

XI. SUMMARY

Increasingly, physicians' complaints of unbearably stressful working conditions are being perceived. For the first time doctors' health-related quality of life has now been assessed by the means of a standardized generic instrument, the SF-36. In autumn 2000 the complete GP population of Berlin were posted the questionnaire. The response rate of 56.7 % perhaps suggests a wide interest among physicians for this sensitive issue.

The SF-36 measures health-related quality of life in eight different dimensions. Depiction in a histogram allows the quality of life profile to be seen. In each dimension a scale from one hundred points (optimal score) to zero (minimal score) is given.

The physical functioning scale registers physical activity. In contrast to this the physical role scale records the impairment of daily activities due to inadequate physical health. The absence of bodily pain constitutes the third scale of the SF-36 and the general health scale assesses the subjective perception of personal health. The absence of exhaustion is assessed by the vitality score. Social functioning describes the degree to which normal social interactions were possible. The emotional role scale represents the absence of limitations in daily activities caused by emotional problems. The last scale describes the mental health ranging from severe depression to complete happiness. The first four of the SF-36 scales describe the physical side of quality of life whereas the latter four dimensions show the psychological aspects of quality of life.

In accordance with previous investigations women and older people achieved lower quality of life scores in this investigation. I compared the scores found in the physicians' group with referential data of a socio-economically comparable subgroup taken from the federal health survey 1998. The Berlin GP's scored significantly poorer than the referential population, particularly on the mental scales. Especially, male GP's in West Berlin scored low.

We analysed the sociodemographic variables for influence on the low GP scores and found a significant, negative correlation with weekly working hours: those who work longer score lower, whereas higher scores were achieved by working in group practice settings (in contrast to a solo practice). Also, the duration of annual leave correlated to health-related quality of life. A limited number of friends as well as sleep deprivation were clearly associated with low scores. Those responders who regreted the career choice for family medicine, scored significantly lower on all scales of the SF-36 (except on the pain scale).

A remarkable difference was found between East and West Berlin: The East Berlin GP's scored significantly higher on the mental scales than the westerners. This finding is even more remarkable considering the fact that almost three quarters of the eastern collective are women and thus were expected to score lower on the SF-36.

Interestingly, these results show, that Berlin GP's score worse than the socio-economically comparable referential population. This discrepancy is even more salient in the psychological dimensions and is most likely to be caused by the stress inherent to the medical profession.

One of the aspects of stress is financially based: Physicians are pushed towards investing in the newest medical equipment in order to meet an increased demand for modern techniques and procedures as well as to avoid potential juridical quarrel. At the same time they are facing sinking real incomes. This financial stress is being aggravated by political obligations such as economical practice of prescription of generic drugs and by practising under the threat of recourse.

Another aspect of this stress is caused by the media who, on the one hand in TV series propagate the ideal of a self-sacrificing caring authority, and on the other hand accusatorily tear to pieces whatever minor irregularity they may find in real doctors. The media thus create a two-sided picture that imposes further pressure on physicians.

There is a third aspect that should not be underestimated: the aspect of the psychological burden. Selection of and socialization into the medical profession means such many physicians tend to be of greater psychological vulnerability. It is an unfortunate and internationally recognised phenomenon that, as a cumulative result of this chain of vulnerability and being repeatedly wounded, physicians show increased numbers of depression, addictive diseases, partnership problems and suicidal behavior. The Berliner GP's bad outcome on the mental scales of the SF-36 may also be explained by the special conditions of doctors' psyche.

The East Berliner subgroup scored markedly better than the westerners. This is most likely to be caused by a different socialization, and consequently a different focus of values. According to Gensicke's research on values, in East Germany the 'active realists' type is found more often, who Gensicke describes as being most fit to manage the demands of modern society.