

DANIEL ARCHER INTERVIEW TRANSCRIPT

Rosie Goldsmith:

My name is Rosie Goldsmith and I'm here to introduce you to the latest edition of the Goethe Institut's DOPPELGÄNGER series. It's a great way to find out about the lives and work of Germans and Britons today. Each time we interview two people from the same profession in each country – someone in the UK who's worked in Germany, and a German who's worked in the same job in Britain.

Our Doppelgänger focus today is Doctors. How do their roles differ - and how does health care in each country differ?

Germany has the oldest national health service in Europe, introduced by Otto von Bismarck in the early 1880s. Bismarck's idea was a form of social welfare to provide equal health care to everyone – and to which everyone contributes. It's long been upheld as one of the fairest and most generous systems in Europe. But both the UK and German health services are now going through massive reform, brought on by spiralling costs and aging populations. So how are doctors in both countries reacting to these changes?

Daniel Archer is an eminent British cancer specialist, known internationally for his specialism in head and neck surgery. He's been Senior Consultant at two of London's leading hospitals, is on the board of several medical societies and regularly attends international medical conferences....

Daniel Archer, how did you come to work in the German Health Service?

Daniel Archer:

When I was training in a London teaching rotation, one of the years of our four year of what was then called senior registrar training was in Münster, in University of Münster in Westphalia. The link was set up between the then Professor who had visited my unit in London and one of the then younger consultants who became a very good friend of the Professor and they realised there was an advantage to be had in young surgical trainees from Britain seeing how things were done in another country. Many people go to America and around the world, but relatively few people, as you know, go to Europe. And I think it was a pretty good idea to set up what became a ten-year-long regular rotation between London and Münster.

Rosie Goldsmith:

What was the overall goal of your residency in Germany?

Daniel Archer:

Well, to see how things are done differently and in fact you also learn how people do things better than we do. You also see how some things are not necessarily as good as they would be here. There is this phenomenon in German university and hospital life called 'the method of the house'. The Professor, you will find, will have written a book and there will be his ideas on how you do operations. In a way you did them that way. I can remember one time, I was really getting quite senior in my time there then, I was exploring an orbital floor for a fracture and I didn't use the standard incision and the number two professor who is a very good friend now and was then stood behind me and said "Doctor Archer, you're bad for my blood pressure." And I said "Professor, you are bad for MY blood pressure and I'm doing the operation." That was regarded as a bit... That was the Englishman being the Englishman. And that was treated with great amusement.

Rosie Goldsmith:

How would you describe the status of doctors in Germany?

Daniel Archer:

They are held in very high esteem. Every element of your professional qualification is, for instant, reflected in your name badge. If you have two degrees you are doctor doctor, if you are a professor, you are professor doctor doctor. There is great respect for academic qualifications. There is also a great social cachet, or there was while I was there, to being a doctor. You were in many ways respected perhaps out of proportion to that that which you deserved. The expression 'God in white' was really quite well known.

Rosie Goldsmith:

Der Gott in Weiss...

Daniel Archer:

Exactly so, yes! And I don't think people took advantage of it, but they were aware that they were accorded rather more cachet than perhaps they would be in England.

Rosie Goldsmith:

Were you envious of the status of doctors in Germany?

Daniel Archer:

Well, I was in many respects, not just because of the social side, but because they were better equipped. There was better equipment; there was more of it. You could ask for something and it would come. There were downsides. When we scrubbed, for instance, we'd turn an egg timer and we scrubbed all while the timer was going, for much longer than it was really necessary and, again, to a sort of protocol. There was one particular theatre sister who, if you didn't do it right, would say "Herr Doktor, unsteril" – "You are not sterile."

Rosie Goldsmith:

What has the German health service got today that you don't have here in the UK?

Daniel Archer:

I think, in a way, the doctors still call the shots. If they want to do something, if they want to develop training system, or they want to do some specific research, then really, once the protocols and so on have been gone through, there is very little resistance or manipulation from outside, whilst, sadly, in this country there is a bigger element of management by managers who are not necessarily medical and not necessarily totally empathic with the aims of medical practitioners, or the nursing practitioners and in fact what we would call health care professionals as a sort of bigger group.

Rosie Goldsmith:

And what's the difference in training between the two systems?

Daniel Archer:

It's much more didactic there. The training, to start with, is heavily university based. There isn't really a concept of service provision at a very junior level. You are there to learn what to do, you are there to learn, as it were, the methods of the house, how the department handles different problems. And then you are fairly carefully guarded and supervised throughout your training. In Britain you were shown what to do and then you did it. The boss would be there, he would be around, but you did, particularly at the end of your surgical training, you pretty well run the day to day running of the department, whereas in Germany the professors and the younger consultants did the real deciding on what was done.

Rosie Goldsmith:

I lived in Germany for about 10 years and it was great being a patient in Germany, I could walk off the street and go and see a specialist and have great care...it was a time of plenty, really, wasn't it?

Daniel Archer:

I think that's true – not just what we would regard as medical treatments, as you said early on, things like massage, going to see what we would sort of regard as the physiotherapy side, physical therapy and the famous cures...

Rosie Goldsmith:

The spas!

Daniel Archer:

The spas, the Kurhouses - they were all available as part of a greater health service. And things like leave. After illness you were given time to rehabilitate, the state took cognizance of that. Whereas really one of the problems that we've had is difficulty of the link between hospital treatment and then follow-up treatment and the management of the patient. There is the great disjunction, sadly, quite bad at the moment. One of the reasons we have long time waits in A&E, long time for people to be discharged because there aren't facilities properly at home and properly coordinated. That was really very different when I was in Germany.

Rosie Goldsmith:

Could the A&E, the Accident & Emergency crisis that's happening here in the UK, could it actually happen in Germany?

Daniel Archer:

I doubt it very much. I think there are two big differences. The quality of the intensity of treatment immediately you go to the casualty department in Germany, you saw a doctor, you had a scan, you then saw somebody else. And that really is what model is now, but this was 30 years ago. That was quite a marked difference. The other marked difference in A&E was that the population of people that you saw in A&E were sick, were there for a real reason. They were either a real accident or a real emergency, whereas we tend to have A&Es filled with social medical problems, problems that perhaps should be manageable in general medical practice.

Rosie Goldsmith:

What's interesting for me, having been a patient in both countries, is that we all feel very strongly about our national health services. We don't necessarily go out and demonstrate on the streets these days, but it is something we feel, both in Germany and in Britain, that we have to defend.

Daniel Archer:

Absolutely. And I think we have, in a way, regarded it as a social right, whereas for the German it is a structural right, it is part of my being that I will play my part, work hard, hopefully modify my behaviours, but you expect the whole package back. Not just the emergency and stop. There is a much, I think, better coordination and rather more seamless transition from presentation to outpatient, to inpatient, to follow-up, and the follow-up and rehabilitation side of it is, I think, better, better organised in Germany.

Rosie Goldsmith:

Do you think that Germans are actually healthier as a result of the German health care service?

Daniel Archer:

Yes, they've also have health built into their education system. Everybody knows that you can do this, that you can see the masseur, you can be part of the local tennis courts, the local swimming baths – all those things and they are pretty well every small town.

Rosie Goldsmith:

What's the one thing, if you had freedom of choice, you would change, first in the German health service, and also in the British Health Service?

Daniel Archer:

I'd like to see more power for the medical staff in the British system and more access to the people that are making the decisions. When I was a young trainee, what the consultant said went and in fact it was rather a military system and the management was there really to direct, as a sort of pay corps, the guys that provided the infrastructure. Now that's been turned on its head.

What I would improve in the German system? One of the big things that I've seen in this country is women doctors, women surgeons. That's still relatively uncommon in Germany. It's improving. Maybe that's the thing – I would like to see more female surgeons

Rosie Goldsmith:

Bismarck or Beveridge?

Daniel Archer:

Beveridge, I'm afraid. On the whole I think our system is more human. I don't mean that at all rudely. It's more sensitive, whereas the German system was exact, in a way it was relentless, it didn't stop a treatment until it finished it properly. While quite often you get the idea that that'll do. There is sort of a cultural difference there.

Rosie Goldsmith:

Daniel, when you went to Germany initially, you learnt German at the Goethe Institut and here we are, at the Goethe Institut, filming this interview. Do you still speak German?

Daniel Archer:

A bit. It takes me a day or two to get going. One of the things that is quite fun is that I learnt the pop songs. Germany won the Eurovision Song Contest in 1982. There was a television series called 'Der Kommissar'. I will quite often, if I go back to Germany or even Austria or Switzerland and I'm talking about my time there, my jokes are 1982 jokes. At a meeting I think in Austria somebody came up to me and said 'Doctor, how long were you in prison?' Because it is as if I've been in a time warp, away from the German culture. And that's true.