

German voters unsure about health of the nation

As German voters go to the polls on Sept 22 health policy has been relatively low among voters' concerns.

On the centre left, Chancellor Gerhard Schroeder, leader of the ruling Social Democrat party (SPD), is standing for re-election. The SPD's main problem has been unemployment, which stands at about four million and has changed little in the past 4 years. Schroeder has promised a stronger economy and social justice and his prompt response to the widespread floods in the region and his decision not to support the war on Iraq were popular.

On the right, the opposition Christian Democrat Union/Christian Social Union (CDU/CSU) presidential candidate is Edmund Stoiber, who is the Minister President of Bavaria who points to the healthy Bavarian economy as an indicator of his abilities. He said he would cut taxes, promote family values, and said that people must rely less on the state to finance their old age. Stoiber criticised Schroeder's stance on Iraq but has since refused to support US-led action outside the UN.

While the broad domestic and foreign policies of the main opponents have been relatively easy to distinguish, their respective health policies have been very similar. "The high quality of medical care must continue to be affordable . . . competition within the system will achieve this goal. Cost effectiveness will stabilise contribution rates", declares the SPD. "More competition and flexibility . . . will help to raise the quality and cost effectiveness of health care", agrees Horst Seehofer, the CDU/CSU ex-health minister and current health spokesman. This agreement reflects the fact that neither party when in government was able to prevent the cost of health care from rising. Earlier this year contribution rates for health insurance were raised from 13.5% to 14%.

"People are really more concerned about worse benefits than slightly increased costs. They have realised that costs are increasing in health care and they are more worried that the quality might go down if too much pressure is put on the system", comments Reinhard Busse, professor of health care management, Technical University, Berlin. "The man or

woman on the street doesn't really know how to solve this, nor which party could actually solve it", he adds.

The parties differ over which parts of the health care service should be exposed to competition to improve quality without spending more money. About 90% of the population are covered by statutory health insur-

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Health policies of Edmund Stoiber (left) and Gerhard Schroeder (right) are not that far apart

ance. Seven large associations of not-for-profit insurance funds compete for the public's contributions. The funds contract services from doctors' associations and hospitals.

The opposition CDU/CSU advocates a more flexible system, giving health insurance funds and service providers the autonomy to decide with whom to negotiate contracts. To make competition truly effective they argue insurers must be able to vary the treatment catalogue, allowing contributors to choose their level of cover and to incur excess charges. "At the heart of the CDU/CSU health policy is the mature patient, responsible for their own decisions and negotiations . . . Experience from the private insurance sector shows us that not only do excess charges serve to reduce contributions but also make the insured take more care of their health", argues Andreas Storm, CDU/CSU parliamentary health working group member. "Only in this way can our health system concentrate on the coverage of really significant risks . . . without placing excessive demands on the contributors", he adds.

While paying lip-service to the need for flexible contracts between the insurance funds and doctors, the SPD programme centres on continuing reforms introduced over the past year. To counterbalance increasing drug expenditure the government brought in a measure that obliged chemists to dispense cheaper generic medicines.

The gradual introduction of diag-

nosis related groups aims to measure how much hospitals spend on treating patients grouped by illnesses and then pay according to the number of patients treated per illness group rather than per hospital day. SPD maintains that measuring performance is needed to establish criteria for monitoring efficiency across the national health system and eventually standardising practice throughout Germany.

Meanwhile, the new disease management programmes attempts to open medical treatment to competition. This programme has been opposed by doctors' groups. The Federal Association of Statutory Health Insurance Doctors have refused to sign the new contracts before the election.

The CDU/CSU argue that all the reforms encroach on doctors professional autonomy and will worsen patient care.

Whereas the CDU/CSU reforms put the onus on patients, SPD policy pressures doctors to deliver improvements. Beyond each party's attempts to cut costs are more fundamental differences in their health policies. Underlying the CDU/CSU's proposed reforms is a deep-seated mistrust of centralised control and regulation. "A socially just, progressive health care system is not an end in itself—the patients themselves must be placed at the centre of every activity", says Seehofer. The SPD's health Minister Ulla Schmidt responds that in effect this will cause the public health sector to contract as the young and the poor take out insufficient cover. "Then when these people fall seriously ill, they will lose their savings", she adds.

The government has rejected changes to the treatment catalogue and has instead proposed to increase financing by expanding the public health system. The Green Party advocates universal coverage while the SPD would increase by a third the monthly €3300 threshold above which wage earners can opt out of the statutory health insurance system. "Whether the border between statutory and private health insurance should be shifted is especially pertinent in this electoral debate", Busse concludes.

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