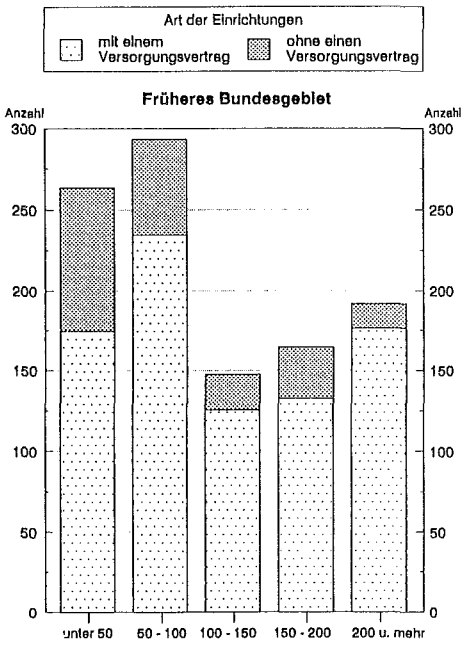

Fig. 12 Vorsorge-oder Rehabilitatlonselnrichtungen 1990 nach Art und Bettengrößenklassen

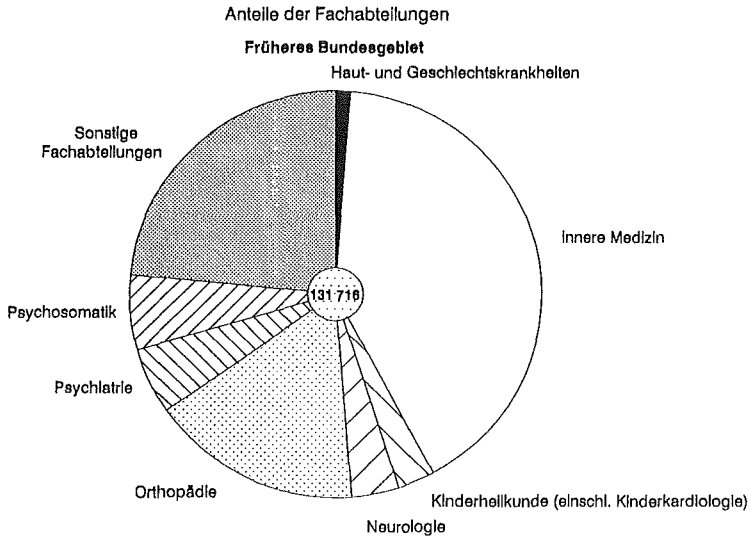

Fig. 13 Aufgestellte Betten in Vorsorge-oder Rehabilitationseinrichtungen 1990

VII. AIDS Problem

Various communities and companies provide the opportunity for medical examination for prevention or early detection of diseases. For example, early-stage cancer detection programs for men and women have been carried out since 1971. A war against AIDS (acquired immune deficiency syndrome) also is an important task. By agreement with the World Health Organization (WHO) and EC countries, the federal government has been executing anti-AIDS programs centering on protection from virus contagion and wide-ranging consulting and nursing service for patients and carriers. It also has been providing education and information on this disease to combat discrimination and the exclusion of the infected from society. Because no vaccination or effective cure has been found, currently the most crucial means for stemming the spread of AIDS may be through sex education and consulting services. Through these activities, the government must continue to help all individuals awaken to the situation and be able to act with a sense of responsibility to protect themselves and others.

VIII. Self assisted group

The sick and their families often need aid other than that provided by doctors or as medical treatment in hospitals. Particularly urgent is comprehensive consulting service and interaction with others who are suffering from the same diseases. Chronic disease sufferers and the handicapped have gathered spontaneously and have formed many self-help groups, which may be one of the answers to the above problem. Such groups now hold a solid position in the health system. The following are only a few examples of the many groups.

① Germany AIDS aid

② Germany multiple sclerosis society
③ Germany rheumatics' union
④ Self-help association for women stricken by cancer
⑤ Groups of families of mental patients, e.g. drug addicts
⑥ Alcoholics Anonymous.

IX. International Activities

Germany has been joining actively in international cooperative health projects. It may be impossible for the nation to search for solutions without the help of other countries when addressing widespread problems such as civilization diseases, AIDS and other epidemics, and the negative health effects of environmental disruption. The study of diseases and their causes and wars against them require international cooperation. Citizens understand that it is Germany's obligation to provide financial support and technical advice to developing countries when they establish or expand health-care systems.

As a WHO member, Germany has sent representatives to many important steering committees of such countries. In addition, to address urgent problems, this nation cooperates with WHO to hold 35 or more meetings annually. Its over 30 academic institutions conduct collaborative projects with WHO, and the nation is the fourth largest financial donor to the organization.

Currently, the attainment of high health levels in member nations constitutes the main activity of the EC, and Germany also is active in the EC's joint health policies. Joint projects include a health research program called "the EU against cancer," a project of European emergency passes, a toxicologic activity program to exchange detoxification center information, and cooperation in taking measures against AIDS, alcoholism and drug addiction.

When the political integration of Europe eventually is realized, such cooperative activities will be conducted in an extremely intensive way under new health policies.

X. Expenses

The most important task now facing German health policy is to establish a well-prepared health system in eastern Germany. At the same time, the nation must complete the long-range task of ensuring throughout the country funds for a medical system which are stable and socially acceptable. Although amendments to the Health and Medical Law, started in 1989, have created many successes in stabilizing health expenditures, the government still plans to continue its amendment to improve the economic efficiency of the legal medical insurance, which covers 90 % of the nation. Expenditures on this insurance total about DM140,000 million, which is about half of all the health expenditures of western Germany(Fig 14－Fig 17).

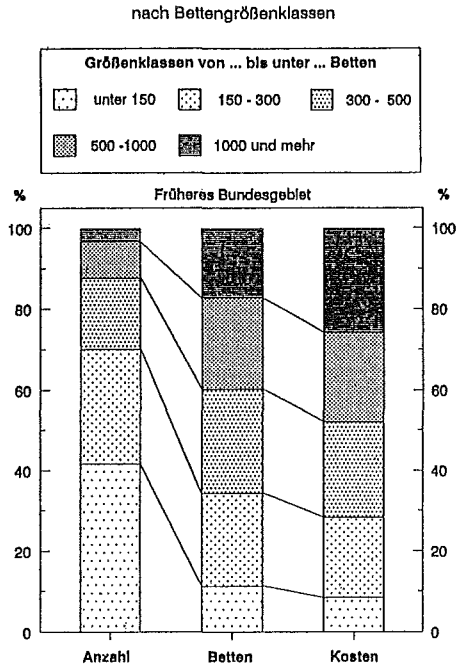

Fig. 14 Anzahl, Betten und Kosten der Krankenhäuser 1990

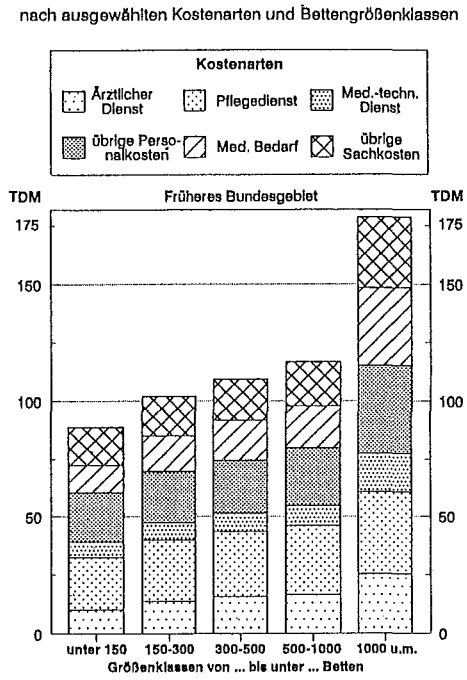

Fig. 15 Kosten der Krankenhäuser je Bett 1990

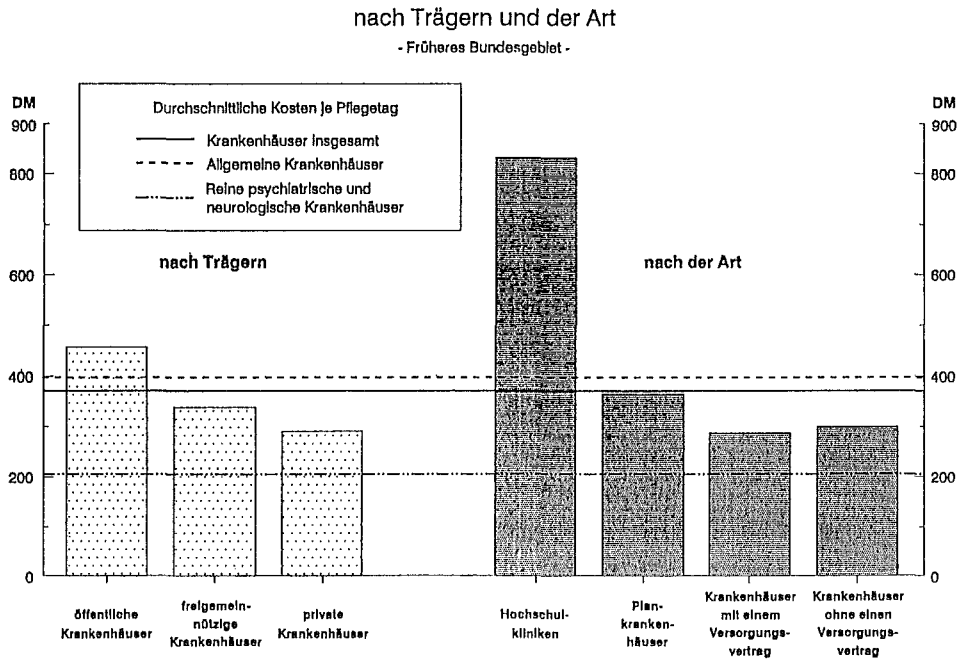

Fig. 16 Kosten je Pflegetag in allgemeinen Krankenhäusern 1990

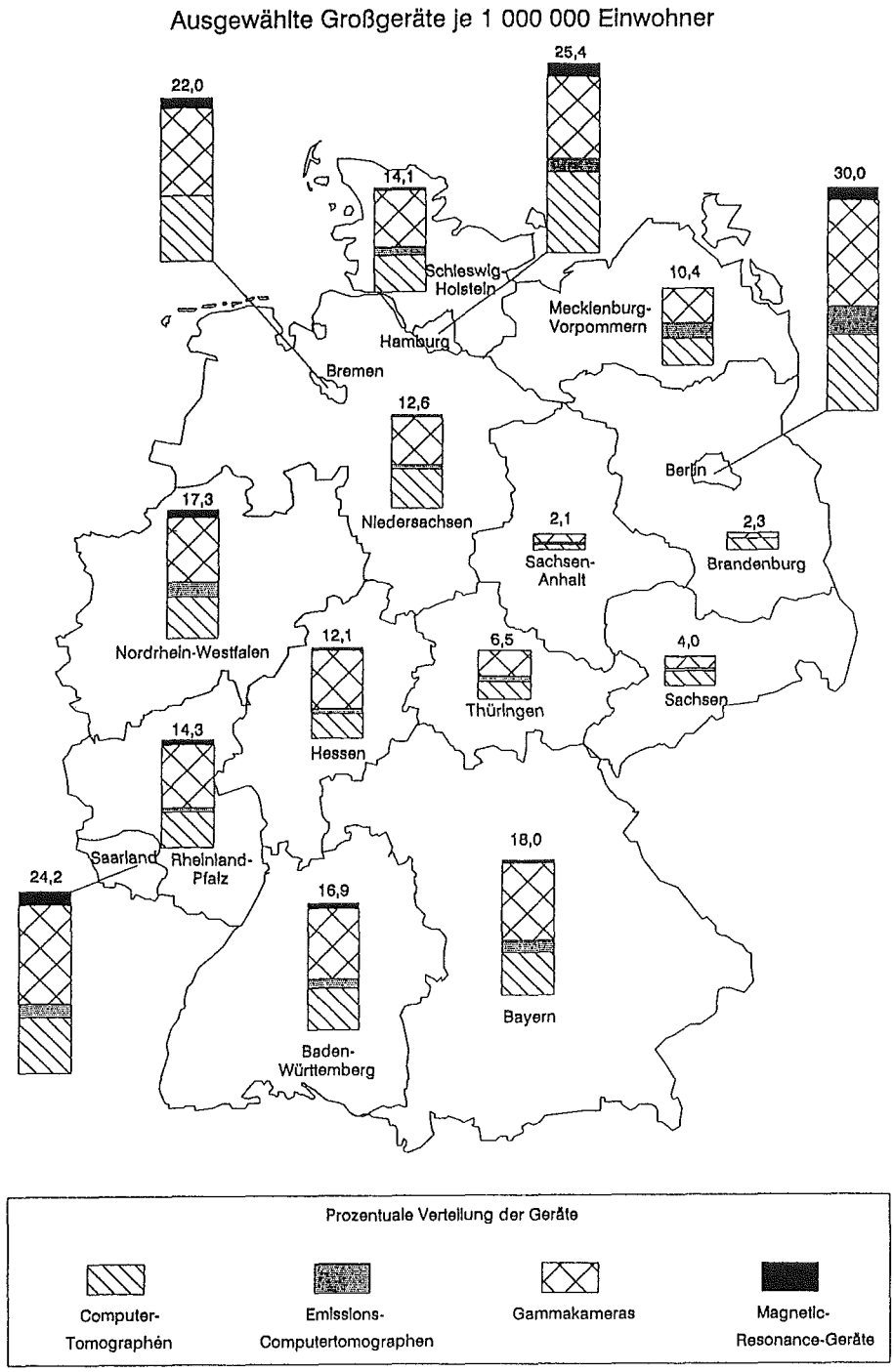

Fig. 17 Medizinisch-technische Großgeräte 1990 in Krankenhäusern

This problem of how to deal with large hereafter still remain in Germany.

At the end, the author would like to express his sincere gratitude to Dr. Böther of Statistisches Bundesamt in Wiesbaden and Dr. Peter Luther of Senator for health in Berlin and assisted in an on-the-spot survey.

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