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Why do surgeons leave Germany?

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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

Passion and enthusiasm are main driving forces for becoming a surgeon. These virtues are beyond medical success. A large number of surgeons had to cope with individual career development, but not with a culture of failure. The passion for surgery was reinforced over time again and again through living examples.

The topic of migrating doctors and in particular surgeons is not confined to Germany. There have been migrations over centuries for the better of medical education and to the advantage of patient care. Migration used to be an important way of spreading new techniques and knowledge. William Osler may be a good example. Born in Canada, he later traveled in Europe and brought the latest developments home to the American continent. His publications made him subsequently the father of modern Medicine in the English speaking world. His reputation is still held high amongst English speaking colleagues until today.

Many countries, amongst them Australia, simply did not train enough doctors to be self-sufficient. 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 struc-
tured medical curriculum. Junior German surgeons have a very high exposure to patient numbers and procedures. Yet increasing numbers of students, potential surgeons and even fully trained surgeons are leaving 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 inter-
views 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 legislative changes to the requirements of data collection had varied over the years. The following table had been composed by figures from requests to several medical boards and is not complete. [from 1, author’s translation]

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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. [Hambley, Galdener, in 1]

Since the public shift of concern from “too many doctors” to “lack of doctors” especially the sur-
gical departments are striving to feel the heat. Number surveys, articles and suggestions on how to tackle the problem constantly restate the main problems. Years of demanding be-

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 the chief surgeon, there was less money to distribute from this source. Depending on the status within the structure of the hospital, this was a severe cut for some colleagues and administrative staff. Hence the ongoing debate about inadequate salary.

Unlike in England, NZ and Australia the complete DRL and ICPM coding work became an integral part of the doctor’s duties. Speed of code alterations, retrograde alterations in application rules, in-
crating numbers of enquiries from insurance companies etc. turned life of a junior surgeon into a constant mandatory requirement. In many cases unpaid work still was not resolved.

The changes:

• The gradual shift from a patient focused medicine to surgery and an economically focussed care from the mid 1980-ies onwards took it toll over time. Even employers with a Christian back-
• Even politicians made inappropriate comments in public – I cannot recall similar comments from an Australian, NZ or UK politician about their own doctors.
• It 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 in lieu leave, which is really did not happen for a number of reasons. When finally, after years of complaints and struggle, junior doctors decided to actually leave on call, the EIU working time directive made this a mandatory requirement. In many cases unpaid work still was not resolved.

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 ap-
• 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: Could have never imagined something like it. Yes, there is a rewarding life outside 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 adequate income.
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