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Ressort: Special interest

German Doctors' Day ended in Mainz - second insider report

Mainz, 25.05.2024 [ENA]

Anyone who read my report yesterday may have had their eyes opened a little here and there. Today we continue with Prof. Lauterbach in two senses. Because that's a good thing today, because today was the press conference on the hospital reform. GO on ...

Let's take a look at what he said at the Doctors' Day and what is now in the proposed law. He has one, but he keeps talking about the states having sovereignty over implementation. But first the conclusion of the speech from the President of the German Medical Association Dr Reinhardt, who still had something up his sleeve. Namely a resolution that is called: Resolution on democracy, pluralism and human rights. It says, for example (quote): The cooperation of doctors from different nations and cultures enriches medical work; it is essential for the joint guarantee of patient care (end of quote).

Enriches medical work, that should be taken literally, because language problems between doctors and doctor/patients, computer operating problems and reading problems result in massive additional work for existing staff who often have to intervene to help. Certain hygiene standards in highly sensitive hospital areas are also not the strength of some foreign forces. This also includes problems with the proper measurement of some medications. If you find this discriminatory, you should take a look at the documentation in hospitals from Günther Wallraff's series, where EXACTLY these problems are shown undercover in all areas. Not a word about it from Dr. Reinhardt.

Further quote: ... to face vigilantly and resolutely any resurgence of racism, anti-Semitism and discrimination in our country. (End of quote) Here too, the usual one-sidedness as in politics is clear, because he previously makes reference to the National Socialism of the 3rd Reich. For Dr. According to Reinhardt, these issues do not exist in Islam and political Islam, in Antifa and the Left or even the Greens. And finally the admission that attacks and attacks are being made on people who are seeking protection from persecution and expulsion in Germany in increasing numbers: He also refuses to accept the current crime statistics and the truth.

Which many no longer do for these two legitimate reasons come, but for reasons of prosperity, a lavish welfare state and protection to the last degree. That's about the resolution, which I can't take SO seriously. Now to Prof. Lauterbach. First of all, he thanks the doctors for their commitment to taking in the traumatized and seriously injured people here in Germany and providing them with medical care. Then he

**Redaktioneller Programmdienst:
European News Agency**

Annette-Kolb-Str. 16
D-85055 Ingolstadt
Telefon: +49 (0) 841-951. 99.660
Telefax: +49 (0) 841-951. 99.661
Email: contact@european-news-agency.com
Internet: european-news-agency.com

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comes to the problems in the health sector and gives out a lot of slaps in the face, wanting to talk first about the older ones for which there were no solutions. Too many patients receive inpatient care in German hospitals.

Up to 50\% could also receive optimal care on an outpatient basis. Others wouldn't have to be done at all because they would only follow economic constraints. (He thereby claims that patients are deliberately kept in the hospital for flimsy reasons that are virtually not medically necessary). There would also be agreements between the clinic management and the doctor's management, which would specify what medical services still have to be provided so that deficits can be reduced or profits can be made. A good 33\% of cancer treatments are carried out in clinics that are not optimally equipped. He criticizes the enormous bureaucratic effort that is now being undertaken. Digitally, Germany is 20 years behind its neighboring EU countries.

The electronic patient file should finally become standard; it should make it easier through simple data entry. Germany collects more health data than any other but has so little available for research and development. That's why AI should be introduced to make it even easier, as it can, for example, carry out evaluations much faster and independently. When it comes to nursing, every sixth shift is understaffed compared to the minimum nursing care limits. He then discusses life expectancy, which is particularly important because this is exactly where politicians are currently running around justifying a longer working life because citizens are supposedly getting older.

But, as Lauterbach says, this is not the case at all. Much worse, his words: Life expectancy has not developed well compared to other Western countries; Germany has the worst life expectancy of 16 Western countries for men and the second worst for women. (He doesn't say why that is, that would be important information). There are also big differences between rich and poor citizens. THESE would be the old problems that would still exist, but there would also be a number of new problems that would arise. For example, the training of young doctors, and has been for many years, he sees a gap of over 50,000 doctors in the next 10+ years. Instead, foreign doctors were offered jobs; there are now around 64,000 doctors who were not born in Germany.

(It should be said, because the previous speakers always emphasize the topic of the indispensability of foreign doctors: Of course, if you focus your politics for decades on not providing proper training in your own country and instead always recruiting new foreign doctors to Germany, you will be sooner or... depending on it later, to be clear: first steer the boat onto the cliff and then get upset that there is a cliff there that you can't get to). And he says something clever: It can't be that people in their own country shy away from investing in the training of young doctors but at the same time bring exactly these doctors from abroad.

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(Bravo, Mr. Lauterbach, now everyone can and must actually understand where from The shortage of skilled workers doesn't just come from medicine: for decades, companies stopped training, forced employees into early retirement and hired cheap foreign workers and now everyone realizes that was a big mess. Of course, no one feels responsible - the evil pensioners are to blame . And why cheap labor, some super smart people will ask? Because the employment of foreign workers was often extremely supported and favored with state, i.e. citizen tax money, and is still being done so today, of course many people take advantage of this). More study places and better licensing conditions are urgently needed to make the health system fit.

Then he comes to his changes. 15 new laws in the health sector are currently being worked on, hospital reform being a large area of these. There, the flat rate per case should virtually fall, but 60\% of the remuneration should go to the clinics in the form of a reserve flat rate for services that they are still supposed to provide. Complex cases should then be compensated fairly and appropriately at a higher rate. In addition, there is the emergency reform and rescue service reform. Around 33\% of patients are treated in emergency centers even though they could be treated in practices. (Question: Who decides then? As a patient, I look at the wound and say: I have only lost 0.5 L of blood, which is not enough for an emergency.

My chest pain could also be orthopedic, so I call my orthopedist or something Is he imagining that? And when I'm in the emergency center and finally get there after waiting for 2 hours, the doctor says: It's not an emergency, go to the family doctor or how is that supposed to work?). And he is currently examining the 150 suggestions from the German Medical Association. Next, the Supply Strengthening Act. Finally the step into final budgeting for 30 years. This should now come to family doctors, and other groups of doctors will be examined. Now 5,000 family doctor's practices are no longer staffed.

We should work with annual flat rates, no longer quarterly, where you can register because of surcharges for chronically ill people. He would like to have more time for the patient, but that would only be possible if we introduce a more liberal, generous remuneration system. The doctor must decide for himself which chronically ill patients can be treated and/or cared for by telephone or video treatment. Those in particular need, such as those with mental illnesses, should receive treatment more quickly; long waiting times are no longer acceptable; he will change that. Rules for investor-run MVZs will be changed; this kind of greed for profit does not fit into our healthcare system.

He then calls the project the Nursing Competence Act. Here he sees many opportunities to get some from abroad. They should then be allowed to do more than before, and they should then be allowed to do what they can do. (Funny, he was just complaining to the doctors about the massive recruitment from abroad, saying that they should train in their own country, and with the nursing staff he is doing it again, which he

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just explained was wrong). Implementation of studies should become much faster, so far it has not yet been approved in Germany, but it has almost been completed in the USA. The following applies: 26 days inspection period and 5 days approval decision.

The last topic is prevention and early detection, where he mentions large areas such as diabetes or heart disease. This has been left lying around in Germany for 15 years. Then he talks about the demonstration in front of the hall, where young doctors in particular are demonstrating because of the precarious situation. He offered himself as a conversation partner and speaker, some unpleasant words were spoken, he was not allowed to speak (just at that moment, Mr. Lauterbach's collection of speech sheets falls from his desk, when he has picked them up again from the floor, he says: He notices his speech this is also coming to an end).

He concludes with the words: The reforms are not yet finished but are in a critical phase. He will deal with contradictions between countries. He sees a future as a hybrid doctor – slight laughter. There was more laughter as he then said with a smile that he had also received the application for a new regulation on the payment of doctors. There would be a benevolent test. And he will examine and integrate the decisions and discussions of the Doctors' Day.

Well, dear readers, the report has become long again, so Mr. Lauterbach's exact legislative proposal regarding the Hospital Reform Act will be in a separate report tomorrow. In this respect, it will be better placed tomorrow because I already have an interesting health insurance statement on this that should be of interest to everyone. So stay tuned, it continues...

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Annette-Kolb-Str. 16
D-85055 Ingolstadt
Telefon: +49 (0) 841-951. 99.660
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