

Emergency Medicine in Germany

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Within the total number of emergency services, the share of emergency services involving medical care has increased from 29% in 1985 to 40.6% in 1998/99. Altogether, care provided by emergency physicians was required in 20.7% of medical care. Most reasons for providing emergency medical services were emergencies caused by general medical problems. Presently, the share of traumatological emergencies is only 13.4%. This reveals that preclinical emergency medical care in Germany is mainly due to acute diseases, and less due to injuries. The involvement of the emergency physician – this qualification being regulated by the laws of the individual Länder (States) – is compulsory in emergency medical services. In order to be allowed to work within emergency care services, emergency physicians need an additional qualification, for which the curriculum is determined by the “Bundesärztekammer” (Federal Medical Chamber), and which the doctor acquires in a continuing medical education programme called “Fachkunde Rettungsdienst” (emergency care). Some “Länder” have now installed a continuing medical education programme in “Rettungsmedizin” (emergency medicine) which requires 2 years of practical clinical experience besides the interdisciplinary postgraduate course of 80 hours. In the context of the German dual system of out-patient medical care the medical on-call duty must also be mentioned. It is safeguarded during day- and nighttime by panel doctors and carried out using the conventional means and possibilities they have in their surgeries. As emergency medicine qualifications are not covered sufficiently in medical training for practical use there is an increased need for postgraduate training in terms of continuing medical education programmes. Numerous events take account of this need and they are offered by the Medical Chambers at State level (Länder) on the one hand and on the other hand by working groups of emergency physicians, once again at State level (Länder). The range of continuing medical education programmes include congresses and courses in emergency care, as well as a number of events including seminars etc., which provide not only an introduction to specific subjects, but provide also higher qualifications to physicians actively involved in emergency medical care. Considering the fact that the activity of the emergency physician requires primarily practical skills, the events increasingly focus on practical training.

Emergency medicine in Germany does not only mean emergency medical care in hospitals or surgeries. It also means broader opportunities to become active in rescue medicine as senior emergency physician or medical head of the rescue service. Whereas senior emergency physicians have clearly defined qualifications, the qualification as a medical head of the rescue service has not yet been harmonized between the individual Länder. In this respect, there exists only one qualification foreseen by the federal medical chamber. Due to the increasing specialisation and centralisation of hospitals, as well as the reduction of the number of beds, patients are transferred from hospitals with a lower care level to those with a higher care level and to specialized clinics offering specific diagnostic and therapeutic techniques. This requires secondary means of transports, on the ground and airborne, with the presence of a doctor in all cases. For intensive care patients, this transport requires the doctor to have a

qualification in intensive care for which the "Deutsche Vereinigung für Notfall- und Intensivmedizin" (DIVI, German Association for emergency medicine and intensive care) has determined specific qualification standards. During the past years, the activity in the field of emergency medicine has increasingly intensified, which, in turn, has led to an increased number of training programmes offered throughout the country.

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