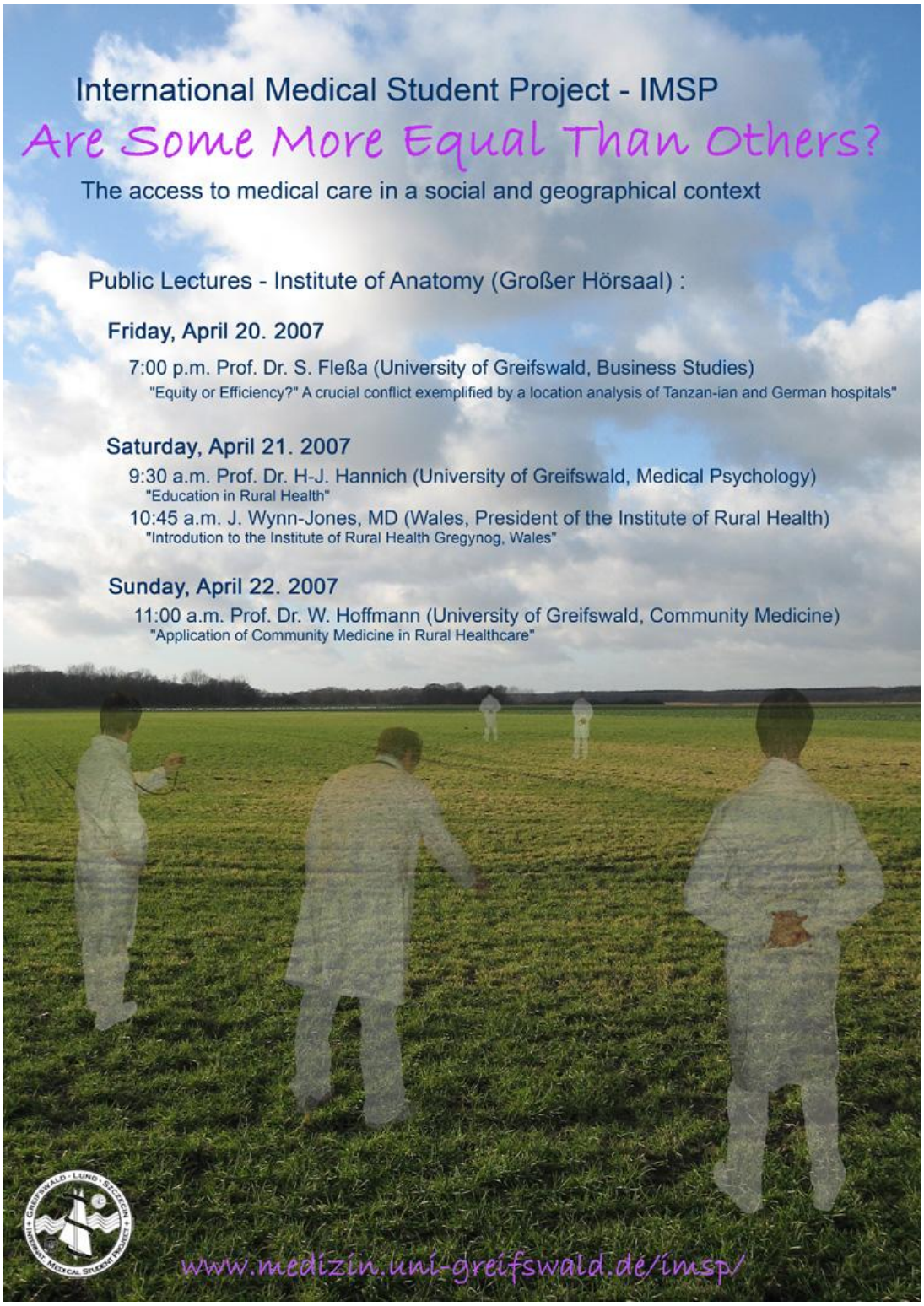

International Medical Student Project - IMSP
Are Some More Equal Than Others?
The access to medical care in a social and geographical context
Public Lectures - Institute of Anatomy (Großer Hörsaal) :
Friday, April 20. 2007
7:00 p.m. Prof. Dr. S. Fleßa (University of Greifswald, Business Studies)
"Equity or Efficiency?" A crucial conflict exemplified by a location analysis of Tanzan-ian and German hospitals"
Saturday, April 21. 2007
9:30 a.m. Prof. Dr. H-J. Hannich (University of Greifswald, Medical Psychology)
"Education in Rural Health"
10:45 a.m. J. Wynn-Jones, MD (Wales, President of the Institute of Rural Health)
"Introdution to the Institute of Rural Health Gregynog, Wales"
Sunday, April 22. 2007
11:00 a.m. Prof. Dr. W. Hoffmann (University of Greifswald, Community Medicine)
"Application of Community Medicine in Rural Healthcare"
www.medizin.uni-greifswald.de/imsp/

International Medical Student Project - IMSP

Conference 20. – 22. April 2007 in Greifswald:

Are Some More Equal Than Others?

The access to medical care in rural and remote areas

All lectures and workshops were in the Institute of Anatomy (Friedrich-Löffler-Straße 23c)

Friday, 20th of April 2007:

19:00 Prof. Dr. S. Fleßa (Universität Greifswald, Allg. Betriebswirtschaftslehre)
"Equity or Efficiency?" A crucial conflict exemplified by a location analysis of Tanzanian and German hospitals"

20:15 Meeting of the Students at the Lutherhof

Saturday, 21st of April 2007:

9:30 Prof. Dr. H-J. Hannich (Universität Greifswald, Medizinische Psychologie)
"Education in Rural Health"

10:45 J. Wynn-Jones, MD (Wales, President des Institute of Rural Health)
"Primary Care - Introdution to the Institute of Rural Health Gregynog, Wales"

12:30 OA Dr. T. Koppe (Universität Greifswald, Anatomisches Institut)
Führung durch den Präpariersaal und die anatomische Sammlung

13:00 Lunch

14:00 – 15:30 Workshops:

Dipl. Kaufm. J. Meiering (Universität Greifswald, Rechts- und Staatsw.)
"Telemedicine: Promises and pitfalls"

G. Schalhorn (Universität Greifswald, „Real City" Projekt)

„Einführung in die Arbeit des Projektes in Guatemala“

Prof. Dr. F. Wilhelm (HELIOS Klinik Schwerin, Ophthalmologie)
"Eyecare in Africa and special problems - an experience report from Camerun"

Dr. L. Wilhelm (Kreiskrankenhaus Demmin, Chirurgie)
“Surgery in Africa - medical treatment in Camerun”

16: 00 Prof. Dr. M.M. Lerch (Universität Greifswald, Gastroenterologie und Endokrinologie)
"Following the footsteps of historic medicine" – A guided tour of Greifswald

20:00 Official Dinner at the Café Caspar

Sunday, 22. of April 2007:

9:00 Breakfast

11:00 Prof. Dr. W. Hoffmann (Universität Greifswald, Institut für Community Medicine)
"Challenges and perspectives of future primary healthcare in Mecklenburg Pommerania"

12:30 Departure

Introduction:

by Wolfgang Hannöver Ph.D.

The International Medical Student Project (IMSP) is one rare gem in the landscape of medical education – not only within the Baltic region, but I dare say within Europe. A group of medical students from the universities at Greifswald, Szczecin and Lund meet for a conference twice a year. What is it that distinguishes the IMSP from other projects?

Like with many issues it is primarily people; in this case the students. With medicine, they chose a subject that is very demanding. There usually is very little time for activities outside the curriculum. However, here is this group of students who invest much of their very scarce time, personal resources and enthusiasm into this project, sustainably, so since eleven years. With the beginning of every new semester, new students are recruited into the group. Long-term members slowly grow into responsible positions. Members who have left the university for their internships return for the meetings. The new students are given the opportunities to slowly get accustomed with their tasks. Demands are accompanied by support and positive feedback. Over all this hover a spirit of willingness to achieve, a good natured determination to learn, openness for new experiences and the enjoyment in the exchange across the borders and cultures. Over the years, ties have become tighter, friendships closer, even one Swedish-German marriage ensued.

Every year, two conferences are visited. Students prepare for these meetings. Not only on short notice. Consistently journal clubs are held every four weeks and visited by the large majority every time. The groups decide on a topic to follow for a one-year course. They span as far as ethical issues in medicine, venereal diseases, pain or – the actual topic that is planned to be followed for a longer period – medicine in rural and remote areas.

The students plan and organize their conferences themselves. This encompasses financial matters as well as finding a host for every visitor, finding a location, setting up an agenda, formulating the program, inviting speakers, taking care of their accommodation, and organizing meals and festivities.

Additionally to these general skills that the students acquire in the course of their membership in the IMSP, the scientific surplus becomes tremendous. The diverse age-structure within the group offers a wide array of opportunities to teach and learn medical issues way beyond their curriculum. Support from faculty staff is available, where necessary. Especially the conferences pose a possibility to learn first-hand from long-year experts in their fields who give lectures and hold workshops.

This year's meeting in Greifswald lead off a series of conferences on the topic medicine in rural and remote areas. The motto "Are some more equal than others" pertains to inequalities within medical systems. Intuitively one would think about health reimbursement issues. However, geographical matters influence service provision to a large degree. The three countries participating in the project a characterized by large areas of rural or remote areas that pose problems for health care provision. Thus a special investment in these issues is important for the practitioners to be.

The lectures and workshops deal with health economical questions and cost efficiency as well as training and service provision in general practice, technical developments, experiences from a developing country as well as an ongoing research effort to alleviate problems for healthcare provision in rural and remote areas.

In essence, this conference was another excellent example for the appeal of the IMSP. We very much hope that you will enjoy this documentation that gives an afterglow of the flavour and spirit of an IMSP meeting.

Wolfgang Hannöver, Ph.D.

The lectures:

"Equity or Efficiency? " A crucial conflict exemplified by a location analysis of Tanzanian and German hospitals (Prof. Dr. S. Fleßa)

by Deborah Jannowitz

"Equity or Efficiency" was the question asked by Prof. Dr. S. Fleßa in the first lecture of the conference. The Professor of healthcare management is influenced by experiences he made in 5 years as a health economist in Tanzania.

In his speech he put an emphasis on the main problems in healthcare: The conflict of efficiency and equity. Efficient hospitals that are not capable of bringing good healthcare to the population they serve on one side and very good hospitals in terms of patient care, that simply cannot work efficiently. The answer to this problem can only be something in between – "as long as we are not living in paradise" – only a strong value system can answer this question.
To make the auditorium think, the health economist asked questions like *"Which treatment would be preferred for the same money for one day: the malaria treatment of 300 – 500 children or the HIV-treatment of one patient?"*
Another point was the question of how to support the developing countries: e.g. not giving cars to Tanzania, since they cannot repair them there….
Prof. Fleßa made it evident, that it is difficult to define "Equity and Efficiency" – so he defined different levels for these terms in a socio-economical way of demand, resources and production.
"Efficiency" means e.g. "invest all health care resources into highly educated people and neglect the unemployed."
"Equity means e.g. "give at least the same start chances to everybody".
One of the important statements was that equity is often presented as accessibility: chance to reach the point of service. This does not define the term well.

Prof. Dr. S. Fleßa

He showed examples of hospitals in Tanzania, where fees for services increased and the demand declined. *"Poor patients could not afford to pay the fee – so where do the poor ill people go if they do not go to hospitals? They go to traditional healer or they die."*

Expensive hospitals with high quality maybe have high efficiency, but – if there is only a low occupation with rich people and no occupation with poor people, who are the target of the hospital, it is a poor equity.
Another example was the German development toward closing more and more small hospitals, because the costs are too high. A map was shown – with all hospitals of Mecklenburg-Western Pomerania. Large distances would arise between the hospitals, if small houses would be closed. This would pose big problem on the aging population that is bound to public transportation.
If mobility declines, accessibility declines. More and smaller hospitals are needed. We were very proud of having Prof. Dr. Fleßa as a part of the program. The group had a lively discussion and a new economic and ethical point of view.

Education in Rural Care (Prof. Dr. H.-J. Hannich)

by Anne-Marie Hos

Professor Dr. H.-J. Hannich

Professor Hannich concentrated on the future problems in rural healthcare and how to solve them:

The aging population in Mecklenburg Pomerania is an increasing problem for healthcare. The reasons for this development being more and more young citizens leaving, while only a few older citizens moving to the state. Currently every fourth person in Mecklenburg Pomerania is more than 60 years old and within the next five years every third rural practise will be without a physician. How can interventions be made to stop this development in the future and ensure rural healthcare?
The goal would be a *"feasible healthcare development for the regional population, in which experts in rural healthcare are trained, who can satisfy the important local environmental and healthcare problems."*

This healthcare expert must have many competences, some being communication skills, medical expertise, epidemiology and broad theoretical and practical knowledge. Within their training these experts should acquire knowledge about the health of the population, environmental health and specifically the healthcare problems in the agricultural community. Additionally some training in emergency medicine and traumatology is important.

Good healthcare in rural areas can only be effective by multidisciplinary interaction. This should involve rural practitioners, specialists, nurses, medical students, social workers and many more. The use of modern technology to solve the distance problems in rural areas should be encouraged. This involves the use of videoconferences, video messages e-learning and digital patient data.

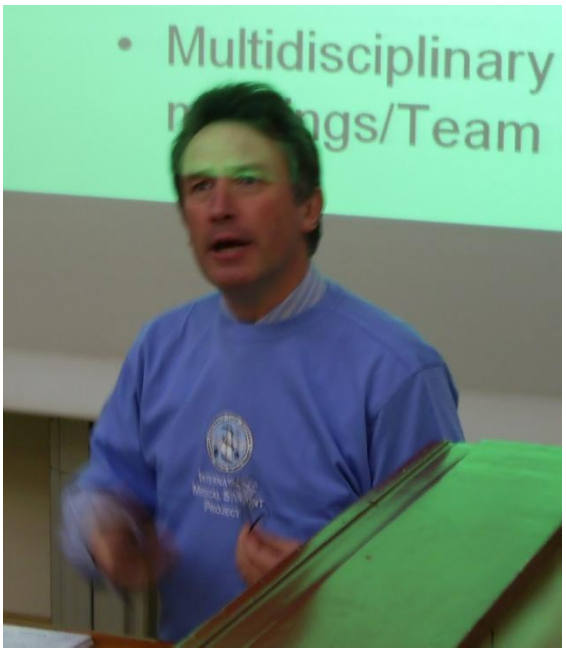
The responsibility for this training should be with a network of educational institutions, specifically universities and health organisations in cooperation with the department of health. The challenge in the future will be solving the financial issues and training enough qualified personnel to create a comfortable work environment.

Rural Practice – Challenges and Opportunities (Prof J. Wynn-Jones and Dr Martin Green)

by Carolyn Bormann

Prof Wynn-Jones and Dr Green both work as general practitioners in rural areas of Wales and are involved in the Institute of Rural Health. Professor Wynn-Jones is also the life president of EURIPA (The European Rural & Isolated Practitioners Association) and chairman of WONCA (World organisation of Family Doctors).

During their lectures both outlined the specific issues of health care especially in rural areas: With the next hospital often being miles away general practitioners and family practices are confronted with a variety of medical and psycho-social problems and specialities. Access to medical care is more difficult than in cities and for an ageing population access to health care is even harder.



Prof. Dr. John Wynn-Jones

Dr. Martin Greene

In this context the importance of primary care and an intact more holistic medical network is was shown: A satisfying care needs to be given by a team of doctors, nurses, dietists etc. to ensure that people in a rural area are looked after. Some examples given showed a successful model of how medical supply in rural areas could work

In a second part of their lecture Prof Wynn-Jones and Dr Green introduced the audience to the Institute of Rural Health. It was founded "to optimise the health and well-being of rural people and their communities" and does research as well as encouraging an "engage in and inform policy".

The "Rural Campus" project proved to be especially interesting for the IMSP conference participants. It is a project of the Institute of Rural Health to make medical students and students in their last year of school familiar with aspects of rural practice and ensure life-long learning "for students and health care professionals".

"Challenges and perspectives of future primary healthcare in Mecklenburg Pomerania" (Prof. Dr. W. Hoffmann)

by Alexandra Gliese

A number of factors continue to lead to demographic changes in Mecklenburg-Western Pomerania: Drops in birth-rates caused by historical events, a birth rate that is lower than the death rate, an increasing life expectancy and last but not least the high amount of young people leaving the state. The entire population structure is changing. The total population decreases while the number of elderly people increases.

How will we deal with the challenges of future primary health care? In rural and remote areas big distances between general practitioners or the lack of general practitioners altogether make it difficult to meet the special needs of the increasing number of elderly people. Considering that, how will primary health care be managed in future?
Prof. Dr. W. Hoffmann, chair of Community Medicine at the University of Greifswald, discussed this topic in his lecture „Challenges and perspectives of future primary healthcare in Mecklenburg Pomerania" and identified some possible solutions. According to Prof. Dr. Hoffmann, medical care should be based at the patients' home. The future lies in e-health which contains tele-medicine and tele-monitoring with video conferencing systems and appliances measuring and transferring data from the patient to the physician. In addition to that, work should be shared between professions, so local nurses could be reintroduced to visit patients at home and use e-health under the supervision of general practitioners. Furthermore, patients' care should be organised within health networks where hospitals and other partners of the medical sector work together more efficiently and give patients the care they need.

Prof. Dr. W. Hoffmann

This lecture which closed this term's IMSP conference has discussed a problem which is emerging everywhere in Europe. This demographic change is not just a local issue of Mecklenburg Pomerania - it is something that concerns all regions of Europe.

"Telemedicine: promises and pitfalls" (J. Meiering)

by Daniel Dittrich

"Is there a need for the introduction of telemedicine when there is already a lot of unhappiness among patients and doctors about the decreasing time doctors get to spend face to face with their patients?"

To answer this question, the workshop opened with a short group game, pointing out the need for innovative techniques to master the challenges of medical care under the aspect of scarcity of resources - especially in rural areas. Getting some physical exercise after lunch was a lucky side-effect of the game…

J. Meiering

First off, Mr. Meiering introduced basic concepts and definitions of telemedicine, as there's still a lot of uncertainty about what this term actually describes. Telemedicine may be as simple as two doctors speaking on the phone about a patient, but it includes as well complex high-tech procedures such as monitoring of intraocular pressure without the need for a doctor or any other health professional being present.

An overview of the various current projects of telemedicine was given to the group, ranging from the application in different specialties (teleradiology, telepathology)to the use especially in secondary prevention of e.g. heart insufficiency (via body weight) or sleap-apnoe-syndrom, to major innovations in the organisation of health-care documentation (Introduction of Electronic Health Cards in Germany)

In the following discussion, participants exchanged their views on chances and possible disadvantages of telemedicine.

Dr. J. Wynn-Jones stressed the importance for Rural Medicine of turning into a cutting edge discipline to meet future challenges and to attract young physicians. He reported of successful telemedical projects he has accompanied in Wales, especially in the area of continuing medical education and case-reviews among rural colleges together with colleagues.

The group broadly shared the opinion that telemedicine holds big promises for the supply of better medical care especially in areas with no GPs or Hospitals in the vicinity, or to elderly people with limited mobility.

The group concluded that telemedicine can and will do a lot of good as long as it does not come into action as a surrogate for real, physical human contact between patient and doctor, but as an opportunity to facilitate interpersonal contact and enable medical care where there is only an insufficient one up till now.

Workshops

"Eyecare in Africa and special problems" (Prof. Dr. F. Wilhelm)

by Cornelia Siebert

Prof. Dr. F. Wilhelm, Chief Physician of Ophthalmology of the HELIOS center in Schwerin gave a firsthand report on the access to primary care and treatment, concerning eye-related-diseases, in Cameroon. His workshop was based on all his photographs that he took during his five years of volunteer work in the area.

People in the Republic of Cameroon in the western part of Africa and throughout Africa are facing problems of adequate medical care including special treatment in eye-care. Rather shocking pictures of tumors, bigger than a human fist, and people suffering from cataracts, the major cause of blindness in Africa, demonstrated this. Prof. Wilhelm pointed out, that without organisations like the "Christoffel Blindenmission" and Christian based projects there would be nearly no help and cure for those people.
In his first year in a little clinic in Cameroon, Prof. Wilhelm was just surprised, how high the standard was relating to surgery and patient care. The whole staff was highly specialized and they worked surprisingly professional. Of course they are facing huge problems, because of old fashioned instruments and a barely sufficient capacity. So Prof. Dr. Wilhelm operated for weeks and even showed the doctor new methods. For some patients there was no help in Cameroon, so Prof. Wilhelm initiated that some patients, often children, could come to Germany for help. In the past years Prof. Wilhelm has been collecting instruments, that where sorted out in German hospitals, to bring them to Cameroon during his annual work tour that he spends in his vacation.

Prof. Dr. F. Wilhelm

In his final words Prof. Dr. Wilhelm strained the fact that the African medical system is not only dependent on physicians from abroad, but that it primarily needs to improve local healthcare and the training of its own physicians to become self-sufficient.

Guatemala "Real City" Project (Gregor Schalhorn)

by Franziska Kühlhorn

Georg Schalhorn introduced the organisation "Real City" to our small workshop group of Polish, Swedish and German medical students. Accompanied by a presentation he told us, what this organisation is about, what their aims are and what goals they have accomplished so far.

In 2005 "Real City" was founded by students in different fields at the Unversity of Greifswald. Their idea was to implement the theoretic knowledge they had gained during lectures, by giving useful development aid. The first members of "Real City" chose Nebaj, a very poor region in Guatemala, as the place they wanted to support.
In order to analyse the problems of this area they split up into 4 groups: history/policy, economics, public relationship and medicine. Each group has its own project to work on. The political group, for example, has to make sure that the plans of the economical group has to find a way to medical department will fit into the cultural framework of Guatemala and the finance everything. Thinking and working as a interdisciplinary group proved to be a big factor in success.
The medical group consists of 10 to 12 medical students. Some of them went to Nebaj personally in order to get an overview about the situation in Nebaj. Georg was one of them. From the pictures he showed us we could tell that Nebaj is a region marked with poverty, diseases and malnutrition. After their trip, "Real City" wanted to send scrap medical equipment to Guatemala. But the shipping and importing would have been so difficult, that they had to give up on this plan.
"Real City's" new project is to work out hygiene rules to reduce the spread of diseases in Guatemala. For more information about "Real City" take a look at their website.

In the end I want to thank Georg Schalhorn for showing us, that even as a student you can take part in making our world more equal for everybody.

Social activities

by Felicitas Wolf

Of course we did not spend the full three days working and attending lectures. An important part of our conferences is the cultural exchange of our groups from Lund (Sweden), Szczecin (Poland) and of course our local group in Greifswald.

This year our social activities consisted of a get-together-party on Friday night in the Lutherhof, a tour of the dissection hall and the permanent collection of the Institute of Anatomy, a guided tour through Greifswald and the official dinner at the Café Caspar.

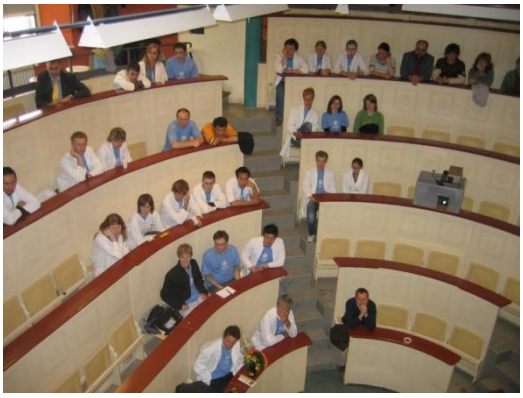
Get-together-party

After the first lecture on Friday evening, everybody came to the Lutherhof, where we had a small Welcome-party for our friends from Lund and Stettin. We provided food and beverages for all the guests and hosts, who were also present (we have hosts that

Our Party at the Lutherhof

help us accommodate some of our guests by letting them stay at their houses for the conference, usually other medical students). So everybody was eating, drinking, socializing, talking or singing. Later that evening we played a group game to get to know – and especially to remember – all the names of the participants. To make it short: we had lots of fun! ☺
Finally we sorted all the foreign students to their hosts for the weekend.

Guide to the Institute of Anatomy (PD Dr. Koppe)



The lecture Hall in the Institute of Anatomy

On Saturday between the lectures and seminars there was a break to tour the Institute of Anatomy, especially for the students from Sweden and Poland. OA PD Dr. Koppe, assistant in the Institute of Anatomy, held an introduction-lecture for the interested guests. After this general information, he guided everybody into the dissection hall. This was especially interesting for the Swedish students, which do not have a dissection course. Dr. Koppe also showed the great anatomical collection and all the remarkable exhibits.

Guided tour (Prof. Dr. Lerch)

Prof. Dr. Lerch explaining

After the seminars on Saturday we enjoyed a guided tour with a look at the medical history of Greifswald. Prof. Dr. Lerch, Chief Physician of Gastroenterology and Endocrinology, started the tour with us at and in the cathedral. He explained Greifswalds interesting history and its relations to Sweden and Poland. After the cathedral we walked to the Rubenow-Plaza and the University main building.
There we met our official tour guide, Andrea Mages, and get to know the meaning of the Rubenow-Memorial. In the main building we saw a former lecture hall, the conference hall with pictures of University professors and the renovated assembly hall.
Prof. Lerch and Mrs. Mages told us alternately interesting stories about the history. After that we moved to the old, also renovated, campus with the former Institute for Physics and the former Clinic for Ophthalmology and came so into the oldest used lecture hall. From there we visited the former student prison with its colourful wall-paintings.

From there on we followed Prof. Lerch to the Domstraße, where all the professors used to have their houses - living on the second floor and teaching on the ground floor. We came into the Barberstraße, where in the past the barbers had their shops, which you can still see on some houses. After that we saw the fish market and the big market place with the town hall and some old hanseatic houses and their very nice front.
The last stop of our tour was the St. Marien Church, where the pastor himself showed us everything, like the former bells, the pulpit and the whale painting on the wall.

Official Dinner

guests started a singing competition. And so every group, Swedish, Polish and German, was urged to sing a song in their national language. It was great to see, that even the lecturers took part in this funny event.

After this great Saturday we met all together with all participants, the hosts and the University lecturers at Cafe Caspar for our last evening and the conference dinner. This event with great food and wine was very successful in terms of intercultural communication. Everybody was in good spirit after the nice conference day and there were so many topics to talk about. Later in the night our Swedish

Summary

Overall the IMSP- Conference in Greifswald from April 20th to 22nd 2007 was a full success and can work as an example for the oncoming conferences in Sweden, Poland and maybe Wales. The lectures picked us up at the beginning discussing the topic „equity or efficiency", how can they work together or can they even work together? It gave us a good basis for discussing the rural health situation in different parts of Europe and the education in rural health. Having learnt about the situation in Europe it was really interesting to listen to and discuss the idea of telemedicine, but also to hear something about other parts of the world, like Camerun and Guatemala! At the dinner we had the chance to share some thoughts and ideas of the lectures of the day! The next day we finished the conference with a lecture concerning the future of rural primary healthcare which closed the circle of the whole conference!

At this point we want to say thank you to all our lecturers Prof. Dr. S. Fleßa, Prof. Dr. H.- J. Hannich, Prof. Dr. W. Hoffmann, OA PD Dr. T. Koppe, Prof. Dr. M. M. Lerch, Dipl. Kaufm. J. Meiering, G Schalhorn, Prof. Dr. F. Wilhelm, Dr. L. Wilhelm, and J. Wynn- Jones, MD for their competent and excellent lectures. We would like to give special thanks to Prof. Dr. H.-J. Hannich of the Medical Psychology, who is the head of the Greifswald IMSP and who supported the student group in many points. Also a special thank you to Deborah Jannowitz and Dr. Wolfgang Hannöver, who accompanied the IMSP- student group throughout the whole year and helped a lot in organizing the conference. Last but not least we want to thank a lot Josefine Boldt and Markus Blaurock without their effort the conference wouldn't have been possible!