

ENTOG Exchange Germany, 2-5 June 2025

A Short Report

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In early June 2025, I had the incredible opportunity to visit the Department of Obstetrics and Gynaecology at the University Clinic of Schleswig-Holstein (UKSH) in Lübeck, Germany, for two days. This visit was part of the ENTOG exchange program, and I was joined by colleagues from Norway and Slovenia. Trainees from across Europe participated in the exchange, making it a unique international experience.

The first day began with an introduction to the department, followed by a brief presentation of ourselves and our home clinics. I then had the chance to do a short clinical rotation, during which I spent time in the specialist maternity ward, the antenatal screening department (ultrasound), and—much to my surprise—the breast department. In Sweden, breast surgery and oncology are not part of the Obstetrics and Gynaecology field.

Although two days is a very short time to fully understand the differences and similarities between our systems, a few key aspects stood out and sparked meaningful discussions.

The overall standard of the hospital was similar to what we experience in Sweden, and the environment felt quite familiar. In the operating theatre, where I had the chance to scrub in, most procedures, such as C-sections, were very similar. The variations I noticed were more dependent on the individual surgeon than the country itself.

One major difference, however, was the overall C-section rate at UKSH Lübeck, which is around 37%, compared to approximately 18% at our clinic in Sweden. I sensed considerable frustration among the doctors regarding these numbers. Through discussions, we identified some contributing factors, including differences in healthcare system management (publicly funded versus privately insured), as well as legal factors and tradition.

Another notable difference was the role of nurses in Germany. They perform fewer tasks than their Swedish counterparts. For example, in Germany, blood samples and IV access are done by doctors, while in Sweden, nurses typically handle these tasks. Additionally, in Germany, all pregnant women receive routine check-ups throughout their pregnancy from a gynaecologist (rather than a midwife, as in Sweden), and each patient receives an ultrasound, including fetal biometry, when they arrive at the maternity ward (only routine CTG and vaginal exam in Sweden).

These are just a few of the many small differences I observed, but overall, our clinical guidelines and care practices have a great deal in common. After the exchange, I feel thankful to work in a system where we don't have to consider patient insurance issues, and I appreciate the relative peace of mind I have when performing my duties, knowing that I am

not constantly concerned about lawsuits, as is sometimes the case in other healthcare systems. I also value the high level of competence among our nurses and midwives, which allows doctors to focus more on the tasks for which we've been specifically trained.

On the other hand, the German system offers excellent patient information, involving patients more actively in their own healthcare decisions, whereas in Sweden, we may sometimes do more without fully explaining to the patient. I also noticed that the more hierarchical structure in Germany seemed to positively affect the specialists' workload, a challenge we struggle with in Sweden. However, this system does come with its drawbacks: junior doctors often have no time for breaks, including lunch or coffee, during their shifts.

It's impossible to list every takeaway from this exchange, but overall, I am left with the impression that the field of medicine is truly universal, which makes it possible to work anywhere in the world. I am forever grateful for my education and hope for many more opportunities to learn from how our field is practised across the globe.