

## THOUGHT PROVOKING IDEAS OF THE GLOBAL ESSAY COMPETITION 2023

### **The elephant won't dance. A critical perspective on statutory healthcare systems with a deontological approach towards agile modern clinical provision centred around H. E. L. P.**

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#### **Bureaucracy - The elephant in the room.**

Germany's healthcare system is said to be one of the best in the world (Johnson 2022). Yet, as a medical student you see and hear things you should not. It's not all about treating people and saving lives. One is introduced and exposed to a new world of medical institutions and examinations. To illustrate an example, a typical situation in a rural German hospital entails an internal meeting between all doctors prior to seeing patients to discuss cases and surgeries of the day as well as raise problems faced the previous days. However, "the student should not listen because we mean to protect her from this This is a summary for long

discussions around bureaucracy and difficult cases. In most surgical specialties the costs of medical procedures are highly restricted by health insurance companies (Gerlinger 2017). Insurance companies have entire companies to inspect up to every third case in hospital divisions and review physicians' operations to look for wrong invoicing (Gerlinger 2017). The result of this is more administration work and bureaucracy on the doctors' side which translates directly into less time for treating patients, less time for saving lives. Doctors are required by law (§12 SGB V) to act economically ("this means they must choose the least costive treatment plan. Insurance companies are allowed to verify every case and sue the

physicians for money if they find fraudulent billing. It requires increased creativity in the billing of patients for insurance companies, to balance most efficient treatment and administrative filing, thereby dancing barefoot on the wire above the pit of criminality of wrong billing. This indicates how the body of our statutory healthcare has become tangled in bureaucracy, it is big and slow. The elephant does not dance.

To provide further context for the emergence of above outlined problem, it is necessary to look further into the development and principles of our current system. The concept of Germany's modern day statutory health care system has been established as the main system of insurance by the social legislation of Otto von Bismarck in 1883. The system was designed for the head of a family to earn enough to supply a partner and offspring until their coming of age. In this family centric model, one person pays their fee, and all included in a family will receive "unlimited health care, including, for example, free choice of doctor and unlimited visitations. However, this can become problematic. Taking the imaginary case of Mr. P (60 years, IT consultant) can be utilized to illustrate an example: Mr. P suffers from back pain. In the past, Mr P received a physical examination and pain-relieving medication from Doctor A. However, today Mr P is not satisfied and visits Dr B for a second opinion who suggests undergoing computer tomographic medical imaging and months of physical therapy. This scenario does not only reflect the different examination possibilities now available to modern medicine for treating almost every illness known to man but also a key characteristic of our healthcare system, free choice of doctor for every illness. The costs of these repeat visits and change in

treatment expand multiplicatively. The cost of the CT alone exceeds 200€ (Hery Moßmann 2020), with approximately 35000 CTs performed in one year (Deutsches Ärzteblatt, 2016). The consequence is that our national healthcare system faces far higher running costs of service (de statis 2021) than contributions. Alone in 2020, the expenditure of our system equated 440.6 billion Euro, equal to 5298€ per citizen (destatis 2021). Examination possibilities have broadened over the last decades, yet the system of pay has long lost its race to keep up and thus an administrative battle around funds is fought on daily basis on every level preventing medical professionals from doing their job.

The legacy of one of the world's best healthcare systems is at risk. Above paragraphs outline a key problem that our current healthcare system has inherited that hinders medical professionals to do their job: Bureaucracy rooted in a never ending fight over funds due to a system of "Doctor visits, all day every day".

To replace this legacy and turn around a declining healthcare system, the following paragraphs will clearly pinpoint key problems that need to be addressed. To address these problems, this essay will build upon Art. 25 of the Universal Declaration of Human Rights (to propose an ethical approach based on deontology for a more agile modern clinical provision centred around H. E. L. P (Human capital, Economic sustainability Limited liability, and collaborative Problem solving).

### **Art. 25 of the UN Universal Declaration of Human Rights**

The German healthcare system introduced by Bismarck in 1883 has evolved until today and reflects Art. 25 of the UN Universal Declaration of Human

Rights stating „Everyone has the right to a standard of living adequate for the health and wellbeing of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.“ (UN 1948). This part of the Convention has direct implications for the provision of healthcare globally. German law specifies that every citizen has the right to be insured by a statutory health insurance company (Bundesministerium für Gesundheit 2023). Further, Art. 25 is reflected in the system’s following principles: Principle of solidarity (funding by apportionment procedure (Finanzierung durch Umlageverfahren), principle of parity (free choice of insurance company (freie Kassenwahl), compulsion to contract (and principle of allowance in kind (These principles ensure that each patient receives the treatment they require in a timely manner, indecently of their back ground or financial means.

### **A deontological approach towards agile modern clinical provision centred around H. E L. P**

Art. 25 of the UN Declaration informs my proposed deontological approach for a more agile clinical provision centred around four pillars of Human capital, Economic sustainability Limited liability, and collaborative problem-solving short H. E. L. P. Deontology is a normative ethical theory that emphasizes that morality of an action is determined based on the question whether an action is right or wrong based on a set of principles rather than its consequences (Swartz 2021). While others might consider that a good end may justify all means towards reaching it, as it would be in a theory of

happiness (or utilitarianism), my approach is intrinsically linked to a belief that the six principles of the German healthcare system are non-negotiable and must be honoured in the development of any course of action.

The H represents human capital. It is necessary to support and educate doctors and physicians in economical aspect that have taken up such large parts of work. A dual strategy is proposed to free funds for additional support staff to give medical staff more time to focus on the core of their profession, which is to treat and save people. Further, I suggest advanced education and “teach the teacher” workshops to increase and spread education to increase efficiency in the administrative processes. To address this issue, it is proposed to re-emphasize the first two principles of solidarity and apportionment procedure in order to ensure future sustainability of human capital i.e. medical professionals.

Further, we have to consider the economics of medicine. In 2020, the expenditure of our system equated 440.6 billion Euro, equal to 5298€ per citizen (destatis 2021), which account for approximately 13.1% of Germany’s GDP. Despite this high spending, which exceeds similar countries like the UK (251.2 billion or 9.9% of GDP), the healthcare system is under pressure. Yet, the future perspective is concerning with significant increase of chronic high cost lifestyle related diseases, such as diabetes and adiposity expected (RKI 2023). Consequently, there is strong pressure to consider the long-term Economic sustainability of our current financing structure. Economic sustainability which reflects the E is especially critical to avoid that healthcare supply is no longer able to keep up with demand. It is proposed to consider an

increase in the statutory financing of the health care system based on income which amounted to 67,9 billion Euro in Germany in 2020 (destatis 2021) with the most socially and financially vulnerable groups being except. This approach is based on key principles such as Principle of solidarity (Solidaritätsprinzip) and funding by apportionment procedure (Finanzierung durch Umlageverfahren) where stronger shoulders carry a higher burden and resources are being redistributed.

Moreover, a key problem of the inherited healthcare system is that physicians are faced with a balance of only very little money and time for the care of patients due to increased bureaucratic demands. In fact, they are even required by law to act economically, which may sometimes mean to administer inferior treatment options and medication. Bureaucracy for billing and coding patients' treatment has become increasingly difficult, yet medical professionals are not introduced to or taught how to navigate these procedures properly in university. Therefore, there is a strong need to limit liability of medicals for potential faults in their costing and billing. Thus, the L stands for limited liability and is a necessary requisite to strengthen doctors in their work of treating patients by taking emphasis off the administrative side.

Finally, changing perspective to side of patients reveals a second issue in our pressured statutory healthcare system: While patients have in theory unlimited access to and choice of medical treatment, in reality this also translates into long waiting times. In addition, patients often experience low quality medical examination due to the lack of time and consideration of individual needs. Further, since the introduction of billing based on diagnosis related groups

and a flat rate payment in 2003 (Bredenkamp et al. 2020) clinics receive the same money for two patients with the same surgery, e.g. appendectomy regardless of complications length of aftercare or special needs due to allergies. To address this issue, we need to get all interest groups together to review the current dilemma. The P stands for collaborative problem-solving. A complex problem requires collaborative problem solving and constant reviewing. I propose annual reviews and adjustments based on an expert committee that reflects all interest groups. Doctors, patients and economical representatives of insurance companies and political and legal representatives need their voices heard equally for shared decision making. Problem solving on collaboration and consideration of all stakeholders is the imperative for the long-term sustainability of our healthcare system.

## **Conclusion**

To sum up, this essay has critically reflected on the challenges faced by a future generation of medical professionals in the context of Germany's statutory healthcare system which has become bureaucratic and slow to address these challenges and "make the elephant dance again" this essay has built upon Art. 25 of the Universal Declaration of Human Rights (to propose an ethical approach based on deontology for a more agile modern clinical provision centred around H. E. L. P. By the means of an ethical approach based on deontology, the current system can find a senseful solution to turn around a declining legacy that will result in a fair and equitable distribution of resources for all parties involved that is both economically efficient and socially supportive. The acronym of H. E. L. P. leads towards a fair, equal and yet

economically equitable way of using the given resources while honouring key principles.

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