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MEDICAL EDUCATION AND PRACTICE IN GERMANY

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The German school and university system is based upon a unified and coordinated curriculum; i.e. it permits every child and every student to change high school or university in the different parts of Germany without any loss of time. The only difference between the schools is the quality of teaching within the different subjects. The pride concerning the tradition of an old school is not always justified when it comes to quality; in other words, the well-known name of a school or university does not guarantee quality.

There are 20 universities in Germany which maintain medical faculties.** The number of medical students enrolled in these faculties ranges from 30 to 150 per class. It was extremely difficult to gain admission to the medical faculties during the recent post-war period between 1946 and 1948. Required were certain good marks in the final examination of the high school, the so-called “Abitur” which is the outstanding examination in all German educational systems. At the present time, the largest medical faculty, as well as university, is Munich, whereas the smallest is probably Erlangen. Admission to the faculties does not necessarily guarantee graduation. During World War II, the number of medical students was much higher because of the great number of casualties among physicians.

The training in German medical faculties includes 2½ years of preclinical instruction and 3 years of clinical training. After the preclinical phase, a set of examinations, known as the “Physikum”, determines the students competence to continue with the clinical phase of his training. At the end of the clinical phase, the student receives another set of examinations, known as the “Staatsexamen”, recognized as a qualifying examination throughout Germany. The successful completion of this examination, together with a one-year internship as well as a three months preceptorship under a general practitioner in a rural district, permits the candidate to practice legally as a physician.

The preclinical phase consists of courses in anatomy, histology, embryology, physics, chemistry, zoology, botany, physiology, biochemistry, and history of medicine.

The clinical training covers internal medicine, surgery, pathology, bacteriology, pharmacology, forensic medicine, otology, laryngology, ophthalmology, pediatrics, psychiatry, neurology, gynecology, obstetrics, orthopedics, urology, radiology, and public health.

The heart of the medical curriculum is the lecture and the lecture-demonstration taking place during the actual semesters (two per year). It is usual that the professor gives the complete series of the didactic lectures in his department, and these are supplemented by a series of lecture-demonstrations given by the chief-lecturer. An

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**The term medical faculties as used means the entire medical school, students, teachers and organization.
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advantage of the German system of having the lectures given by the professors rather than by the specialist, who likely knows more about a particular subject than his chief, is that the lecture is apt to be well given. A good lecturer will draw students to his university. Hence, it is a general policy that the student is encouraged not to stay in one university but to move from one to another.

The object of the clinical years appears to be for the student to learn about disease largely by lecture and demonstration. It includes training in direct patient contact, predominantly during vacation as “famulus”. Students are keen to get the best “famulus” assignments possible, knowing full well the value of the experience it represents. It is customary to spend about 10-12 months as “famulus” in teaching hospitals.

The decision of when one is ready to practice is left to the student, not the faculty, since the profound high school experiences enable the student in Germany to approach problems by himself. At the universities, there is no place for a “spoon-feeding” type of teaching. The academic freedom, a factor that dates back to the Middle Ages, guarantees the right to study what one wants to. Anyone who passes the “Abitur” which, as aforementioned, is the difficult final examination from high school, is ready to enter medical school.

Upon completion of the 5½ years training, including the “Staatsexamen”, a dissertation about an experimental or statistical problem in medicine under the supervision of a department chief has to be written in order to receive the title “Doctor of the entire Medicine”. But this is not the end of the road which enables the German physician to open his office after the completion of all the different requirements.

The insurance system founded by Bismarck in 1882, (A.O.K.) is the central core of the practice of medicine in Germany. There are about 8,000 doctors waiting their time for approval to practice in the system. The waiting period generally is about 5 to 8 years or even more after the completion of intern training. During this very inconvenient waiting period, the majority take residencies in the different branches of medicine. Since about 87% of the people come under the privately administered but legally compulsory insurance system, a physician, especially the general practitioner, can scarcely carry on without the backlog of money from this system. This system has not been revised since 1924, save in minor respects. The fee for a practitioner’s care for a patient for three months is about 5 or 6 marks, with 3 marks for a home visit, extras for injections and special procedures and about 35 marks for a home delivery and 25 marks for an appendectomy. The amount paid in any area is constant for each quarter and is divided according to the amount for work done, so that in times of increased sickness, the fees go down. The people complain that there is no more money available for medical costs since the total compulsory payment by workers for medical, old age, unemployment and other insurance and for taxes amounts to about 33% of the take-home pay. If there is objection on the part of the physicians to the low fee schedule or other factors, the insurance companies readily point to the surplus of doctors eagerly waiting their turn for approval.

*Famulus—Attendant or assistant
Ill patients and the majority of maternity cases are sent to the hospital, where the insurance system continues to pay. For hospitalized patients, another group of physicians, on full-time status, assumes the care. One of the shortcomings in the system is that there is no provision under the insurance system for preventive and prophylactic medical care; in other words, the insurance system pays for treatment but not prevention.

In regard to the insurance system itself, apart from its effect on medical care as a whole, much remains to be said. But one final important point should be made: the insurance system is often abused by the unscrupulous patient because it is free, a condition that exploits the doctors and demoralizes the people.