NEWS AND VIEWS

The Transition to a New Health Care System in Eastern Germany

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Among the inhabitants of Eastern Germany and among the inhabitants of other post-socialist countries, some nostalgia exists about the old system, including the old health care system. We think that this exists for 3 reasons:

1. some aspects of health care were really better than those of the new system, but are not included in the new system
2. illusions among the inhabitants about the quality and the possibilities of the socialist health care system and the conscious misleading about this through the official propaganda
3. the consequences for the patients now from the current reform in the health care system in Germany (in some cases this reform brings a shortage or a lack of health care even for the inhabitants of Western Germany).

The shortcomings in the new health care system are seen as disadvantages compared to the old system by the Eastern German inhabitants

Here we can refer to the results of our study “Advantages and disadvantages in process of development from a paternalistic to an autonomy orientated health care system in Germany”. In summarizing the results of this study, we will differentiate among the value-development by the patients’ group, by medical staff group and the physicians’ group. First the results from the patients’ group. They see the following points as disadvantages of the new system:

- the division between care by private physicians and hospital doctors
- the division between care and cure (this is especially difficult in the help for the elderly)
- the division between curative and preventive medicine
- the loss of a lot of dispensaries, e.g. for diabetes, cancer and rheumatism
the minimizing of staff, that means less time for the patients

the principle of self-determination can not be followed again: in former times by structural reasons, nowadays by costs

the development of two-class medicine; or in other words: more and more patients/groups of patients are excluded from the community of solidarity

high self-costs for the patients; thus people are going to physicians later. Both can be seen as bad from the view point of preventive medicine and from the point of view of the final costs

this especially for the elderly patients: those who are living on social support (in Eastern Germany these are now 90% of the elderly)

a changing panorama of diseases, unknown diseases, or diseases which are developing from psychosocial damages or stress.

From the medical staff group view the new health care system has these disadvantages:

the loss of some social values (e.g. shorter working time for the mothers with small children with the same salary)

heavier work load

shortage of social contacts with and help from colleagues.

Physicians see the system with these disadvantages:

the obligation to open a private practice. Most of the former policlinics are already closed. Some did not receive any more financial support and will be closed in the near future. Often thus the physician must open a private practice to work.

the loss of the sense of duty for some important preventive innoculations for the patients

the increase of bureaucracy (more paperwork)

the increasing power of the pharmaceutical industry and the increasing difficulties in obtaining an overview about possible new drugs

the increase of data security (some of the scientific research projects can not be prolonged or can not be finished for this reason)

commercialisation of the physician-patient-relationship

development of a two-class-medicine

loss of good fellowship between physician-collegues

loss of the good former system of post-doc-education.

The former official propaganda has created illusions among the inhabitants about the quality and the possibilities of the socialist health care system. These illusions and false expectations are based on a lack of information (e.g. about health status data) or the typical socialist system propaganda: reports about success only.