The German healthcare system has squandered the trust of its citizens, but it can win it back

The German patient – the ailing system

The diagnosis is as precise as a lab result: Germans' trust in their healthcare system has reached its lowest level in 15 years. Only 62 per cent of the population now rate healthcare provision in this country as good or very good – a figure that should set alarm bells ringing among politicians. After all, as recently as 2020, the first year of the COVID-19 pandemic, 87 per cent of citizens rated the healthcare system positively. Since then, approval ratings have been in a steady decline. The number of critical voices has more than tripled between 2020 and 2026 alone – from 11 to 35 per cent. These are the key findings of the DAK Health Monitor 2026, compiled by the Allensbach Institute for Public Opinion Research (IfD) on behalf of DAK-Gesundheit. A total of 1,015 people aged 16 and over in Germany were surveyed between 18 and 30 April 2026 via face-to-face interviews.

>> The timing of the publication is anything but coincidental: the study is being released shortly before parliamentary deliberations on Federal Health Minister Nina Warken's Contribution Stabilisation Act – and it provides the political debate with a wealth of controversial, yet highly useful, data. "The German healthcare system is ailing," says Andreas Storm, CEO of DAK-Gesundheit, at the Berlin press conference marking the launch of the latest Health Monitor. His call: "When people's satisfaction reaches its lowest level in 15 years, effective measures must be introduced immediately to address the situation."

The decline in satisfaction is not an abstract mood phenomenon fuelled solely by media coverage of the need for reform. Rather, it is based on concrete experiences, as Prof. Dr Renate Köcher, Managing Director of the IfD Allensbach and head of the study, makes clear in her presentation of the results: "This is not just opinion, but concrete experience." More than a third of the population report having had personally worse experiences with medical care in the past two to three years than in the past. Only 5 per cent say their experiences have improved, and 54 per cent perceive no fundamental change.

Confidence in inpatient care is also crumbling. Whilst 43 per cent of respondents still had an unreservedly positive impression of German hospitals in 2022, this figure had fallen to just 33

per cent. Meanwhile, the proportion of those who give a mixed verdict – "somewhat, somewhat" – has risen to 49 per cent. Köcher does not interpret this as blanket mistrust, but rather as growing uncertainty: many citizens are no longer convinced that they would receive truly good care in

the event of a hospital stay.

Doctor shortage: a problem escalating in the east and in rural areas

A key driver of dissatisfaction is the worsening shortage of doctors. In 2011, the issue was not yet seen as an urgent problem by the majority – at that time, only 13 per cent of respondents said they were experiencing a shortage of doctors in their region. Today, it is more than one in three: 36 per cent of the total population perceive a shortage of doctors in their immediate vicinity. In eastern Germany, the situation is far more dramatic: there, 57 per cent – an absolute majority – of respondents report a shortage of doctors in their region.

Köcher emphasises the socio-spatial dimension of the problem: “The shortage of doctors is not evenly distributed, but is primarily a problem in the east and a problem in rural areas.” In villages, 47 per cent perceive a shortage – in small towns 44 per cent, in medium-sized towns 32 per cent and in large cities just 27 per cent. In the major cities, the situation is “relatively relaxed”, according to Köcher. Around three-quarters of city dwellers do not observe a shortage of doctors in their local area. However, the decline in staffing levels affects not only the medical profession, but also nursing and practice staff.

Waiting times: a socially explosive issue

The consequences of the doctor shortage are immediately felt in German waiting rooms – or rather, in the long weeks leading up to them. According to their own accounts or those of family members, 72 per cent of the population have had to wait a long time for a doctor’s appointment in recent years. Particularly alarming: 47 per cent report that this has happened to them or their family several times – an increase of 15 percentage points compared to 2016.

Köcher highlights another, even more worrying detail: more than 40 per cent of those surveyed report that they or a family member had difficulty finding a GP practice that would accept them as patients at all. “This naturally worries people immensely. It should not be happening with such frequency.” Overcrowded A&E departments and stressed or unfriendly doctors and nurses are experienced by 39 per cent of respondents each – the flip side of understaffing.

Waiting times are not a uniformly distributed phenomenon. The data reveal a clear social imbalance: 59 per cent of people with low socio-economic status report having experienced long waiting times on multiple occasions, compared with just 33 per cent of those with high status. The difference between the types of insurance is even more pronounced: 50 per cent of those with statutory insurance havewaited a long time on multiple occasions, compared with just 26 per cent of those with exclusively private insurance.

Deep-rooted pessimism: the future of the system

The population is looking ahead to the coming years with a level of pessimism rarely seen before. 59 per cent expect healthcare to deteriorate significantly or at least somewhat over the next ten years – as recently as 2022, only 35 per cent shared this bleak outlook. Even more disheartening: only 11 per cent still believe things will improve.

What people expect in detail is remarkably consistent:

• 87 per cent are convinced that statutory health insurance contributions will continue to rise;

• 77 per cent expect patients to have to bear more costs themselves in future;

• 69 per cent assume that doctors will have less and less time for their patients;

• 67 per cent fear a two-tier healthcare system with good care for the wealthy and poorer care for everyone else.



Fig. 1: **Reform proposals rejected by a majority, from Chart 27. Source: DAK Health Monitor 2026, representative survey of 1,015 people aged 16 and over in Germany, face-to-face interviews, 18 to 30 April 2026. Link: https://t1p.de/ea6sj**

Furthermore, two-thirds of those surveyed are convinced that health insurance funds will in future only cover basic medical care. In this context, Köcher points to the historical dimension of funding concerns: “Financial issues were already a major source of anxiety for the population during the phase of the first health reform. Afterwards, these fears subsided to some extent, but have now risen significantly again over the last ten years.”

The public sees technological progress as the only ray of hope: 49 per cent hope that artificial intelligence will significantly improve diagnosis and treatment; 47 per cent believe in earlier disease detection through medical progress, and 42 per cent in more effective medicines. As for the system’s organisational efficiency, hopes are low: only 14 per cent believe the healthcare system will be as efficient in ten years’ time as it is today. And a mere 9 per cent think it will be better equipped to deal with future crises.

Reform proposals that are rejected by the majority

The political debate surrounding the Contribution Stabilisation Act provides a concrete litmus test: how does the public react to the measures under discussion? The picture painted by the Allensbach data is nuanced – and, in its clarity, should be understood by politicians as both encouraging and a clear warning.

There is broad support for measures that place a direct burden on parties other than the general public: 78 per cent welcome the idea that pharmaceutical manufacturers should grant health insurance funds higher discounts on medicines. 62 per cent support an increase in tobacco tax, 55 per cent a sugar levy on soft drinks, and 54 per cent higher taxes on alcohol. Köcher thus dispels a political preconception: “In recent days, we have heard many discussions where it was said: the government certainly cannot raise taxes, not even in this area. The public sees it differently. They have no problem with selective tax increases.”

Resistance is mounting where cuts directly affect citizens. An increase in health insurance contributions from 17.5 to 18.25 per cent is rejected by 74 per cent. An equal number oppose cuts to health insurance benefits for dental prostheses. 67 per cent reject removing skin cancer screening from the list of covered services without concrete suspicion. Sixty-five per cent are unwilling to accept a reduction in sick pay from 70 to 65 per cent of gross salary after more than six weeks’ sick leave. A majority of 53 per cent also reject the partial abolition of free co-insurance for non-working spouses. Despite everything, basic trust in the system remains stable: 74 per cent consider the principle of solidarity in statutory health insurance – equal benefits for all, regardless of income, age and risk of illness – to be a good model. Only 9 per cent are critical. Andreas Storm explicitly regards this as a political foundation: “The fundamental principle of statutory health insurance enjoys very, very broad support among the population. This is also important for the ongoing reform debate.”

Expensive but mediocre: the EU comparison as a wake-up call

Anyone wishing to understand why dissatisfaction is so high despite high expenditure should take a look at the internationalcomparative data. Germany is the undisputed EU leader in healthcare spending: according to the Federal Statistical Office, 11.7 per cent of gross domestic product goes to the healthcare sector – the EU average is 10.0 per cent. No other member state spends a higher proportion of its economic output on healthcare.

The result, however, is disappointing. The OECD report “Health at a Glance: Europe 2024” ranks Germany only in the middle of the pack for a key quality indicator – avoidable deaths – at 171 deaths per 100,000 inhabitants. Sweden leads with 118, ahead of Italy (128), Luxembourg and Malta (both 133). Countries such as France (145), the Netherlands (147) and Denmark (149) also perform better. The EU-27 average stands at 201 – Germany is significantly better than the average, but all the north-western and central European countries in the comparison rank ahead of Germany. Storm draws his conclusion right at the start: “In an international comparison: expensive, but only a mediocre result.”

Storm’s demands: three levers for a turnaround

The DAK CEO derives a structured reform programme from the findings. Storm calls for a combination of short-term financial stabilisation and long-term structural reforms – linked to an overarching goal that the data highlight as urgent: regaining the public’s lost trust.

In the short term, Storm considers a fair distribution of the burden to be crucial. The sticking point is the funding of healthcare costs for recipients of

the citizen's income, which has so far been borne solely by the solidarity-based community of those with statutory health insurance. The additional costs cited by the commission headed by Professor Greiner amount to over 12 billion euros. The current draft bill provides for an initial allocation of just 250 million euros – whilst simultaneously cutting the regular federal subsidy by two billion euros. Storm calls this "completely unacceptable": "People in Germany view this approach – where the federal government goes and says we are cutting the federal subsidy, which is already far too low, by two billion

– and is providing an initial allocation of 250 million for basic income recipients – as a mockery." He expressly recommends that the reform should not be finalised until the federal government has approved the budget for the coming year and made sufficient funds available. He says: "Better to decide later than to make the wrong decision."

In the long term, Storm identifies three key structural reforms: Firstly, the modernisation of the hospital landscape through the consistent implementation of hospital reform. Secondly, the reform of outpatient care through the establishment of a primary care system that enables more targeted management of patient flows and thus also addresses the issue of waiting times. And thirdly, the reform of emergency care, which is closely linked to the introduction of a primary care system. "If we tackle these three areas consistently and with the necessary vigour, then we have a chance of being in a much better position by the 2030s."

Primary care as the key – but nothing works without fairness

At the press conference, "Monitor Versorgungsforschung" asked DAK chief Storm to specify which concrete initiatives he considers essential even before the autumn report of the Financing Commission – that is, before the Estimators' Group meets as scheduled in October. Storm's response makes it clear that he does not view the structural reforms in isolation, but as a comprehensive package that will only work if the financing issue is resolved fairly beforehand.

The most important step Storm expects is the correction of the ongoing healthcare reform regarding the distribution of burdens – a point that Dr Klaus Reinhardt, President of the German Medical Association, had also explicitly addressed in his speech at the German Medical Assembly. Storm emphasises: The crucial prerequisite for the necessary structural reforms to succeed at all is the willingness of all stakeholders in the healthcare sector to play a constructive role in shaping the process of change. This willingness, says Storm, is not without conditions: "This is the fundamental prerequisite for us to be able to introduce, for example, a primary care system."

For Storm, such a primary care system is the key structural lever for tackling several of the most pressing problems at once. It would enable more targeted management of patients – thereby improving both the waiting times for doctor's appointments, which are perceived as unreasonable, and the overall quality of care. According to Storm's assessment, a significant part of the waiting time problem is linked to a lack of guidance: those who do not know which part of the system to turn to first often end up in the wrong place – and wait there for a correspondingly long time. A functioning primary care system would clear this bottleneck and, in the long term, also

move Germany up the rankings in international quality indicators.

Closely linked to this, according to Storm, is the reform of emergency care, which the DAK chief also regards as a priority. Overcrowded A&E departments – cited as a personal experience by 39 per cent of the population – are to a considerable extent also the result of a lack of alternatives: those who cannot get an appointment with their GP end up at A&E. A well-organised primary care system would significantly alleviate this pressure.

Storm urges a realistic outlook: restructuring the healthcare system will take time. “Anyone who believes things will be running significantly better next year or the year after must be asked to be patient. It will take a little longer.” Anyone hoping for quick results is underestimating the complexity of the system. The real question is not whether, but under what conditions the reform can succeed. And for Storm, this condition is clear: the stakeholders in the healthcare system – doctors, hospitals, nursing staff, health insurance funds – will only actively help shape a structural reorganisation if they feel that the financial burden is also distributed fairly. Otherwise, he argues, any structural reform remains a project that must be pushed through against the resistance of those affected – and experience shows that this is doomed to fail.

Context: a historical pattern, an open future

The finding is harsh, but not unprecedented. In her presentation, Köcherrecalls that a similarly low level of public trust existed before – at the start of the millennium, during the era of major healthcare reforms under Minister Ulla Schmidt. Back then, satisfaction and trust recovered once the reforms took effect. This historical pattern gives Storm cause for optimism: “Of course, this Health Monitor also gives us some cause for optimism, because we have seen that immediately after the turn of the millennium, public confidence in the healthcare system and the ability of health policy to take effective action was similarly low as it is today. But the reforms implemented at that time led to this trust being regained.”

The DAK’s proposal



Fig. 2:

The DAK's proposal, from Chart 34. Source: DAK Health Monitor 2026, representative survey of 1,015 people aged 16 and over in Germany, face-to-face interviews, 18 to 30 April 2026. Link: https://t1p.de/ea6sj

Confidence in the political system's ability to reform is, of course, low today: whilst two-thirds of the population are convinced that the healthcare system needs comprehensive reform – ten years ago, this was the case for only 41 per cent. Yet only 27 per cent believe that comprehensive reformswill actually take place in the coming years. 54 per cent do not believe this. And the prospect of stable health insurance contributions? Only 10 per cent of citizens trust politicians to achieve this stated goal. 68 per cent are sceptical; among those with statutory health insurance, the figure is as high as 70 per cent.

The healthcare system is, in Storm's words, ailing. The diagnosis is clear. The treatment is known. What is missing is the political courage to implement it – and the willingness to recognise the reform process for what it is: a task not for months, but for years. <<

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References

: DAK Health Monitor 2026, representative survey of 1,015 people aged 16 and over in Germany, face-to-face interviews, 18 to 30 April 2026. Link: https://t1p.de/ea6sj