Michael Baxter

An American in Bern

For an American doctor, a two-week vacation is quite a luxury and when it includes a visit to Switzerland it is a dream come true. Perhaps it was my childhood introduction to the Heidi stories or the captivating pictures in primary school geography books of the snow-capped mountains, majestic waterfalls, flowered meadows and streamlined electric trains but I had always wanted to see this beautiful country.

My daughter's year-long presence as a teacher in Annecy, France, gave my wife and I a perfect opportunity to visit her and to travel through some of the world's most magnificent landscapes. In addition, our home in Reading, Pennsylvania, lies at the centre of "Pennsylvania Dutch country", named after the German-Swiss immigrants who settled in this area in the 17th and 18th centuries. Many of our older residents still speak a dialect of German and continue to celebrate much of this culture through art, food and folk festivals.

While preparing for our trip, I decided that this might also be an opportunity to explore another interest of mine which is how health care services and funding compare across countries. As a past President of both my county Medical Society and the Pennsylvania Academy of Family Physicians, I have been deeply involved in health policy issues. Increasingly the practice of medicine and the health care needs of Americans have received great attention. Indeed, there have been few issues which have become more politicised in the United States (U.S.). Even such decisions as assuring affordable health care for everyone are highly controversial in the U.S. and, of course, our health care costs are by far the highest in the world. Currently health care expenditures in the U.S. total $2.47 trillion, consuming 17% of our Gross Domestic Product (GDP) with per capita expenditures of $8000.00 (2009 figures from the Centres for Medicare and Medicaid Services, Health Affairs, February 2010). Comparable Swiss figures are 11.4% of GDP and $5144.00 spent per capita (2009 data published by the Organisation for Economic Cooperation and Development [OECD]). In spite of these vast sums and recent legislation, the "Patient Protection and Affordable Care Act" often referred to in the U.S. as "Obama care", nearly 50 million Americans do not have health care insurance coverage which presents them with major barriers to the most basic health care services. If "Obama care" meets its goals, perhaps an additional 32 million Americans may have health care coverage within the next 3–5 years. Surprisingly, this is a highly contentious issue in the U.S. even among physician groups that cannot agree on health care priorities and how much governmental intervention is warranted.

With the help of the American Academy of Family Physicians representative to Wonca, Dr. Dan Ostergaard, I was able to make contact with Dr. Bruno Kissling, a Family Physician in Bern. During my two-day stay in Bern, I was privileged to spend a day with Bruno, participating in his consultations, touring a fascinating city and learning much about the Swiss health care system.

As a practicing Family Physician, it was intriguing for me to observe Bruno and his obvious close relationship with his patients. Perhaps nothing was more impressive than his ability to converse with patients in French, German and Italian and then turn to me and speak in English! I myself can barely order coffee and a pastry in French. In addition, Bruno spent considerable time talking with his patients and then jotting notes in his charts. In the U.S., almost every physician has, or soon will be using, electronic medical records (EMR) – computerised entries which have the benefit of better organisation of one's records but also an intrusion between the natural flow of conversation between the doctor and patient. While many physicians are becoming more adept at this delicate balance of conversation and data input, there remains an awkward sense that the computer is the focus of attention. It was also apparent to me that the patient's office visit with Bruno followed a much more spontaneous agenda than many physician–patient encounters in the U.S., where patient care guidelines and computerised templates establish the parameters for the visit. Indeed, his patient encounters reminded me of the style of care that I remember from my earlier years in practice. During his patient encounters, I sensed less emphasis by Bruno on preventive care, which is a large focus of U.S. primary care medicine. He confirmed this but felt that the Swiss system was moving towards an increased focus on prevention, while also increasing the use of EMRs. However, in Switzerland, there seemed to be less acceptance of this technology by physicians than in the U.S where there is little choice.

One important difference between our systems was of particular interest to me. As one who is very active in my professional medical societies, I watch with concern as our county, state and national (American Medical Association) societies are increasingly challenged in their attempts to confront the many problems facing U.S. physicians. However, as Bruno explained to me, the Swiss medical societies play an important role in two areas that are especially critical to medical practice in the U.S. One is the billing activities of the Swiss medical societies that appear to offer a great counter weight to the tremendous power and influence that medical insurance companies hold in the U.S. In the U.S., it is difficult for even groups of physicians, and certainly impossible for solo practitioners, to contest with multimillion (billion?) dollar insurance businesses focused on profit. Thus, there has been a move by American physicians over the past 20 years to form larger and larger practice groups or to become employed by hospital organisations in order to contend with the tremendous financial and political power of such dominant companies.

The other intriguing role played by the Swiss medical societies is that of mediator of disputes between physicians and patients. According to Bruno, there are also patient organisations which represent the interests of patients in such deliberations. In the U.S., medical liability lawsuits or even the mere suspicion that one might face a lawsuit is a pervasive fact of life for all physicians, driving up costs as defensive medicine is standard practice. High-risk specialties, such as Orthopaedics, Neurosurgery, Obstetrics/Gynaecology, may pay well over $100,000.00/year in medical liability insurance premiums. There is little emphasis in the U.S. on mediation, and the power of attorney groups has prevented serious liability reform in many U.S. states.

As an educator of students and residents for the past 25 years, I was also interested to learn that all Swiss medical schools are state

institutions and, in particular, that medical school tuition is largely paid for by the state. In the U.S., tuition at both public and private medical schools has risen exponentially over the past 20 years to the point that the average medical student's school debt at the time of graduation is approximately $160,000 (Association of American Medical Colleges data, October 2010), equivalent to the cost of an average size house in the U.S. Students with such high debt loads often feel they have little choice but to choose careers in the more lucrative medical specialties rather than primary care (Family Medicine, Paediatrics or General Internal Medicine). As a result, there are more than twice as many specialists than primary care physicians in the U.S., a ratio that contributes to both the high cost of U.S. health care as well as the disparities present in a system that leaves millions of people uninsured with limited access to basic health care (I am told that in Switzerland the ratio is 60% specialists and 40% primary care). As a result of this imbalance, in my opinion (and I believe statistics will support me) the U.S. system is neither as effective, as indicated by a substantially lower life expectancy than other Western societies (OECD data), nor as efficient as it could be especially considering the tremendous sum that is spent on health care in the U.S.

Following my brief encounter with the Swiss health care system, it was clear to me that Swiss physicians and patients have several benefits over their U.S. counterparts. The Swiss system, although it is relatively costly (one of the top five most expensive systems, according to OECD data), is as largely a private system as in the U.S. and provides high-quality care but in a much more inclusive manner. Very few patients appeared to be left out of the Swiss system. In addition, there appears to be a more individualised focus throughout the system, including how matters of potential litigation are addressed. On the other hand, in the U.S., technology appears to play a larger role from the dominant position of EMR systems with the emphasis on templates and care guidelines to the pervasive use of scanners and cutting edge research, at least for those who can afford it.

As I continue to ponder these issues, it is still not clear to me if the Swiss have found a "better way" to control costs, deter litigation and maintain a more personalised and universal structure, or whether the Swiss system is merely 10–15 years behind the inevitable coming changes which have so dominated the way medicine is practiced in the U.S. Perhaps only time will tell. However, from what I saw and learned in my brief sojourn in Bern, Swiss society has been able to develop a social focus on medicine, a contract between medical professionals, patients and the political leadership which is largely absent in the U.S. It is my great hope that whatever additional pressures challenge the Swiss health care system that all parties will be able to maintain that which is best for patient care, the well being of the community and the maintenance of the practice of medicine as a proud and rewarding profession. Perhaps if Swiss society is able to forge such a successful health care system, then the U.S. may find through the Swiss example its own path to a more personal and equitable system of care.

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