

# Catastrophe in care at German children's hospitals

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11 December 2022

A wave of infections in Germany is pushing hospitals and their staff to the limit. In addition to the strain of the coronavirus pandemic, now in its third year, seasonal sickness from influenza and respiratory syncytial virus (RSV) have increased the burden on health care. Children's hospitals in particular have their backs to the wall and can no longer cope with the current tide of RSV infections.

The dramatic situation is a result of the government's disastrous health care and pandemic policies. Its rigorous policy of mass infection, recently taken to extremes with the lifting of the most minimal protective measures—such as masking in public areas and compulsory isolation for those infected—as well as the opening of schools and day-care centers without any mitigation measures, has intensified seasonal infections and drastically increased the risk of multiple reinfections. This affects children in particular.

RSV is a virus that affects the upper and lower respiratory tract. In principle this disease can be contracted at any age but is one of the most common pathogens in infants and young children. The incidence of RSV disease worldwide is 48.5 cases and 5.6 severe cases per 1,000 children in the first year of life.

Children, as well as adults with immunodeficiency or pre-existing lung and heart conditions, are particularly afflicted by severe courses. In recent weeks, physicians and health experts have warned of a sharp increase in RSV infections in children. Typically, the cold season does not begin until early December. The peak of the infection wave therefore still lies ahead.

The situation in children's hospitals has been catastrophic for years and continues to worsen. A major problem is the shortage of staff on the one hand and the lack of intensive care beds in children's hospitals on the other. Michael Sasse, senior physician in charge of

pediatric intensive care at Hannover Medical School, summed up the deadly consequences saying, "Children die because we can't take care of them."

A survey conducted by the German Interdisciplinary Association for Intensive Care and Emergency Medicine (DIVI) in late November described the situation as follows: "Of 110 children's hospitals, 43 facilities recently no longer had a single bed free in the normal ward. Only 83 vacant beds remain in total in pediatric intensive care units across Germany—that's 0.75 vacant beds per hospital."

According to the survey, one in two of 130 children's hospitals said they had been unable to admit at least one child in the last 24 hours following a request from the ambulance service or emergency department. As a result, critically ill children had to search for available intensive care beds at other children's hospitals, traveling long distances and losing vital treatment time.

According to the secretary general of the DIVI, Florian Hoffmann, the situation has been getting worse from year to year to the detriment of critically ill children. The health care system has been "driven to the wall" for years, says Jakob Maske, federal spokesman for the Professional Association of Pediatric Doctors (BVKJ).

The president of the German Child Protection Association (DKSB), Heinz Hilgers, also attributes the catastrophic situation to "decades of neglect" by politicians. "Because of the exclusively business orientation of the system, which is designed for full capacity utilization," no improvements have been attempted, he said.

Three pediatricians associations and several hospital physicians criticized the "irresponsible conditions" in Berlin in an open letter to the Berlin Senator for Health Ulrike Gote (Green Party). The letter states: "The

health as well as the life of our children and young people is massively threatened.”

This is the reality in the German capital, governed by a coalition of Social Democrats (SPD), Left Party and Greens. Many days Berlin hospitals entirely lack free beds and parents cannot find pediatricians for their newborns. Moreover, emergency rooms are heavily overloaded. Back on January 24 of this year, the initiative sent a first urgent letter and on September 20 a second one to Gote and Federal Minister of Health Karl Lauterbach (SPD).

It is not surprising that these appeals fall on deaf ears. The current situation is the result of a deliberate policy pursued over years and decades by the established parties.

It was, after all, the federal coalition government of SPD and Greens from 1998 to 2005 that created this miserable situation in the health care system with the introduction of flat-rate payments per case (DRG system). An architect and proponent of the introduction of flat rates per case was Karl Lauterbach himself.

Dominik Schneider of Dortmund Hospital describes the consequences of this system for children’s hospitals as follows: “In the last 30 years, including the introduction of the DRG system in Germany, the number of children’s hospitals has fallen by a fifth and the number of beds by a third. At the same time, the number of children requiring inpatient treatment has increased by about 10 percent.”

As a consequence of the catastrophic situation in children’s hospitals, Lauterbach cynically demands that the nursing staff of other hospital departments, already working at their limit, should jump in to assist the intensive care units of the children’s hospitals. Jakob Maske rightly criticizes this proposal to transfer staff as “complete humbug,” since assignment in the children’s ward requires special proficiencies.

In addition, Health Minister Lauterbach plans to suspend the staffing limit for nurses, which will lead to even greater understaffing in the wards and amounts to further overloading nurses. Due to staff shortages and the transfer of existing nursing staff to pediatric wards, many health care facilities are postponing planned surgeries.

Last week, the federal coalition of the SPD, the Greens and the liberal Free Democrats (FDP) passed a legislative package to ease the burden on nursing staff

and hospitals. The result is a new instrument for setting staffing levels in clinics, which remains vague and is not to be implemented until 2025. The Verdi trade union, which in recent negotiations has locked-in the precarious situation of nursing staff for the coming years with so-called relief collective agreements in several federal states, played a key role in drafting the bill.

In addition, a small amount of financial relief for children’s hospitals was legislated. These facilities are to receive an additional €300 million in both 2023 and 2024. This is no more than the proverbial drop in the bucket since pediatric hospitals and wards have been bled dry for decades.

Lauterbach recently announced, to great media fanfare, that the flat rate per case system in children’s hospitals would be abolished. “In the future, it will no longer be economic constraints but medical necessity” that will determine treatment in the clinics. He himself described his reforms as a “revolution.”

In fact, the opposite is the case. The DRG system will not be touched, and the central element of the reform is the reduction of inpatient stays. This means not only a decline in the quality of care, but also a deterioration in the financial situation of small- and medium-sized hospitals. In the end, therefore, even more “economic constraint” will prevail.

The lack of importance attached to the lives and health of the population by the federal and state governments is shown not only by the more than 158,000 deaths caused by the unscrupulous profits-before-lives policy pursued during the pandemic, but also by the 2023 budget adopted by the federal government. While military spending will increase from just under €50 billion to €58.6 billion, the health budget, which was temporarily increased during the pandemic, will be cut from €64.3 billion to €24.5 billion.



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