

### **The Freiburg model: how can medical schools best respond to the shortage of doctors?**

The glut of doctors is long over. In the meantime, both hospitals and medical practices are looking for medical staff desperately. As the Association of Chief Hospital Physicians has warned, by 2017 there will be a shortage of 17,500 doctors in Germany (*Deutsches Ärzteblatt*, vol. 105, p. A2347). Even now, according to this report, 28% of hospitals in the older federal states are unable to fill two or three positions; in the new federal states (former East Germany), the figure is as high as 55%. There are actually enough medical students to fill the existing gaps, as chief physicians admit. The difficulty is that only 60% of them enter medical practice in Germany after their exams. The rest try their luck abroad, or go into other economic sectors like the pharmaceutical industry.

There are various reasons why the medical profession is no longer attracting so many young recruits as it did in the past. These range from deficiencies in the training provided to inadequate reimbursement for medical work, as well as excessive demands in terms of working hours and conditions. Complaining alone will certainly not help. It would also be wrong to leave the politicians to solve the existing difficulties. Instead, it is important that physicians themselves should seek out new paths — as Hartwig Bauer, General Secretary of the German Association for Surgery, notes self-critically.

Some members of his profession have now even acted on this desire to get things moving. One of these is Björn Stark, Medical Director of the Department of Plastic and Hand Surgery at Freiburg University Hospital. What he found particularly frustrating, Stark explains, was not being able to keep good members of staff over the longer term. Staff fluctuation at university hospitals is normal. But when it gets out of control, research comes to a standstill and the hospital loses employees who are valuable for patient care. At the same time, the surgeon said, it was quite understandable that many senior physicians want to turn their back on the university hospital as quickly as possible. Because the salary bears no relation to the high professional standards required and the tremendous responsibility that this type of work involves. Motivating young physicians and offering them attractive working conditions at university hospitals, where emergency cases constantly have to be treated, is also particularly difficult. For young physicians, there is also hardly any opportunity to obtain any additional income, since most private patients insist on being treated by the head of department personally.

In the face of these limitations, Stark came up with the idea of founding a private clinic for aesthetic surgery attached to the university hospital. The clinic was set up three years ago in facilities at the “Hotel Stadt Freiburg” and was named after the Freiburg surgeon Erich Lexer, a pioneer of plastic surgery, and in the meantime it is enjoying growing popularity. Stark’s most important aim — being able to keep good employees — also appears to have been achieved. Worries about young recruits are not a concern at the moment. Some of his staff — with specializations in various fields of aesthetic surgery — are already making such a good livelihood at the private clinic that they are able to dispense with part of their university positions to allow new

doctors to be appointed and trained. Thanks to the larger number of employees, he is now able to manage both teaching duties and also research projects very much better, the Freiburg surgeon emphasizes.

But it is not only the patients at the university hospital — including burns victims, tumor patients and trauma patients — who are benefiting from the Freiburg surgeons' experience. Clients at the Erich Lexer Clinic can also undergo surgery with the assurance that they are being operated on by qualified specialists in plastic surgery. And if complications develop, the university hospital is not far away. As Stark notes, the risks of cosmetic surgery treatment are often seriously underestimated. Here in Germany, any physician is able to carry out this type of intervention, whether or not he or she has the relevant specialist qualification. There are few fields of medicine with proliferating growth such as that seen in cosmetic surgery. Against this background, it is hardly surprising that the results of the treatment often do not meet either aesthetic or medical quality standards, so that even common procedures such as liposuction can lead to severe and sometimes even fatal results.

Bauer also sees models like the Freiburg one as pointing the way to the future, in order to offer young surgeons attractive professional prospects. There are also other promising new approaches in this specialist field, he adds. **One example worth mentioning is the Theodor Billroth Academy, recently set up by Tübingen surgeon Björn Brücher, which offers interested medical students an introduction to practical and academic surgery provided by renowned surgeons. Bauer also thinks it would be good for German physicians not to close their minds to unconventional approaches.** One example he mentioned was setting up structures aimed at attracting more patients to Germany from abroad. This type of medical service is long since well established in the United States and other countries, although here in Germany there are still substantial reservations about the idea.

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Picture caption:

Here it still looks as though there are enough doctors and that uninjured knees must have died of loneliness. (Photo: Phanie.)

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