The Kingdom of Denmark is divided into three parts: Denmark (the peninsula of Jutland and 400 named islands) with a population of 5.2 million on 43 000 km², the Faroe Islands with 47 000 Faroese on 1 399 km², and Greenland with 56 000 Inuit and Danes on 2.18 million km². One million Danes are over 60 years of age, and 830 000 are below the age of 14. By the year 2010, 1.2 million will be over 60 years. The number of foreign nationals resident in Denmark is 180 000; 67 500 children are born per year, and 63 000 people die.

The beer, wine and spirits consumptions are 626, 126 and 15 million litres, respectively, equivalent to 11.8 litres 100 per cent alcohol per person over the age of 14, up from 6.5 litres in 1965. Every year, the fumes of 6727 million cigarettes, 263 million cigars and cigarillos and 2858 tons of smoking tobacco are inhaled.

Cash benefits under the Social Assistance Act are given to 360 000 families, 980 000 persons are social security pensioners, and in May 1995 the number of unemployed people were 293 000 corresponding to 10% of the labour force. The expenditure of the health sector was 6.1% of the gross domestic product in 1970 and 6.5% in 1991. The corresponding figures were 7.2 and 8.6, respectively, for Sweden, 5.8 and 9.1 for France, and 7.4 and 13.4 for U.S.A. The problems associated with financing an expansion — or even maintenance — of the present system are pronounced.

The number of doctors is 14 600 including 3660 general practitioners who provide 15 million consultations and 12 million telephone consultations per year; 880 doctors are practicing specialists, and 8600 are hospital physicians. There are 34 600 qualified nurses, 16 500 nurses' assistants and 28 500 other nursing staff in hospitals. Over 98% of the population have a specific family general practitioner. All medical care for these patients is “free”, i.e., paid for by the tax payers. The Danes use 775 DDD (defined daily dose) of drugs per 1000 inhabitants. The cost of essential drugs is subsidised (most by 75%).

Every county has one or more district hospitals of varying format. Treatment is paid for by the tax payers. Annually, 956 000 discharges are made from somatic hospitals. Vascular surgery is included in the departments of general surgery at the county hospitals of Aalborg, Viborg, Kolding, Hillerød and Slagelse and with urology at Gentofte (Copenhagen county) and thoracic surgery at Bispebjerg (Copenhagen municipality). Of the universities, Rigshospitalet in Copenhagen has a Department of Vascular Surgery, but in Aarhus (Skejby) and Odense the vascular surgery units are part of Departments of Cardiac, Thoracic and Vascular Surgery. About 175 beds are available in the vascular surgical services in Denmark. All services have outpatient clinics for patients referred from GPs, practicing specialists and other hospital departments. Systematic follow-up on operated patients is also made here. The total number of vascular consultations in the country is not known. In Aarhus, 3000 consultations are made annually (population 600 000). The public hospitals are managed jointly by an administrator, a nurse and a doctor. At department level, the administrative duties are taken on by one of the consultants (usually on a 5 year contract) and by the chief nurse (permanently appointed). This divided responsibility has been severely criticised. The university services of vascular
surgery in Aarhus (Skejby), Odense and Copenhagen (Rigshospitalet) provide care for patients in their regions and receive patients with selected vascular diseases from other hospitals. All patients with common diseases are free to choose any hospital, but vascular surgical diseases are not in this category. The home county must pay for treatment provided to the patient by a hospital in another county. This had led to fascinating discussions over the years. A law has been recently passed to ensure that patients with certain diseases (not vascular) are treated within 3 months of referral.

In 1983, 34 arterial reconstructions per 100,000 inhabitants were performed and in 1993, 4699 operations were done. Of these, 136 were on varicose veins, 362 were revisions, and 438 were endovascular procedures. The remaining 3763 procedures corresponds to 72 arterial reconstructions per 100,000 which is below the internationally recommended standard of 120–140 operations per 100,000 per year. Some key figures (expressed per 100,000) for 1993 are: 12 operations for abdominal aortic aneurysm, 10 in situ saphenous vein bypasses, 8 aortic bifurcation prostheses, 3 aortoiliac thrombendarterectomies, 3 supra-aortical operations, and 0.7 visceral artery operations. The low number of carotid operations is a matter of continued concern. Due to limited capacity in the vascular surgical services, almost all venous surgery is done outside vascular services except at Gentofte which has a major interest in venous disease.

The medical schools in the universities of Aarhus, Odense and Copenhagen have 4000 students (57% women). The intake will increase by 50% the next couple of years. The degree candidatus (-a) medicinae (MD) is awarded annually to around 470 students after 7 to 8 years of study. After having sworn a modified Hippocratic Oath to the Dean of the Faculty, the doctors are authorised to work under supervision in hospitals or general practices.

In the University of Copenhagen, a Chair of Surgery with special emphasis on Vascular Surgery was created in 1993 at Rigshospitalet. A Chair of Vascular Surgery has just been filled in the University of Aarhus (Skejby). Clinical lecturers (consultants) and clinical teachers (consultants and senior registrars) take part in the teaching. To get specialist recognition in vascular surgery one must pass through three phases. Phase I includes training in medicine, surgery and general practice. The introductory training for surgery includes 24 months in a department of surgery and 6 months in orthopaedics. Phase II comprises training for 27 months in various surgical disciplines. Phase III consists of 3 years as a senior registrar in vascular surgery in two classified services. After an additional year of vascular surgery, one may apply for a position as consultant vascular surgeon. The retirement age is 70 years. Previously, it was difficult to get a phase II-appointment, but the number of doctors applying for these jobs has declined. A shortage of qualified surgeons can be foreseen.

Last year, 104 consultants expressed concern as to the quality of surgical training. A working party looked into the problems, and recently recommendations were published. A corps of inspectors composed of prominent consultants is to be appointed. The inspectors are to be called in to evaluate training standards and to advise on improvements. The employers have refused to give the inspectors paid leave of absence for the inspections.

Vascular surgery became a speciality in 1983. There are 32 specialists working in the vascular surgical profession (27 consultants, two staff vascular surgeons, three senior registrars). Two consultants are female. The median age of the consultants is 47 years (range 38–62). About 15 surgeons are in training for vascular surgery. Five positions as consultants (including those at a projected two-consultant service in Esbjerg) are vacant. Seventeen vascular surgeons have additional specialist recognition in general surgery. A few are also specialists in orthopaedic or thoracic surgery.

For the last 5 years, the Danish Society for Vascular Surgery has operated a database with information on operations performed in all vascular surgical services and on follow-up. Each vascular service has detailed information, and key data are reported to the central register. All active vascular surgeons are members of the Danish Society for Vascular Surgery. The Society publishes the Danish Vascular Surgical Bulletin where statistical information from the patient register is published regularly. At the annual meetings, the programme includes society matters and scientific sessions. The Society arranges postgraduate non-specialist and specialist courses and appoints members to the specialist recognition council of the National Health Board and to the UEMS. Practically all Danish doctors are members of the Danish Medical Association.

Accepted 2 August 1995