Why do surgeons leave Germany?

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Why do surgeons leave Germany?

Abstract
Introduction: The topic of migrating doctors and in particular surgeons is not confined to Germany. Many countries, amongst them Australia, simply do not train enough doctors to be self-sufficient. Germany is different. It has excellent university facilities and a well-defined and structured medical curriculum. Junior surgeons have a very high exposure to patients and procedures as compared to Australia. Yet increasing numbers of students and potential surgeons are leaving Germany. Why is this?

Materials and methods: In a mix of personal experience, literature review and reasoning the problems of retaining junior surgeons shall be demonstrated. Experiences from fellow colleagues working overseas shall be added.

Results: Since the public shift of concern from “Ärzteschwemme” to “Ärztemangel” especially the surgical departments are starting to feel the heat. Numerous surveys, articles and suggestions on how to tackle the problem constantly resist naming the real problems. Years of demeaning behaviour from administrations, the public and the media paired with the experiences of senior surgeons bullied out of office or simply made redundant with no reason are not an incentive to become a surgeon in Germany, no matter how fulfilling the life as a surgeon may be.

Conclusion: While the suggestions from the BDC and DGCH to ease the situations may be all correct:
create more half-day jobs
create childcare facilities open during working hours
create structured training plans facilitate implementation of the EU working directive and others
there are no plans to address; the unscrupulous behaviour of administrations towards doctors in general and to senior surgeons in particular the fraudulent attitude as far as payment is concerned more to add...limited list as no. of words limited.

The examples of Australia and England show us the consequences of an over boarding bureaucracy.

Germany with its genuine history of medical development deserves better.

Keywords
germany, leave, do, surgeons, why

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### WHY DO SURGEONS LEAVE GERMANY?

**HANS D. DAHL**

Working in a German hospital always had challenging aspects. From my own experience over four decades and talking to colleagues in other countries, I can state that working as a surgeon in Germany is different. Applications for Medical Studies and student numbers had been sufficient for maintaining a sustainable workforce. It has excellent university facilities and a well-defined and structured medical curriculum. Junior German surgeons have a very high exposure to patient numbers and procedures. Net increases in numbers of students, potential surgeons and even fully trained surgeons are known in Germany. Why is that?

#### The Numbers:

There are insufficient data to quantify the exact numbers and reasons for leaving the profession. The following is therefore a mix of personal experience, literature review and interviews with expatriate colleagues.

In regards to the total population in 2008 for the first time since 1984 the net balance of migration in Germany was negative (-66,000) with the highest number of emigrants (175,000) since 1954 (Stat. Bundesamt). The migration of doctors had not been recorded for many years. Only in recent years can be made from indirect indicators, such as number of advertisements, number of graduations, number of certificates of good standing requested. (Certificate of good standing is not required in the German system, therefore a request is indicative of a job application outside of Germany.).

<table>
<thead>
<tr>
<th>Year</th>
<th>Number Migrated</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>2009</td>
<td>National Board of Health and Welfare</td>
</tr>
<tr>
<td>2001</td>
<td>1500</td>
<td>Austrian Medical Board</td>
</tr>
<tr>
<td>2002</td>
<td>2,73</td>
<td>Medical Council of New Zealand</td>
</tr>
<tr>
<td>2003</td>
<td>2,73</td>
<td>Nationaler Dachverband der Ärzte- und Zahnärztekammern Italiens</td>
</tr>
<tr>
<td>2004</td>
<td>2,73</td>
<td>French Medical Board</td>
</tr>
<tr>
<td>2005</td>
<td>2,73</td>
<td>Graduate School of Medicine, University of Wollongong</td>
</tr>
<tr>
<td>2006</td>
<td>2,73</td>
<td>Source: Bundesärztekammer [in 1]</td>
</tr>
</tbody>
</table>

#### The Changes:

- The gradual shift from a patient focused medicine and surgery to an economically focused patient care from the mid 1980-ies onwards has its toll on time. Even employers with a Christian background and commitment nowadays as "values" on their website stated: “The only Christian item in our business is the name” (CEO of a St. ... Hospital, name withheld).
- An across-the-board public defamation of the medical profession, and in particular the surgical profession in printed media at some stage started to hurt. Even politicians made inappropriate comments in public – I cannot recall similar comments from an Australian, NZ or UK politician about their own doctors.
- A became fashionable to employ doctors half-time and expect them to work full-time.
- Hospital administrations started to pretend that on calls would be paid by fee, less which is realistic. 
- The cut down on on-call payments was severed by cut downs in additional payments subordinate doctors had gotten used to over the years. As contracts between hospitals and leading surgeons increasingly became less favourable for all surgeons, all was not to make. 
- The gradual shift from a patient focused medicine and surgery to an economically focused patient care from the mid 1980-ies onwards has its toll on time. Even employers with a Christian background and commitment nowadays as "values" on their website stated: “The only Christian item in our business is the name” (CEO of a St. ... Hospital, name withheld). 
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#### Reasons given for resignation from curative medical occupation were gained from a survey on 4619 doctors and doctors attending to other occupations. (Hambell, Gabrichein, et al)

<table>
<thead>
<tr>
<th>Reason for leaving</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate salary</td>
<td>33%</td>
</tr>
<tr>
<td>Inadequate training</td>
<td>26%</td>
</tr>
<tr>
<td>Increasing pressure from administrative requirements</td>
<td>24%</td>
</tr>
<tr>
<td>Inadequate training</td>
<td>18%</td>
</tr>
<tr>
<td>Inadequate training</td>
<td>12%</td>
</tr>
</tbody>
</table>

### Answer to the initial question:

- Respect and friendly reception: Thanks to the excellent education and training they received in Germany surgeons are generally well regarded abroad. The respectful and friendly contact appears like a totally new experience.
- Word of mouth: Students who decided to spend some time overseas, may fall for the seemingly obvious ease of life outside of Germany. Caution: Things are not as easy as they may look.
- Good work-life-balance: Should have never imagined something like it. Yes, there is a rewarding lifestyle outside from surgery.
- Live changing experiences: Work without the above named hassles does not trigger a wish to go back despite the enormous bureaucratic mountain to tackle for accreditation.
- Adequate income: The position of a surgeon is valued and there appears to be no envy in regards to the "exorbitant high salary." Never heard any complaint about the number of hours worked for the money. The majority of my previous employers found some ways to cheat on payments. Never mind, before the mid 1980-ies these nuances were fairly well tolerated by younger surgeons in view and expectation of a very good training and the prospect of a satisfying position either in the hospital or in free practice later on. Of course a major factor enduring or even overlooking these conditions was the great satisfaction in practicing surgery and in gaining acknowledgment from mentors and patients. Instantly a number of very respected mentors who added professional satisfaction through teaching, research and exemplary conduct, come to mind.

### Disclaimer:
The author has no business interest with this publication.