Soc. Sci. Med. Vol. 32, No. 1, pp. 107–108, 1991
Printed in Great Britain

0277-9536/91 $3.00 + 0.00
Pergamon Press plc

BEYOND THE ANGLOPHONE WORLD

COMPARATIVE PERSPECTIVES IN BIOPSYCHOSOCIAL HEALTH. REPORT ON A SYMPOSIUM

Biopsychosocial medicine overlaps to a great extent with other integrative movements in the medical field. Different designations and emphases characterise the coalescence between the social science, psychotherapy, internal medicine and behavioural science in the widest sense. The burgeoning field of health psychology as distinct from traditional academic medicine represents still another attempt to develop an integrating approach.

In order to explore in a comparative way the institutionalisation of the biopsychosocial approach the opinion of representative practitioners and university professors was sought during the *10th World Congress of the International College of Psychosomatic Medicine* (ICPM), held in Madrid from 7 to 11 October, 1989. The ICPM is an international body of professionals with different backgrounds and training, who meet regularly for the exchange of experience and ideas with the express aim of furthering coordinated research and practice in different areas of health care.

THE DUTCH AND GERMAN EXPERIENCES

Professor Uwe Hentschel, from the University of Leiden, presented the Dutch experience. He pointed out the different traditions which characterise the German and the Dutch health-care systems, most notably "a complete lack of psychosomatic hospitals in the Netherlands". This is in sharp contrast to data reported by Professor Peter Hahn from the University of Heidelberg, Federal Republic of Germany. He reported that practically all universities and medical schools in that country have departments of psychosomatic medicine and/or psychotherapy (totalling about 290 beds) and that aside from them, numerous private institutions exist with a psychosomatic/psychotherapeutic orientation (about 3300 beds).

The Dutch health-care system, for a long time dominated by private welfare institutions, is today almost completely within the responsibility of the state, and expenditure on health care accounts for about 10% of the national product. The Dutch have the highest life expectancy in Europe (women 79.5, men 70.5; Germany: women 77, men 70.5). Every year 10% of the population spend 14 days in hospital (220 hospitals with roughly 70,000 beds). (In Germany: 19% of the population spend 19 days in hospital.) The Dutch government is interested in reducing further the length of stay in hospital and wants to reduce the number of beds from roughly 5 per 1000 to 3 per 1000 inhabitants. The general practitioners are central in the Dutch health-care system, the patients have to consult them first, in order to gain access to hospital care. This makes them important in shaping attitudes to medical treatment. One could characterise the general direction of this kind of treatment in comparison to other health-care systems as a rather 'humanistic' one, which at the same time pays attention to the costs, in contrast to a routine 'high-tech' approach. There are, of course, many 'high tech' facilities available in the Netherlands, but there is no implicit or explicit rule that they should be used under all circumstances. A typical example concerns childbirth. The Dutch have a strong preference for home childbirth and only in special, more complicated cases will the mother be automatically referred to the hospital, where she then usually stays for only a few hours. This is very different from practices in many other countries, but on the whole very successful and at the same time cheaper than staying in hospital for several days.

Hentschel reported on studies he and his colleagues conducted on attitudes toward health and illness. More Dutch respondents preferred family doctors (83%) compared with the German respondents, who only in 55% of cases said they preferred family doctors. The situation was reversed for specialists, Germans preferring them in 21% and Dutch in 10% of cases.

Dutch respondents tended to value hospital and medical solutions to their health problems more highly than the German respondents. Furthermore, comparing the two samples, psychotherapy seemed to be more popular among the German respondents. On the fictional question of what they would do in case of an ulcer, about 70% of the Dutch patients (31% of the German respondents) would leave the decision to the doctor, whereas 80% of the German patients would first consider a change in life-style (Dutch respondents 32%) and 40% said that they would probably seek some kind of psychotherapy (Dutch subjects 6%).

In Germany, there are three levels of specialisation in the field of psychosomatics/psychotherapy. Initial training (since 1987) includes advanced theoretical knowledge beyond basic medical training and two years of supervised practice or Balint group. In order to obtain the extra qualification of 'Psychotherapie', a further three years of education is required, involving experience of psychotherapy either on a group basis or individually. Three to five years' work in a recognised institute permits the use of the qualification of 'Psychoanalyse'. For psychologists, there exists the possibility of getting the equivalent of a degree either in psychoanalysis or in behavioural

medicine. They can practice in collaboration with physicians.

For both the Netherlands and the Federal Republic of Germany prevention of illness and disease has become an important issue. The two countries face the prospect of an ageing population and increasing health care expenditure. Active prevention seems to be one of the promising strategies for dealing with future health care demand, but even here a differential approach geared to individual needs and preferences seems desirable. In the Netherlands a number of private and public institutions are involved in prevention programmes. One of the most prominent institutions among these is probably the National Institute for Preventive Health Care (Nederlands Instituut voor Praeventive Gezondheidszorg: NIPG) which studies all socio-medical aspects of ageing and strategies for reducing morbidity and mortality. At the European level special programmes, also relevant for illness prevention, are tried out and evaluated by the European Foundation for the Improvement of Living and Working Conditions, which has just initiated a new three year plan.

SOME CONCLUSIONS

In the light of the increasing emphasis on prevention and the need to curb spending on high technology health care, a wider biopsychosocial approach to health is of growing relevance.

A biopsychosocial approach to health requires, in addition to the traditional 'medical' discourse, another form of communication which incorporates social, cultural and psychological factors. The essential point, stressed by all participants at the ICPM Congress, is that the psychosocial factors do play some role in illness causation and should be considered in diagnosis and prevention.

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