The range of care and prospects of a general practitioner in the German Democratic Republic

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EXAMINATION OF THE DEVELOPMENT OF MEDICAL CARE provided for the people of the German Democratic Republic shows a steady improvement since 1960. In that year there were about 15,000 doctors in the country, in 1967 the number had risen to 21,500 and by 1970 this is expected to rise to 26,000.

This means that in 1960 there was one doctor to every 1,200 inhabitants whilst at the end of 1967 this was reduced to 900 people. A quarter of all doctors are general practitioners. At present two thirds work in State hospitals, outpatient departments and polyclinics. The remaining third are in private practice. In 1960 a general practitioner had 4,800 patients on his list and at the end of 1967, 3,500. The medical graduate must complete five years of specialist training after qualification to become a specialist in general practice.

It is important to create a new career outline for general practice and to define its full range and scope. A discussion centred round the prospective plan dealing with the continued development of medical science and the State Health Service, conducted in 1960 has contributed a great deal towards answering these questions.

Then it was stated that the general practitioner should ". . . assume an important and permanent position in the domiciliary care of the population. In his sphere of responsibility, which in the beginning could cover 3,000—3,500 patients, he should provide domiciliary care, gradually assuming prophylactic guidance and an active part in implementing hygienic care in the community and industry."

This form of total medical care incorporates the tradition of the family physician at a new and higher level and ensures a relationship of full confidence between the doctor and his patients. The general practitioner is particularly well suited to this rôle due to his knowledge of living and working conditions assimilated from years of experience with families under his care.

Studies conducted by Gartner, Knabe, Knablauch Mitzscherling, Schminche and Tutzke demonstrate that in prophylactic, therapeutic and surveillant care the general practitioner's rôle is by no means limited to that of referral. Eighty to 90 per cent of all cases are treated by him, some 10 to 20 per cent being referred.

One of the peculiarities of the work of the general practitioner in our country lies in the fact that the doctor, together with his team is responsible for protecting the health of the population in the area in which he practises, yet the patients' free choice of doctor remains. In this capacity, he himself decides which specialist colleagues he is going to attach himself to in the various fields of care. Continuous training constitutes a prerequisite in assuming the responsibilities connected with this task.

The duration of the specialist training is of significance here as the general practitioner has been put on an equal footing with the specialist since January 1961. The object of the training and education programme is to produce specialists in general medicine who will be able to promote the health of the people entrusted to their care, to maintain their physical and mental health until advanced age, to be able to recognize and treat early evidence of disease and to undertake prophylactic and surveillance techniques.

Specialists in general medicine have an important responsibility in teaching patients positive health, in improving hygiene standards in all aspects of living and in offering to certain patients, age groups or case categories the benefit of the most recent advances in medicine and sociology.

In accordance with this objective the training period has been extended from three to five

years and now includes instruction in sociology, psychology, psychotherapy and positive mental health. Apart from this it is part of the doctor's task to acquire, early in his career, knowledge concerning the hygienic and sociological milieu of his future area of responsibility. No other person is in as good a position as the general practitioner to influence the microstructure of his community, to the probable exclusion of disease associated with faulty living conditions, inter-family relationships and occupational diseases.

Two chairs have been established at the German Academy for Postgraduate Medical Training, Berlin, to offer specialist training to general practitioners. They work in close co-operation with the Department for Domiciliary Health among whose staff many general practitioners undertake research work. Association with doctors in the field is assured by the fact that the doctor responsible for the administration of individual areas is at the same time connected with the committee responsible for clinical medicine.

The exchange of scientific experience takes place in special commissions whose chairmen belong to the managing committee of the department.

The responsibility of the department can be summarized as follows:

1. Promotion of the academic quality of professional standards, including that of the general practitioner
2. Assistance with research work
3. Improvement in the co-operation between the specialists in general practice and the other specialities
4. Improvement in co-operation between the domiciliary and hospital services
5. Improvement in co-operation between domiciliary services and other state authorities together with international societies with similar objectives
6. Improvement in the co-operation between scientific bodies of the Council for Planning and Co-ordination of Medical Services and Public Health.

The specialist in general practice is a 'unique type'. His rôle is determined by his position in the range of basic medical care and by the direct contact with the population of a particular area. The career outline of the general practitioner integrates the fundamentals of most important aspects of medicine. More so than any other person he is in the position to comprehend and influence—often for several generations—the factors originating in the naturally determined environment, which are relevant to good health or the incidence of disease.