Lauterbach's suspense about the health reforms prepared and still being considered during his term in office

„Should I have been elected to office earlier“

At the opening event of the World Patient Safety Day 2023, Federal Minister of Health Prof. Dr. Karl Lauterbach did not say a word about the demands of Dr. Ruth Hecker, Chairwoman of the Aktionsbündnis Patientensicherheit e. V. (Patient Safety Action Alliance), who in her opening speech urged him to „strengthen the voice of patients“ and called for the nationwide collection of „patient experiences through standardised and cross-sector surveys“. Lauterbach, however, did not let himself be diverted from his speech manuscript by drawing a suspenseful arc over the health reforms already prepared, decided, planned and thought of (and even previously unknown) during his term of office. Asked why these were only coming now, and so late to boot: „Then I should have been voted into office earlier.“

>> No doubt to the relief of the APS chairpersons, Lauterbach confirmed that patient safety is a „very important topic“ that runs through „our work in the Federal Ministry of Health as a team“ - this applies to all laws currently being worked on and passed as well as patient rights and prevention laws. In contrast to the APS Chairperson Dr Ruth Hecker, who in her opening speech referred to the WHO's Global Action Plan for Patient Safety and criticised that the current Hospital Transparency Act addresses essential structural criteria but does not mention the term patient safety at all, Lauterbach used his speaking time for a sweeping survey of the health legislation of his time in office so far.

According to him, the quality of results is the most important parameter to be considered in all laws. It is of no use if a treatment and care process has gone well and everything is perfectly documented, but in the end the survival rate is not as good as it could have been. With 12.8 per cent of its gross domestic product, Germany has the most expensive health care system in Europe and yet its life expectancy development is unsatisfactory. Despite its expensive system, Germany has not been able to influence life expectancy as favourably as many other EU countries - such as Spain, Portugal, Italy, France, Belgium, Sweden, Finland, Norway or Denmark. With each passing year, Germany's life expectancy is getting worse.

Lauterbach went on to say that he had written an article on this topic together with Professor Dr. Stephan Baldus from the University Hospital in Cologne, although he „rarely gets to do scientific work“. In this article (see page 40), the question of what the fundamental problem is and why Germany is doing so badly in terms of life expectancy is explored. This is despite the fact that a lot has actually been done in Germany - starting with screening and minimum quantity laws, structured care programmes. Nevertheless, life expectancy in Germany is falling for the third year in a row.

„Certainly also due to corona,“ Lauterbach admitted. But for corona to have lowered life expectancy, there must have been previous damage in many of those affected and thus a greater likelihood of later developing heart attacks, strokes, diabetes or even dementia. Lauterbach: „We have to reckon with a dementia wave because we know that in older people who have pre-damaged vessels in the brain and got Covid, these vessels have often been damaged more severely.“ The same is true for stroke, he said. „We have important challenges ahead of us,“ said the Federal Minister of Health, „we have something to work on“ because we know the problems pretty well.

To do this, one must first look at the problem situations and their findings, which are often already old, but still relevant. It is a fact, for example, that there are very large differences in life expectancy of around ten years between the rich and the poor in the lowest and highest quintiles. To make this discrepancy clear, Lauterbach drew up the thought experiment of a miracle cure: What if, for example, it were possible to cure all cancers? Then, according to the minister, life expectancy in the entire population would increase by two to three years, which would be a good thing. But what huge factor would be needed, he asked his audience, if the difference in life expectancy between rich and poor was ten years?

In order to significantly reduce this difference, large factors are needed - but there is very little useful research on this in Germany and, moreover, research that has to start very early. For example, in the prevention of heart disease, starting with children. Because many parents would not understand at all that their children are very likely to carry risk factors if there are heart attacks and strokes in their relatives at an early age. For this reason, children in some countries



Federal Minister of Health Prof. Dr. Karl Lauterbach.

are specifically examined for these risk factors when they enter adulthood. But not in Germany.

The same is true for the lipoprotein „small a“ (Lp(a)), a genetic risk factor that leads to a greater tendency for women to have miscarriages and to have strokes and heart attacks much earlier. Lauterbach: „But you can already determine this in children.“ And then act accordingly, which means that strokes can be postponed well into old age. Lauterbach: „But in Germany this is not being studied at all.“ His approach to solving the problem is to work more systematically than before and to protect young people in particular from the late effects of strokes, something that has long been done in other countries - especially Scandinavian countries -whose life expectancy is far better than that in Germany. In order to change this, he announced his intention to introduce a law to strengthen the early detection of many risk factors. However, this should be „a good prevention law“, but not prevention, which is certainly also partly insurance marketing, which is only there to bring positive contributions into an insurance fund, but is certainly not able to address the ten-year difference in life expectancy between rich and poor.

Citations

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However, according to him, not only prevention plays a major role, but also hospital care - here, too, there are very large treatment differences in care in Germany. For example, the mortality rate is 25 per cent lower if a breast carcinoma operation is performed in a certified oncology centre - at the same stage of the disease, mind you. Lauterbach: „That's one in four women, that's extremely noteworthy“. He asked himself, „Why don't we treat everywhere like in certified treatment centres and save every fourth woman? This is a question that has to be investigated and addressed, as the „huge hospital law“ is doing.

The aim of this law is that in principle everyone can be treated as well as in the best hospitals. This is also the reason why all German university hospitals, the German Cancer Society, many other professional societies and the Association of Medical Scientific Societies are behind this reform, which is quite rare in an SPD-led health reform. Of course, there are also conflicts, for example with private hospital owners. They argue that not every seriously ill person can be treated in a special clinic, there are not so many special clinics. His rhetorical counter-question: „How do the Scandinavian countries do it? The solution, he said, was that not every sick person had to go to a special clinic, but that every hospital had to treat patients as well as a special clinic. Given the enormous density of hospitals in Germany, any longer journey time would be of no consequence, and in case of doubt would only add a few minutes. In any case, he does not know a single patient who would trade a slightly longer journey time of perhaps 20 minutes for a 25 percent risk of dying.

However, transparency is needed for this. The Hospital Transparency Act, which is supposed to make it clear where quality is good and where it is not, is being rejected by some federal states. It is argued, Lauterbach stated, that if the differences in results were made public, some hospitals that already have problems with quality would no longer fill up. Lauterbach: „But are these hospitals supposed to fill up with cancer patients, for example?“ And addressed to the auditorium: „With them, with their relatives, their mother or father?“ Transparency is thus an important prerequisite for better quality - and patients' rights are also information rights.

Take stroke care, for example: Ambulance services would drive to those clinics that had registered for emergency services and thus often bypass the clinic that would have been the more suitable clinic for stroke care. „According to the calculations of our government commission, we lose about 5,000 people every year who do not survive a stroke,“ explained the Federal Health Minister. And this despite the fact that care in a special clinic is no more expensive, probably even cheaper because of fewer complications. Lauterbach: „That is also very noteworthy.“ In addition to the 5,000 or so who die in vain, there are also those „who make it through but are then in need of care“. That is why, in his opinion, stroke care in stroke units must be expanded significantly. After initial investments, this would cost little because follow-up costs would be prevented, up to budget neutrality.

However, there is another type of care in Germany that is even more precarious, namely that which takes place in a kind of parallel structure or usually not at all. That is why health kiosks are needed. He does not accept the often-heard counter-argument that this would take away the work of practising doctors: „In the districts where there are already no GPs, there won't be any more. In his view, health kiosks represent a care structure for those who otherwise have no care at all and - if they become seriously ill or have complications - have until now had to be taken to an emergency or university hospital at great expense and cared for there. Health kiosks like „Die Kümmerei“, which he recently visited in Cologne, are better and more efficient. In addition, people who have no health insurance at all are cared for there and work is done in 14 languages.

Finally, Lauterbach addressed some points that were equally important to him. One was the electronic patient file. The treatment data stored in it would not only help to improve care, but would also support patients if a second opinion was needed or if treatment errors had really occurred. These are much easier to prove if the documentation has already taken place at a time when it was not yet clear that one could develop. Lauterbach: „If all important data are collected in the electronic patient file, patients have a completely different prerequisite. The health minister's second point was the attempt to have medicines produced more in Germany and Europe again in order to avoid supply bottlenecks - he said that the law needed for this had been left lying around for ten years. „If you now say“, Lauterbach turned back to the auditorium, „that everything should have come much earlier“, then - he said in his original tone - „I should have been elected to office earlier“.

His final points: Hardship Fund, readjustment of the burden of proof and Patients' Rights Act. Although he did not want to anticipate the key points of the law, one important point was the inspection of the patient's file and another was the perfectly guaranteed data protection including data security. Lauterbach's request, addressed to the Patient Safety Action Alliance: „Don't let yourself be unsettled. Those who shy away from the transparency of the electronic patient record will try to use the argument of data protection to pull you onto the side of those who reject transparency afterwards. Think about it a lot: It's your data in the end that you don't have now.“ According to Lauterbach, the most important work for improving patient safety is and remains, on the one hand, better prevention and, on the other, better treatment quality. His promise: „We will work consistently on both. I invite you to accompany us on this path.“ <<

by: MVF Editor-in-Chief Peter Stegmaier