

A visit to a German pre-war hospital

By P. MASON, PHD, MR PHARMS

Once, in the not too distant past, the infamous Berlin wall ran menacingly through the city of Potsdam. Now that "east has met west" in re-unified Germany, how is hospital pharmacy re-adjusting to the times? Pamela Mason recently visited a hospital in Potsdam

Potsdam, a city of 142,000 people, is situated about 15 miles south-west of Berlin. Until 10 years ago, the Berlin wall ran along the north-eastern edge of the city, and since the re-unification of Germany, Potsdam has been almost completely revamped. Had I arrived a few years earlier, the smell of new paint would have been perceptible.

The main hospital, Klinikum Ernst von Bergmann, is located in one of the downbeat areas of the city, where the less than pristine buildings and a few weeds growing in the cobbled streets provide a reminder that there is still more work to be done.

The hospital dates back to the early twentieth century, although a section was added about 25 years ago. The hospital has 1,100 beds, and 90 clinics provide all the specialties. Bed occupancy is 85 to 90 per cent, which is higher than the current average for hospitals in the former German Democratic

Republic ([GDR], 65 per cent) and in West Germany (66 per cent).

According to Professor Friedrich Kemmer, chief consultant in nephrology and endocrinology at the hospital, occupancy has altered little in the hospital over the past 10 years. However, the turnover is higher now, with average hospital stays reduced by an average of about five days. Shorter patient stays therefore seem to have been counteracted by an increasing number of inpatients. Day surgery and outpatient chemotherapy are new areas. In fact, both of these areas are new to German hospitals as a whole, not just those in the former GDR. German hospitals have traditionally concentrated on inpatient care, although this is now changing.

HEALTH CARE

Germany is a federal state with 16 countries, called *länder*. Health care is financed through a system of health insurance, and health expenditure at 11 per cent of gross domestic product (GDP) is higher than in the UK (where it is about 7 per

cent). About 90 per cent of the German population are covered by the public system and most of the rest have some form of private insurance. Health insurance is paid into either a public sickness fund or, for those with private insurance, into a private health insurance company.

There are no waiting times in Germany, and the targets of our new NHS plan to cut waiting times for both hospital admission and GP visits would be unnecessary in Germany.

Hospitals are financed from two sources: the sickness funds (which look after the running costs, including salaries) and the *länder* (which finance investment costs). However, following re-unification in 1990, the new *länder* of East Germany had relatively little money. To make matters worse, they had hospitals which were dilapidated and in need of extensive refurbishment. Consequently, the central government stepped in and offered considerable financial support, and the hospital in Potsdam has, during the last five to 10 years, benefited from a completely refurbished accident and emergency

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department with new equipment, a new paediatrics unit and a new delivery unit.

The parts of the hospital that I visited looked impressive. But, not surprisingly, Professor Kemmer said that it had proved easier to buy new equipment than to change attitudes, emphasising that it would take a lot more than 10 years to change attitudes ingrained by the former Soviet system. Moreover, there was still much to do, particularly in the intensive care unit and also on the wards, where the numbers of patients in each room (about five to six) were still higher than the two to three that medical staff would consider ideal.

There have also been both positive and negative influences on health in general since re-unification. In the former GDR, the incidence of coronary heart disease has decreased and both cancer survival and birth outcomes have improved. However, with the increase in car ownership, there has been an increase in road traffic accidents. There has also been an increase in the number of women who smoke and a reduction in immunisation rates.

THE PHARMACY DEPARTMENT

The pharmacy department is located on five floors, and if the lift ever breaks down, the 20 members of staff will be kept pretty fit. Like Potsdam itself, the pharmacy department is a delightful mixture of the old and the new, with the new rapidly overtaking the old.

The chief pharmacist, Ms Charlotte Dorner, is one of four pharmacists, and there are also six pharmacy technicians, five pharmacy assistants, a secretary, a bottle-washer, and part-time porters and cleaners. Having worked at the hospital since 1973, Ms Dorner has seen a great deal of change, par-

ticularly since 1989. She thought that most of the changes were good, but confessed that the reduction in staff numbers from 33 to 20 made things difficult, particularly as the amount of administrative work had increased considerably. However, pharmacists did not leave the department to visit wards, although Ms Dorner said that communication by telephone with the doctors and consultants was frequent and positive.

She also regretted the potential closure of her old school of pharmacy at the Humboldt university in East Berlin. Following the division of Berlin after the war, a new university, the free university, was established in West Berlin (albeit in some of the buildings of the Humboldt university), and another school of pharmacy was opened there. It had been decided that Berlin needed only one school of pharmacy and the one at the free university had been selected to continue.

Stock deliveries to the pharmacy department are taken into two large areas on the ground floor. One of the areas is used for storing infusions while the other contains most of the other drugs. The pharmacy now uses five wholesalers in contrast to the single state wholesaler in the former GDR. There is also an area for receiving orders for medicines from the clinics and wards, and the shelves of a smaller room just across the corridor are bulging with copies of drug orders kept from 1993. However, a new computer system should soon start to relieve the strain. Cytotoxics reconstitution, which is a new service from the pharmacy department (12,460 units were made in 1999), is also carried out on the ground floor, using a laminar flow cabinet that was bought about five years ago.

On the first floor, all the non-extemporaneous dispensing is done, and on the second

floor, the extemporaneous dispensing. There is a quality control laboratory in which all the stock for preparations made in the pharmacy is analysed. Interestingly, only pharmacists undertake this role, not the technicians. The hospital has a large dermatology clinic, so the department is kept busy making ointments and creams, and Ms Dorner proudly showed me new equipment, all covered in starched white cloths, for filling and sealing tubes. However, she was not quite so proud of the sterile suite, which consists of a room with a laminar flow cabinet, a room with two autoclaves and an oven, a room for collecting together the main ingredients for making the preparations and a changing room. Features common to clean areas in UK hospitals such as a cross-over bench in the changing room and air-locked doors are missing, and what grade of clean area the suite is would be difficult to tell. Much of the hospital's infusion requirements are bought in, with just over 1,000 bottles a year being made on site.

The pharmacy department is open between the hours of 7am and 3pm and at the end of the day Ms Dorner goes home to a flat in the north-east area of Potsdam. She lives within a stone's throw of the Glienicke Brücke, which in the days of the cold war achieved international fame because the border between East and West Germany was right in the middle of this bridge. It was also a place where spies from both sides were exchanged. Ms Dorner clearly enjoys the *neues leben* (new life) which started at the end of 1989 when she walked on the Berlin wall and looked over into the west for the first time. More than 10 years later it is still one of my biggest regrets that I did not pack my bags and join the crowds in Berlin watching the demise of the wall, so it was great to meet a pharmacist who had!