Trauma care in Germany

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Abstract

Trauma Care in Germany fulfils all requirements to deal with injured young and mobile individuals as well as with an increasing number of injured elderly patient. Furthermore, it is prepared to cope with mass casualties of injured. As a public task the Trauma System in Germany is well organized and follows clear cut demands. To perform technical and medical therapy at highest available level as soon as possible, a ground system of physician staffed ambulances is supported by a network of physician-staffed HEMS all over Germany. Therefore, enormous efforts in financing, basic research and quality management have been undertaken during recent years to create such a sophisticated rescue system.

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1. Introduction

Trauma has a tremendous social and economic impact on the individual as well as on the entire society. For people under the age of 50 years, trauma-related deaths and injuries have been shown to have a greater socioeconomic impact than other conditions such as malignancy and cardiovascular disease. Especially in a modern, industrialised, highly mobile society such as Germany, the adequate treatment of trauma patients is a challenging task, both medically and economically. Not only do young and mobile people have to be covered by the trauma-care system in Germany, but also the number of injured elderly patients is increasing. In addition, as the recent past has shown, natural and technical disasters as well as acts of terror may result in mass casualties. Such disastrous events as Ramstein 1997, Eschede 1998, Enschede 2000 or New York 2001 make huge demands on a system of trauma care.

To meet all requirements, the trauma-care system in Germany is well organised and follows clear-cut goals:

- to transfer trauma patients immediately to an adequate-level trauma centre, where therapy is performed to the highest medical and technical standards available.

A broad variety of reasons may be responsible for the fact that the morbidity after trauma has decreased in recent decades. However, the system of trauma care in Germany has been proved to fulfil most requirements so far and has stimulated the initiation of similar rescue systems in neighbouring countries.

2. Historical background

The social network, including mandatory health insurance (1883), accident insurance (1884) and pension insurance (1889), was designed by a former chancellor Otto von Bismarck (1815–1898). As a prerequisite, the employers provided the funding for the mandatory accident insurance only. It was anticipated that the employers would have a natural interest in trying to reduce their spending and thus would tend to contribute to preventative measures and so would support the financial environment to allow good and rapid rehabilitation. An important aspect of this framework was that workers did not (and still do not) depend on their employers if claims are to be made. An independent official adjudicator links both parties. The insurance, purchased by the employers, covers all rescue costs, all hospital costs, including surgical procedures, all rehabilitation and a full pension for life if the injury is judged severe enough. Only certified