

Why all young doctors should join the VDÄÄ.

It's like this.

Your studies have drawn to a close. You are excited that your life as a student has ended and you are now ready to start work as a "real" doctor. After a month you discover that the day's work does not appear to be quite what you had expected.

Instead of interesting perspectives, and a steep learning curve to gain experience, there is just endless paperwork. Instead of detailed history taking you only have time to go over the essential questions with the patient. The ward work programmes you like a gear box which starts you and stops you. You collect and report the results of investigations, do the discharges and coding; in fact you become a mindless conveyor belt. You repeatedly find yourself helping out when, once again, nobody has been scheduled to work the weekend duty rota. Vacant posts in your department are not filled or remain deliberately unfilled in order to save money on personnel. Your boss regrets that they can't find any suitable applicants, which comes as no surprise to you. Economising on personnel helps to keep the departmental budget on target. The simple formula is to treat more patients with less money in order to deliver the end of year bonus payments to investors.

Then there is the problem with the nursing establishment on your ward. Morale plummets. Everyone is irritable and overworked. A typical menu of poor supervision and, with a lack of anyone to listen to your concerns, problems remain unresolved.

A dead loss!

You may find only one qualified nurse and a single student nurse on the late shift. Obviously you lend a hand with their most difficult duties and help them cleaning up and redressing a bedridden morbidly obese patient. In spite of all that, it's a constant fight for resources at every budget setting round. It would appear to you that the doctors negotiating position is strong and what is more the lead managers are aware of your plight, but the money for the clinical budget has been capped, so that what your department secures will be lost by other departments.

Believe me, after your first year you will be aware of how the cookie crumbles (*how the hare runs*), and that emergency work will increase. What sticks in your craw is the discontentment. Does it really have to be like this? Are other clinical areas equally affected, and is this endemic in other countries?

It's quite chaotic in Norway where there are no easy options for immigrants who have a variety of handicaps.

Why join the VD ÄÄ?

In the VDÄÄ we ask ourselves how is it that, in spite of having the most expensive healthcare system in the world, it is becoming increasingly difficult to provide first class benefits for our employed and other occupational groups? We are doctors from all medical specialties both in hospital and community medicine. We have become critical of the way in which healthcare is developing in Germany and want to be heard and represented on the appropriate healthcare bodies. We consider that it is critical for all employers and employees of our various groups to get round the table.

We have visited a number of countries (Switzerland, Holland and Sweden) and taken a detailed look (*around the edge of the plate*) at how healthcare is being delivered. There is the question of medical ethics in regard to the privatisation and commercialisation of healthcare and in particular controversial issues such as assisted dying (PID).

We are not affiliated to any particular political party and we are looking along with other organisations at the same issues, e.g. ((for example in the alliance of the trade union ver.di, Campact and the Confederation of German Trade Unions against a flatrate healthcare premium).

We are doctors and we are unanimously convinced that changes to the healthcare system will not be achieved by a single silver bullet from the health ministry, but by all departments working together and pulling their weight.

It is time for you to get involved!