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Research Article

Experience With Reconstructing Public Health In Germany: A Difficult Relationship To The Medical Field.

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Abstract

Objectives: Reconstruction of the field of public health in Germany.
Study design: Reflections of long-term member at first School of Public Health in Germany about attitudes to medicine.
Methods: Critical evaluation of personal experience.
Results: To meet modern challenges a more positive attitude of public health to the neighbouring fields of medicine and the natural sciences is required.
Conclusions: Findings can be of interest to settings where public health is not yet fully developed.

Public health is the science aimed at protecting and improving the health of communities and populations. It is interdisciplinary, taking concepts from medicine, the social sciences, the environmental sciences etc. Historically, public health had emerged in Germany and England around the turn of the last century as social welfare after and during the industrialization in these countries (see Rudolf Virchow as one of the founders of Social Medicine). In the Third Reich under Hitler Public Health in Germany then degenerated into racial hygiene, and after the Second World War academic Public Health no longer existed in the country for several decades. There were only rudimentary forms left as chairs for epidemiology and biometry within medical schools and later some health economics institutions. Academic reconstruction of Public Health in Germany did not start before the 80s.

In the 1960s and 1970s, German federal and state governments tried to accommodate the growing demand for tertiary education with the establishment of new universities. Bielefeld University was founded in the year 1968, at a time when the social sciences were expanding strongly and sociopolitical subjects became prominent in the scientific and public debate. Bielefeld University had a very large Department of Sociology and a new School of Education. A School of Medicine at Bielefeld University was only established recently in the year 2018.

It is therefore not surprising that the founding principles for a School of Public Health at Bielefeld University were dominated by the social sciences. Since the establishment of a new faculty not only required extensive negotiations at the university administration, but also had to be approved and supported by the federal state - in this case North Rhine-Westphalia (NRW) – complex negotiations were necessary. The state government was convinced that teaching and research in the public health sciences would need to include representation of medicine. Therefore, the state government demanded that at least one of the founding professors should have a medical degree (equivalent of a M.D.). Negotiations for the foundation of a new School of Public Health in North-Rhine Westphalia included the University of Duesseldorf with an established department of medicine including a special training course for medical doctors in the public health service. This competition with Duesseldorf was at the time a threat to the Bielefeld players.

To fight of the competition several regional clinical institutions were associated with Bielefeld University. After I had accepted the offer from the NRW Minister of Science for a professorship in public health medicine (population medicine), the new School of Public Health could be founded 1994 as first of its kind in the German speaking region of Europe. However, the mood with regard to medicine was still largely skeptical.

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Medical doctors were generally perceived as conservative and clinical medicine appeared very hierarchical and largely under the influence of the pharmaceutical industry.

Some of those perceptions might have been justified, especially in the context of the student protests in Germany, which had begun in the early 1960s and can be roughly divided into the following phases: The early days were characterized by political ideologies, initially orthodox and later reformed Marxism (similar to France and other European countries). More emancipatory strands of the movement gained popularity in the 1970s and 1980s. They were about sexual liberation, the emancipation of women (women's rights) and minorities such as gay men. The last but perhaps less known phase was opposed to conventional medicine and culminated in the "healthy days" in Berlin in 1980 in opposition to the official "Ärztetag" (official congregation of physicians).

It is therefore no wonder that at a progressive university such as Bielefeld, the ideological positioning against medicine was pronounced. If it had only been up to the social scientists in Bielefeld, a professorship in medicine could easily have been neglected and substituted e.g. by something like nursing science. There was also the idea that, as the holder of the professorship for medicine in the health sciences, I could teach alternative medicine, naturopathy or Chinese medicine instead of the basics of conventional medicine.

In addition, the rectorate of Bielefeld University was very defensive about medicine. The lawyers in the rectorate were afraid for a variety of reasons: 1. There was the fear in the context of a health laboratory (Health Center for a Healthy University, see health promotion centers at colleges and universities in the U.S.), that diagnostic medical measures and particularly preventive or therapeutic interventions such as vaccinations could potentially lead to medical complications that would not be legally covered. 2. There was also a fear that the preventive measures planned in the health center for university members and students (topics included nutrition, stress, sexuality, addiction, prevention of chronic diseases), could lead to competition with practicing physicians and complaints from the regional Medical Association. 3. The chancellor of Bielefeld University had the unfounded fear that I, as a medical doctor, would use the founding of a School of Public Health as vehicle for a nucleus for a new School of Medicine (which at that time was unwanted).

On the other hand, after the founding of the School of Public Health, I was repeatedly met with concentrated rejection from the medical community and medical professionals. For example, the technical editor of the German Medical Journal (Deutsches Ärzteblatt) expressed his anger during a telephone conversation with me about how I, as a medical doctor, could allow myself to be involved in such "nonsense as in Bielefeld". Many medical doctors did not seem to understand the concept of the interdisciplinary health sciences.

As a faculty of health sciences we initially suffered from not being recognized and accepted by the medical community. A breakthrough was probably the leadership of our faculty in the Germany-wide Master of Science in Epidemiology program in the 2000s, which was generously funded by the Federal Ministry of Science and Technology. Before that, my admission into the circle of German medical school representatives for epidemiology, medical statistics and medical informatics had made a significant contribution so that the medical schools in Germany increasingly took positive note of our Bielefeld University Public Health endeavor.

Later, I have observed the defensive rejection with which members of our school responded to the activities to establish due to a shortage of medical doctors in the region a new medical school at Bielefeld University. Instead of confidently welcoming these activities in view of how successfully our school had developed in the years since its foundation, there was a faint-hearted fear that the School of Public Health could be marginalized or even "swallowed up" by a medical faculty. As someone who had worked as an assistant professor at the School of Public Health of the University of Minnesota in the U.S.A. with both a School of Public Health and a School of Medicine, I did not understand this fear. Not only in Minnesota, but at many other universities there is this dual structure of two independent faculties that collaborate and mutually enrich each other.

I can offer the following thoughts as an explanation for this defensive reticence of the social scientists at our faculty: While the 1970s were characterized by a strong expansion of social science subjects at universities, this development seemed to have come to a standstill in the 1990s. In terms of university policy, there was more of an expansion and a preference for STEM (Science Technology Engineering Mathematics) subjects, the foundation of a faculty of natural science informatics being an example at Bielefeld University. In contrast, subjects such as medical psychology and medical sociology which had only recently been created, increasingly led a wallflower existence or were even discontinued. This overall trend towards the natural sciences at universities is currently continuing, as can be seen in particular with regard to the growing importance of artificial intelligence.

Other pitfalls in the reconstruction of Public Health in Germany existed which will here not be dealt with in detail. Despite the fact that Germany has been more and more developing into an immigration country, there still is a limited focus on international and global health research topics and a restricted international perspective in teaching programs (and also very limited teaching courses in English language to attract foreign students for MPH and PhD/DrPH classes). Germany has suffered from the outdated priorization of "new" versus "old public health" that unilaterally favors psychosocial and economic against biomedical health determinants

(social inequity versus e.g. public health genetics). In a world with pandemic threats and detrimental effects of climate change on health an exclusion or a negligence of the natural sciences for population health is biased and short-sighted (see also the (re-)emergence of geo-sociology in the social sciences field). To address the interaction of genes with the environment is knowingly a productive example instead of stressing one aspect alone. In the future, multiple uses of artificial intelligence will probably represent one of the most promising directions towards better population health.

However, in spite of the mentioned difficulties, in my opinion the still ongoing reconstruction of Public Health in Germany is forthcoming and overall impressive. This little report has primarily focused some developments at Bielefeld University, but of course there are other relevant institutions in Germany at universities and elsewhere in the country that are involved in the further development of public health. In Bielefeld I have recently gotten the impression that the relationship with medicine has gained momentum after the foundation of a new School of Medicine at its university took place. Due to major efforts directed to global health dynamics from the German government there are now much more promising international activities in public health. It remains to be seen how sustainable these efforts will be under the current economical circumstances that are characterized by a stagnation of unknown duration (1).

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