

The crisis facing internal medicine in Germany.

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EFIM-5 congress, session on "The future of Internal Medicine in Europe"

Paris, September 1, 2005

Internal medicine has to fight at two frontiers: again the "pure specialists" and again general medicine. We have to admit, that it might be difficult to define the relation between general medicine, also called family medicine, and internal medicine as it is performed in private practices. Years ago there was a resolution by the German politicians, that general medicine should be promoted and that there should be only one category of doctors offering this type of primary care.

This had lead to long lasting and difficult discussions within the medical societies. The structure of medical specialities, however, is in Germany not a matter of the government but a matter of internal rules of the medical community. Among the main federal parliament of doctors in Germany, the so called Deutscher Ärztetag, there is a majority of general practitioners. They decided against the unanimous vote of internist to built up a new pattern of specialisations, the so called Weiterbildungsordnung.

According to this pattern there will be only one type of doctors for primary care which is called "Innere Medizin und Allgemeinmedizin" (internal medicine and general medicine). The minimal time of training is five years, but only two years have to be performed in internal medicine units. Besides this there will be only doctors for "Innere Medizin und Schwerpunkt", internal medicine and subspeciality, e.g. internal medicine and gastroenterology. The minimal time for training is six years. There is no place for internal medicine as such.

Even after a hard battle and hundreds of arguments by both the German societies for Internal medicine, the Deutsche Gesellschaft für Innere Medizin and the Berufsverband Deutscher Internisten, this plan was confirmed one year later, although with a much lower majority.

One of our main arguments was that with the title for the new doctor for primary care the internal medicine is mentioned but that the requirements for gaining this title are

much lower than we would regard as appropriate for internal medicine. The second main argument was that internists with a subspeciality would certainly concentrate on this part of internal medicine and disregard the general view. This is not the place to describe the importance of Internal Medicine since we all in this room are “believers”. We know that internal medicine is more than the sum of subspecialities and what we will miss when there is no more a general internal medicine, especially in hospitals. This has been made clear in our paper on political issues of internal medicine.

This was the situation which Prof. Fölsch had described on the occasion of the EFIM congress two years ago in Berlin. In the meantime the situation has become even more confuse. Now we not only face a crisis of Internal Medicine but also a crisis of Federalism in Germany. The decisions by the Deutscher Ärztetag are only a frame. All the plans have to realized by the boards of the 16 German states or countries. Constitutions of medicine, especially the medical specialisation, are a matter of the states, not a matter of the federation. Some countries, Bavaria was the first of them, have fully accepted the plans as described above. In other countries it was realized that the decisions about the hybrid doctor of “internal medicine and general medicine” is not a proper way and that there is a need for internists without further specialisation. Thus, the plans of the Deutscher Ärztetag were modified or even totally changed.

In the country Rheinland Pfalz, Palatinate, they have decided, that besides the established eight subspecialities with six years of training there will be a general internist with also six years of training. One could say that the general view is thereby regarded as a speciality.

In the country Hesse they will have general medicine with five years training, internal medicine without specialisation with five years training and internal medicine with subspeciality with six years training. A common trunk of three years training in internal medicine will be compulsory for all three of them. No doctor in Hesse can specialize for the hybrid “internal medicine and general medicine”, thus the plans of the Deutscher Ärztetag are not realized.

Some German countries have not yet decided which way they will go. So we have a very confusing patchwork of different types of internist or general practitioners within our federation. This can definitely not be held for a long time.

A further problem is, that the specialisation in “internal medicine and general medicine” does not follow European rules. Internist from all European countries will have the right to practice in Germany. It would be rather odd when in future we would have only internists in Germany who have qualified in other countries. Nobody knows which problem will arise from this incompatibility.

Opinion leaders of the medical boards are very annoyed about this development. Among the delegates of the Deutscher Ärztetag there was an attitude never to discuss on internal medicine again, but I think they cannot stand this position much longer. The Deutscher Ärztetag will have to discuss and to decide about internal medicine again and I am convinced that the former decisions will not be confirmed again without modifications. A vote simple my majority and disregarding arguments by those who should know about the facts can not be stable.

I hope that the EFIM-paper on “political issues in internal medicine” which we have translated into German and which we have published in August this year in the journal of the German Society of Internal Medicine will help to convince the delegates.