Health counselling by practising physicians is a pilot programme for preventive counselling. It is directed to persons who are still healthy but may be exposing themselves to risk factors such as smoking, overweight, lack of physical exercise and stress. Target groups are 30- to 50 year-old insurees covered by any of six sickness funds. They are chosen by random sampling and invited to participate by their insurance company. This pilot programme began in February 1982 and lasted until June 1983. The regions studied are covered by two State Associations of Doctors Admitted to Health Insurance Practice (Kassenärztliche Vereinigungen): Hamburg, a city district, and Pfalz, a rural district.

The pilot programme was designed to meet the need for individual preventive care. The motto of the programme is ‘Help people to help themselves’. Three gratis preventive consultations are offered.

Practising physicians primarily are not responsible for patients who are not yet ill. Under the law, health insurance covers only therapeutic services. Until now the only exceptions have been for prenatal care, child preventive health care and cancer check-ups. Thus our pilot programme for the first time allows physicians to charge for extensive preventive counselling at contractually established rates.

The first of the three health counselling consultations consists of a medical history, a physical examination (without ECG and extensive laboratory testing) and a very thorough interview about behaviour which endangers health. The emphasis in the doctor–patient discussion following the interview is placed on realistic changes which could be made in everyday life in the most direct manner possible. The basic consideration is that general advice like “don’t smoke so much” or “do get more exercise” is not very successful. The problem is not what to do but how to do it. Therefore the physicians support their patients in finding possible areas for change in everyday life.

Most initial consultations last for an hour or even more. At the end of the session the doctor and patient fix a date for the next health counselling session — if there are risk factors and the patient is interested in continuing the consultation. The results of the counselling session are recorded in a booklet received by the insuree. A copy (without the patient’s name, of course) is used for the evaluation.

External support is possible: If it becomes evident in the course of the consultation that the patient needs and asks for extra support beyond the health
counselling, the doctor can refer the patient to local bodies which organize weight reduction courses, jogging groups, anti-smoking seminars, relaxation training etc. We have encouraged local bodies to offer appropriate courses. Physicians are kept informed about the local availability of such support programmes.

Our pilot programme is not an epidemiological experimental study but rather an open field study and feasibility study. Although scientific evaluation has not been completed we can roughly answer the following questions:

1. Do physicians accept the supplemental educational programme and the underlying concept of health counselling?
2. Are the insurees interested in the offer of health counselling?
3. Is health counselling feasible under the given conditions?

With regard to the first question: In both regions 170 general practitioners and internists took part (the number was limited). They were obliged to undergo an initial supplemental education programme on health counselling methods. The evaluation of the questionnaires showed that the majority of the participating physicians accepted the programme as a whole.

One of the main effects within the doctors' learning process was a somewhat modified appreciation of the physicians' role: one which helps the patient take advantage of opportunities to help himself. The health counselling plan allows the physicians to take considerable time for the consultation and accordingly corresponds better to the classical image of the physician and to a more intensive doctor–patient relationship. It is worth mentioning that one side-effect reveals the influence of the programme: in the course of the training 27% of the physicians reduced their own risk factors.

As to the second question: The interest shown by insurees in this new opportunity has been promising: The participation rate for the first health counselling session remains at about 20%. Until now about 10 000 insurees have participated. About half of them fixed a date for a second counselling session. For those who did not continue, three reasons are documented: about half of them do not have any risk factor; 9% are not entitled to participate because of a chronic illness; 13% do not have any further interest.

Thus, keeping in mind the third question ("Is health counselling feasible?") the results promise a positive answer as to the acceptability of the programme to both the insurees and the physicians. Nevertheless, the various single factors have to be isolated and focussed concerning their transferability.

So, although the answers to the above questions tend to be affirmative, the answer to the main question remains: "Did the insurees change their behaviour towards a more healthy life-style because of the health counselling?" i.e. whether the health counselling will be effective in the long run. Hence, the scientific study will have to determine the type as well as the duration of modifications in behaviour. For this purpose, questionnaires have been sent out and personal interviews conducted. The evaluation of these data is in progress, and results will be available later this year.