

GERMAN POLICY IN REHABILITATION OF CANCER PATIENTS

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Summary

Rehabilitation of cancer patients is a complex discipline that involves the interaction of many diverse medical health care providers in Germany (pension insurance, accident insurance, federal employment agency, carriers of social compensation for health damages, private insurance companies, social welfare...) More than 80 % of all inpatient rehabilitation costs are covered by the pension funds and almost 80 % of costs for outpatient rehabilitation are covered by health insurance companies.

There are some guidelines for the professional qualification of the personnel involved in rehabilitation of cancer patients. In nearly all European countries outpatient rehabilitation measures are given priority, except for Germany. Most of cancer rehabilitation hospitals have specially trained personnel and are located in a nice surroundings. Outpatient rehabilitation is still in the process of being developed in Germany.

Germany has guidelines that exclusively concern oncological rehabilitation measures. Psychological, social and vocational rehabilitation measures play an important role in the rehabilitation process.

Although orthopaedic rehabilitation still constitutes the most frequent use of patient rehabilitation in Germany, cancer rehabilitation is becoming more and more important. Actually 21,3% of all patients treated in rehabilitation clinics are cancer patients. Many rehabilitation clinics in Germany actually convert into rehabilitation clinics for cancer patients.

Most of these cancer patients have breast cancer, malignant tumours in the gastrointestinal and in the urologic area. Meanwhile there are more than 200 cancer rehabilitation hospitals, spread over the whole of Germany.

DEFINITION AND GOALS

In Germany we distinguish “**medical after care**” from “**rehabilitative care**”. The first one focuses on improving survival, the latter focuses on improving “quality” of survival time.

Table: Cancer Medical after care includes

- To detect early of recidivis (smaller tumour increases the chances for curing the patients),
- To do adjuvant treatments (in the hope they would prevent recurrences)
- To do additive treatments (in the hope this would stabilize tumour growth and reduce cancer activity)
- To treat recurrences (in the hope this would stop cancer growth).

“Rehabilitative care” does not focus on influencing the illness, but rather on reducing disabilities due to the tumour and therapy. The negative effects of the disease and corresponding therapy in physical, psychic, social and vocational areas should be eliminated or at least mitigated by rehabilitation.

Table: Cancer rehabilitative care includes

- to detect impairments and disabilities due to the cancer illness and due to the treatment as well
- to abolish or at least to reduce impairments and disabilities due to the cancer illness and due to the treatment as well
- to re-establish impaired functions or at least to compensate impairments and disabilities due to the cancer illness and due to the treatment as well
- to prevent late impairments and disabilities due to the cancer illness and due to the treatment as well

Quality of life and goals of rehabilitation are often confounded with those of wellness. Sure, wellness is an important part of rehabilitation in German, too; but rehabilitation is far more. Other people and other European countries consider rehabilitation to be mainly a somatic reparation discipline. In these countries rehabilitative measures are often associated with physical therapy and mainly hydrotherapy. Physiotherapy, massages, and hydrotherapy are important rehabilitative measures in Germany as well but in many other cancer patients measures such as psychosocial and vocational support may be more important. Rehabilitation in Germany is considered to be a multidisciplinary

effort to be achieved by an holistic approach. This holistic approach means the inclusion of physical, psychic, social, and vocational measures. These measures are to be considered equal.

To have cancer does not automatically mean to have a rehabilitative need. Rehabilitation does not require that the patient to be free of a tumour. Rehabilitation may be necessary in cured patients and in patients whose disease is not responsive to curative treatment as well. Rehabilitation and palliation are not mutually exclusive.

FINANCING

In most European countries the medical insurance companies pay for the costs of medical rehabilitation. Germany is an exception. In Germany pension funds and not medical insurances pay more than 80% for the costs of stationary cancer rehabilitation. On the other side pension funds pay only about 25% for ambulant rehabilitation. Medical insurance companies pay for medical aid supply.

LEGAL BASIS OF REHABILITATION

In Germany each cancer patient has the legal right to claim medical rehabilitation. Every cancer patient in Germany has the right by law to a period of inpatient treatment of about 21 – 26 days after completion of acute treatment. One in three cancer patients makes use of this opportunity for inpatient rehabilitation. In most European countries, such as Germany, all cancer patients are entitled to a legal certificate which makes them eligible for special advantages. This certificate must be renewed at least once every five years. In Germany you find these rights in the Sozialgesetzbücher.

INPATIENT REHABILITATION SERVICE – OUTPATIENT REHABILITATION SERVICE

Rehabilitation can be performed in both inpatient and outpatient settings. In nearly all European countries, outpatient rehabilitation measures are given priority, except for Germany. Here almost all rehabilitation measures are predominantly performed within inpatient programs in special cancer rehabilitation hospitals. Most of these German cancer rehabilitation hospitals are located in a nice surrounding. An important note is that these clinics simultaneously undertake measures to avoid recurrences or worsening of the disease. This includes medical after care and means besides rehabilitative measures prevention, recognition and palliative treatment in case of relapses are being performed.

THE PROFESSIONAL QUALIFICATION OF THE PERSONNEL INVOLVED IN REHABILITATION

In Germany the initiation, coordination and surveillance of rehabilitative measures in cancer patients are mainly directed by doctors. The doctors in Germany must hold a diploma of medical oncology and rehabilitative medicine as well.

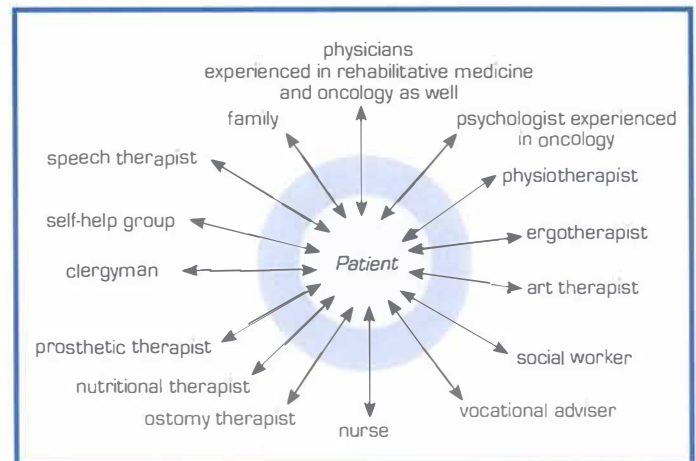
Psychologists play a crucial role in the cancer rehabilitation team. In Germany there is a special diploma only for psycho oncologists.

Only those rehabilitation hospitals in Germany are allowed to rehabilitate cancer patients when they have at least one psycho oncologist every 80 patients.

Physical therapists are very important in some areas. Physical therapists in the Netherlands are highly qualified. They have an academic diploma which is not the case in Germany.

Qualified stoma care nurses are extremely important in cancer rehabilitation. Their training lasts more than 6 months in Germany whereas other countries pay less attention to this training.

REHABILITATION TEAM



QUALITY CONTROL AND OUTCOME ASSESSMENT

Germany has guidelines that exclusively concern oncological rehabilitation. However, these guidelines are only applicable to inpatient rehabilitation, since outpatient rehabilitation is still in the process of being developed in Germany.

These guidelines in Germany guarantee a certain quality of structures. These guidelines say that the head of a cancer rehabilitation hospital should be an oncologist, in particular a medical oncologist; they say, that patients with an ostomy should only be rehabilitated in a rehabilitation hospital which has a stoma nurse on the team ...

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