CORRESPONDENCE

Individual Health Services and the Limits to Service Provision in Insurance Registered German Medical Practices—Patient Experiences

by Dr. rer. hum. biol. Dipl.-Psych. Susanne Richter, Heinke Rehder,
Prof. Dr. med. Dr. phil. Heiner Raspe in volume 26/2009

Historically Unique

The private or so-called second-tier healthcare market indisputably offers great opportunities in terms of financial gains.

It is understandable that doctors want their slice of the cake by means of offering individual health services. The authors in their article provide important data about how persons with statutory health insurance (SHI) experience this situation. In order to be financially successful, doctors cannot afford to be too soft—45% of the patients are being offered to purchase individual medical services privately that they were previously denied in the context of their insurance scheme. Even the fact that most of the services offered in this way are controversial or even superfluous (an example worth mentioning has given rise to the discussion regarding the benefits of measuring prostate specific antigen [PSA]) shows the fundamental change in the relationship between doctors and patients that is emerging. A proportion of doctors seem to be unaware that they are in a situation that is historically unique. Thanks to social security insurance schemes, it is possible for medically indicated diagnostic tests and treatments to be offered independently of a patient's income. Those of a reasonably cynical mindset might detect a return to the type of medicine that has been practiced throughout most of history: income dependent medicine.

The recommendation of the German Medical Association that patients should not be downgraded to customers/clients, even in the face of the many unnecessary services on offer, expresses a certain amount of naivety, as one glance at the relevant publications will confirm. If, for example, the whole practice team is involved in delivering individual health services, the underlying approach of profit maximization is hard to conceal. Each and every doctor should ask themselves whether short term financial gain justifies the deep-seated erosion of the relationship of trust between themselves and their patients.

If "service providers" is today's only buzz word, and if financial interests in health policy are increasingly perceived as the main priority, then the professional class that is doctors should consider carefully whether they are willing to support this trend towards economizing.

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In Reply:

We thank your correspondent for his critical analysis of the potential effects of individual health services, many aspects of which we fully agree with. Any interpretation of the fact that 45% of the patients are offered to purchase privately a previously denied medical service as an individual health service does, however, need to consider the interpretation of what constitutes a denied medical service. On the one hand, some denials of medical services are required as per the catalogue of services that are actually covered by the statutory health insurers. On the other hand, it is entirely possible that some patients have misinterpreted even the mere mention of a private, individual health service as a denial of a medical service covered by their insurance scheme. This question cannot be answered conclusively by means of our postal questionnaire survey.

The spectrum of individual health services mentioned ranges from beneficial treatments (such as malaria prophylaxis) to controversial examinations (PSA screening) to wellness medicine (anti-ageing) and to measures whose benefits have not been proven (ozone therapy/UV irradiation of the blood), which makes for a mix that is not transparent for patients. The absence of evidence based, transparent, and accessible catalogues of services provided by statutory insurers as well as the individual health services makes it difficult for patients to critically assess any denied services, as well as those on offer. Some descriptive studies have implied a correlation of income and independent health services; however, multivariate analyses in our own study have not confirmed such a correlation (1). On the background of financial incentives, such as independent health services offer for doctors and practice staff, potential conflicts of interests arise that affect the trust in the doctor-patient relationship, but also the statutory health insurance funds, which are jointly funded by all their members (2). This situation might be remedied by providing patient oriented information on individual health services, which should be independently compiled on the basis of the scientific evidence, which can be easily understood by laypersons, and which is made freely available. For at least some of the individual health services primarily exist thanks to "insufficient information given to interested parties" (3).

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Conflict of interest statement

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