In March 2017 I was afforded the unique opportunity to travel to Berlin, Germany, to partake in a two week Hippokrates Exchange. The aim of the international scheme is to encourage the mobility of young doctors during their formative years of General Practice training or early careers, garnering a different perspective on the professional and personal lives of General Practitioners in other European countries.

Having had a longstanding interest in German culture, Berlin seemed a fitting destination of choice for my exchange; an opportunity to learn more about the people and pass-times of the German capital, and to improve on my ability to speak the national language, but more importantly to experience first-hand the workings of General Practice. I was placed with two different General Practitioners during my two week visit; Dr Silke Mockett working in a small family run practice in Rummelsberg, and Dr Kamal Akdinizli working for Family Care, a larger multi-disciplinary practice on Karl-Marz-Allee. Both individuals were outstanding hosts, ensuring my time in Berlin was both professionally and personally beneficial.

I have long had a want to travel as part of my work as a doctor; an opportunity to experience healthcare in a setting different to that of my own, and of course an opportunity to learn from a contrasting system in the hope of returning home with innovative ideas that I might work towards implementing into my own practice or that of the practice of my colleagues. The current demands on the National Health Service are unprecedented and primary care in particular is feeling the impact of these demands. With a growing and ageing population, financial cuts on healthcare spending, and the growing expectations placed upon GP’s by both patients, colleagues, and government, General Practice in the United Kingdom in its current state is unsustainable. Indeed we as healthcare professionals have the responsibility of considering new and better ways of delivering care. It was with this in mind that I embarked on my visit to Berlin, open-minded and willing to consider new concepts and ideas.

Shadowing Dr Mockett and Dr Akdinizli, my working day was very similar to that at home. With their first patient arriving around 9am, both GP’s got to work shortly before and took the opportunity to look through and sign off blood investigations from the previous day or read through clinic letters from secondary care. Morning appointments ran until midday, after which there was a 2 hour break when they would attend to house visits, meet with colleagues to discuss practice business, and find time to eat. Their afternoon clinic would typically run until 5pm. Throughout the day they would consult with an average of 24 people face to face, with some time afforded to telephone
communication with patients. Overall the practical details of the working day for these German GPs were not too dissimilar to my own.

They were under the same pressure to see a large volume of patients in a short space of time, they encountered very similar symptomatology and disease pathology, and struggled to manage or get on top of the same kind of patients that we also have difficulty with in the UK. It wasn’t in my time observing these GP’s engagement with their patients that I was struck by difference. Indeed their patient centred attitude and holistic approach to healthcare was impressive and mirrored the kind of style we endeavour to practice in in the UK. Rather it was the difference between the structures of healthcare in the UK and Germany, and the role the GP plays within that structure that impressed upon me the most during my visit.

The German State healthcare system is one of the oldest in Europe, dating back to 1883 with Otto Von Bismarck’s introduction of his social welfare system. For the most part, the British health care system and in particular its core, the National Health Service (NHS), is funded out of general taxation. The German health care system, by contrast, is funded through social insurance contributions, shared by employees and employers. Within its universal multipayer healthcare system, citizens benefit from one of two types of health insurance: Statutory Health Insurance or Private Health Insurance. Statutory Health Insurance schemes are mandated to provide a unique and broad benefit package and cannot refuse membership or otherwise discriminate on an actuarial basis. Around 15% of German citizens opt out of the state scheme for private health insurance, an opportunity they are afforded when they earn more than E52,200 per annum. For this insurance cover citizens pay a premium depending on their age or health as opposed to their earnings. Private healthcare owners are afforded access to more extensive services and quicker waiting times to see your GP or specialist, or to undergo an outpatient investigation or elective procedure. The disparity created between state insured and private patients is not always obvious, but it was hard for me to deny as I witnessed examples of inequality based on a patient’s financial means.

Undoubtedly I saw many benefits to the system as a whole. In addition to the significant difference in provision of healthcare at a financial level, I was also struck by the level of patient choice. In Germany citizens can freely choose his or her primary or secondary care service provider. A patients choosing is likely influenced by a number of factors including location, past experience, reputation, or cost. The system in Britain is rather more restricted and perhaps this is something we need to consider more. As with any system I could see there were obvious drawbacks to having such ease of access to a host of practitioners however. Continuity of care, shared patient records, patient followed up; these were all issues that I was aware of during my time observing the healthcare system. With a greater onus in Germany placed upon patient’s responsibility for their own health it did allow on occasions for the care of some to be affected.

My two weeks in Berlin were an incredible learning experience. The unique opportunity allowed me to see intimately the working of a health care system very different to that
which we know in the United Kingdom. A system dictated by health insurance, the German system demonstrated to me the difficulties in working in a setting where money plays such an integral part in deciding the level of care you receive or the haste at which you can receive that care. Being able to see first-hand the challenges that manifest as a result of this approach to healthcare helped me to appreciate better the state system that we are afforded in the United Kingdom through the National Health Service.

Although as a people we have many similarities, our delivery of healthcare couldn't be more different. The state run system in the UK has many flaws, but it also ensures citizens are afforded care regardless of financial capacity, and that their care is prioritised over monitory gain. My time in Germany has made me consider involving myself more in local healthcare politics, and in doing so make concerted efforts to ensure that we preserve the system we have. In a world where capitalists and politicians might seek to gain from the misfortune of others, I return home impassioned for the NHS and empowered to ensure its survival.