

**UNDERSTANDING THE GERMAN HEALTH CARE SYSTEM
AND MEDICAL EDUCATION**

A Senior Scholars Thesis

by

MAYTEE BENEDICTA HASENBALG

Submitted to Honors and Undergraduate Research
Texas A&M University
in partial fulfillment of the requirements for the designation as

UNDERGRADUATE RESEARCH SCHOLAR

May 2012

Major: Biomedical Science
German

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ABSTRACT

Understanding the German Health Care System and Medical Education. (May 2012)

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The United States is the only technologically advanced, industrialized country that fails to provide all of its citizenry with health care coverage.¹ In 2010, an estimated 16.3% of Americans (approximately 50 million people) did not possess health insurance.² This lack of universal coverage is stark compared to the situation in Germany where all members of society have some form of effective health insurance and where the costs of providing health care are significantly lower than in the United States (as expressed as a percentage of Gross Domestic Product, GDP).³ I conducted an analysis of the German health care system (known as the "Bismarck Model") in order to evaluate the impact an organized health care system that provides universal coverage to all members of society has on the general population as well as on medical professionals (health care providers). I developed and collected a survey of individuals in the Stuttgart, Baden-Württemberg region concerning their health insurance status and satisfaction with their health care institutions. I also obtained personal experiences at the University of

Tübingen Medical School, where I spent a semester as a student, and at the Lochmann-Klinik in Esslingen and the Medizinisches Versorgungszentrum Kirchheim in Kirchheim unter Tech where I shadowed physicians and observed the daily functioning of the clinic. I received an 8.36% response rate (264 out of 3,157 distributed surveys) and based on my results, patients under the German system of health care demonstrated a high level of satisfaction with their health insurance system and costs. Practically all respondents (99.01%) expressed satisfaction with their health care providers. An expected 100% of the surveyed population possessed health insurance. Along with the well-functioning health care system, German medical universities also rank among the top in the world. Yet unlike in the United States, quality of education is not directly proportional with its cost. Tuition fees traditionally do not exceed \$670 per semester, a fraction of the estimated \$50,000 per year most public medical universities charge in the United States. The Bismarck system in Germany proved to be less costly and provided a much higher level of coverage than the current health care system in the United States. Nevertheless, America is still a conglomeration of mismatched health insurance plans rather than a system of universal coverage.

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CHAPTER I

INTRODUCTION

Health care systems in modern industrialized countries are extremely complex and it has proven impossible to establish a perfect system in any country. Major issues in establishing the quality of a system include the overall level of population health, health disparities within the population, the level of health system responsiveness, and the distribution of the financial burden.¹

The difficulty in evaluating the efficiency of health care systems and implementing policies to effectively improve a system derives from the fact that health care policy is as much a political as well as an economical intricacy.⁴ In order to work towards an improved system we must be able to consider opposing viewpoints, anticipate future issues to avoid complications, and create a progressively improving system. In order for this to be achieved health care systems must be evaluated on economic, political, and social bases.^{4,5,6}

The most important question that must be answered prior to making the decision on health care reform is if it should be seen as a right given to any American who requires it

This thesis follows the style of the *Journal of the American Medical Association*.

or as a privilege to only those who can afford care. Consider that in the United States, an estimated 44,000 individuals die per year due to the consequences associated with lack of health insurance.⁷ The new health care reform law, the Patient Protection and Affordable Care Act (PPACA), currently being challenged in the Supreme Court, could upon full implementation drastically change this statistic. This law incorporates the individual mandate which requires individuals not covered by an employer or government funded insurance plan (the self-employed and uninsured citizens and legal immigrants) to purchase health insurance or be subject to an annual fine.⁸ The Supreme Court began hearings on the constitutionality of the PPACA on March 26, 2012. If the constitutionality is confirmed, 30 million (arguably 40-50 million) currently uninsured Americans are expected to be covered by 2014.^{8,9,10}

The new reform has similar aspects to the Bismarck model of health care found in Germany which encompasses non-profit insurance plans and universal health coverage.⁵ The major difference between the current model of the United States health system and the German Bismarck system is that in Germany the public insurance companies do not need to make a profit from health care because there are no shareholders receiving dividends, whereas most health insurance companies in the United States are for-profit companies.

To begin to understand the state of the health care system in the United States several vital issues must be evaluated. In the United States we have a patchwork of providers

and payers for different types of people including insurance through employers, Medicare for people over 65, Medicaid for the poor, and the VA for veterans. This fragmentation does not follow any recognized model of health care.⁵ Though, the United States health care system is inadequate in a variety of aspects we must also consider the consequences if the system is changed to provide universal health care.⁴ Although many Americans are frustrated with the current system due to uneven quality, high costs, and the 49.9 million uninsured Americans there is much to be lost with reform.^{3,4} A variety of issues have been proposed that could arise upon changing the current health care system. These include having to replace your current insurance with a government mandated policy, losing the ability to spend your own money for the health care you want or even being allowed to choose which treatment you receive.

Access to pharmaceuticals could also be decreased because with national care, price controls could reduce research and development.⁴ Ultimately, a universal health care system must be funded through an increase in taxes as in Germany or through decreased spending in other areas of government (Fig. 1). The United States currently is a world leader in advancement and availability of medical technology and treatments. This area among others could possibly be jeopardized with a universal health care system.^{4,5,11,12}

The ideal solution addressing the scope of these issues is to establish a system that provides universal coverage but still allows the freedom to purchase alternative health care if desired. Examining several other developed countries can provide a solid

template for creating an improved system in the United States. Versions of the Bismarck model health care system found in Germany, France, Japan, Belgium, Switzerland, and some Latin American countries rank at the top of the WHO health report in the year 2000.¹

Fig. 1 OECD Health Expenditure and Financing.¹³ Table indicates that primary expenditure of selected Bismarck countries is financed by the government, only small percent of health care is financed by the private sector. Units are in percentages.

Dataset: Health Expenditure and Financing

Unit		% total expenditure on health							
Year		2009							
Function		Total current expenditure HC.1-HC.9							
Provider		Total expenditure HP.1-HP.9							
Financing Source		Total expenditure FS.1-FS.3							
Human Resources		Total resources							
Financing Agent	General government	General government		Private sector	Private sector				Total expenditure HF.1-HF.3
	General government (excl. social security) = Territorial government	Social security funds	Private insurance		Private households out-of-pocket exp.	Non-profit institutions serving households	Corporations (other than health insurance)		
Country									
Canada	66.222	64.872	1.349	28.643	12.7	14.57	..	1.373	94.865
France	76.016	5.454	70.562	21.324	13.268	7.312	0.124	0.621	97.341
Germany	74.663	6.614	68.049	21.87	9.279	11.868	0.385	0.338	96.533
Switzerland	59.717	18.894	40.822	40.283	8.828	30.489	0.966	..	100
United States	46.755	5.547	41.208	48.702	32.823	12.263	3.434	0.182	95.456

data extracted on 20 Mar 2012 02:43 UTC (GMT) from OECD.Stat

The Bismarck model is Europe's oldest universal health system established by Otto von Bismarck in 1883 and has served as a health care model for many other nations. The

insurance plans of the Bismarck model in Germany can be characterized by their regimentation. All individuals earning below a government specified income limit (€50,850 in 2012) are mandated by federal law to become members of a non-profit health insurance organization known as a “Krankenkasse” or sickness fund.^{14,15} Those individuals earning above this designated income cap can opt out of the system and purchase private health insurance.^{5,14,15}

The Bismarck model is less costly and provides more coverage to the population than the fragmented American system.⁵ Nevertheless, there are discrepancies in choice of doctor and types of treatment and especially in the salaries and shortage of health care professionals in Germany.¹⁶ Many German physicians and post-graduates move to other countries within the European Union in search of better employment conditions and higher wages.¹⁶ In the United States physicians are highly compensated and respected and while they are regarded with equal prestige in Germany, doctors receive substantially lower salaries due to the universal health care system. Doctors working in hospitals (as opposed to those working in private practices) average approximately \$268,000 annual adjusted salary in the United States. In Germany, they earn a mere \$56,000 annual adjusted salary in comparison.¹⁶ These downsides have encouraged young-post graduates in Germany to emigrate to neighboring countries where the salaries are higher.

While each system in every country has its own unique problems, understanding comparative health care around the world is essential. A comparative approach allows us to evaluate the strengths and weaknesses of our own system for insights into international health care policies and perhaps new perspectives on improving the health care system in the United States, a country, which despite its wealth and technological advancement does not have a system as efficient as found in most other developed nations.

CHAPTER II

METHODS

I analyzed the health system in Germany as well as the aspects related to practicing medicine in their model of a universal health care system. I was in a unique position to conduct a study like this due to my German nationality and fluency in the German language. This advantage along with the 6-months I was able to spend in Germany throughout my research period provided me with the ideal opportunity to gather direct data and personal experiences.

To conduct my health system analysis I did extensive background research on the German and United States systems in the literature to gain a better understanding of the current system practices and efficiencies. With the assistance of my research advisor, Dr. Jeremy Wasser, I created a health care consumer survey (APPENDIX A) to establish participant age, sex, occupation, health insurance provider and overall satisfaction with health care expenses, providers, and coverage.

Based on similar criteria, I interviewed health care professionals about their opinions, earnings or conditions and satisfaction with the state of their health system. Additionally, I spent four days at two different clinics, Dr. med. Lutz Lochmann-Kesselheim Klinik in Esslingen and the Medizinisches Versorgungszentrum Kirchheim in Kirchheim unter

Tech observing procedures and patient consultations. I was able to speak with various professionals about their work, medical education and perspectives on the German health care system.

I gathered data that was collected from the online surveys, through an online survey management system known as MakeSurvey, and inserted it into Microsoft Excel to organize the information into charts.¹⁷ This allowed me to evaluate overall satisfaction of health insurance plans, health care providers, and health expenses as well as to analyze what benefits were included in the majority of health plans among the population studied. The data from the surveys also included individual commentary from the surveyed individuals on their personal opinions about what should change and what they are content with based on their health insurance plans and overall system as well as their opinions on the American health system.

Along with this secondary analysis I was enrolled at the University of Tübingen Medical School for their summer semester and was able to analyze the different formats of their lectures and laboratory sessions and examination procedures. I therefore had first-hand experiences on how German medical universities differ from American universities along with individual commentary from German medical students on their medical education.

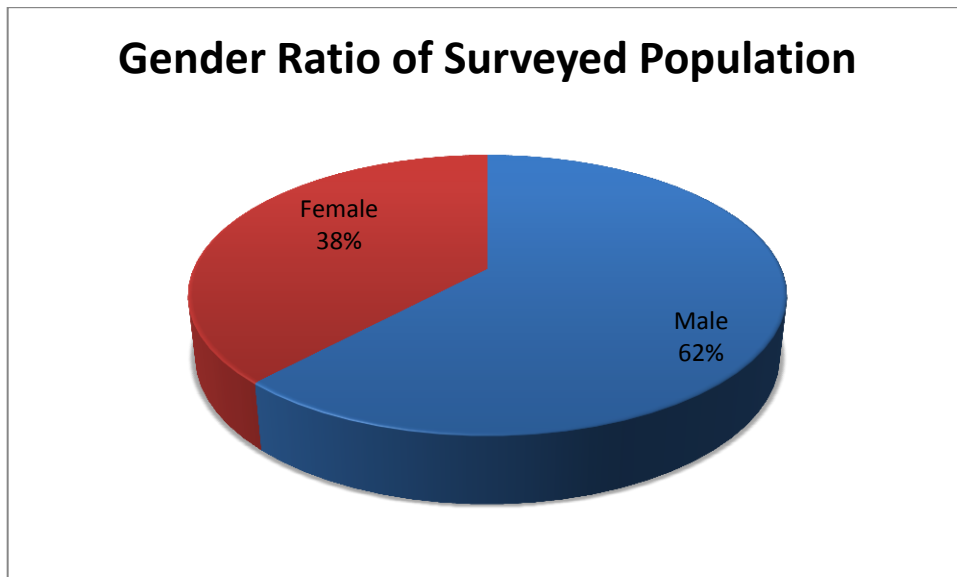
CHAPTER III

RESULTS

Quantitative German Health Care Survey Data

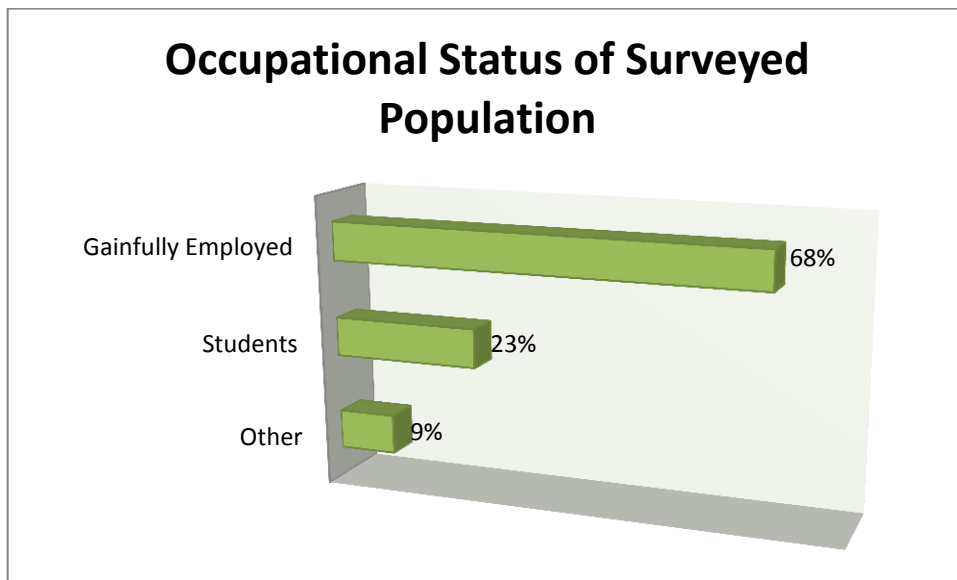
The individuals for the study were self-selected. I made the attempt to distribute the questionnaire to a variety of individuals including sending a bulk email to students and staff at the University of Tübingen Medical Department. I also requested patients and medical staff at the Lochmann-Kesselheim Klinik and the Medizinisches Versorgungszentrum Kirchheim to partake in the study, as well as individuals I approached at small businesses around Tübingen and Stuttgart. I received an 8.36% response rate (264 out of 3,157 surveys distributed). All respondents were between the ages of 18 and 62 of whom 100 were female and 164 were male (Fig. 2).

Fig. 2 Gender Ratio of Surveyed Population. Percentage of male and female respondents to the health care survey (APPENDIX A).



The occupational status of the surveyed population was categorized into sections including: 1. “gainfully employed individuals” which encompasses all individuals working at least 40 hours/week, full time for most Germans; “students” which includes full time students whose main source of income is not from a full-time job but rather from a parent or financial assistance; 3. “other” section includes individuals who do not work for their main source of income and are not students. This could include unemployed individuals and/or financially dependent individuals supported by a parent, spouse, government, etc. These sections included 180 gainfully employed individuals, 61 students, and 23 surveyed individuals who were considered neither student nor gainfully employed (Fig. 3).

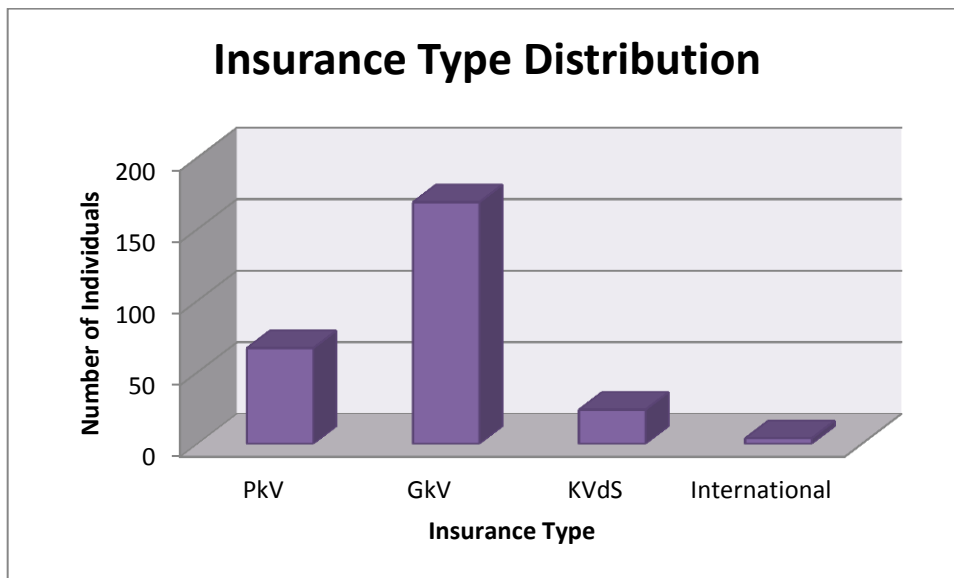
Fig. 3 Occupational Status of Surveyed Population



Based on the acquired findings, 100% of the surveyed individuals, who answered the question, possessed health insurance. Of the combined 264 surveyed individuals 10 people (3.78%) did not respond to this question and were thus disregarded in this statistic.

Individuals were also asked to indicate the type of insurance they possess. 69 individuals (26%) had supplemental private health insurance (Pkv), 166 individuals (63%) had governmental insurance (GkV), 24 individuals (9%) were solely on a student health insurance plan (KVdS) and 5 of the surveyed individuals (2%) had an international health insurance plan (Fig. 4).

Fig. 4 Insurance Type Distribution



Despite the various types of insurance plans, all plans cover preventive care, emergency care, surgeries, prescription medications, hospital stays, and certain types of alternative medicine. Alternative medicine procedures can be included in the insurance coverage as long as they are approved as diagnostically or therapeutically viable, by the “Gemeinsamer Bundesausschuss”, the highest-ranking collectively autonomous governmental committee within the German health system.¹⁸

Based on the health care surveys, 135 individuals (51%) indicated that they were either satisfied or very satisfied with the German insurance system, 74 individuals (28%) had no opinion, and 55 individuals (21%) were at some level unsatisfied with the current state of the health insurance system (Fig. 5). The health care provider general

satisfaction surveys indicated overwhelming satisfaction (Fig. 6). Polled results of individuals who indicated satisfaction with their current health care provider totaled 261 of the surveyed population. 3 individuals were at some level unsatisfied with their current health care provider. The individuals who were satisfied with their health care expenses encompassed 70% of the surveyed population (Fig. 7).

Of the 264 surveyed individuals, 23 answered that they have personally experienced the health care system or have been treated by a health care professional in the United States. 100% of these individuals indicated that they would not prefer the American system over the health care system in Germany.

Fig. 5 Health Insurance System Satisfaction

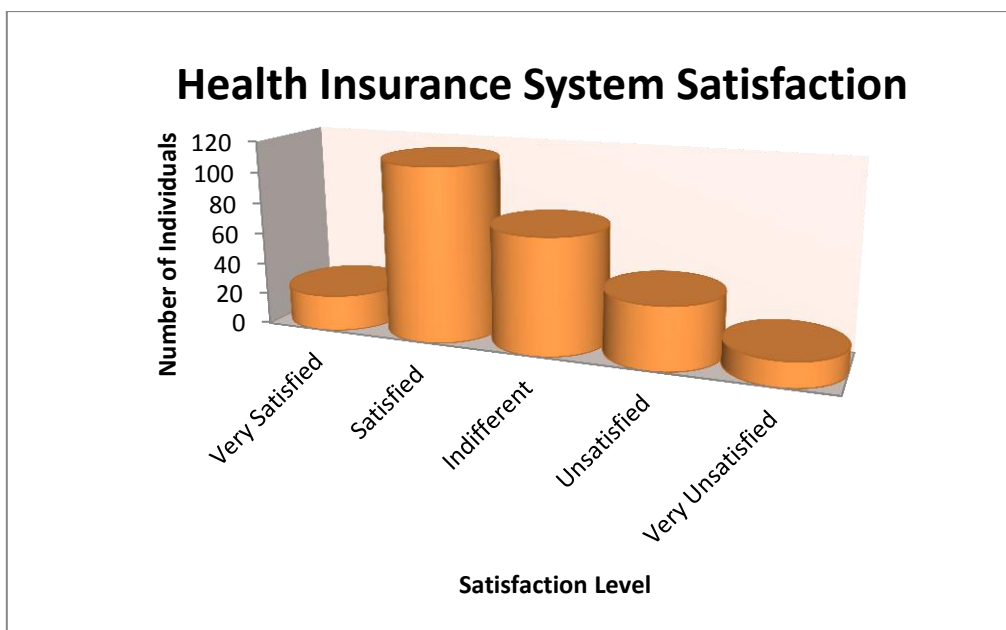


Fig. 6 Health Care Provider Satisfaction

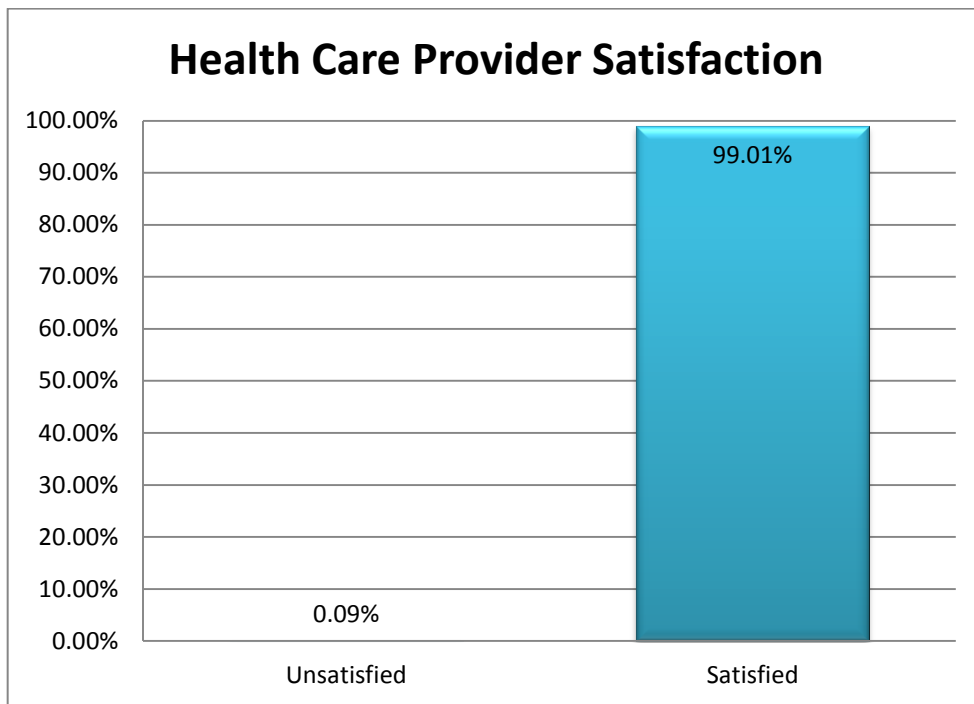
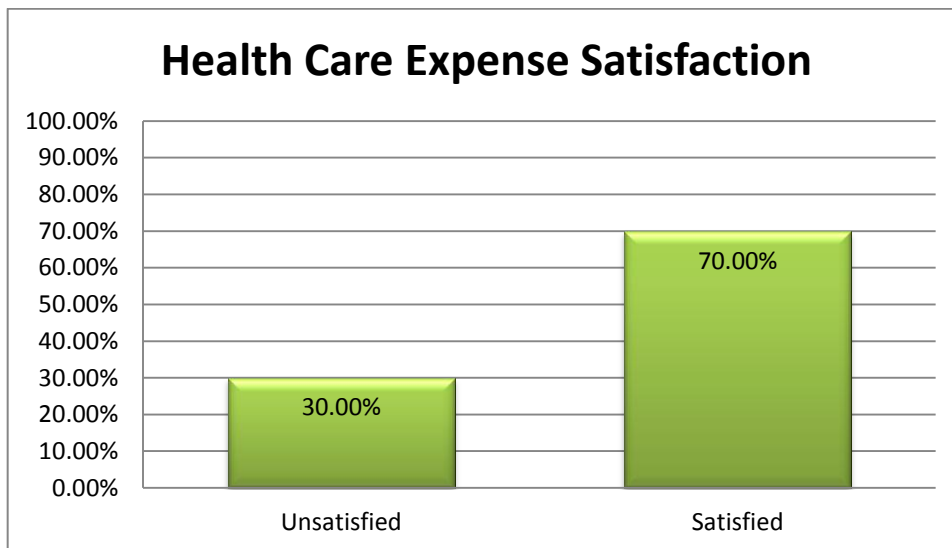


Fig. 7 Health Care Expense Satisfaction



Qualitative German Health Care Survey Data

The final section of the health care survey allowed individuals to provide written explanations for their responses to individual survey question. These results have been translated and summarized to avoid repetition. (For raw data see APPENDIX B.)

The comments by respondents of the health care satisfaction survey can be summarized as follows; individuals who were satisfied with their health insurance system indicated that in their opinion it “provides excellent quality of care”, “since there is an individual mandate everyone is covered”, “there is a high level of hygiene associated with health care in Germany and the physicians possess a high level of education”. It was stated that “younger individuals have more possibilities because most things are inexpensive” as well as “things that need to be covered are covered”.

Individuals dissatisfied with the system felt that it is “complicated and unfair”, “there are no chances for rebates or reimbursements of unused funds”, “as one gets older one must work harder to be treated correctly” and “companies cover unnecessary therapies instead of those that could actually benefit the patient”.

CHAPTER IV

DISCUSSION

Clinic Policies and Procedures

The German and American systems are very similar in several aspects as far as patient visits to clinics are concerned. Patients can see their health care professionals on a walk-in or appointment basis depending on the specific clinics. While observing daily procedures at the Lochmann-Klinik waiting times ranged from immediately to an hour or more depending on doctor availability, patient condition and the amount of people hoping to see the same physician. Approximately 200-300 patients would be seen on a daily basis by the three attending general practitioners at the Lochmann-Klinik.

Scheduling is fairly simple, appointments can even be booked the same day. Scheduling to see specialists however may take up to several weeks depending on availability.

Checking into clinics and hospitals is much more efficient than in the United States because every patient has an “elektronische Gesundheitskarte” (electronic health card) with all their insurance information. Even when visiting a new clinic this card is simply scanned and the data is then available to the health care personnel. Germany is currently implementing an improvement the system similar to the “Carte Vitale” in France where the “Gesundheitskarte” will contain all health information as well as insurance information.⁵ In the near future all patient records will be on an imbedded chip and

paper files will be done away with completely. Health care clinics and hospitals already keep their patient records on electronic files on the “Telematikinfrastuktur” (a connection of the separate IT-systems of clinics, hospitals, pharmacies, and insurance companies which allows a cross-system exchange of information)¹⁹ thus, the implementation of the improved “Gesundheitskarte” should be fairly simple. Physicians are able to send these files to specialists or other physicians to ensure that anyone treating the particular patient has complete access to their entire medical history. Nevertheless, one can still find filing cabinets in various clinics but the number is consistently decreasing.

Obtaining prescription medications follow the same procedures as in the United States. The patient will receive their prescription from their physician and take it to the “Apotheke” (pharmacy). Pharmacists in Germany often can have substantial influence over their patients. I personally observed a patient come in to the Lochmann-Klinik having been advised by his pharmacist not to take the medication prescribed by his physician, but to take a different medication instead. The patient came into the clinic hoping to get a prescription for the medication the pharmacist recommended. However, the physician sent the patient back to the pharmacist with the same prescription initially prescribed. The nurses advised me that such repeat patients come in frequently hoping to get the pharmacist recommended medications instead. This type of pharmacist input often causes physicians and nurses unnecessary annoyance. Insurance companies cover

prescription medications but patients are usually required to pay a prescription fee, currently €5.15 (approximately \$6.80).²⁰

Private and Public Insurance

Costs to the patient depend on the insurance type; whether they are solely insured by the government or have additional private insurance. With the supplemental PkV (private health insurance) patients pay for everything upfront and are refunded after filing their claims. In contrast, the public “Krankenkasse” handles most costs apart from the €10 “Praxisgebühr” (clinic fee) per quarter paid in January, April, July and October – a total of €40 per year.^{15, 21} Exceptions to the “Praxisgebühr” include physician mandated transfers to specialists (patient will receive a receipt indicating he already paid the “Praxisgebühr” at the primary care physician’s clinic), switching “Krankenkassen” within a quarter, individuals with certain financial conditions, pre-natal care, preventive dental and cancer care, most chronically ill patients and child immunizations recommended by the “Infektionsschutzgesetz” (federal infection protection law).^{21,22}

PkV patients must earn at least the specified income limit, currently at €4,237.50 per month or €50,850 per year to qualify for coverage.^{14,15} Private health insurance companies work similarly to health insurance companies in the United States. They organize the balance of risks between healthy and ill individuals within the rate-community. Throughout the duration of his insured career, every member must pay the private insurance company, as much as the medical expenses throughout his life are

statistically considered to cost. Apart from basic health insurance, the benefits of these extra costs can include shorter waiting times in clinics, separate waiting rooms offering refreshments and entertainment, private hospital rooms, and the ability to request to be treated by the chief physician of the hospital.^{14,15}

The non-profit “Krankenkassen” of which there are currently 146 in Germany including the most popular VdEK, BKK, IKK, and AOK can insure anyone.¹⁵ Everyone qualifies for coverage. No one can be denied coverage for pre-existing conditions or any other reason and it is mandated by law to possess health insurance before one may begin any type of employment or education. Without this individual mandate it would be difficult to afford universal health care. Germany mandates employers and employees to pay into the “Krankenkassen” which allows these institutions to offer non-profit care. Self-employed individuals have the option of opting out of the comparably expensive “Krankenkassen” and purchasing the less costly private health insurance with better benefits. Still there are an approximate 0.3% of uninsured individuals in Germany who are unemployed (no longer receiving unemployment health insurance) or have failed to pay into the “Krankenkassen” or private insurance companies.²³ This individual mandate is currently the big constitutional issue in the United States, surrounding the PPACA (“ObamaCare”). It requires that every individual not covered by Medicare, Medicaid, an employer sponsored health care plan or other public insurance institution purchase a private insurance policy. If individuals do not comply they are subject to pay a \$695 annual fine unless exempt from the program due to alternative circumstances.¹⁰

The “Krankenkassen” handle all expenses (apart from the co-pays mentioned above). Each patient has a quarterly spending limit (“Pauschale”) which the clinic may use to treat said patient. Once this limit has been reached the clinics will not receive reimbursement from the insurance company for that patient. At this point they must continue treating the patient for free. This encourages doctors to efficiently treat patients and to try to keep them healthy. A benefit for physicians under this system is when patients choose to partake in the “Hausarztmodell” (primary care physician) with their insurance company. Patients register their primary care physician with their “Krankenkasse” and commit themselves to see this physician first. Exceptions include gynecologists, ophthalmologists, and emergencies. Patients thereby receive a benefit from their insurance company in the form of reduced premiums and reduced clinic and prescription fees.²⁴ Nevertheless, many “Krankenkassen” find this model to be counter-productive without medical or economical benefits.²⁴

The German Medical University

Medical school in Germany generally encompass a six year period, following graduation from Gymnasium (similar to high school in the United States) and passing a leaving examination known as the “Abitur”. Admission to the medical department is based on the students’ score on their leaving examination. German universities have different types of curriculums including the standard and so called reformed degree plans (“Reformstudiengang Medizin”). The standard method, which is also the longest degree at any German university, is a six-year period broken up into pre-clinical and clinical

portions.²⁵ The main courses covered in the first two years of the pre-clinical education include anatomy, physiology, and biochemistry. At the end of the pre-clinic students must pass their first state exam, the “Physikum” to be admitted into the next stage of their education. This exam includes approximately 600-multiple-choice questions from their pre-clinical studies.²⁵ Upon passing the “Physikum” the “Hauptstudium” (main study period) begins. This includes practical training in university clinics and teaching hospitals introducing and preparing the students for the daily routines of a doctor as well as getting to know every area of medicine from anesthesiology to urology. The final year of the medical education is spent doing hospital rotations including 16 weeks each in internal medicine and surgery. The student is free to choose in which discipline he wishes to spend his last 16 weeks. Following the practical year the student must take his second state exam which includes topics from the entire six-year period of study. This exam includes three days of five-hour examination periods encompassing 320 multiple-choice questions.²⁵

Students often transfer universities during their studies completing their education at several. Basic science lectures often include students from several other departments at the university including biology, dental, molecular biology, and so on. Many professors are extremely difficult to get hold of and often do not wait for student questions after a lecture. Professors have also been known to be blatantly rude to students and often refuse assistance when asked. I know this from personal experience during my time at the University of Tübingen. There is always a lecture syllabus, however the particular

lecturers vary and often do not follow a specific textbook. Homework is rarely assigned in lecture courses and there are usually no in-class examinations apart from the final. Medical students usually attend these lectures solely to prepare for the “Physikum”.

The “Reformstudiengang” varies from medical department to medical department. The basic concept is an equal incorporation of theory and practice into the medical degree plan. This typically integrates methods such as problem oriented learning, “bedside-teaching”, and a concentrated focus of study on one particular organ at a time. While it offers a higher degree of practical experience and group collaboration the efficacy of the reformed degree plan has yet to be assessed.²⁶ Regardless of which curriculum students choose to follow ultimately, they must all pass the same licensing examination.

CHAPTER V

CONCLUSIONS

“The medical profession has had an especially persuasive claim to authority. Unlike the law and the clergy, it enjoys close bonds with modern science, and at least for most of the last century, scientific knowledge has held a privileged status in the hierarchy of belief. Even among the sciences, medicine occupies a special position. Its practitioners come into direct and intimate contact with people in their daily lives; they are present at the critical transitional moments of existence. They serve as intermediaries between science and private experience, interpreting personal troubles in the abstract language of scientific knowledge.”²⁷ – Paul Starr

The unique qualities and importance of medical vocation continue to be held in great esteem around the world. The German medical education system has proven to produce excellent physicians since at least the 18th Century and many German universities such as the Humboldt University in Berlin and the Ruprecht-Karls University in Heidelberg are currently ranked among the top fifty medical universities in the world²⁸. Naturally, these physicians come to play a major role in making the German health care model what it is today, a notable example of a well-functioning system.

While the general population has only positive things to say about their physicians, the collected data and notable commentary from the interviewed individuals emphasizes the level of unfairness felt between public and private insurance plans. The majority of surveyed individuals were publically insured and felt that it is unfair that privately insured individuals received private waiting and hospital rooms and had a preference to

be seen by the head physicians in hospitals. However, privately insured individuals pay for the benefits they receive. Regarding the situation from an American perspective, this seems completely fair. Individuals pay airlines extra to fly first class, and how is that different from paying extra to receive a more comfortable hospital environment?

In comparison to the United States a mere \$55/year fee for health care would seem miniscule, as most medical co-payments are much higher. In 2010 the average co-payment for employees visiting a primary care physician was estimated at \$22 per visit, while hospital co-payments averaged approximately \$108.²⁹ Nonetheless, many Germans feel that any co-payment is too much to pay for health care since the “Praxisgebühr” was mandated by law beginning in 2004 at €10 per quarter.³⁰ Prior to that the quarterly fees did not exist. Not surprisingly the Freie Demokratische Partei (Free Democratic Party – the libertarian pro-business party in Germany) has recently expressed their desire to do away with the “Praxisgebühren” once again.³⁰

Tuition fees have been an issue of debate among German students and politicians. Historically universities did not have tuition fees. A type of fee named “Hörergeld” totaling approximately €246 (adjusted for inflation) existed until 1970.³¹ Once they were successfully boycotted by students in Hamburg such fees were no longer collected until 2005.³¹ Today, many medical schools have been doing away with tuition fees. Several universities in particular states are free, while most other states charge no more than approximately \$670/semester in tuition fees. This also depends on the particular

university and the semester of study.^{32,33} Any university student in the United States would gladly choose that over the estimated \$50,000 a year most public medical schools charge for tuition.³⁴

Another general complaint among patients in German waiting rooms is just that, the wait. Due to a shortage of physicians many patients feel their time spent with their actual doctor is being cut short. The decline in physicians is mainly due to the relatively low salaries and extensive amount of work hours.¹⁶ Many medical professionals have been emigrating to Scandinavia countries, Switzerland, Britain, the United States among others, where salaries are higher. Some even spend their time off working supplemental shifts in international hospitals. In a British hospital German doctors can earn an additional €2,000 for the weekend shift¹⁶

Nearly 100% coverage of the population is something that can only be imagined in the United States with its current fragmented model of health care. In Germany every patient who needs health care is treated regardless of income level or social status. The Bismarck model is a possible start to a long process of improving the health care system in the United States. Nevertheless, modern medicine costs money and someone must assume these costs. The medical providers in Germany appear to be more distraught than patients and health insurance companies with how health care is regulated and paid for and often compare themselves to their American counterparts receiving higher salaries and extended freedoms concerning treatment options. Since the insurance

companies regulate the health budget in Germany and they contract with pharmaceutical companies, German doctors are inclined to purchase the cheaper medications so as not to exceed their expenditure budget or forced to pay the extra costs per patient themselves.

Clearly, there is no system that has proven to excel in all aspects. However, it is evident that all other developed nations manage to effectively provide and distribute health care to all their citizens at less cost than the United States. If the United States does decide to fully implement the PPACA including the individual mandate, 32 million people will be extended health insurance.^{8,9,10}

From my data and assessment of the literature I can conclude that patients under the Bismarck model of health care are at the advantage. They receive a similar quality of health care for a fraction of the cost as patients in the United States.

So why is America still the only industrialized democracy in the world without universal health care? And more importantly, what are we going to do about it?

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APPENDIX A

GERMAN HEALTH CARE SURVEYS

Fig.8 German Health Care Survey Page 1

Gesundheitssystem Umfrage

Die Teilnahme an der Umfrage wird weniger als 5 Minuten Ihrer Zeit in Anspruch nehmen. Alle Angaben werden selbstverständlich streng vertraulich behandelt und nur zu wissenschaftlichen Zwecken verwendet. Die Auswertung erfolgt aggregiert und anonymisiert, so dass zu keinem Zeitpunkt Rückschlüsse auf Ihre Person möglich sind.

Alter: _____ Gewicht (kg): _____ Größe(m): _____ Geschlecht: Männlich Weiblich

Tabak: Ja Packungen pro Tag: _____ Anzahl der Jahre: _____ Nein

Alkohol: Ja Gläser [0,3ml] pro Tag: _____ Nein

Nationalität: _____

1. Wie oft machen sie Ausdauertraining:
 - 1-2 mal die Woche (mind. 1 Std.)
 - 3-4 mal die Woche (mind. 1 Std.)
 - 5-7 mal die Woche (mind. 1 Std.)
 - Gar nicht.
2. Bitte angeben:
 - Erbstätig
 - Rentner
 - Student
 - Schüler
 - Anderes: _____
3. Familienstand (alle die zutreffen markieren):
 - Ledig
 - Verheiratet
 - Geschieden
 - Verwitwet
 - Kinder
4. Haben Sie derzeit irgendwelche dauerhaften Krankheiten? Ja Nein
5. Wie oft gehen Sie zu einem Gesundheitsdienstleister? _____
6. Sind Sie Krankenversichert? Ja Nein (weiter zu Frage 10)
7. Was für eine Art Krankenversicherung haben Sie?
 - Private Krankenversicherung (PKV)
 - Krankenversicherung der Studenten (KVdS)
 - Krankenversicherung der Rentner (KvDR)
 - Gesetzliche Krankenversicherung (GKV) [nicht KVds oder KvDR]
 - Ausländische Krankenversicherung
 - Ich weiss es nicht
 - Ich bin nicht Krankenversichert
 - Andere: _____
8. Was wird von Ihrer Krankenversicherung übernommen? (Alle die zutreffen markieren)

<input type="checkbox"/> Vorsorge	<input type="checkbox"/> Notaufnahme
<input type="checkbox"/> Chirurgie	<input type="checkbox"/> Kosmetik
<input type="checkbox"/> Alternative Medizin	<input type="checkbox"/> Krankenhauseinweisung
<input type="checkbox"/> Rezepte	<input type="checkbox"/> Zahnpflege
<input type="checkbox"/> Langzeitpflege	<input type="checkbox"/> Ich weiß es nicht
<input type="checkbox"/> Anderes: _____	

Fig.9 German Health Care Survey Page 2

9. Sind Sie zufrieden damit, wie viel sie für die Krankenversicherung ausgeben? Ja Nein
Bitte begründen:

10. Sind Sie mit Ihrer Krankenkasse zufrieden? Ja Nein
Bitte begründen:

11. Sind Sie derzeit mit den Leistungen Ihres Arztes zufrieden? Ja Nein
Bitte begründen:

12. Wie viel Geld geben sie für Krankenversorgung pro Jahr aus? _____ Euro

13. Wie zufrieden sind Sie mit dem Gesundheitssystem in Deutschland?
Bewerten Sie auf der Skala von 1-5.

1 - sehr unzufrieden
2 - unzufrieden
3 - neutral/keine Meinung
4 - zufrieden
5 - sehr zufrieden

Bitte begründen sie Ihre Antwort:

14. Würden Sie gerne am Gesundheitssystem in Deutschland etwas verändern/verändert sehen?
Bitte begründen:

APPENDIX B

RAW GERMAN HEALTH CARE SURVEY RESPONSE DATA AND TRANSLATIONS

Sind Sie mit ihrer Krankenkasse und wie viel Sie für ihre Krankenversicherung ausgeben zufrieden?

-Are you satisfied with your health insurance provider and expenses?

“Solange man normal verdient, ist es ein weiterer, einkalkulierter Abzug vom Gehalt. Es passt also.”

- As long as you earn a regular income, it is just another budgeted deduction from your salary. So it fits.

“Nein, ich bekomme zu wenig erstattet im Vergleich dazu wie viel ich bezahle”

-No, I do not get reimbursed enough in comparison to what I pay.”

“Nein, ich finde das Prinzip der PvK sinnvoller, da man hier einen Teil seiner Einzahlungen zurückbekommen kann.

-No, I think the principle of private health insurance makes more sense because you can get some of your expenses reimbursed.

“Kenne meinen Beitrag nicht, wird von meinen Eltern übernommen.”

- I do not know my premium, it is handled by my parents.

“Ich zahle nichts, da ich bei meinen Eltern noch familienversichert bin.

- I do not pay anything because I am still insured under my families health policy.

“Zu viel.”

-Too much.

“In Ordnung”

-All right.

“Ja. Für den studentischen Beitrag den ich zahle, ist dass in Ordnung.”

-Yes. For the student premium that I pay it is all right.

“Ich denke, dass ein solidarischeres System so gut wie allen Versicherten günstigere Beiträge ermöglichen würde.”

- I think that a more solidarity-based system would allow virtually all insured individuals more favorable premiums.

“Die Krankenversicherungs Beiträge sind zu hoch, da das Krankenversicherung-System zu unübersichtlich ist und das System auf Solidariät besteht.”

-The public health insurance premiums are too high because the public health insurance system is too confusing and that is based it on solidarity.

“Ja, ist angemessen.”

-Yes, it is appropriate.

“Ja, bezahlt eh der Arbeitgeber für mich!”

-Yes, my employer pays for it anyways!

“Ja. Könnte Privatversichert sein, aber gesetzlich ist die Familie über meinen Beitrag mitversichert.”

- Yes. Could be privately insured, but by law, the family is covered from my premium.

“Nein - teurer als Miete”

-No – more expensive than rent.

“Ja, denn eine Krankenversicherung ist eine Sozialversicherung. Das bedeutet, dass das Risiko gesamtgesellschaftlich getragen wird. Leider können sich Besserverdienende privat versichern, was das Sozialversicherungssystem schwächt.”

-Yes, because public health insurance is a social insurance. This means that the risk is carried by the entire society. Regretfully, those with higher salaries can insure themselves privately which weakens the social insurance system.

“Ja, Preis/Leistung in Ordnung.”

-Yes, price/service is all right.

“Ja, weil die Beiträge in der studentische Krankenversicherung vergleichsweise niedrig sind.”

-Yes, because the monthly premiums in the student insurance plan are low in comparison.

“Ja, denn die Ausgaben bemessen sich am Verdienst.”

-Yes, because the expenses depend on income.

“Teuer, aber gute Leistung”

-Expensive but good benefits.

“Ja. Ich bezahle, aber meine ganze Familie ist umsonst mitversichert. Das ist sehr sozial und solidarisch.”

-Yes, I pay into the system and my family shares from my benefits. This is very socialized and exemplifies solidarity.

“Nein; bin Student und für den Ausbildungstarif zu alt (>35) und muss die vollte Summe zahlen”

-No, I am a student and too old for the educational premium (>35)

“Ja, entspricht der Leistung.”

-Yes, it complies with the benefits.

“Als Student 70 € pro Monat, daher eigentlich zufrieden.”

-70 € as a students, therefore actually satisfied.

“Ja, da ich noch über ein Elternteil mitversichert bin.”

-Yes, since I am still insured by my parent.

“Einerseits ja, denn ich bin damit abgesichert und kann mich jederzeit in Behandlung begeben, ohne mir allzu große Sorgen bzgl. der finanziellen Mittel machen zu müssen. Andererseits nehme ich die Leistungen meiner Versicherung nur sehr selten in Anspruch.”

- On the one hand, yes, because I am covered and can I seek treatment at any time without having to worry too much about the financial means. On the other hand, I very rarely draw on the benefits of my insurance.

“Ja, da der Beitrag für Studenten sehr günstig ist, und der private Teil nichts kostet (Vater ist beihilfeberechtigter Beamter).”

-Yes, since the student premium is very affordable and the private portion does not cost anything (my father is eligible for government aid).

“Ja, könnte günstiger sein, ist aber vom Einkommen abhängig, das ist fair.”

-Yes, it could be less expensive but it depends on income, this is fair.

“Ja, angemessen.”

-Yes, appropriate.

“Im Moment stimmt noch das Preis-Leistungs-Verhaeltnis.”

-The price-benefit-ratio is still right at the moment.

“Eigentlich nein, aber das liegt daran das ich sie auch so selten in Anspruch nehme.”

-Actually no, but this is due to the fact that I rarely make use of them.

“Könnte etwas weniger sein.”

- Could be a little less.

“Ja.”

-Yes.

“Im Vergleich zum Beispiel zu den USA wird sehr sehr viel übernommen, was für uns selbstverständlich ist.”

-Compared to the USA the financial coverage is much better which to us, is a given.

“Nein, denn ich muss jedes Rezept einzeln einreichen und die Rückerstattung ist mit sehr viel Aufwand verbunden.”

-No, because I will have to file each receipt individually and reimbursement requires a lot of effort.

“Bisher kann ich soweit nicht klagen, jedoch war ich auch schon seit einigen Jahren nicht mehr beim Arzt.”

-So far I can't complain, however, I haven't been to the doctors in the last few years either.

“Ja, da ein Großteil meiner empfangenen Leistungen durch Ärzte etc. übernommen wird.”

-Yes because a large part of my received benefits is being carried by doctors etc.

“Ja, es gab noch nie Probleme und es hat alles immer reibungslos funktioniert.”

-Yes, there has never been a problem and everything always worked without a problem.

“Nicht 100%, es könnte mehr übernommen werden.”

-Not 100%, more could be covered.

“Ja, es sind immer Ansprechpartner in der Nähe und sehr kundenfreundlich. Es gibt viele & gute Angebote.”

-Yes, there are always contacts near by and they are very customer oriented. There are many and good offers.

“Im Vergleich zu anderen Systemen, z. B. USA immer noch besser und billiger. Jeder in Deutschland hat eine Pflichtversicherung.”

-Compared to other systems like the USA it is still better and cheaper. Everyone in Germany has a mandatory insurance.

“Bis dato keine Probleme gehabt.”

-Until now there weren't any problems.

“Ja, bisher wurde das meiste übernommen.”

-Yes, so far most of it has been covered.

“Bisher hat die KK [Krankenkasse] immer schnell und professionell reagiert und alles bezahlt.”

-So far the health insurance company always responded fast and professional and paid everything.

“Ja, ich hatte noch nie ein Problem mit denen.”

-Yes, I never had any problems with them.

“Nein, da nicht komplett alle Kosten übernommen werden (Impfungen, Vorsorge-Untersuchungen).”

-No because not all costs are covered (vaccinations, preventive examinations).

“Ja, bisher wurde alles nötige bezahlt.”

-Yes, until now everything necessary has been paid.

“Ja sehr. Meine Krankenkasse zahlt mir bestimmte Dinge, die ich in anderen Bundesländern nicht bekommen, da sie die Leistung abhängig von Risikogebieten macht. Der Kundenservice ist überragend.”

-Yes very much so. My health insurance pays for several expenses which I wouldn't get in other states because they make their benefits depending on risk areas. The customer service is outstanding.

“Das System ist kompliziert und ungerecht.”

-The system is complicated and unfair.

“Vorteile sind die durchaus fortschrittliche Behandlung im Vergleich zu anderen Staaten. Ein großer Nachteil ist jedoch, dass man keinerlei "Rabatt" bzw. Rückerstattung bekommen kann.”

-Advantages are the very advanced treatment compared to other states. However, a big disadvantage is that there are no rebates or reimbursements.

“Kenne dass der USA nur im Ansatz aber konnte mich im Deutschen System eher zurechtfinden. In den USA fühlte ich mich jedoch auch gut versorgt.”

-I know the US system only superficially but could find my way through the German system easier. But also I felt well taken care of in the USA.

“Beinahe alle Menschen in Deutschland sind ausreichend versorgt, da eine Krankenversicherung Pflicht ist. Ausserden ist der hygienische Zustand in Deutschland gut und die Aerzte besitzen eine gute Ausbildung.”

-Almost everyone in Germany is covered sufficiently because health insurance is mandatory. Other than that the hygiene standard in Germany is good and the doctors have a good education.

“Ich trete damit nicht oft in Kontakt da ich selten krank bin oder Gesundheitsdienstleistungen in anspruch nehmen muss.”

-I'm not too familiar with it because I am rarely sick and do not use health care benefits very often.

“Als junger Mensch hat man viele Möglichkeiten, Arzneimittel werden übernommen, aber auch aus dem Grund, dass es meist Dinge sind, die nicht ungewöhnlich oder teuer sind. Je älter man wird, desto mehr muss man darum kämpfen richtig behandelt zu werden. Außerdem werden von den Krankenkassen Dinge übernommen, die man nicht braucht und dafür Therapien, die wirklich helfen würden, nicht gezahlt.”

-As a young person one has lots of possibilities, medications are covered, but also because that it is mostly things which are not extraordinary or expensive. The older one gets the more one has to fight for getting the proper treatment. The insurances pay for things which aren't really needed and therapies which would really help aren't covered.

“Das Wichtigste ist abgedeckt, und ich sehe momentan nicht, wie mir durch das dt. System ein Nachteil entstehen sollte.”

-The most important is covered and I do currently not see how I could be in a disadvantage with the German system.

“Die großen Volksparteien (CDU, SPD und FDP) versuchen sehr erfolgreich das Gesundheitssystem sowie andere Sozialsysteme zu demontieren. Zur Zeit funktioniert es aber meiner Meinung nach noch halbwegs gut.”

-The big political parties (CDU, SPD and FDP) are trying very successfully to disassemble the health care system and other social services. But right now it is my opinion it still works quite well.

“Es gibt bessere Beispiele (Norwegen, Schwerden) aber auch schlechtere wie z.B. USA.“

-There are better examples (Norway, Sweden) but also worse ones like the USA.

“Überwiegend bekommt jeder die Behandlung, die nötig ist. Allerdings ist teils zu wenig Geld im System, insbesondere was die Krankenhäuser betrifft. Außerdem gibt es mit privater/gesetzl. Krankenversicherung eine Zweiklassenmedizin.”

-Mostly everyone gets the treatment which is necessary. However, sometimes there is not enough money in the system, especially in regards to hospitals. Furthermore with private and mandatory insurance there exists a two class system.

“Man würde sich doch oft freuen, gleich behandelt zu werden, und nicht aufgrund der finanziellen Situation. Auch wer wenig Geld hat, hat das selbe Recht auf optimale Behandlung und die besten Medikamente.”

-One would be happy to be treated equally and not based upon the financial situation. Even those who have little money has the same right to the best treatment and medications.

“Zufrieden, da immer noch gute versorgung besteht und man freie Arztwahl hat. Aber notwendige Zuzahlungen werden immer mehr. Bedingungen für Krankenhauspersonal müssen verbessert werden.”

-Satisfied because there's still good benefits and one can chose the doctor freely. But additional copays are increasing. Conditions for hospital personel need to be improved.

“Das Gesundheitssystem ist gewinnorientiert; nimmt Menschen als "zu behandelnde Objekte" wahr, Krankheiten als Gelegenheiten.”

-The health care system is profit oriented, human beings are seen as ‘objects to be treated’, illnesses are opportunities.

“Bisher läuft es noch einigermaßen. Es sind aber Detailverbesserungen notwendig.”

-Until now everything is still alright. But improvements in details are necessary.

“Es gibt eine Menge Verbesserungen, aber viele, teils unnötige, Aspekte im Krankenversicherungs-System führen zu immensen Kosten für alle (schlechtes Krankenhausmanagement, unnötig starke Pharmaindustrie...).”

-There are a lot of improvements but many partially unnecessary aspects in the health care system lead to tremendous costs for everyone (bad hospital management, unnecessarily strong pharmaceutical industry...).

“Ich kenne andere europäische Systeme (GR), im Vergleich dazu ist das deutsche System sehr gut. Während meinen Schwangerschaften v.a. habe ich mich sehr gut versorgt gefühlt.”

-I know other European systems (GR), compared with them, the german system is very good. During my pregnancies I was taken care of very good.

“Das System ist bezahlbar, sozialverträglich, und effektiv.”

-The system is payable, socialcompatibly, and effectively.

“Keine ausreichende Gleichstellung von gesetzlich und privat Versicherten. Zu viel Geld in der Verwaltung statt in der Pflege und bei den Ärzten. Unzureichende Situation in der ambulanten und stationären Behandlung.”

-Equality between mandatory and privately insured individuals is not sufficient.

Too much money spent in administration instead of treatment and doctors.

Insufficient situation in stationary and ambulant treatment.

“Ich hab wenig Vergleiche mit anderen Gesundheitssystemen.”

-I do have little comparison with other health care systems.

“Die Frage kann ich erst beantworten, wenn ich mir selber eine Krankenkasse suchen muss und nicht mehr über meine Eltern versichert bin.”

-I can answer this question only once I have my own health insurance and not through my parents anymore.

“Sozial, allen zugänglich. Pflichtversicherung für Alle ohne Ansehen der Leistungsfähigkeit.”

-Social, accessible for all. Mandatory insurance for all without consideration of performance.

“Nach einem Jahr in den USA und mehreren Besuchen im dortigen Health Center (Nurse Practitioner statt Facharzt, lange Wartezeiten für Fachärzte) weiß ich wie gut wir es haben. In Deutschland kann man eben ohne Kosten und große Wartezeit Fachärzte besuchen.”

-After a year in the USA and several visits to the Health Center (Nurse Practitioner instead of specialist, long waiting times for specialists) I know very well how good we have it. In Germany one can see a specialist w/o costs and long waiting times.

“Ich nehme Hormone, die ich teilweise selbst gezahlen muss und die Praxisgebühr kann ich mir durch meine chronische Erkrankung auch nicht sparen.”

-I take hormones which I partially have to pay myself and the copay for the doctors visit I cannot avoid due to my chronic illness.

“Ja. TK trägt mehr als andere gesetzliche Krankenkassen, z.B. Rotavirusimpfung für Kleinkinder.”

-Yes. TK pays more than other insurers, i.e. rota virus vaccination for infants.

“Ja, übernimmt sehr viel.”

-Yes, pays very much.

“Nein - teuer, bürokratisch, unpersönlich, nicht am Menschen interessiert.”

-No, expensive, buerocratic, unpersonal, not interested in people.

“Ja, bisher habe ich keine ernstzunehmenden Krankheiten, meine Versicherung ist effizient und ich bezahle mit meinen Beiträgen keine Dividende von Aktionären.”

-Yes, so far I had no serious illnesses, my insurance is efficient and I do not pay dividends to shareholders with my premiums.

“Ja, sehr gute Leistungen.”

Yes very good benefits.

“Ja, weil alle wichtigen Dienstleistungen abgedeckt sind.”

-Yes because all important services are covered.

“Ja, weil ich weiss, dass ich mir keine Sorgen machen muss, ob ich oder meine Familie krank werden. Und ich weiss, dass meine Kinder alles, was medizinisch notwendig ist, bekommen.”

-Yes because I know that I don't have to worry about whether my family and I get sick. And I know that my kids will get every necessary medical service they need.

“Ja!”

-Yes!

“Ja. Sie leisten das, was ich von ihnen will, und das um einen anständigen Preis.”

-Yes, they provide what I need them to and this for a decent price.

“Nein; wurde gezwungen meinen Tarif anzupassen, sodass mein Selbstbehalt bei 1200 Euro pro Jahr ist. Somit kann ich mir als Student keinen Aufenthalt in einer Praxis/ im KH leisten.”

-No, I was forced to adjust my premium so that my deductible is at €1200.- per year. So as a student I cannot afford to visit a doctor's practice or to the hospital.

“Ja, wenn ich krank bin oder Rezepte einlöse, funktioniert das alles schnell und meistens auch unkompliziert.”

-Yes, when I'm sick or get a prescription then all this works fast and also mostly uncomplicated.

“Ja, sämtliche erforderlichen Leistungen werden übernommen.”

-Yes all necessary services are paid.

“Ja, sind vor Ort, einfach zu erreichen (Telefon, vor Ort).”

-Yes they are local and easy to reach (phone).

“Grundsätzlich ja. Freundlich und guter Service. Ich muss mir keine Gedanken machen.”

-In general yes. Friendly and good service, I don't have to worry.

“Zum teil. Guter Service, wenn ich fragen habe, oder unterlagen brauche, und auch ein gutes angebot, z.B. Kurse etc. Aber es ist schade, dass zum Beispiel eine Brille nicht mal annähernd bezahlt wird. Oder dass ich für die Beratung bzw informierung über Impfungen für einen Auslandsaufenthalt in Namibia selbst aufkommen musste, auch für die Malaria Impfung. Die war teuer!”

-Partially. Good service if I have questions or need documents and also good offers, i.e. courses. But it's a pity that i.e. glasses are not even almost being paid. Or that I have to pay myself for a consultation and Malaria vaccination for a visit in Namibia – which was expensive!

“Ja, die Leistungen, die ich erhalte, halte ich für angemessen und vollkommen ausreichend.”

-Yes, the services I receive are appropriate and completely sufficient.

“Ja, bisher hatte ich keine Probleme, habe aber auch fast keine Leistungen benötigt.”

-Yes, so far I had no problems but also had almost no services used.

“Ja, habe nicht den Eindruck, das etwas notwendiges nicht bezahlt wird.”

-Yes, I do not have the impression that something necessary is not being paid.

“Ja, keine zusatzbeiträge.”

-Yes, no copayments.

“Ja, sie bietet viele Angebote zur Gesundheitsfoerderung (Kurse) und gute Beratung und entspricht, wie gesagt, noch in ihren Leistungen dem Preis der Bezahlung.”

-Yes it offers many opportunities to improve health (courses) and good consultation and matches it's services to its price.

“Die Leistungen sind in Ordnung. Ich gehe selten zum Arzt oder zur Krankenkasse und weiß deshalb gar nicht was es alles für Leistungen geben würde.”

-The services are okay. I rarely visit the doctor or the hospital and therefore don't really know what services I would get.

“Ja. Zumindest bisher habe ich keine große Probleme gehabt.”

-Yes, at least so far I didn't have and big problems.

“Ja, hilfsbereit und unbürokratisch.”

-Yes, helpful and non bureaucratic.

“Ja, keine Probleme bisher.”

-Yes, no problems so far.

“Nur teilweise. Ich wünsche mir schnellere und effizientere Versorgung.”

-Only partially. I would like a faster and more efficient service.

Sind Sie derzeit mit den Leistungen Ihres Arztes zufrieden?

-Are you currently satisfied with your healthcare provider?

“Ja, da ich mich gut beraten und versorgt fühle.”

-Yes, because I feel well consulted and taken care of.

“Ja, auch wenn ich nicht oft dort bin habe ich das Gefühl, dass es sich um einen kompetenten Arzt handelt.”

-Yes, even if I'm not there very often I believe that it is a competent doctor.

“Ja.”

-Yes.

“Ja, nimmt sich Zeit, feundlich.”

-Yes, takes his time with me and is friendly.

“Ja bin zufrieden.”

-Yes I'm satisfied.

“Ja kaum Wartezeit, kompetente Behandlung.”

-Yes, barely waiting times, competent service.

“Ja, er konnte mir immer weiterhelfen.”

-Yes, he always could help me.

“Die Frage trifft eigentlich nicht zu, da ich nur sehr selten zu einem Arzt gehe und keinen Hausarzt habe.”

-This question is actually not really relevant because I rarely visit a doctor and do not have a PCP.

“Ja, im allgemeinen nimmt er sich viel Zeit für Patienten.”

-Yes, usually he takes a lot of time with his patients.

“In der Regel, ja.”

-In general, yes.

“Ja, fühle mich gut behandelt.”

-Yes I feel well treated.

“Ja, einer der besten Hausärzte in der Gegend.”

-Yes, one of the best PCP's in the area.

“Ja, aber Behandlungen mit Zuzahlungen werden immer häufiger.”

-Yes but treatments with copayments are happening more often.

“Habe zZ keinen Hausarzt.”

-I currently do not have a PCP.

“(Hausarzt) Ja, freundlich, verweist an passende Fachärzte.”

-(PCP), yes friendly, refers to specialists.

“Warum denn nicht?”

-Yes, why not?

“Ja, da freie Arztwahl.”

-Yes, free choice of doctors.

“Ja.”

-Yes.

“Ja, wenn ich es nicht bin, gehe ich zu einem anderen Arzt.”

-Yes, if I'm not then I see another doctor.

“Ja. Er tut das, was ich von ihm verlange.”

-Yes, he does what I ask him to.

“Ja.”

Yes.

“Sehr zufrieden. Sehr kompetent, immer freundlich, einfach angenehm.”

-Very satisfied. Very competent, always friendly, simply pleasant.

“Ja.”

-Yes.

“Ja. Freundlich und kompetent.”

-Yes, friendly and competent.

“Ja sehr. Muss zwar immer ziemlich lange warten, aber dafür kann ich ein ausführliches und persönliches Gespräch führen, und werde nicht nur abgefertigt.“

-Yes very much so. I have to wait quite a long time but in return I can have an extensive and personal consultation and I am not just being ‘processed’.

“Voll zufrieden, immer viel Zeit für die Patienten und für einen Hausarzt kurze Wartezeiten.”

-Completely satisfied, always lots of time for the patients and short waiting times for a PCP.

“Ja - umfassende Beratung und auch mal alternative Hilfsangebote.”

-Yes extensive consultation and also once in a while alternative (medicine) offers.

“Ja, mein Hausarzt kenne ich seit dem ich ein Kind war und kann über vieles mit ihm sprechen.”

-Yes I know my PCP since I was a kid and I’m able to talk about many things with him.

“Ja.”

-Yes.

“Ja, wieso nicht?”

-Yes why not?

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