

## INTERNATIONAL LETTER RHEUMATOLOGY IN SWITZERLAND

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SWITZERLAND is a small country, which despite some tendencies to reclusion in the mountain valleys, is very much linked to its neighbours, especially Germany and France, and to the rest of Europe and the world. The openness of the rheumatological world is illustrated by the fact that two of the five chairs of rheumatology in Switzerland are held by non-Swiss rheumatologists.

### HISTORICAL DEVELOPMENT

Like in other countries with a long tradition of spa treatments, rheumatology in Switzerland started through physical medicine. More modern rheumatology began in the 1950s and today an amalgam of the old physical therapy traditions with a strong orientation towards internal medicine and immunology has developed. The specialist title was first physical medicine, linked with rheumatology, then internal medicine linked with rheumatology was added. More recently, physical medicine has put the main emphasis on rehabilitation, in a much wider sense, including neurological, urological, cardiological, etc., rehabilitation. Rheumatology has just recently become a main speciality, with a strong internal medicine component. However, the modern Swiss rheumatologist is still fully in charge of his or her patients' rehabilitation. Because of these traditions, clinical rheumatology in Switzerland includes areas of 'orthopaedic medicine' such as back pain, non-articular rheumatism, osteoporosis, etc.

### SWISS HEALTH CARE ORGANIZATION

Patients are insured by many subventioned organizations; they choose their physicians on a fee-for-service base and get around a 90% refund. Hospitalization costs only a small personal contribution. The organization of health care has been modified in 1997 through the introduction of a new federal law about health care: 'opening the market'. The consequences are not yet totally apparent and many changes can be expected in the near future. Like everywhere, medical costs should be reduced and access to specialist service, easy up to now, could become more difficult. However, rheumatologists will retain a primary care role in the future, which will be important when health maintenance organizations become more widespread, like in the USA.

### PROFESSIONAL ORGANIZATION

Traditionally, the Swiss Society of Rheumatology and the Swiss Society of Physical Medicine and Rehabilitation have been very close, but the links will

soon be reduced. There are 22 718 physicians and surgeons, and 315 active rheumatologists, for a population of a little more than 7 million inhabitants, giving one doctor for 310 and one rheumatologist for 22 000 inhabitants, which is high according to established standards. Like everywhere, their distribution is uneven: in the Geneva region, for example, there is one rheumatologist for 10 000 persons. The Swiss Society of Rheumatology has changed from a leisurely professional society to include more 'trade-union' approaches in the last few years. It has a strong link with the social organization, the Swiss League against Rheumatism. The Society organizes postgraduate courses, continuing education and holds an annual congress. During our meetings, everybody speaks in their own language, i.e. German or French, and conferences are very often in English as well.

### TRAINING IN RHEUMATOLOGY

Training lasts 6 yr after graduation: 3 yr in internal medicine and 3 yr in rheumatology, including rheumatological rehabilitation. A formal exit-examination in rheumatology will become obligatory in 1998: it includes a standardized oral examination and a multiple-choice question (MCQ) session. As there are not enough candidates to validate MCQ questions, these are also completed each year after the general assembly, on a voluntary and anonymous basis by the members of the Society. Participation is very high (around 50% of the active members!). Evaluation of the 1995 and 1996 results shows the discriminant power of the questions, the groups of trainees, practitioners and staff from rheumatological centres being clearly separated. Candidates, who are supposed to have studied the topics more formally, should in the future reach the level of the centre staff in order to pass.

### RHEUMATOLOGICAL CENTRES

Besides the five university centres (see below), there are several other excellent patient care centres, often based on former spa clinics which have been adapted for modern rheumatology and often also performing general rehabilitation. Collaboration between universities, other centres and private rheumatologists is generally excellent, even across the language barriers. There is a collaborative, common teaching manual for the undergraduates and a unified quality management programme for all Swiss rheumatoid arthritis (RA) patients will be introduced shortly by the group from Zurich University.

### GENERAL REMARKS

The Swiss are very well integrated in European and world rheumatology. Practically all permanent staff members from rheumatology centres have spent some time abroad during training and the Swiss like travelling to meetings, etc. Switzerland is very proud to organize the next EULAR symposium in Geneva on 5–8 September 1998. Come to Geneva and take a glance at Swiss rheumatology!

### CHAIRS OF RHEUMATOLOGY IN SWITZERLAND

*Basel:* Alan G. Tyndall, with three junior consultants (Dieter Frey, Paul Hasler and Clarissa Bachmeier), one immunology laboratory head (Peter Vogt) and six registrars. Fifty beds in two hospitals with 670 in-patients and 3000 out-patients each year. Research interests include stem cell treatment of autoimmune disease, osteoporosis, low back pain disability and signal transduction in SLE.

*Berne:* Niklaus Gerber, with two lecturers (Michael Seitz, Christine Beyeler), one staff biochemist (Pius Loetscher), two senior registrars and registrars in rheumatological training. Twenty-four beds (700 patients a year); ~2000 out-patients a year. Main research activities: cytokine/chemokine regulation in RA; DMARD toxicity; DISH.

*Geneva:* Thomas L. Vischer, with one lecturer (Pierre-André Guerne), one staff biochemist (Sylvette Bas), three senior registrars and three registrars in rheumatological training with two in internal medicine/general practice training. Twenty-two beds (600 patients a year); ~2000 out-patients a year. Main research activities: cytokines and their inhibitors in cartilage metabolism; *Chlamydia* and arthritis; HLA in RA; rheumatoid factors; back pain and patient education.

*Lausanne:* Alex So, with Jean-Charles Gerster and two lecturers (Rolf Frischknecht and Carlo Fritsch), one staff biochemist (Nathalie Busso), two senior registrars and five registrars. Fifty-four beds (including 25 beds in neurorehabilitation), 700 patients per year; ~6000 out-patient visits per year. Main research activities: proteases and synovial inflammation, genetics of RA and microcrystalline arthropathies.

*Zürich:* Beat A. Michel, with Steffen S. Gay in experimental rheumatology, with two staff biochemists (Renate Gay, Antonio Baici) and two lecturers (Gerold Stucki and Pius Brühlmann), four senior registrars and 12 registrars. Thirty beds (550 patients a year); ~8000 out-patients a year. Main research activities: pathogenic and molecular mechanisms in RA/OA; cartilage metabolism; assessment of bone diseases, muscular disorders, scleroderma and RA.