

Conference report

The National Congress of the German Association for Ambulatory Surgery (B.A.O.) was held in Wurzburg on 12–14 September, 1997. The venue was the Festung Marienberg, a beautifully restored castle. A total of 450 delegates attended an active medico-political conference.

As a member of the International Association for Ambulatory Surgery (IAAS) Executive, I was invited to participate in a round-table discussion on 'How much ambulatory surgery is performed world-wide?' The basis for the discussion was a joint report by the IAAS and the Organisation for Economic Co-operation and Development (OECD). Dr Claude De Lathouwer presented the results and he reported that the data would shortly be published in the journal of Ambulatory Surgery. In the first instance, 26 countries were invited to submit the percentage of day surgery performed from a list of 20 day operations. The replies from only 11 countries were valid and the results for 1994–1995 were as follows: Australia (34%), UK (43%), the Netherlands (58%) and USA (93%) with an average of 46%. Overall, the results were extremely variable. Tonsillectomy, with or without adenoidectomy, was seldom performed in the UK (2%), whereas the percentages for the Netherlands and the USA were 85 and 91%, respectively.

A brief attempt was made to quantify how much day surgery was being performed world-wide. Of course there were methodological flaws and in future the data collection should be refined. In addition, there is an obvious need for governments and health officials to correct the gaping holes in their statistical collection methods but the bottom-line is that doctors, nurses and managers should review their own practices if ambulatory surgery is to expand further.

The Wurzburg Congress indicated that, in Germany, day surgery was frequently practised in private free-standing units and that, so far, public hospitals had not followed suit. Thanks to excellent simultaneous translation I was able to sit in on a debate between a German

insurance official and a doctor who was a member of a panel which formulated medical fees. There was no doubt that day surgery funding was less than satisfactory but German insurance companies had their hands tied as hospital expenses continued to escalate. Furthermore, the primary health doctors will also have to alter their practices by referring more day cases to specialists. In short, there were too many hospital beds in Germany and there was much support at Wurzburg for a phased reduction and the implementation of more day surgery. Finally, reimbursement should be along the lines of inpatient care and these measures should be agreed as a matter of some urgency.

Mrs Sarah Penn, the President of the British Association of Day Surgery (BADS) was also in Wurzburg and she addressed 100 nurses on 'Day Surgery in England'. Unfortunately, the German doctors and nurses at this conference did not meet in the same lecture theatre. The multidisciplinary approach to day surgery was ignored, which was a pity, as I firmly believe that any future success in the field depends on the collaboration between doctors, nurses and managers.

Dr Jacky Reydelet, working in Kornwestheim, Germany, should be congratulated for organising such an effective Congress. The speaker's dinner was held in Zum Stachel, a famous Wurzburg winehouse and the Congress dinner the following evening was in Palast's cellar with plenty of good Franconian wine and regional dishes.

My lasting impression of this Congress was that most European countries are ahead of their German counterparts in day surgery. Certain barriers will have to be overcome if this sub-speciality is to flourish in Germany. For instance, appropriate insurance payments will have to be devised, a multidisciplinary approach should be adopted and there is a pressing need to reduce the number of German hospital beds.

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