

MICHAEL KOTRBA 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 the two countries differ?

Germany has the oldest national health service in Europe – introduced by Otto von Bismarck in the early 1880s. The UK's National Health Service was founded in 1948, following the famous Beveridge Report. They are similar in many ways – they were both created as part of a greater welfare state, to provide comprehensive and equal health care to everyone, but the way they are run is very different.

And today both the UK and German health services are going through massive reform brought on by spiralling costs and aging populations. So how are doctors in both countries reacting to these changes?

Michael Kotrba is a German doctor working in Britain, specializing in Orthopaedics and Trauma. But what a journey he's had before joining the NHS 10 years ago! He's studied and practised medicine in both parts of Germany – West and East, in Switzerland, in Australia, in Canada and in several cities in the UK. I've come to St Anthony's Hospital in Surrey to talk to him...

Dr. Kotrba, how did you come to work here in Britain?

Michael Kotrba:

Well, after I've finished my training in Germany – and I wanted to finish it in Germany despite doing a lot of travelling, because I wanted to have the European accreditation. And I have done my first degree in England and my A-Levels, so I was always very anglophilic, I always wanted to come back to England, especially to London, at some stage. Having worked for 5 years as a *Facharzt*, as a qualified specialist at a teaching university hospital in Lübeck, I got a bit fed up with the bureaucracy and everything else around it... bureaucracy meaning that you spend too much time, too much of your time in meetings, discussing improvements, signing letters, dealing with paperwork instead of focusing on patient care.

Rosie Goldsmith:

So, when you arrived here what did you see, as a German doctor, what did you see as the main differences between the two health services?

Michael Kotrba:

Well, what I like in this country is that it is a wider spectrum, like, for example, within an Orthopaedic faculty, for example, which we have, you have various consultants specialising in a certain field. In Germany there is more of a hierarchy in a way that you have more people doing good work, but there is one person on the top, who then call themselves possibly *Chefarzt* or *Klinische Direktor*, clinical director, or something like that, but then is quite detached from the whole medical side of things and other people are doing it.

Rosie Goldsmith:

Tell me about the positive aspects of the NHS...

Michael Kotrba:

It does give you the opportunity to treat all sorts patients, of course it does...I think you have more autonomy as the consultant Orthopaedic surgeon in this country, which is better. I think Germany has perfected having very few managers doing an excellent job in running the hospitals, whilst here you have a lot of managers running the hospital and it may not be so efficient at the end of the day. And I think there's a huge difference between what we saw 10 years ago when I came here and the development in the NHS over the past 3-4 years.

Rosie Goldsmith:

Do doctors make as much money here as they would in Germany?

Michael Kotrba:

I think we have to look at two aspects of this: NHS or private. I think the NHS, if we are looking at that, I think is pretty much equivalent in both countries. If you look at the exchange rate Pound to Euro, which has got worse, you probably earn less money in this country now than what they earn in the equivalent position in Germany, but I think at the end of the day it's on par with whatever you get at the end of the year. Looking at the private sector, the private sector here in this country is better run, I think, on parallel with the NHS, because it's in separate hospitals, whereas in Germany it's always done in the same hospital, which is the NHS hospital or run by a private company or whatever. And I think you have higher earnings in this country in the private sector, but you have to have higher earning in the private sector, because my insurance, for example, for the job I do here as a spine surgeon, the equivalent for my colleagues, and I'm in constant contact with my colleagues in Italy, or in Germany would be paying 6000 Pounds or Euros a year. In this country you have to add another zero at the end of that, which has got completely out of hand and we are getting American standards for this. And that is very bad. So you have to have an initial higher earning in order to be able to pay for the insurance.

Rosie Goldsmith:

How would you describe the status of doctors here in the UK, compared with Germany?

Michael Kotrba:

I think there might be more of a hierarchical status in Germany for a doctor, especially if you are a consultant. That's something even more, that maybe stems back to history of how they approached it.

Rosie Goldsmith:

So you are not Herr Professor or Professor Doktor Doktor, and you are not wearing a white coat?

Michael Kotrba:

No.

Rosie Goldsmith:

I'm very disappointed...

Michael Kotrba:

Yes, I know, I know, but in Germany I would. I could even show you pictures where there is white coats. And white t-shirts even and the gold buttons on the white coat as well, yes.

Rosie Goldsmith:

How would you describe the doctor-patient relationship here in the UK?

Michael Kotrba:

I think it is quite relaxed. I would suggest that the relationship between the doctors and patients in this country is probably more relaxed than it is in Germany. Because here, once again, the hierarchy or status is a little bit different. I'm not saying that you are treated badly as a doctor, why should you be, but you shouldn't treat anybody badly, doesn't matter what the background is...and especially with the English language, being a very relaxed language, where you are on first name terms very quickly with each other and with other people. I think that breaks the ice much more easily, so I think the relationship between patients and surgeons or doctors in general is probably more relaxed in this country than it is in Germany.

Rosie Goldsmith:

Are people healthier here in the UK than they are in Germany?

Michael Kotrba:

Looking at it from the outside and the inside, I think much less healthy than in Germany.

Rosie Goldsmith:

Why is that?

Michael Kotrba:

I think a lot of people don't eat well in this country, they are much more into junk food than they are in Germany. I think the alcohol intake in this country...I don't know if statistically it's the same. Probably it could be about the same, but over there you grow up with having some alcohol, having a beer with your meal, even in teenage years and you see very little of binge drinking, for example to what you see in this country, which this country is unfortunately so famous for, in my opinion. And I think they are much healthier and much more self aware of what they are doing in Germany than here.

Rosie Goldsmith:

How do you, as a doctor here in Britain, deal with the constant changes and often very dramatic changes in the NHS?

Michael Kotrba:

It's very difficult, very difficult, because sometimes you really get to a point, myself and my colleagues as well – and we are in this situation at the moment - that we can't do any justice to our patients anymore...and everything is breaking down around us. We can't get the patients in, because there is no bed. Everybody says well there are no beds. Of course there are no beds, because we got rid of 50% of them. Then, there is no staff – well of course there is no staff, there are no sisters on the wards, because we got rid of them. I still think once a patient manages to get through into the theatre, after having waited for months to see the consultant, weeks to get another investigation, another so many months to get onto the operating list and into the theatre. Once you are in the theatre, you get a very good service, and I firmly believe that. You get a very good service. But it is a very difficult time to deal with that, with all the cutbacks, and I'm not quite sure where this is all going. And I think we are dealing with four hundred thousand patients in Croydon, for example, and we should have approximately 16 consultants. Well, there is seven of us on call, eight of us now with a locum and a total of nine when one of them is a locum, but only seven or eight now doing on-calls. And we are desperately trying to find at least a few more consultants.

Rosie Goldsmith:

And how do your German colleagues react to that?

Michael Kotrba:

They think it's awful, but they do say, and one has to be very fair about this, "We also have very similar problems."

Rosie Goldsmith:

In Germany?

Michael Kotrba:

In Germany. They are not the same problems, it's a different system, differently run, but we do also have similar problems in similar hospitals with bed closures, with not sufficient doctors. They have a huge lack of doctors. They have a massive lack of doctors. And when I chose to change my own career in 2004 to come to this country as consultant from being a consultant there, I had to show them my signed contract from England, because the *Arbeitsamt* or the Employment office would have had five other consultancies to offer me, because they had no doctors. And now I have colleagues in Germany who are consultants, running departments, who can't get any junior staff. They're coming from Russia, from Lebanon, or anywhere. I am not saying they are bad doctors, but there is the language problem. And that is what we are facing in Germany at the moment.

Rosie Goldsmith:

What's your prediction for the NHS?

Michael Kotrba:

I don't know, I think a lot will depend on the next election...because I think the NHS is always a very powerful tool in politics. And I think it always has been used as a powerful tool in politics.

Rosie Goldsmith:

More than in Germany?

Michael Kotrba:

Yes, I would say so, because in Germany you have this insurance system, haven't you, of so many insurances, whilst here the national health service says that everybody is entitled, it's all there for you, basically.

Rosie Goldsmith:

And it's very centralized...

Michael Kotrba:

And it's very centralized, very political.

So, where are we going? I think we might end up at some stage having a basic insurance for everybody and then everybody else has to look with an additional insurance after themselves, possibly, for certain elective procedures, for seeing a doctor not as an emergency and things like that. Because somebody will have to subsidise it somewhere. I don't think a country will be able to afford health as it is at this stage and I think we'll be then asking "Do we want to pay more for health?" – but have sufficient sisters on the ward, have sufficient doctors taking care of patients or are we going to cut back and back and back until it's "very well, we can just about afford that" – but the patient care has gone down the drain basically.

Rosie Goldsmith:

Now, dream a little bit...If you could change one thing in the English NHS, what would it be?

Michael Kotrba:

I would immediately increase the number of nurses on the ward and the number of doctors seeing patients, to shorten the times and to take care of those patients in a very secure manner.

Rosie Goldsmith:

And if you could change one thing in the German health service, what would that be?

Michael Kotrba:

I would adopt it more according to the system that is in the Anglo-Saxon countries with more intercollegial cooperation, which is actually happening, which is happening in many hospitals.

My idea, which I would like to see, which is happening in some trusts or some hospitals, some of my consultant colleagues in Germany are running their units like that, that they know they have a certain amount of money per year. To put a figure on it, I don't know, give me a million Pounds and say "You usually see x amount of patients, you usually do this kind of surgery" and let the consultants take care of that. To say: "can I last with this million Pounds for my implants, for my running costs of my theatre?" And you will start looking into cheaper implants. And I'm not saying that the cheaper implants are the answer, but you will at least start looking and asking "Can I at least get the same quality for less?"

Rosie Goldsmith:

OK, so: Bismarck or Beveridge?

Michael Kotrba:

You can't do pieces of both...?

Rosie Goldsmith:

You can't do pieces of both...

Michael Kotrba:

OK, then let's take the Beveridge, because everybody is more relaxed in that, I think.

Rosie Goldsmith:

Doctor Kotrba, thank you very much indeed.

Michael Kotrba:

You are very welcome, it's been a pleasure.