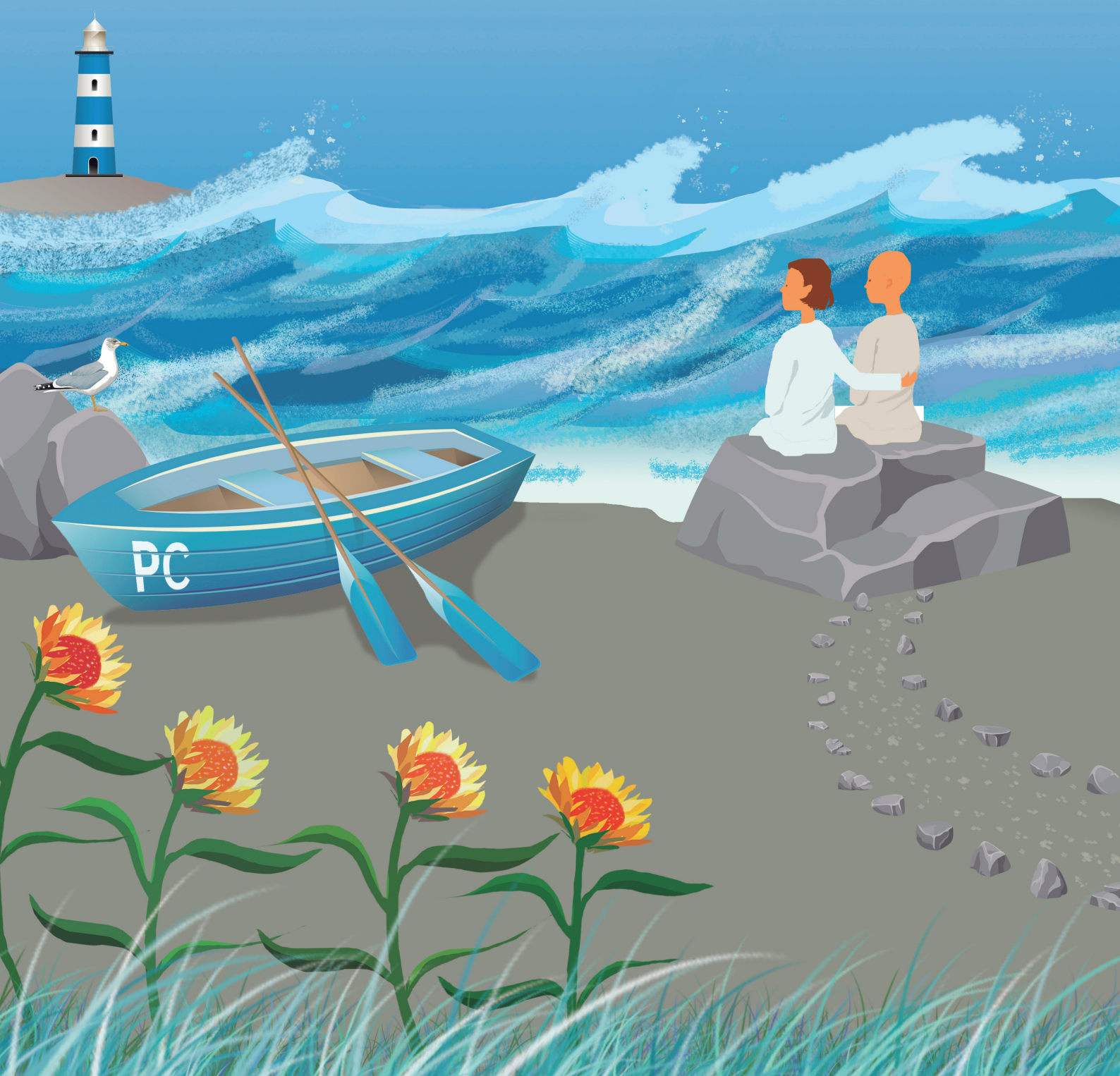




EAPC Atlas of Palliative Care in Europe 2019

Natalia Arias-Casais, Eduardo Garralda, John Y. Rhee, Liliana de Lima, Juan José Pons,
David Clark, Jeroen Hasselaar, Julie Ling, Daniela Mosoiu, Carlos Centeno





EAPC Atlas of Palliative Care in Europe 2019

Natalia Arias-Casais, Eduardo Garralda, John Y. Rhee, Liliana de Lima, Juan José Pons,
David Clark, Jeroen Hasselaar, Julie Ling, Daniela Mosoiu, Carlos Centeno



ics
Universidad
de Navarra
Institute for Culture and Society

ATLANTES
Palliative Care Research Group





EAPC Atlas of Palliative Care in Europe 2019

Authors:

Natalia Arias-Casais, Eduardo Garralda, John Y. Rhee, Liliana de Lima, Juan José Pons, David Clark, Jeroen Hasselaar, Julie Ling, Daniela Mosoiu, Carlos Centeno.

Editors:

Natalia Arias-Casais, Eduardo Garralda and Carlos Centeno
University of Navarra
ATLANTES Research Program
Institute for Culture and Society (ICS)
Campus Universitario,
31080 Pamplona, Spain

Cartography:

Juan José Pons
University of Navarra
Department of Geography
Campus Universitario
31080 Pamplona, Spain

Design and Production:

Miriam García and Javier Errea
Errea Comunicación, Pamplona, Spain
www.erreacomunicacion.com

© EAPC vzw Press

Toekomststraat 36, 1800 Vilvoorde, Belgium
Printed in Spain by Arc Space Gráfico
<http://www.aranguren.es/arc-space-grafic-s-l/>

All rights reserved. The EAPC allows the use of this Atlas for educational, advocacy and scientific purposes to advance palliative care throughout the world.

ISBN: 9789463883443

This book should be cited as follows:

Arias-Casais N, Garralda E, Rhee JY, Lima L de, Pons JJ, Clark D, Hasselaar J, Ling J, Mosoiu D, Centeno C. EAPC Atlas of Palliative Care in Europe 2019. Vilvoorde: EAPC Press; 2019.
Consult or download at: <http://hdl.handle.net/10171/56787>



Authors

Natalia Arias-Casais

University of Navarra
Institute for Culture and Society (ICS)
ATLANTES Research Program
Pamplona (Navarra), Spain

Eduardo Garralda

University of Navarra
Institute for Culture and Society (ICS)
ATLANTES Research Program
Pamplona (Navarra), Spain

John Yohan Rhee

Department of Medicine, Mount Sinai Hospital
New York, NY, USA 10029
University of Navarra
Institute for Culture and Society (ICS)
ATLANTES Research Program
Pamplona (Navarra), Spain

Liliana de Lima

International Association for Hospice and Palliative Care
Houston TX, USA

Juan José Pons

University of Navarra
Department of Geography
Pamplona (Navarra), Spain.

David Clark

University of Glasgow, Dumfries Campus
School of Interdisciplinary Studies
Dumfries, Scotland, UK

Jeroen Hasselaar

Department of Anesthesiology, Pain and Palliative Medicine,
Radboud University Medical Centre (Radboudumc)
Nijmegen, Netherlands

Julie Ling

European Association for Palliative Care (EAPC)

Daniela Mosoiu

Hospice Casa Sperantei
Brasov, Romania

Carlos Centeno

University of Navarra
Institute for Culture and Society (ICS)
ATLANTES Research Program
Pamplona (Navarra), Spain



Abstract

Background

Every year 4,428,663 people die with serious health related suffering in Europe, with estimated 138,913 of them being children. Access to palliative care (PC) would greatly ease suffering of these patients. Last assessment of PC development across Europe was conducted in 2013 and therefore, our aim is to provide an updated analysis on the development and integration of PC across the Region.

Methods

We conducted a systematic review to identify the most commonly used national-level indicators on PC development. Policy, medicine-related, education and service provision indicators were identified and rated by a committee of international experts in a two-round RAND/UCLA Delphi consensus process. Additional indicators exploring the integration of PC into different levels of care, diseases and disciplines were derived from interviews with the EAPC Task Force leaders on paediatrics, long-term care facilities, primary care, volunteering, public health and cardiology. All these indicators were sent through on-line surveys to qualified national experts in their field. Additional databases on opioids (International Narcotic Control Board), professional activity (EAPC databases), and PC integration into oncology (ESMO databases, ClinicalTrials.gov and Scopus) were consulted.

disease registered in 10 countries. Furthermore, eight reference cardiology centres providing PC were also identified and the presence of PC trained staff in Long-Term Care Facilities is increasingly common (14/19 countries).

Volunteers are active throughout Europe and eight countries report over 1000 registered PC volunteers while others even report the existence of volunteer-led hospices. The professional vitality of the discipline is demonstrated by the rise of national PC associations in 41/51 countries.

This Atlas presents a set of 51 country reports highlighting key data on national policies, use of medicines, education and PC services provision and does not offer secondary comparative analysis between countries.

Conclusion

PC health policies developed in recent years have promoted vigorous development across Europe. Preliminary data on the integration of PC into different fields are encouraging though inequalities between countries and sub-regions persist. Further comparative analysis exploring factors leading to uneven progress may inform strategies to provide PC for all people in need.

Results

We received response from 321 experts from 94% (51/54) of European countries. The survey identified 6,388 specialised services for adults (a median of 0.8 adult services per 100,000 inhabitants) and a variety of programmes specific to PC for Children in 38 countries: home care teams (n=385), hospital programmes (n=162) and hospices (n=133). Most countries have established legal frameworks for the provision of PC, with specific laws reported in eight countries and other laws or decree-laws present in 63% of the countries. Twenty-nine nations have a process of specialisation in Palliative Medicine for physicians and PC has been included in the undergraduate curricula of medical and nursing schools in 43% of the countries with variations in the number of teaching hours and clinical practice. Full professors have been reported in medical schools in 14 countries and in nursing schools in five. The average of opioid consumption is 107 mg morphine equivalent/capita/year.

The integration of PC into different fields is noticeable. Although only 12/34 countries have systems to identify patients in need of PC at the primary level, the majority of countries provide PC in the last month of life. PC is being integrated into oncology and clinical trials on early integration of PC in the course of the oncological



Table of contents

1. Presentation	11	5. Development of Palliative Care at the Country-Level	93
Foreword	13	How to read de country information	95
Note from the authors	14	Albania	96
Net of collaborators of the 2019 EAPC ATLAS	15	Armenia	98
International Committee of Experts on Indicators	15	Austria	100
Key Informants of each participating countries	16	Azerbaijan	102
Collaborators of the EAPC specific studies	18	Belarus	104
The Atlas project group	19	Belgium	106
The institutions involved	21	Bosnia and Herzegovina	108
2. Aims and objectives	23	Bulgaria	110
3. Population and methods	27	Croatia	112
Geopolitical map of the WHO European Region	28	Cyprus	114
Socio-economic context	30	Czech Republic	116
Palliative Care needs across Europe	33	Denmark	118
Methods of the project	36	Estonia	120
The cartography	42	Finland	122
Limitations and constraints	42	France	124
Abbreviations	42	Georgia	126
4. Development and Integration of Palliative Care across Europe	43	Germany	128
Chapter 1. Specialised Palliative Care		Greece	130
Services for Adults	45	Hungary	132
Chapter 2. Integration of Palliative Care and Paediatrics	51	Iceland	134
Chapter 3. Palliative Care integration in national health systems in Europe	57	Ireland	136
Chapter 4. Palliative Care education across Europe	61	Israel	138
Chapter 5. Use of medicines for Palliative Care	65	Italy	140
Chapter 6. Palliative Care vitality and professional activity	69	Kazakhstan	142
Chapter 7. Integration of Palliative Care in Long-Term Care Facilities in 18 European countries	73	Kyrgyzstan	144
Chapter 8. Development of Volunteering in Hospice and Palliative Care in 15 European Countries	77	Latvia	146
Chapter 9. Integration of Palliative Care at the Primary Care level	81	Liechtenstein	148
Chapter 10. Integration of Palliative Care into Cardiology	85	Lithuania	150
Chapter 11. Integration of Oncology and Palliative Care	89	Luxembourg	152
		Macedonia	154
		Malta	156
		Moldova	158
		Monaco	160
		Montenegro	162
		Netherlands	164
		Norway	166
		Poland	168
		Portugal	170
		Romania	172
		Russian Federation	174
		Serbia	176
		Slovakia	178
		Slovenia	180
		Spain	182
		Sweden	184
		Switzerland	186
		Tajikistan	188
		Turkey	190
		Ukraine	192
		United Kingdom	194
		Uzbekistan	196



1. Presentation





Foreword



PHIL LARKIN
President, EAPC

This is the third edition of the EAPC Atlas in Europe. As in previous editions, the Atlas has only come to fruition through the dedicated work of Prof Carlos Centeno, ATLANTES, University of Navarra, Spain and his team led on this occasion by Natalia Arias Casais. We owe the team our immense gratitude for this exemplary work which has grown in both scope and vision since the original version in 2007.

The third edition presents data from 51 countries on the 'state of the art' of palliative care at national and regional level. The scientific rigour of the process of data assimilation, including systematic reviews and a Delphi process attests to the quality of evidence regarding the contemporary integration of palliative care and enabled specific indicators to be developed for new and specialized areas of practice, including palliative care for children, primary care and the role of volunteers.

It is rewarding to see that palliative care continues to increase its presence in mainstream healthcare and despite the ongoing variance between East and West, there are champions who take the lead in making the case for the vitality and importance of palliative care for all citizens. There are also clear indicators of development, notably in palliative care children and neonatology and education, which is starting to be embedded in curricula to help prepare our practitioners for the future.

The new Atlas also reminds that we can never be complacent about the development of palliative care. We need a concerted European effort to support those for whom palliative care is in its infancy and to strengthen our political voice for equity and access to palliative care for all. The work of Prof Centeno and his team provides us with the tools to do that important work.

The new edition is presented in a clear, accessible way which captures key information in a succinct and instantly deliverable manner. As well as a regional overview, country reports are provided (as in earlier editions) but with greater development in terms of visual detail on service provision. Overall, the EAPC Atlas of Europe provides clinicians, policy makers and educators with critical information for future growth.

Globally, this will add to the capacity for benchmarking and comparison across not only Europe but with other works by the same group in Africa and Latin America.

The third edition is a remarkable achievement, and our thanks go not only to the team but to all the national associations and colleagues across Europe that have contributed to this through documentation, completing questionnaires or supporting the scientific studies which underpin the work. The new Atlas is a critical example of 'one voice, one vision', a strategic document to aid better care for people with palliative care needs in the years ahead.



Note from the authors

In 2017, four years after the last edition of the EAPC Atlas of Palliative Care in Europe, we decided that it was time to conduct a new assessment of palliative care development within the World Health Organisation (WHO) European Region. The experience we have gathered over the recent years mapping palliative care progress in Latin America, Africa and the Eastern Mediterranean countries led us to wonder about the best way of evaluating not only development but also the integration of PC into health systems. We set ourselves on a quest to scientifically approaching this issue.

For the present publication, we improved our methodology aimed at gathering the most comprehensive and up-to-date information on the region. The selection of the indicators to be used in the Atlas was a crucial point. We started by conducting a systematic review to identify all national-level indicators used in the last ten years in cross-national studies around the world. These indicators were clustered following the four WHO dimensions: policies, use of medicines, education and service provision. We then invited a committee of 24 international experts on palliative care development to take part in a two-round Delphi process to assess these indicators and achieve consensus on the selection of the best ones. Twenty-five indicators resulting from this process were used in the making of this Atlas.

Simultaneously, we studied the integration of palliative care in the region and chose paediatric palliative care, long-term care facilities, primary care, volunteering, cardiology and oncology as fields to assess. We contacted experts in these fields and invited them to enrol in a design and selection process of specific indicators for each one. Thirty-three indicators were used on the making of the chapters assessing palliative integration. Additionally, we created networks of key informants to respond them. Besides, a dedicated study on palliative care education at the undergraduate level, and on integration of palliative care and oncology were conducted.

This edition present data gathered on the development of palliative care within the region. As a result, it provides a regional overview of the current progress of palliative care in the section Development and integration of Palliative Care across Europe (chapters 1 to 11). Separately, national profiles of each country are presented in the section Development of Palliative Care at the country-level.

This publication presents the first regional study of its kind using consensus-based indicators for the assessment of specialised palliative care development and indicators designed specifically to explore the state of integration of palliative care within Primary Care, Paediatric palliative care, Long-Term Care Facilities, Cardiology and Oncology within the region. All of it in line with WHO and providing a handful of helpful new baseline indicators. It provides information on 94% (51/54) of countries of the region and enables cross-national comparison on the progress of PC among countries. Information was provided by key informants in each country, which consisted of leaders of national palliative care associations, members of the Ministry of Health, or experts within each country defined as either the leader of an important hospice or palliative care service. Peer review, literature review and ATLANTES Research Programme's databases were used to verify information given by experts. Therefore, the EAPC Atlas is presenting with the best estimates available.

Following this EAPC Atlas, we will continue to work on secondary analyses of the data we have collected for publication in a series of scientific papers and reports. We will focus on disseminating this information to key experts in European countries so that it may be used for advocacy efforts in working with governments and Ministries of Health.

This ambitious project was made possible thanks to the collaboration of over 450 palliative care professionals across Europe, who have contributed in various meaningful ways. We truly thank all of those who volunteered their time for the project. We thank the key informants, country and sub-specialty experts, and international committee members for all of their assistance in making this EAPC Atlas of Palliative Care a reality as well as their tireless work in building up palliative care in their respective countries.



Net of collaborators of the 2019 EAPC Atlas

International Committee of Experts on Indicators

The following people have participated in the consensus process to select the final set of main indicators used in the survey.

Name	Affiliation
Eve Namisango	African Palliative Care Association
Fatia Kiyange	African Palliative Care Association
Hibah Osman	BALSAM Center
Ibtihal Fadhil	Middle East Non Communicable Disease Alliance
Sami Alsirafy	Kasr Al-Ainy School of Medicine, Cairo University
Michael Silberman	Middle East Cancer Consortium
Ron Sabar	Middle East Cancer Consortium
Carlos Centeno	ATLANTES Research Programme, University of Navarra
Richard Harding	Cicely Saunders Institute of Palliative Care King's College London
Martin Loucka	Center for Palliative Care, Prague
Marilène Filbet	Centre Hospitalier Universitaire de Lyon
Sheila Payne	Lancaster University
Julia Downing	International Children's Palliative Care Network
Trisha Suresh	The Economist Intelligence Unit
M.R Rajagopal	Pallium India
Marilys Corbex	World Health Organisation
David Clark	End of life study group University of Glasgow
Liliana de Lima	International Association of Hospice and Palliative Care
Eric Krakauer	Harvard Medical School Center for Palliative Care
Diederik Lohman	Human Rights Watch
Stephen R. Connor	Worldwide Hospice and Palliative Care Alliance
Tania Pastrana	Latin American Association for Palliative Care
Roberto Wenk	Latin American Association for Palliative Care



Net of collaborators of the 2019 EAPC Atlas

Key Informants of each participating countries

The following persons have answered the survey on palliative care development in their respective countries used to build the maps and the “Development and Integration of palliative care across Europe” section of this Atlas.

Country	Name	Institutional Affiliation
ALBANIA	Irena Laska	“Marry Potter” Palliative Care Center
ARMENIA	Artashes Tadevosyan	Yerevan State Medical University
	Avetis Babakhanyan	Masis Hospice, Masis Medical Center
AUSTRIA	Austrian Association for Palliative Care	Österreichische Palliativgesellschaft (OPG)
	Leena Pelttari	Hospice Austria
AZERBAIJAN	Nabil Seyidov	Public Health and Reforms Center
BELGIUM	Paul Vanden Berghe	Federatie Palliatieve Zorg Vlaanderen (Federation Palliative Care Flanders)
BELARUS	Confidential	
BOSNIA AND HERZEGOVINA	Emira Dropic	Coordinator of the End of Life Care Project
	Ruzica Lazic	Fondaciya Fami
BULGARIA	Gergana Foreva	Medical Center BROD
	Nikolay Yordanov	Sofia Medical University
		Vratsa Medical and Social Sciences Department
CROATIA	Confidential	
CYPRUS	Kyriakos Stylianides	PASYKAF
	Sophia Nestoros	Cyprus Anticancer Society
CZECH REPUBLIC	Martin Loučka	Center for Palliative Care
	Ondřej Sláma	Czech Society for Palliative Medicine
DENMARK	Helle Timm	Danish knowledge Centre for Rehabilitation and Palliative Care (REHPA)
	Mai-Britt Guldin	Palliative Care Team, Aarhus University Hospital
ESTONIA	Pille Sillaste	North Estonia Medical Centre
	Kaiu Suija	Tartu University Hospital
		Estonian Cancer Society
FINLAND	Tiina Saarto	Helsinki University Hospital
		Center of palliative Care
	Minna Kiljunen	Senior Palliative Care Consultant
FRANCE	Sandrine Bretonniere	French National Center for Palliative Care and End of Life
	Marilène Filbet	Centre Hospitalier Universitaire Lyon
	Lyn Silove	Société Française d'Accompagnement et de Soins Palliatifs
GEORGIA	Dimitri Kordzaia	Georgian National Association for Palliative Care
GERMANY	Friedmann Nauck	German Association of Palliative Medicine
	Birgit Jaspers	German Association of Palliative Medicine
	Boris Zernikow	German Association of Palliative Medicine
	Lukas Radbruch	German Association of Palliative Medicine
GREECE	Athina Vadalouka	Hellenic Society of Pain Management and Palliative Care
	Kyriaki Mystakidou	National and Kapodistrian University of Athens
	Aliki Tserkezoglou	“GALILEE” Palliative Care Unit
HUNGARY	Agnes Csikos	University of Pécs, Primary Health Care department
	Katalin Hegedus	Semmelweis University Budapest and Hungarian Hospice-Palliative Association
ICELAND	Valgerdur Sigurdardottir	Palliative Care Unit, National University Hospital
	Svandís Iris Halfdanardóttir	Palliative Care Unit, National University Hospital
IRELAND	Michael Connolly	Irish Association for Palliative Care
	Brian Creedon	National Clinical Programme for Palliative Care (Health Service Executive and Royal College of Physicians of Ireland)
	Kellie Myers	National Clinical Programme for Palliative Care (Health Service Executive and Royal College of Physicians of Ireland)
	Julie Ling	European Association for Palliative Care



Country	Name	Institutional Affiliation
ISRAEL	Ron Sabar	Sabar Health Ltd.
	Glynis Katz	Sabar Health Ltd.
ITALY	Italo Penco	Italian Society of Palliative Care (SICP)
	Carlo Peruselli	Italian Society of Palliative Care (SICP)
KAZAKHSTAN	Gulnara Kunirova	Kazakhstan Association for Palliative Care
KYRGYZSTAN	Confidential	
LATVIA	Anda Jansone	Children's Clinical University Hospital, Palliative Care service and Children's Palliative Care Society
	Vilnis Sosars	Riga East University Hospital, Department of Palliative Care
LIECHTENSTEIN	Ingrid Frommelt	Palliativnetz Liechtenstein
LITHUANIA	Rita Kabasinskiene	Lithuanian Association of Palliative Medicine
LUXEMBOURG	Marie-France Liefgen	Omega 90
	Frédéric Fogen	Centre Hospitalier Luxemburg
MALTA	Jurgen Abela	Hospice Malta
MONACO	Jean-François Ciais	Centre Hospitalier Princesse Grace
	Vito Curiale	Centre Hospitalier Princesse Grace
NETHERLANDS	Jeroen Hasselaar	Dutch Association for Palliative Care Professionals (Palliactief)
	Esmé Wiegman-van Meppelen Scheppink	Association for Palliative Care in the Netherlands (PZNL)
NORWAY	Dagny Faksvåg Haugen	Haukeland University Hospital and University of Bergen
POLAND	Aleksandra Ciałkowska-Rysz	Palliative Medicine Unit Medical University of Lodz, Polish Society of Palliative Medicine
	Aleksandra Kotlinska-Lemieszek	Palliative Medicine Unit Medical of Poznan University of Medical Sciences
PORTUGAL	Edna Gonçalves	National Commission of Palliative Care
	Manuel Luís Capelas	Portuguese Observatory for Palliative Care
REPUBLIC OF MACEDONIA	Confidential	
REPUBLIC OF MOLDOVA	Liliana Gherman	Soros Foundation-Moldova, Public Health Department
	Valerian Isac	National Association of Palliative Care
	Natalia Carafizi	Foundation Hospice Angelus Moldova
ROMANIA	Daniela Mosoiu	Transilvania University, Hospice Casa Sperantei
RUSSIAN FEDERATION	Diana Nevzorova	Association of Professional Participants in Hospice Care
	Advisory Board of the Russian Association for Palliative Care	Russian Association for Palliative Care
	Confidential	
SERBIA	Natasa Milicevic	BELhospice
SLOVAKIA	Andrea Skripekova	National Oncology Institute
SLOVENIA	Nevenka Krčevski Škvarč	Medical Faculty of Maribor University, Institute for Palliative Medicine and Care
SPAIN	Javier Rocafort Gil	Fundacion Vianorte Laguna
	Rafael Mota	Sociedad Española de Cuidados Paliativos
SWEDEN	Carl Johan Fürst	Lund University
	Carl-Magnus Edenbrandt	Lund University
SWITZERLAND	Walter Brunner	Palliative CH
TAJIKISTAN	Nigora Abidjanova	National Palliative Care Association of Republic of Tajikistan
TURKEY	Confidential	
	Seref Komurcu	Anadolu Medical Center, Gebze
UKRAINE	Lyudmyla-Oksana Andriyishyn	Ivano-Frankivsk Oblast' Palliative Care Center, Palliative Care National Expert Ministry of Health
	Kseniya Shapoval	International Renaissance Foundation
	Confidential	
UNITED KINGDOM	Pam Firth	Association of Palliative Care Social Workers
	Andrew Davies	Royal Surrey County Hospital, Association for Palliative Medicine of Great Britain and Ireland



Net of collaborators of the 2019 EAPC Atlas

Collaborators of the EAPC specific studies

The following persons have co-authored the specific studies on development and integration of Palliative Care across Europe. Most of them are leaders or members of the EAPC TaskForces on their particular field of knowledge.

Studied field	Collaborators	Institutional Affiliation
Specialised PC Services for Children	Lizzie Chambers	Together for Short Lives
	Julia Downing	International Children's Palliative Care Network
	Joan Marston	Past member of the International Children's Palliative Care Network
Integration of PC at the Public Health Level	Luc Deliens	End of Life Care Research Group. University of Gent and University of Brussels
	Xavier Gómez-Batiste	Observatory QUALY, Catalan Institute of Oncology (ICO)
Integration of PC in Health Professionals' training	Antonio Noguera	ATLANTES Research Programme, University of Navarra
	Sofia Zambrano	University of Bern
	Steffen Eychmüller	University of Bern
	Deborah Bolognesi	ASMEPA
	Guido Biasco	University Alma Mater Studiorum, Giorgio Prodi Centre for Cancer Research & Accademia delle Scienze di Medicina Palliativa, Bologna, Italy
Use of Medicines for Pain relief	Jim Cleary	University of Indiana
Vitality of Professional Activity	Julie Ling	European Association for Palliative Care
Integration of PC in Long-Term Care	Carla Reigada	ATLANTES Research Programme, University of Navarra
	Katherine Froggatt	International Observatory of End of Life Care Lancaster University.
	Lieve van den Block	End of Life Care Research Group. University of Gent and University of Brussels
PC and Volunteering	Carla Reigada	ATLANTES Research Programme, University of Navarra
	Leena Pelttari	Hospiz Österreich
	Ros Scott	University of Dundee
	Lukas Radbruch	German Association for Palliative Care
Integration of PC at the Primary Care level	Scott Murray	University of Edinburgh Primary Palliative Care Research Group
	Sébastien Moine	University of Paris 13 Nord
Integration of PC into Cardiology	Pablo Díez Villanueva	Spanish Association of Cardiology
	Manuel Martínez Selles	Hospital Gregorio Marañón
Integration of PC into Oncology	Rafael Martínez	Clínica Universidad de Navarra
	Amaia Urritzola	Clínica Universidad de Navarra

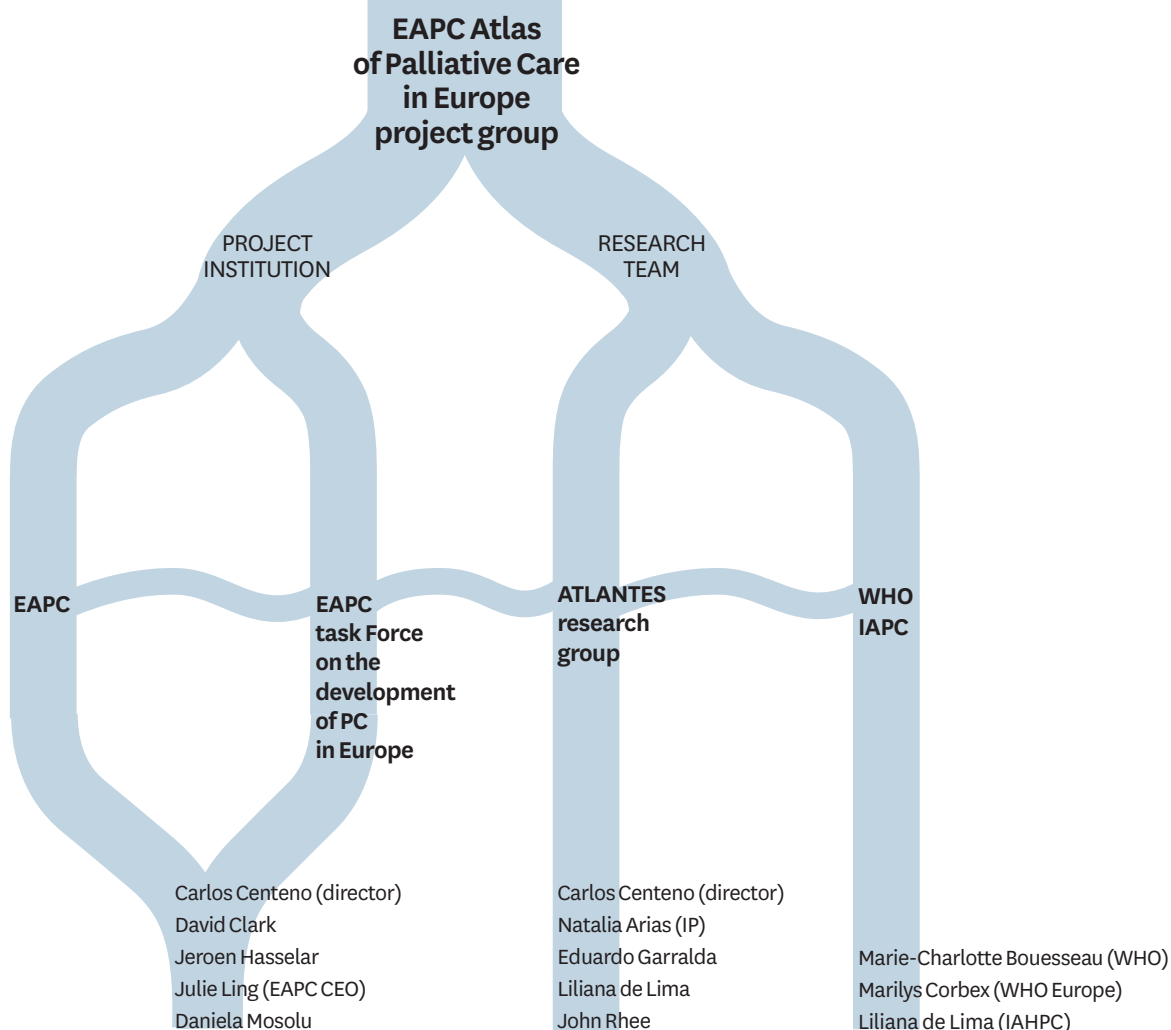


The Atlas project group

The **EAPC Atlas of Palliative Care in Europe** is an EAPC initiative commissioned by the EAPC Task Force on PC development, implemented by the

ATLANTES Research Programme of the Institute of Culture and Society at the University of Navarra and have the scientific advice of the International Asso-

ciation for Hospice and Palliative Care and the World Health Organisation office in Europe.



The project institution group

This group's role was advising and supervising the design, methodology and implementation of the Atlas. It was composed by expert members of the EAPC development Task Force: Julie Ling, Jeroen Hasselaar, Daniela Mosoiu, David Clark and Carlos Centeno.

Technical advising group of the research team

This group provided technical advice to the design and implementation of the Atlas. It was composed of Liliana de Lima (IAHPC), Marie-Charlotte Bouesseau (WHO) and Marilys Corbex (WHO-Europe).

Funding

The project has been partially funded by an unrestricted educational grant from Banco Santander through Santander Universidades.



The Atlas project group

Research team

The ATLANTES Research team for this project is composed of five members from different countries and backgrounds, bringing a wide range of experiences. This team was the technical core group.

RESEARCHERS	COUNTRY	BACKGROUND	AFFILIATION
Natalia Arias Casais	Colombia	Global Health	ATLANTES Research Programme, Institute for Culture and Society (ICS), University of Navarra PhD Candidate
Eduardo Garralda	Spain	Palliative Care	ATLANTES Research Programme, Institute for Culture and Society (ICS), University of Navarra, Research Assistant
Juan José Pons	Spain	Geography, Cartography	Department of Geography, University of Navarra, Associated Professor
John Y. Rhee	United States of America	Global and Public Health, Epidemiology	Department of Medicine, Mount Sinai Hospital ATLANTES Research Programme, Institute for Culture and Society (ICS), University of Navarra, Research Assistant
Liliana de Lima	United States of America	Clinical psychology, Healthcare Administration, Pain and Policy	International Association for Hospice and Palliative Care, Executive Director
Carlos Centeno	Spain	Palliative Medicine, Oncology	Department of Palliative Medicine, Clínica Universidad de Navarra, Director School of Medicine, University of Navarra, Professor of Palliative Medicine ATLANTES Research Programme, Institute for Culture and Society, University of Navarra, Principal Investigator



Photo of Research Group Members at the Institute for Culture and Society, University of Navarra.



The institutions involved

About the European Association for Palliative Care



The European Association for Palliative Care (EAPC), established in 1988, is a membership organisation that aims to advance, influence, promote and develop palliative care in Europe. Since its inception, the EAPC has evolved into the leading palliative care organisation in Europe providing a forum for all of those either working, or with an interest in, palliative care throughout Europe and beyond. Currently the EAPC has 55 members associations from 34 European countries and also has individual members from 52 countries globally. Members are engaged in palliative care from a range of perspectives; specialist clinical practice, education, policy and research. The EAPC is respectful of the cultural and political diversities of our members across Europe but aims to ensure that as a collective group, that we speak with 'one voice-one vision' on matters important for the practice and development of palliative care.

Further information on the European Association for Palliative Care is available at: <https://www.eapcnet.eu>

Since its inception, the EAPC has evolved into the leading palliative care organisation in Europe providing a forum for all of those either working, or with an interest in, palliative care throughout Europe and beyond.

About the ATLANTES Research Programme, Institute for Culture and Society, and the University of Navarra (UNAV)



ics
Universidad
de Navarra

Institute for Culture and Society

The ATLANTES Research Program is being developed under the assumption that it is possible to promote a positive attitude in the society and in medicine regarding the attention and care of patients with advanced and terminal illness, from a perspective based on human dignity and professional care, including support and respect for the natural course of the illness and the attention to the spiritual and emotional aspects of patient care.

The multi-disciplinary team, based in Pamplona, within the Institute for Culture and Society at the University of Navarra, includes professionals from diverse social sciences. In addition, the team also relies on a wide net of collaborators from different countries who provide a broader international perspective.

ATLANTES works on four strategic lines: The intangible aspects of palliative care, the message of palliative care to the community, professional and public education, and the international development of the palliative care. ATLANTES has conducted mapping studies in Latin America, Europe, Africa and the Eastern Mediterranean region. The present study evaluates palliative care development within Europe, using a set of national-level indicators selected through an international consensus process and specific developed indicators to assess palliative care integration into the countries' health systems.

Further information on the ATLANTES programme is available at: <http://www.unav.edu/web/instituto-cultura-y-sociedad/proyecto-atlantes>

ATLANTES strives to improve the understanding of patients with non-curable illnesses, both in the medical field and in society, from a dignity-based perspective, including accompaniment and respect for the natural course of disease and its emotional and spiritual dimensions.

About the International Association for Hospice and Palliative Care (IAHPC)



The International Association for Hospice and Palliative Care (IAHPC) works with UN agencies, governments, associations, and individuals to increase access to essential medicines for palliative care, foster opportunities in palliative care education, research and training, and increase service provision around the globe. IAHPC works at the international, regional, and national levels to promote appropriate policies and regulations to ensure access to palliative care. The Vision of IAHPC is for universal access to palliative care, integrated in a continuum of care with disease prevention and treatment. The Mission of IAHPC is to improve the quality of life of adults and children with life-threatening conditions and their families. IAHPC works with governments, agencies and individuals, to improve knowledge and foster opportunities in education, research and training around the globe.

Further information on the IAHPC at: <http://hospicecare.com/home/>

The Mission of IAHPC is to improve the quality of life of adults and children with life-threatening conditions and their families. IAHPC works with governments, agencies and individuals, to improve knowledge and foster opportunities in education, research, and training around the globe.



2. Aims and objectives





Aims and objectives

The goal of this study is to provide an updated and reliable descriptive analysis on the development of palliative care in countries of the WHO European Region.

Through this research, we hope to encourage discussion on the current progress of palliative care development, its impact on the delivery of care, and, in the long run, improve care at the end of life and for those suffering with life-limiting illnesses. We also hope that the current EAPC Atlas will provide important data and information for those working within or with Ministries of Health to continue improving palliative care provision within their respective countries.

Main objective of the project to **measure, compare and graphically show the national development of palliative care** in countries across Europe to promote the development itself.

The **objectives** of the project are to:

- 1. Create a network of palliative care professionals across Europe** interested in the palliative care global development and to promote, with them, the access to information and to improve communication and cooperation.
- 2. Develop a set of consensus-based indicators** that will be openly available, capable of measuring palliative care development in the WHO- European region and that could be applied to other regions for use in future research.
- 3. Develop a set of specific indicators to assess integration of palliative care** into paediatrics, primary care, long-term care facilities, volunteering, cardiology and oncology.
- 4. Conduct the first assessment of national-level paediatric palliative care development.**
- 5. Provide open access data on palliative care development** of each European country to facilitate discussion and measure progress in a comparative way.



3. Population and methods





Geopolitical map of the WHO European Region



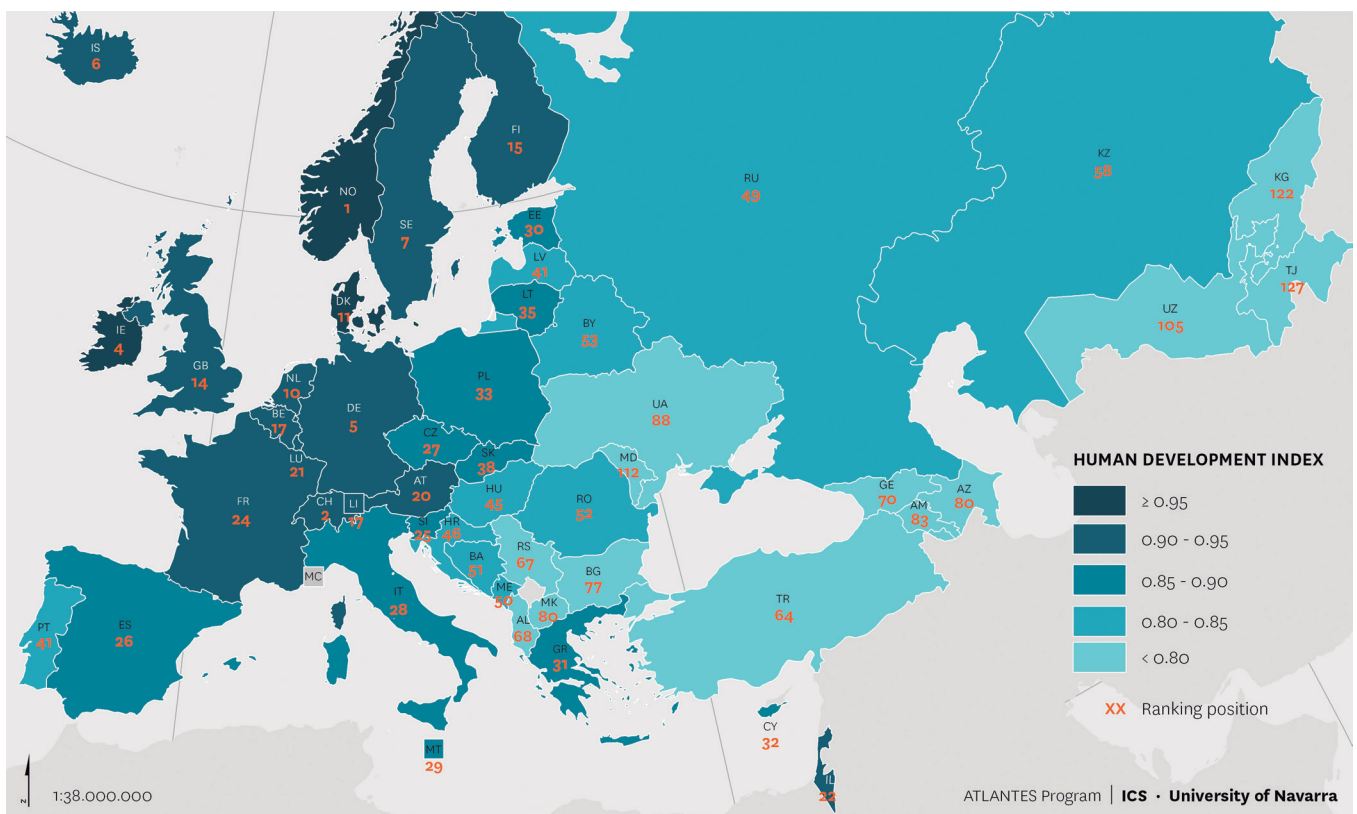
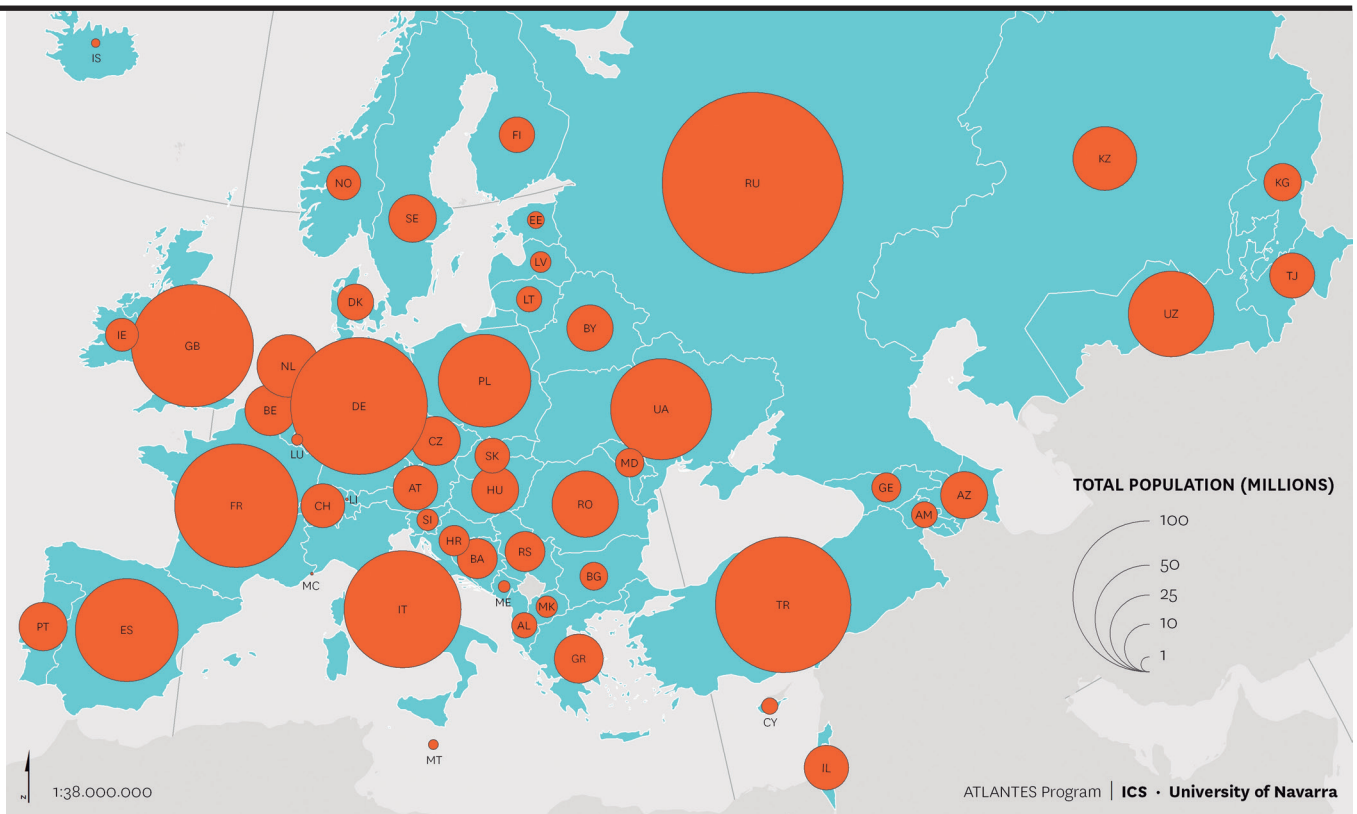




Socio-economic context

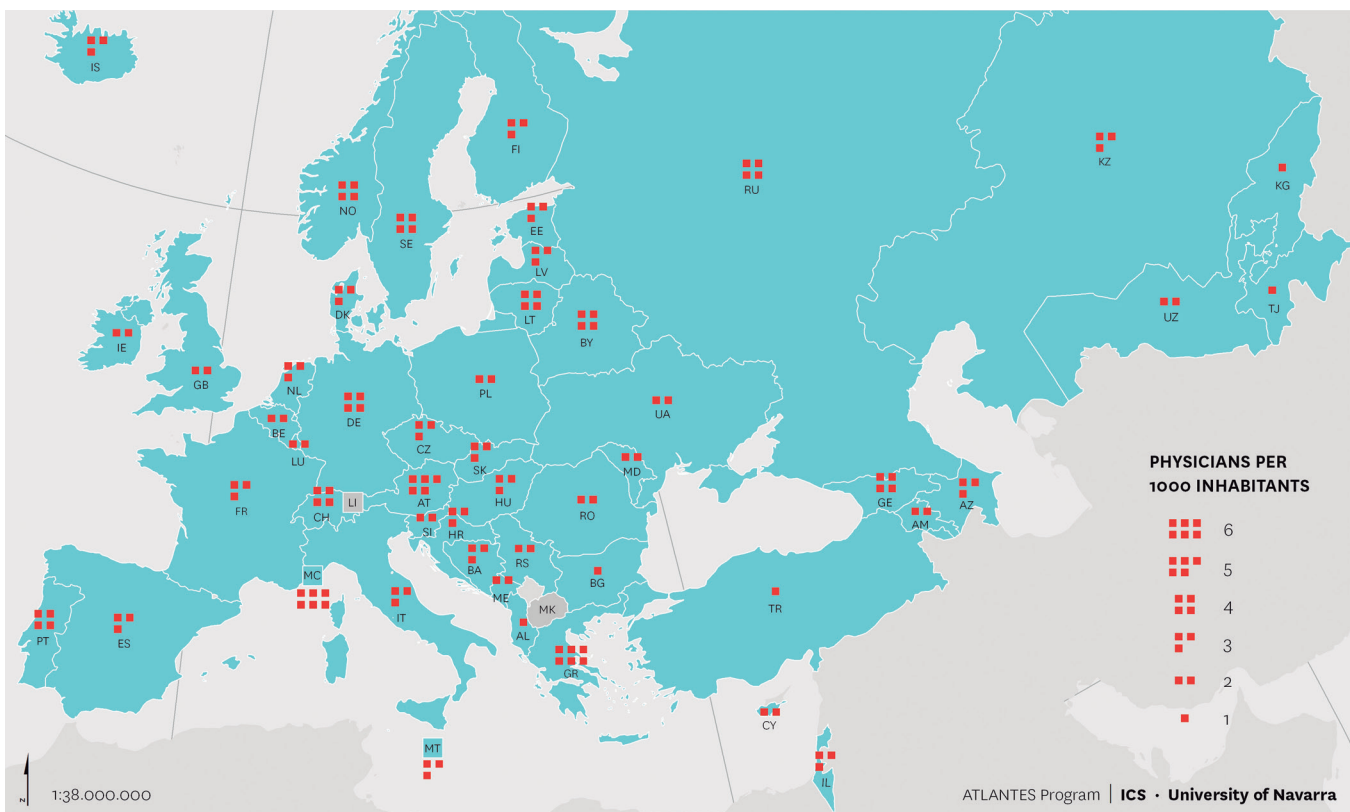
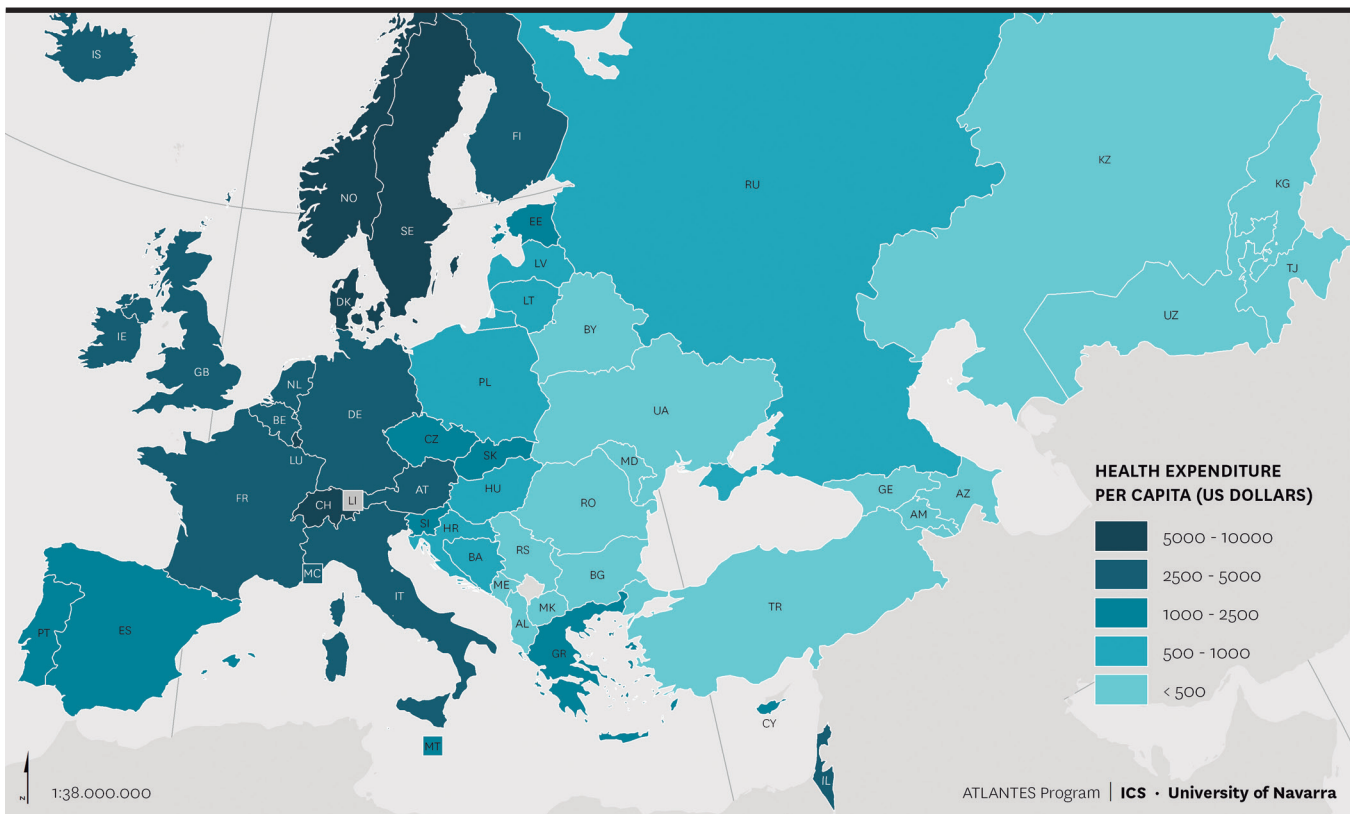
COUNTRY NAME	CODE	POPULATION DENSITY (INH/KM ²), 2017	POPULATION, TOTAL, 2017	SURFACE AREA (KM ²), 2017	GDP PER CAPITA (US\$), 2017	HEALTH EXPENDITURE TOTAL (% OF GDP), 2015	HEALTH EXPENDITURE PER CAPITA, PPP (US\$)	PHYSICIANS PER 1,000 INHABITANTS, 2014	HDI RANKING, 2019	LIFE EXPECTANCY AT BIRTH, TOTAL (YEARS), 2016
Albania	AL	104.9	2,873,457	28,750	4,538	6.8	266	1.3	68	78
Armenia	AM	102.9	2,930,450	29,740	3,937	10.1	366	2.8	83	75
Austria	AT	106.7	8,809,212	83,879	47,291	10.3	4,536	5.1	20	81
Azerbaijan	AZ	119.3	9,862,429	86,600	4,132	6.7	368	3.4	80	72
Belarus	BY	46.8	9,507,875	207,600	5,728	6.1	352	4.1	53	74
Belgium	BE	375.6	11,372,068	30,530	43,324	10.5	4,228	3.0	17	81
Bosnia and Herz.	BG	68.5	3,507,017	51,210	5,148	9.4	431	1.9	77	77
Bulgaria	BA	65.2	7,075,991	111,000	8,228	8.2	572	4.0	51	75
Croatia	HR	73.7	4,125,700	56,590	13,383	7.4	852	3.1	46	78
Cyprus	CY	127.7	1,179,551	9,250	25,234	6.8	1,563	2.5	32	81
Czech Rep.	CZ	137.2	10,591,323	78,870	20,368	7.3	1,284	3.7	27	78
Denmark	DK	137.4	5,769,603	42,920	56,308	10.3	5,497	3.7	11	81
Estonia	EE	30.3	1,315,480	45,340	19,705	6.5	1,112	3.3	30	78
Finland	FI	18.1	5,511,303	338,450	45,703	9.4	4,005	3.2	15	82
France	FR	122.6	67,118,648	549,087	38,477	11.1	4,026	3.2	24	82
Georgia	GE	65.0	3,717,100	69,700	4,057	7.9	281	4.8	70	73
Germany	DE	236.7	82,695,000	357,580	44,470	11.2	4,592	4.1	5	81
Greece	GR	83.5	10,760,421	131,960	18,613	8.4	1,505	6.3	31	81
Hungary	HU	108.0	9,781,127	93,030	14,225	7.2	894	3.3	45	76
Iceland	IS	3.4	341,284	103,000	70,057	8.6	4,375	3.6	6	82
Ireland	IE	69.9	4,813,608	70,280	69,331	7.8	4,757	2.8	4	82
Israel	IL	402.6	8,712,400	22,070	40,270	7.4	2,756	3.6	22	82
Italy	IT	205.9	60,551,416	301,340	31,953	9.0	2,700	3.9	28	83
Kazakhstan	KZ	6.7	18,037,646	2,724,902	9,030	3.9	379	3.3	58	72
Kyrgyzstan	KG	32.3	6,201,500	199,950	1,220	8.2	92	1.9	122	71
Latvia	LV	31.2	1,940,740	64,490	15,594	5.8	784	3.2	41	75
Liechtenstein	LT	237.0	37,922	160					17	83
Lithuania	LI	45.1	2,827,721	65,286	16,681	6.5	923	4.3	35	74
Luxembourg	LU	246.7	599,449	2,590	104,103	6.0	6,236	2.9	21	82
Macedonia	MK	82.6	2,083,160	25,710	5,415	6.1	295		80	76
Malta	MT	1454.0	465,292	320	26,904	9.6	2,304	3.7	29	82
Moldova	MD	123.7	3,549,750	33,850	2,290	10.2	186	2.5	112	72
Monaco	MC	19347.5	38,695			2.0	3,316	6.6		
Montenegro	ME	46.3	622,471	13,810	7,783	6.0	382	2.2	50	77
Netherlands	NL	508.5	17,132,854	41,540	48,223	10.7	4,746	3.4	10	82
Norway	NO	14.5	5,282,223	625,217	75,505	10.0	7,464	4.4	1	83
Poland	PL	124.0	37,975,841	312,680	13,863	6.3	797	2.3	33	77
Portugal	PT	112.4	10,293,718	92,226	21,136	9.0	1,722	4.4	41	81
Romania	RO	85.1	19,586,539	238,400	10,818	5.0	442	2.7	52	75
Russian Fede.	RU	8.8	144,495,044	17,098,250	10,743	5.6	524	4.2	49	72
Serbia	RS	80.3	7,022,268	88,360	5,900	9.4	491	2.5	67	75
Slovak Rep.	SK	113.1	5,439,892	49,030	17,605	6.9	1,108	3.4	38	77
Slovenia	SI	102.6	2,066,748	20,675	23,597	8.5	1,772	2.8	25	81
Spain	ES	93.2	46,572,028	505,935	28,157	9.2	2,354	3.8	26	83
Sweden	SE	24.7	10,067,744	447,430	53,442	11.0	5,600	4.2	7	82
Switzerland	CH	214.2	8,466,017	41,290	80,190	12.1	9,818	4.1	2	83
Tajikistan	TJ	64.3	8,921,343	141,380	801	6.9	63	1.7	127	71
Turkey	TR	104.9	80,745,020	785,350	10,546	4.1	455	1.7	64	76
Ukraine	UA	77.4	44,831,159	603,550	2,640	6.1	125	3.0	88	71
United Kingdom	GB	272.9	66,022,273	243,610	39,720	9.9	4,356	2.8	14	81
Uzbekistan	UZ	76.1	32,387,200	447,400	1,534	6.2	134	2.5	105	71

Data have been retrieved from World Bank Statistic Data (<https://databank.worldbank.org/data/home.aspx>)





Socio-economic context





Palliative Care needs across Europe of those who die with serious health related suffering every year

For the ATLAS we estimate the people affected by serious health-related suffering who die every year in Europe and each European country Including only those who die in a given year with life threatening or life-limiting health conditions.

Worldwide, estimates of palliative care needs have been studied with concern. Global population is increasingly aging and therefore have been generating an increased prevalence of non-communicable diseases and the persistence of other chronic and infectious diseases (WHA 67.19, WHO, 2014 NCDS). This population in need of palliative care is estimated to rise significantly in the future at the global level.

In this ATLAS the need of palliative care for adults was calculated adapting the conceptual framework for measuring the global burden of serious health-related suffering (SHS) of the Lancet Commission Report on Palliative Care and Pain Relief (Knaul FM et al, 2017). SHS is defined as suffering associated with a need for palliative care. The work of the Commission estimated the global burden using mortality data for 20 conditions, adjusted for the prevalence of both physical and psychosocial symptoms that cause most of the burden of SHS.

Based on this burden of symptoms they calculate a multiplier for each condition to estimate the proportion of patients with that condition who can benefit from palliative care. The multiplier refers to the percentage applied to the total number of deaths in each condition in order to calculate the number of decedents who need palliative care including both those who die in a given year and those who live with life-threatening or life-limiting health conditions.

For the ATLAS, considering only those who died with life threatening or life-limiting health conditions in 2014, we calculate

the people who died in a year experiencing serious health-related suffering for each country of Europe. We took as reference the same health conditions most often generating Palliative Care need proposed by the Lancet Commission. We retrieved data on mortality of each condition from the WHO European Mortality Database (EMD). Due to different denominations for conditions in the EMD, some conditions were excluded from the count (malnutrition, injury, birth trauma-low birth weight, prematurity and renal failure). Then, we apply the Lancet Commission multiplier obtaining the population in need of palliative care for each condition in every European Country.

We use the 2014 data of the database as for being the most complete and recent one. For countries without data in that year (Albania, Azerbaijan, Ireland, Monaco, Montenegro, Russian Federation, Switzerland, Tajikistan, Macedonia and Turkmenistan) we estimated the need using neighbour's country's data as a proxy.

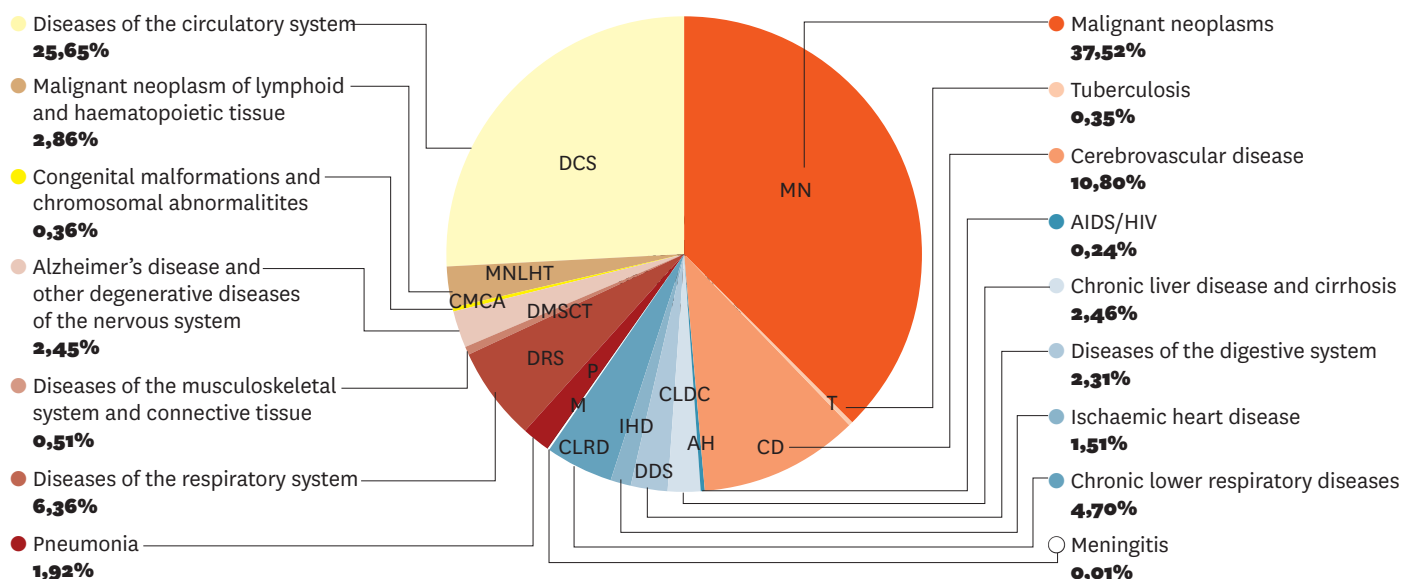
We categorised countries within the Region in HIC and LMIC to calculate the need of palliative care for children following the Lancet Commission's estimation of the proportion of children of the total who die every year that need palliative care. In low-middle income countries, this represents 12%, and in high-income countries, 0.6%.

The need of palliative care for the total population and only for children who die in a given year is presented by country and breakdown to disease group.

The ATLAS estimates that over 4,4 million people who died in 2014 in Europe experienced serious health-related suffering and need Palliative Care

Over 139.000 children who die every year need palliative care.

People who died in 2014 in Europe needing Palliative Care





Palliative Care needs across Europe of those who die with serious health related suffering every year

CONDITION IN (1)	MALIGNANT NEOPLASMS	CIRCULATORY SYSTEM	CEREBRO-VASCULAR	RESPIRATORY SYSTEM	CHRONIC LOWER RESPIRATORY	HAEMATOLOGIC NEOPLASM	CHRONIC LIVER & CIRRHOSIS	ALZHEIMER & DEGENERATIVE
multiplier (2)	90%	35%	60%	50%	80%	90%	95%	80%
Albania (3)	ND	ND	ND	ND	ND	ND	ND	ND
Andorra	100	22	6	14	6	8	ND	2
Armenia	5.117	4.643	1.714	931	884	197	704	22
Austria	18.452	11.598	3.214	1.867	2.098	1.588	1.285	861
Azerbaijan (3)	ND	ND	ND	ND	ND	ND	ND	ND
Belarus	15.361	23.616	8.914	933	872	967		113
Belgium	24.337	10.487	4.421	5.073	3.411	2.040	1.209	2.166
Bosnia	6.986	6.267	2.721	686	658	315	351	67
Bulgaria	16.173	25.116	14.633	1.968	1.081	801	1.501	108
Croatia	12.545	8.439	4.745	1.114	1.377	812	969	223
Cyprus	1.154	677	242	223	110	151	46	63
Czechia	24.345	17.019	6.117	3.105	2.502	1.687	1.761	1.154
Denmark	13.774	4.238	2.123	2.761	2.690	929	669	841
Estonia	3.430	2.888	614	275	189	262	247	74
Finland	10.728	6.875	2.878	919	1.005	1.064	1.136	5.216
France	140.568	47.667	19.976	17.380	7.757	12.380	6.371	16.731
Georgia	4.836	7.217	3.734	671	239	318	407	60
Germany	201.382	118.320	35.901	29.302	24.390	16.748	12.851	5.434
Greece	26.177	15.801	9.281	6.376	2.263	2.118	727	506
Hungary	29.473	21.975	8.054	3.454	4.308	1.569	3.064	619
Iceland	558	236	85	80	62	36	7	110
Ireland (3)	ND	ND	ND	ND	ND	ND	ND	ND
Israel	9.838	3.531	1.535	1.706	1.037	1.137	224	550
Italy	152.188	77.068	37.200	20.772	16.187	13.301	5.733	9.794
Kazakhstan	14.498	12.545	8.423	8.287	9.851	728	8.645	3.108
Kyrgyzstan	3.330	6.268	3.133	1.096	1.090	170	1.850	5
Latvia	5.375	5.625	3.168	348	226	390	348	64
Lithuania	7.225	7.883	3.582	590	508	461	766	171
Luxembourg	986	407	146	129	102	77	63	52
Malta	821	431	179	156	78	60	21	7
Monaco (3)	ND	ND	ND	ND	ND	ND	ND	ND
Montenegro (3)	ND	ND	ND	ND	ND	ND	ND	ND
Netherlands	38.686	13.252	6.068	5.227	4.694	2.960	753	2.837
Norway	9.757	4.101	1.758	1.875	1.633	784	159	774
Poland	86.005	59.407	20.156	10.186	5.150	5.467	5.490	1.730
Portugal	23.598	11.300	7.675	6.082	2.205	1.997	1.112	1.401
Moldova	5.349	7.998	3.896	854	625	267	2.667	127
Romania	45.282	52.171	29.043	6.694	4.788	2.293	8.599	1.558
Russian (3)	ND	ND	ND	ND	ND	ND	ND	ND
San Marino	54	26	7	7	6	5		4
Serbia	19.190	18.898	8.007	2.535	1.999	1.081	682	572
Slovakia	12.189	8.011	3.372	1.364	707	918	1.324	506
Slovenia	5.261	2.714	1.264	576	308	469	466	118
Spain	95.642	41.088	17.926	21.921	12.437	7.485	4.099	11.945
Sweden	20.094	11.392	4.282	2.776	2.291	1.825	656	2.006
Switzerland (3)	ND	ND	ND	ND	ND	ND	ND	ND
Tajikistan (3)	ND	ND	ND	ND	ND	ND	ND	ND
Macedonia (3)	ND	ND	ND	ND	ND	ND	ND	ND
Turkey	68.828	53.777	24.515	20.297	20.664	5.756	2.074	8.454
Turkmenistan	ND	ND	ND	ND	ND	ND	ND	ND
Ukraine	74.773	148.962	57.129	7.405	6.678	3.626	ND	282
United Kingdom	147.415	54.126	25.532	37.644	26.395	11.571	7.042	11.643
Uzbekistan	11.001	31.800	9.270	3.727	1.302	795	6.438	10
Total	1.412.877	965.879	406.635	239.375	176.864	107.612	92.513	92.090



Note 1. Conditions non included in the ATLAS estimation but included in the estimation of Knaul FM et al, 2017: malnutrition, injury, birth trauma-low birth weight, prematurity and renal failure

Note 2. The multiplier for each condition is the estimation of patient with that condition who can be benefited from PC as proposed in the Lancet's Commission study (Knaul FM et al, 2017).

Note 3. For countries without data in that year the need is estimated using neighbor's country's data as a proxy.

Note 4. The proportion of children of the total who die every year needing PC: in Low-Middle Income Countries represent the 12%; in High Income Countries only 0.6% (Knaul FM et al, 2017).

Note 5. Source: WHO European Data Warehouse.

DIGESTIVE SYSTEM	PNEUMONIA	ISCHAEMIC HEART	MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE	CONGENITAL & CHROMOSOMAL ABN.	TUBERCULOSIS	AIDS/HIV	MENINGITIS	PEOPLE WHO DIE NEEDING PC	CHILDREN WHO DIE NEEDING PC (4)
30%	50%	5%	70%	60%	90%	100%	30%	-	-
ND	ND	ND	ND	ND	ND	ND	ND	17.383	2.086
2	3	1	-	1	-	-	-	165	1
493	255	429	29	274	70	30	1	15.791	1.895
822	352	714	172	164	62	42	4	43.294	260
ND	ND	ND	ND	ND	ND	ND	ND	51.809	6.217
1.164	275	2.449	97	152	401	275	9	55.596	6.671
1.304	1.685	385	379	147	35	35	5	57.119	343
284	80	194	42	29	103	2	2	18.786	2.254
1.156	738	633	39	74	113	16	7	64.155	7.699
645	195	542	109	65	36	4	2	31.821	191
63	33	34	25	10	4	4	0	2.838	17
1.342	1.129	1.302	139	100	35	17	9	61.763	371
651	778	192	253	91	11	16	5	30.021	180
175	126	170	27	17	25	47	2	8.569	51
729	90	517	144	106	36	3	3	31.448	189
6.711	5.422	1.636	2.768	862	389	359	40	287.017	1.722
404	241	299	46	92	102	45	2	18.711	2.245
11.561	8.356	6.058	2.322	999	279	388	37	474.328	2.846
989	519	610	162	93	47	44	6	65.717	394
1.917	409	1.607	291	192	78	15	11	77.035	462
17	31	16	10	5		1	0	1.251	8
ND	ND	ND	ND	ND	ND	ND	ND	25.366	152
421	507	193	236	151	13	27	7	21.111	127
6.772	4.571	3.483	2.186	766	259	722	24	351.024	2.106
4.050	1.615	651	587	694	769	181	26	74.658	8.959
701	319	572	63	174	459	130	7	19.365	2.324
297	173	404	50	28	59	102	2	16.658	100
627	236	736	62	56	205	22	4	23.135	139
51	33	16	13	4	1	3	-	2.082	12
34	54	34	14	8	1	3	1	1.903	11
ND	ND	ND	ND	ND	ND	ND	ND	25.366	152
ND	ND	ND	ND	ND	ND	ND	ND	4.818	578
1.312	1.450	444	732	258	31	38	17	78.759	473
363	633	205	186	71	11	11	3	22.323	134
4.619	6.125	1.927	412	527	480	125	43	207.847	1.247
1.381	2.815	373	285	99	185	419	10	60.937	366
1.086	435	731	22	93	286	97	6	24.537	2.944
4.364	2.841	2.534	29	263	1.013	203	11	161.686	19.402
ND	ND	ND	ND	ND	ND	ND	ND	1.060.852	6.365
2	1	1	-	-	-	-	-	111	1
1.005	501	499	99	72	91	12	8	55.249	6.630
868	789	667	56	102	31	1	7	30.911	185
292	291	93	59	23	19	4	1	11.956	72
5.816	4.223	1.628	2.575	497	251	700	32	228.264	1.370
848	883	629	337	154	26	9	4	48.212	289
ND	ND	ND	ND	ND	ND	ND	ND	41.482	249
ND	ND	ND	ND	ND	ND	ND	ND	27.752	3.330
ND	ND	ND	ND	ND	ND	ND	ND	12.534	1.504
2.996	4.939	3.065	799	3.272	510	78	44	220.068	26.408
ND	ND	ND	ND	ND	ND	ND	ND	41.482	4.978
7.568	2.492	14.572	363	908	4.716	4.399	65	27.752	3.330
8.362	13.902	3.458	2.986	1.263	314	178	52	12.534	75
2.613	1.683	2.095	116	508	1.642	309	10	73.316	8.798
86.876	72.217	56.796	19.317	13.464	13.196	9.116	528	4.428.663	138.913



Methods of the project

Definition of 'Palliative Care development'

Development, in this context, refers to the processes, structures, policies and resources that support the delivery of palliative care. Palliative care development was organised according to the WHO public health strategy for palliative care, which includes service provision and implementation, policies, education, and medicine availability (see WHO framework). In addition, we provide information on a fifth dimension,

palliative care vitality, which reflects the level of professional activity within the country.

Who framework

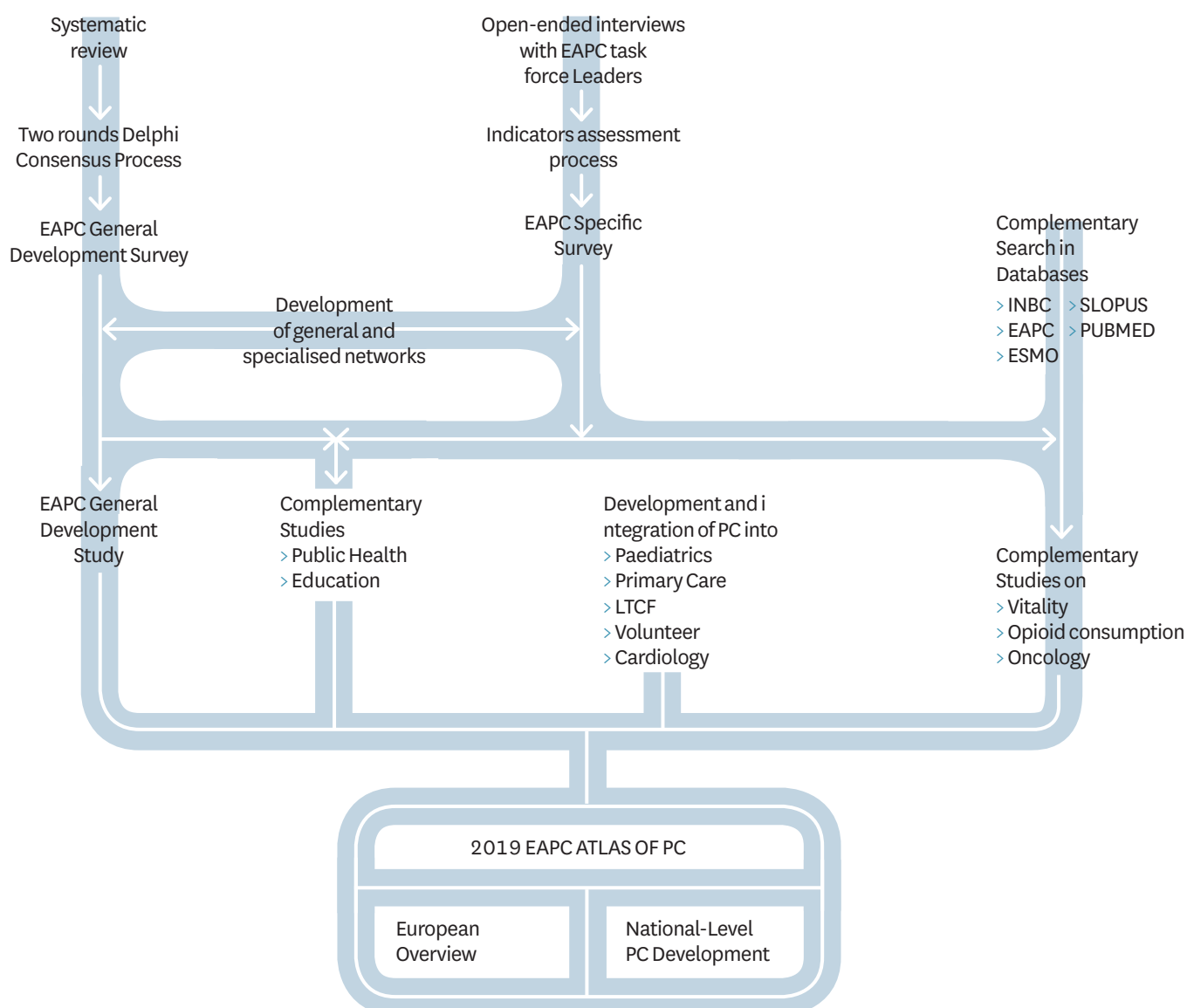
In order to effectively develop and integrate palliative care into health care systems, the WHO launched a Public Health Model. This model includes advice and guidelines to governments for implementing national palliative care based on four components: 1) appropriate policies, 2)

adequate use of medicines, 3) education of health care workers and the public and 4) implementation of palliative care services at all levels of society. This process is always applied within the cultural context, disease demographics, socioeconomics and the health care system of a country.

Development of the project

This project was developed in six step or different phases (see figure).

Methodology Flowchart





Step 1: Systematic review

We conducted a systematic review to identify the most commonly used national-level indicators on palliative care development in cross-national studies. Articles included fulfilled the following inclusion criteria: mention (1) palliative care development, AND/OR; (2) palliative medicine development, AND/OR; (3) hospice and PC nursing development, AND; (4) use of indicators that allow cross-national comparison of at least two countries, AND; (5) report on national-level development or status, AND; and (6) published between January 1, 2008 and July 31, 2017. Peer-reviewed literature was searched using PubMed and CINAHL, and an additional search was conducted on Google Scholar and Google to assess grey literature. The following Mesh terms were used in the search: [(Palliative Care OR Hospice Care), (Development OR Provision OR Mapping), and (National OR International)].

Articles and reports found were assessed by title and abstract. National-level indicators were compiled and clustered by dimensions of the WHO Public Health Strategy, plus two additional categories: research and vitality (professional activity). Within clusters, each indicator was labelled with frequency of appearance and in the end 38 indicators were selected. The six most frequently used indicators were the number of palliative care services per population, the existence of a national palliative care plan, strategy, or programme, the existence of palliative medicine specialisation, the availability and allocation of funds for palliative care, the proportion of medical schools including PC in undergraduate curricula, and the consumption of opioids.

While there were several indicators assessing development at the level of general health care provision, there was a clear lack of indicators assessing integration of palliative care into health systems. We refer to indicators on the development of paediatric palliative care, the provision of palliative care at long-term care facilities, at the primary care level, in malignant and non-communicable diseases and on the integration with volunteers (Arias-Casais, 2018).

Step 2: Consensus process with the committee of international experts

A group of international experts on palliative care development were invited to participate in a two-round modified RAND/UCLA Delphi consensus process to select the best indicators resulting from the review. Expert selection criteria included: a) experience with national-level indicators for palliative care, b) experience in palliative care development evaluation projects, and c) participation in palliative care networks or advocacy activities for at least four years. Forty-four experts were invited to participate, of which thirty assessed 45 indicators by relevance, measurability and feasibility (1-9). These three scores were used to calculate a Global Score (1-9). Indicators scoring >7 proceeded to the second round, in which experts assessed 34/45 indicators. Median, Confidence Interval (CI), Content Validity Index (I-CVI), and Disagreement Index were calculated. Indicators scoring a 95% CI ≥ 7 and an I-CVI ≥ 0.30 were selected.

Twenty-four experts (see the International Committee of experts on indicators) representing five continents and several organisations completed the study. Twenty-five indicators showed a high content validity and level of agreement. They were thus selected as 25 of the best indicators to assess national-level palliative care development. Policy indicators included –among others- the existence of designated staff in the national Ministry of Health, the inclusion of palliative care services in the basic health package and in the primary care list of services. Education indicators focused on processes of official specialisation for physicians, inclusion of teaching at the undergraduate level and existence of palliative care professors. Use of medicines indicators consisted of opioid consumption, availability and prescription requirements whereas services indicators included mainly number and types of services for adults and children. Additional indicators for professional activity were identified (Arias-Casais, 2019). These indicators were used to create the 2019 EAPC Atlas of Palliative Care survey, which was sent to key informants in each country.



Cover of Brief Manual on Health Indicators to Assess Global Palliative Care Development.



Methods of the project

These indicators were compiled in the Brief Manual on Health Indicators to Assess Global Palliative Care Development, which has been endorsed by other international organizations promoting palliative care (Arias-Casais, 2019).

Table. Indicators used in the EAPC Atlas of Palliative Care Development in Europe 2019.

DOMAIN	CODE	NAME
POLICY	P1	Designated human resource (labelled as unit, branch, department) in the Ministry of Health (or equivalent) responsible for palliative care
	P2	Existence of a current national palliative care plan, programme, policy or strategy
	P3	Existence of a specific PC national law
	P4	Existence of national standards and norms for the provision of palliative care services
	P5	Existence of systems of auditing, quality evaluation, improvement or assurance for PC services
	P6	Allocation of funds for palliative care activities in the national health budget by the Ministry of Health or equivalent government agency
	P7	Inclusion of PC services in the basic package of health services
	P8	Inclusion of PC in the list of health services provided at primary care level in the national health system
EDUCATION	E1	Existence of a process of official specialisation in Palliative Medicine for physicians, recognized by the competent authority
	E2	Medical schools including mandatory palliative care education in undergraduate curricula
	E3	Nursing schools including mandatory palliative care education in undergraduate curricula
	E4	Professorship in PC in medical schools
USE OF MEDICINES	M1	Opioid consumption – in morphine equivalence (ME) excluding methadone- per capita as reported to the INCB (year)
	M2	General availability of immediate-release oral morphine (liquid or tablet) at the primary care level
	M3	Requirement of specific licenses to prescribe opioids
	M4	Professionals legally allowed to prescribe opioids
SERVICE PROVISION	S1	Number of specialised home palliative care teams (estimate)
	S2	Number of inpatient palliative care units in hospitals (public and private) (estimate)
	S3	Number and type of palliative care programs for children (estimate)
	S4	Number of inpatient hospices
	S5	Number of specialised hospital palliative care support teams
	S6	Number of specialised palliative care services in the country per population
PROFESSIONAL ACTIVITY	V1	Existence of at least one national palliative care association
	V2	Existence of a national palliative care directory of services
	V3	Number of scientific articles on PC development in the past five years



Step 3: EAPC dedicated studies on Palliative Care integration

As mentioned in step 1, we identified a lack of indicators assessing palliative care integration into several fields of the health system: into paediatrics, into public health systems, in long-term care facilities, at the primary level, in cardiology and in volunteering. Therefore we invited the EAPC leaders of these Task Forces to participate in a selection process of national-level indicators through an in-depth interview. Additional indicators were extracted from peer-reviewed articles retrieved from a search in PubMed using the following search terms: Field of interest AND Europe AND Development AND/OR Integration. Identified indicators were rated by EAPC Task Force leaders by relevance, measurability and feasibility (1-9). A Global Score was calculated for each indicator. Indicators scoring >7 were selected as most representative and were included in surveys sent to a network of experts specific to the studied field.

Furthermore, a specific process was followed for evaluating the status of palliative care education at the undergraduate level across Europe. With the support of the University of Bologna and the University of Bern, a network of experts on palliative care education during the EAPC Research Congress in Bern were identified and invited to join a network of experts, most of them palliative care professors from 27 countries. Indicators were built based on a collaborative effort of the aforementioned collaborators and knowledge of the ATLANTES Research Programme on the matter. The online survey included 21 indicators questions retrieved from the Delphi process and others designed by this specific research team.

Similarly, one last study was developed on the integration of palliative care and oncology through an on-line search in public databases: ESMO, Clinical.Trials.gov and Scopus in April 2019 exploring the existence of centres certified for the integration of integrated Oncology and PC, the number of clinical trials on early integration of palliative care in oncological treatments and the number of publications on palliative care integration in Oncology.

Step 4: Creating national expert networks

A. Identification of key informants for the general study.

'Key Informants' refer to the persons that reported on the data for each of the indicators included in the general study for their respective countries. Key Informants were identified in 54 of the WHO-European countries, of which 51 countries replied to the survey. Three countries had no key Informants due to the fact that palliative care services and/or activity was not yet available in the country or were at such an initial stage that no experts were not yet available.

The Key Informants were chosen based on the following qualifications: 1) leader of the national palliative care association, where available, 2) Ministry of Health representative for the country, 3) leader of a major palliative care service in the country, 4) key informants of previous Atlas studies. An additional search was conducted identifying key informants from peer-reviewed articles and country reports on PC development. In total 249 Key informants were identified. 180 were contacted, 104 agreed to participate in the study, and lastly 92 completed the questionnaire. An online survey containing the consensus-based indicators (See step 1) was sent on December 2018. Key informants names are included in each country report. Names of those persons wishing to remain confidential are shown as such.

B. Identification of key informants for the EAPC specific studies on PC integration.

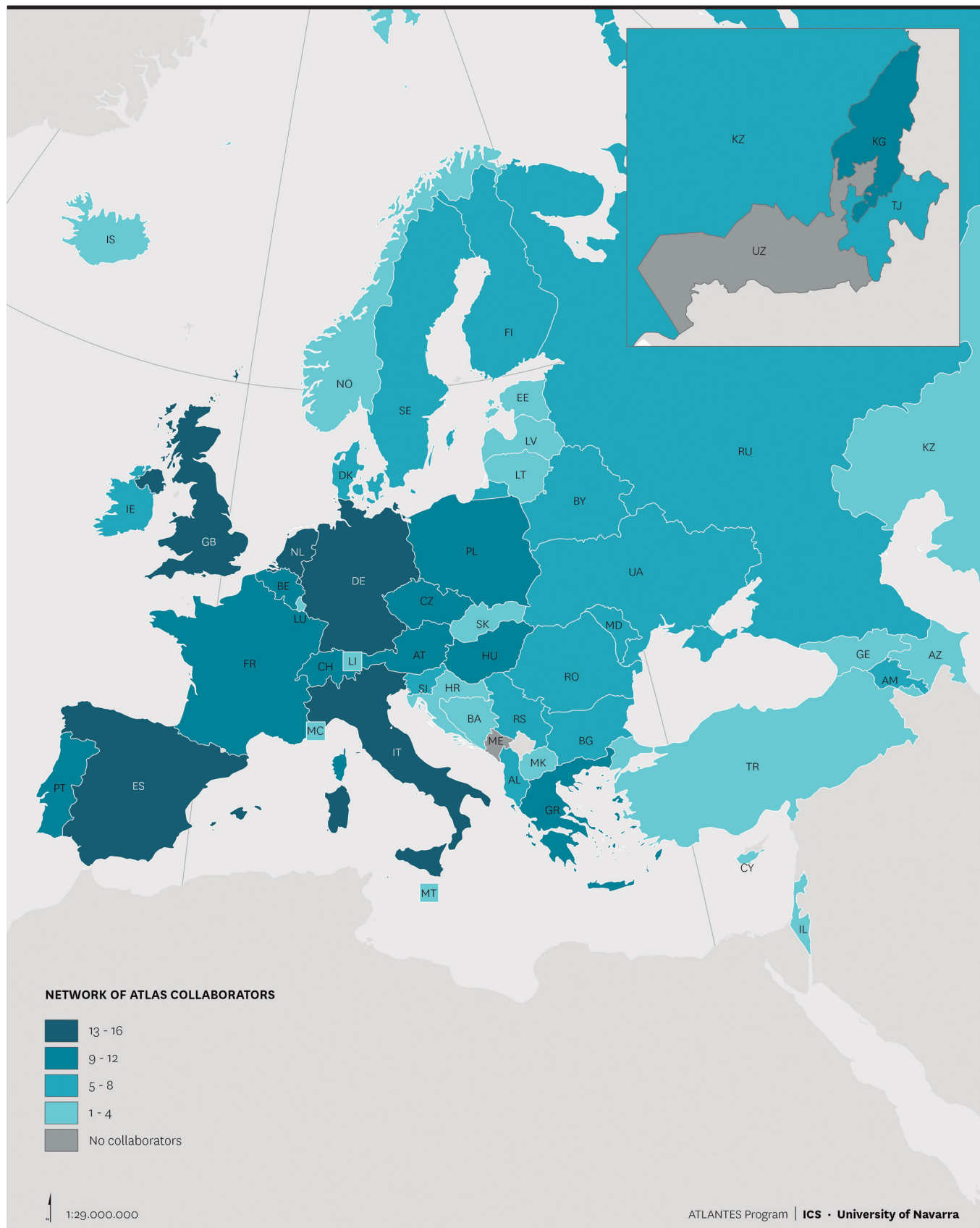
'Key informants for EAPC specific studies' refer to 240 persons that reported on the data for each of the indicators included in each EAPC specific study (See step 3). They were identified differently varying from 12 to 34 countries, depending on the study. They were identified based through: 1) Membership in corresponding EAPC Task Forces, 2) Authorship of scientifically-related White Papers or Statements, 3) a specific literature search on each field or 2) nomination by EAPC Task Force leaders. As a result, a network for each field to study was created. 512 Key informants were contacted and invited to participate. Finally, 240 key informants completed the online survey.

Table. Experts participating in The 2019 EAPC ATLAS surveys and countries represented.

SURVEY	GENERAL DEV.	CARDIOLOGY	EDUCATION	PAEDIATRICS	PRIMARY	PUBLIC	LONG	VOLUNTEERS	TOTAL
Experts identified	249	64	167	98	94	98	85	54	909
Experts contacted	180	52	157	67	67	63	62	44	692
Experts who accepted invitation	104	15	64	65	62	45	50	40	445
Experts who complete survey	92	15	40	42	50	29	25	28	321
Countries with more than one informant	31	3	7	8	12	3	6	10	31
Countries with only one informant	20	9	20	26	22	23	12	6	20
Countries represented	51	12	27	34	34	26	18	16	51



Methods of the project





Step 5: Hand-desk review

We conducted a literature review of scientific articles in the literature on the development of palliative care for each of the countries included in the Atlas. The Mesh terms “name of the country” AND “Palliative Care” AND/OR “Development” were used to identify a selection of articles that are displayed within each country report for further reading.

Also we perform another literature review of scientific articles to identify relevant papers for each topic related to the integration of PC. The Mesh terms used to identify the articles are displayed within the dedicated chapters on palliative care integration.

Step 6: Data depuration

Once data from all of the surveys were returned, each data point was reviewed by the Principal Investigator and one additional member of the project team. In countries where there were discrepancies between two Key Informants for the same country, data were confirmed using the following method:

- a. **Comparing the data** points with the comments included from the Key Informants .
- b. **Comparing with the Hand-desk Review data and data from other Atlases** where information was previously available
- c. **Cross-checking with a member of the national palliative care association.**
- d. **Giving priority to a member of the national association or Ministry of Health** when the other respondent was from a single hospital or hospice.
- e. **Returning the data back** to the Key Informants for clarification on non-reconcilable data points.

Once discrepancies were clarified, Key Informants received a preliminary country report for checking and further clarification. Information provided summarised data from each country’s review, expert’s responses and additional comments made by national associations. Key informants were asked to add any missing data, correct mistakes and provide further proofs (i.e. attach national plan or official strategy document). Two researchers went once again through each country report before data were sent to the editorial team.



The cartography

The cartography has been developed by Professor Juan José Pons (Department of History, History of Art and Geography of the University of Navarra).

The digital coverage 'Admin 0 – Countries' at medium scale (1:50,000,000) were obtained from Natural Earth (<https://www.naturalearthdata.com>), and others data range variety themes from the ArcGIS Website (under a Creative Commons license). In both cases, information was updated in 2019. The software used for map construction is ArcMap (ESRI), version 10.5.

The geographic coordinates system used was GCS ETRS 1989 and the Cartographic projection Lambert Azimuthal Equal Area. This choice is based on the criteria of making the most of the available space, so as to fully represent all countries correctly. There are a big range of scales and sizes in maps, from 1:5,000,000 to 1:100,000,000.

The types of maps utilized for the thematic representation are: choropleths map (basically for "relative data"), symbols map (for absolute data or to highlight determined values presence/absence) and bars and sectorial cartodiagrams.

In terms of representation style, a constant colours "range" has been adopted and used throughout this publication: blue for choropleths and orange for symbols and cartodiagrams; this was done to enhance the homogeneity and coherence of the cartographic version as a whole. In terms of the socioeconomic and health information used in the country reports, the data has been collected mainly from "World Bank" databases" and the United Nations reports with the clear criteria of finding the most accurate, updated and reliable data for the maximum number of countries of the WHO European region.

Limitations and Constraints

Some limitations of this study include:

1. Being the first study to assess palliative care integration into other disciplines, levels of care and providers, demands identification and exploration of relevant, feasible and measurable indicators as well as experts on the respective fields for the first time.
2. To evaluate comparatively all the countries of the European continent, as for other global studies, this study uses experts in palliative care development as the main source of information. The use of experts as a source of information has intrinsic limitations. To ensure the quality of the information presented following this approach, the next measures were taken: a) establish reliable criteria for the selection process of experts, b) use of multiple informants per country, c) process of peer review of the information collected, d) verification with sources of additional information and previous studies, e) pre-established protocol for the clarification of the information collected, f) dissemination of the names of the experts who collaborate (with prior consent and with few justified exceptions).
3. Differences in terminology across Europe, the nature of the estimations itself, and a limited research workforce are also limitations to acknowledge.

Abbreviations

PC: Palliative Care
 WHO: World Health Organisation
 EAPC: European Association for Palliative Care
 PPC: Paediatric Palliative Care
 ME: Morphine Equivalent
 MOH: Ministry of Health
 N/A: Not Applicable



4. Development and integration of Palliative Care across Europe





Chapter 1. Specialised Palliative Care Services for adults across Europe

TECHNICAL DATA ON THE 2019 EAPC SURVEY ON SPECIALISED SERVICES FOR ADULTS

Population: 54 countries of the Europe WHO region and Lichtenstein.

Survey Details

Areas explored: 5 main health indicators on Specialised PC provision for adults (Arias-Casais N et al, 2019) plus three indicators regarding mixed services, day care centres and volunteer hospice teams.

Questionnaire: on line survey, 9 questions.

Participants: 92 national Key persons experts in national development, nominated from National Associations or identified by publications and/or previous publications.

Coverage: 51/54 countries (94%) with at least a key person identified.

Response: with two answers 31/51 countries (61%) with one answer 18/51 countries (39%)

Data collection: December 2018 to March 2019 (4 months).

Project Management: ATLANTES Research Group, Institute for Culture and Society, University of Navarra, Pamplona (Navarra), Spain.

Scientific Advice: Natalia Arias, Eduardo Garralda, John Yohan Rhee, Liliana de Lima and Carlos Centeno.

Promotor: European Association for Palliative Care (EAPC).

Natalia Arias, Eduardo Garralda, Carlos Centeno.

THE NUMBER OF SPECIALISED PALLIATIVE CARE (PC) SERVICES IN A COUNTRY IS ONE OF THE BEST INDICATORS OF THE NATIONAL PC DEVELOPMENT, ACCORDING TO THE EXPERTS (1).

PC specialised services are organised in interdisciplinary teams, with advanced training and full dedication on relieving the Serious Health Suffering (2) that is associated with life-threatening conditions or the end of life. Usually they are located elsewhere, in all levels of care, wherever the patient needs.

The existence of a great number of PC services is associated with the development of appropriate health policies for advanced and end-of-life patients, with a greater use of essential PC medicines, and with a better preparation of the professionals and the society. However, in order to know in depth the PC situation of a country, it is advisable to count on other health indicators and data as presented in this Atlas.

Palliative care should be provided at all levels of care. Early detection of PC patients should be carried out in primary care services in the community and should be provided to a majority of patients by primary care professionals. However, sometimes, if the situation becomes complex throughout the illness trajectory, it is necessary to refer to specialised teams. Patients may require this advanced resources, both for the relief of pain or other poorly controlled symptoms, but also where there is a lack of adequate family and social support.

Typology of specialised services in the ATLAS

The typology of these services is varied and remains not standardised as terminology may differ between countries.

Home Care Teams work in patients' homes or Long-Term Care Facilities, in collaboration with the basic health teams or nursing homes'

staff. on other occasions care can be provided in hospitals, where **Palliative Care Units** with their own beds are organised, or also through mobile teams or consultation services, generally called **Hospital Support Teams**. There may be Palliative Care Units in highly specialised hospitals or also in county, support or convalescent hospitals for chronic patients. There are also mixed models combining resources: In Norway or Spain, there are **Mixed Teams** that, generally from the hospital, provide care to patients in their homes and not only during hospital admission.

Outside hospitals, and more frequently in Anglo-Saxon countries, PC is provided in stand-alone facilities called **Hospices**. However, although the Hospice concept almost always designates an intermediate care resource between the hospital and the home, it can also be misleading: in Italy the term Hospice is also used to designate hospital admission units while in Germany **Hospices led by volunteers** are organisations that provide social support and services at home. Finally, we have also considered **Day care services** for PC as a particular PC resource.

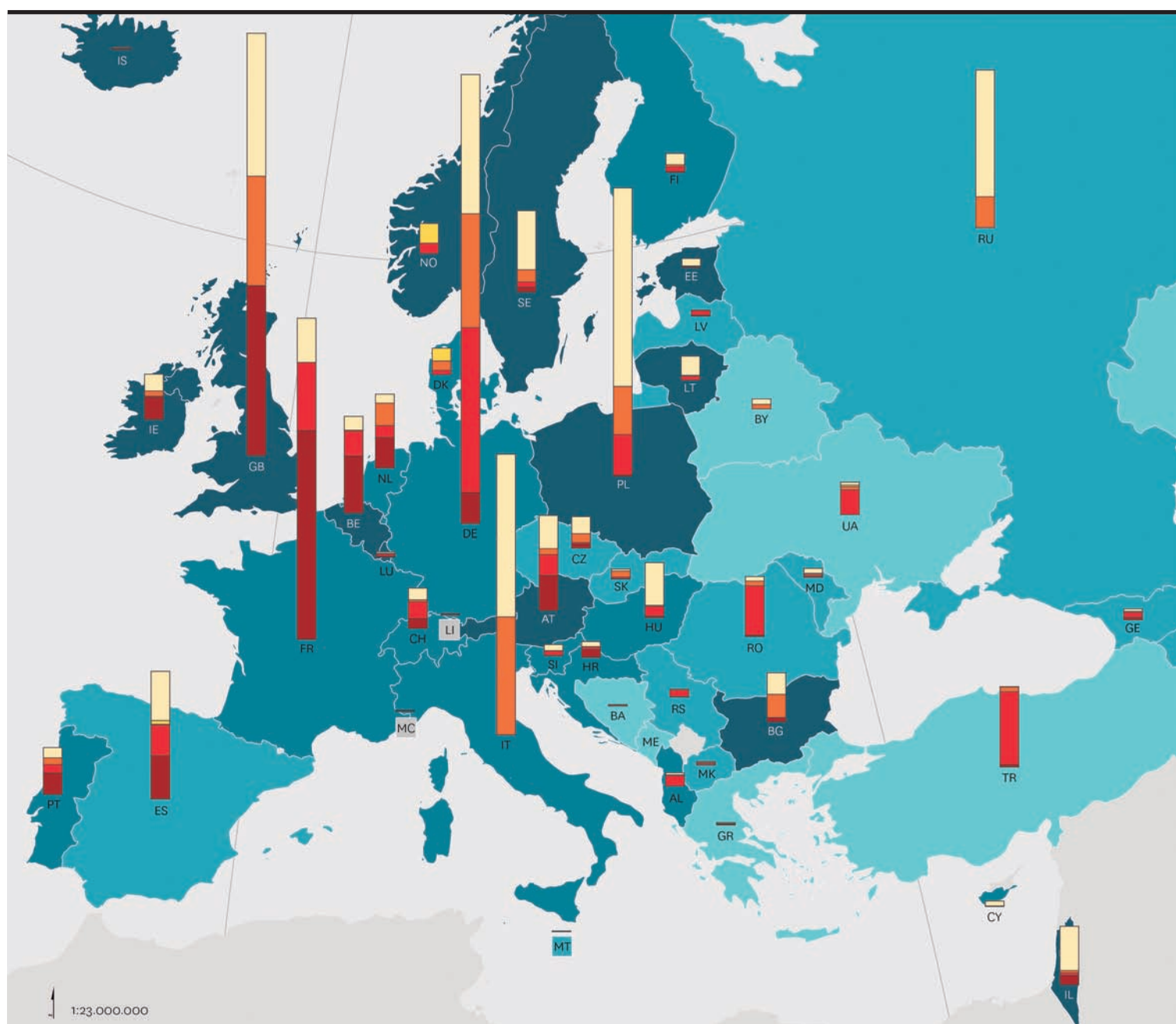
Number of Specialised Palliative Care Services in Europe

The EAPC recommends two specialised PC services every 100.000 inhabitants (1 Home Care team and 1 Hospital team) (2). Provision of PC remains inequitably with the majority of services available in Western Europe. Austria and Ireland stand out (2,2 and 1,9 services per 100.000 inhabitants respectively), followed by Luxembourg, Belgium and Sweden. Regarding Central and Eastern Europe, Lithuania, Poland, Slovenia, Estonia, Israel and Hungary have the higher ratios. Countries reporting the highest absolute number of specialised services are Germany (914) and the United Kingdom (860).

In the following pages, we provide an overview of the number of specialised PC services obtained from experts using the EAPC cutting point as a reference.



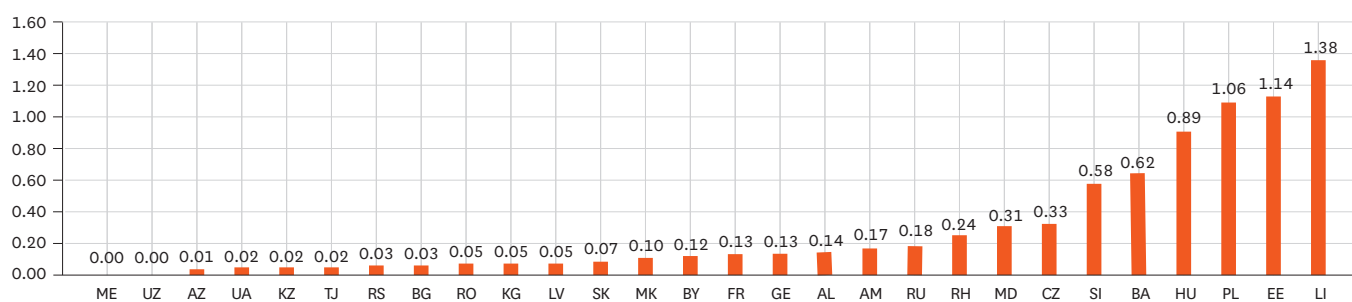
Chapter 1. Specialised Palliative Care Services for adults across Europe



Map 1.1. Number of total Specialised PC services for adults per population.

HOME PALLIATIVE CARE SPECIALISED SERVICES IN CENTRAL AND EASTERN EUROPE

Ratio per 100,000 inh.



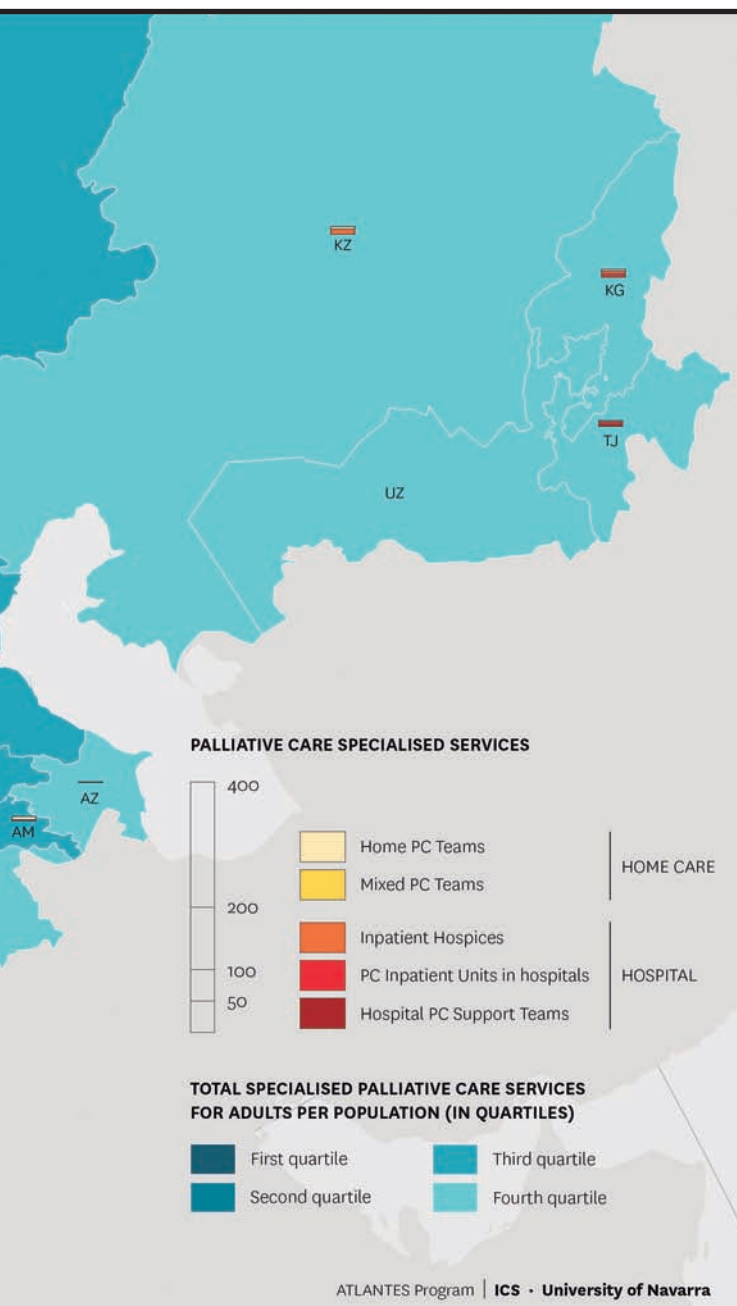


6/51

reporting European countries identify the existence of **Mixed Palliative Care** teams.

19/51

reporting European countries identify the existence of **Volunteer Hospice or Palliative Care Teams**.



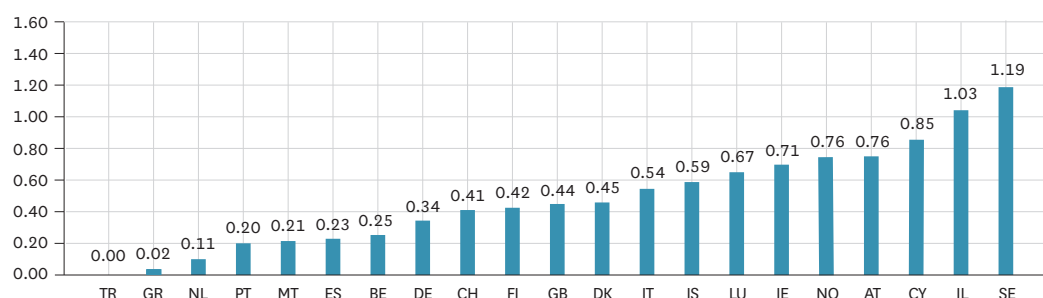
PALLIATIVE CARE SPECIALISED SERVICES

QUARTILES	COUNTRY	TOTAL SERVICES	SERVICES PER 100,000 INHABITANTS
FIRST QUARTILE	Austria	193	2,2
	Ireland	92	1,9
	Luxembourg	11	1,8
	Lithuania	49	1,7
	Belgium	197	1,7
	Sweden	165	1,6
	Poland	587	1,5
	Iceland	5	1,5
	Bulgaria	100	1,4
	Estonia	18	1,4
	Israel	119	1,4
	United Kingdom	860	1,3
	Norway	61	1,2
SECOND QUARTILE	Hungary	112	1,1
	Germany	914	1,1
	Slovenia	22	1,1
	France	653	1,0
	Switzerland	82	1,0
	Italy	570	0,9
	Albania	27	0,9
	Denmark	54	0,9
	Portugal	96	0,9
	Cyprus	11	0,9
	Netherlands	150	0,9
	Croatia	32	0,8
	Finland	39	0,7
THIRD QUARTILE	Romania	122	0,6
	Latvia	12	0,6
	Czech Republic	63	0,6
	Georgia	22	0,6
	Spain	260	0,6
	Moldova	18	0,5
	Malta	2	0,4
	Slovakia	20	0,4
	Macedonia	7	0,3
	Armenia	7	0,2
	Serbia	16	0,2
	Russian Federation	321	0,2
FOURTH QUARTILE	Belarus	20	0,2
	Turkey	164	0,2
	Kyrgyzstan	12	0,2
	Ukraine	66	0,1
	Tajikistan	9	0,1
	Bosnia & Herzegovina	3	0,1
	Kazakhstan	12	0,1
	Greece	5	0,0
	Azerbaijan	1	0,0
	Montenegro	0	0,0
	Uzbekistan	0	0,0
TOTAL		49 countries	6387
			0,8

THE CONSENSUS OF EXPERTS CONSIDERED THAT THE RATIO OF HOME CARE TEAMS PER POPULATION WAS ASSOCIATED WITH BETTER DEVELOPMENT OF PC IN A COUNTRY THAN OTHER INDICATORS (EVEN THE TOTAL NUMBER OF SERVICES). THE EUROPEAN ASSOCIATION FOR PALLIATIVE CARE RECOMMENDS FOR ADEQUATE COVERAGE OF NEEDS A MINIMUM OF ONE HOME CARE SERVICE PER 100,000 INHABITANTS.

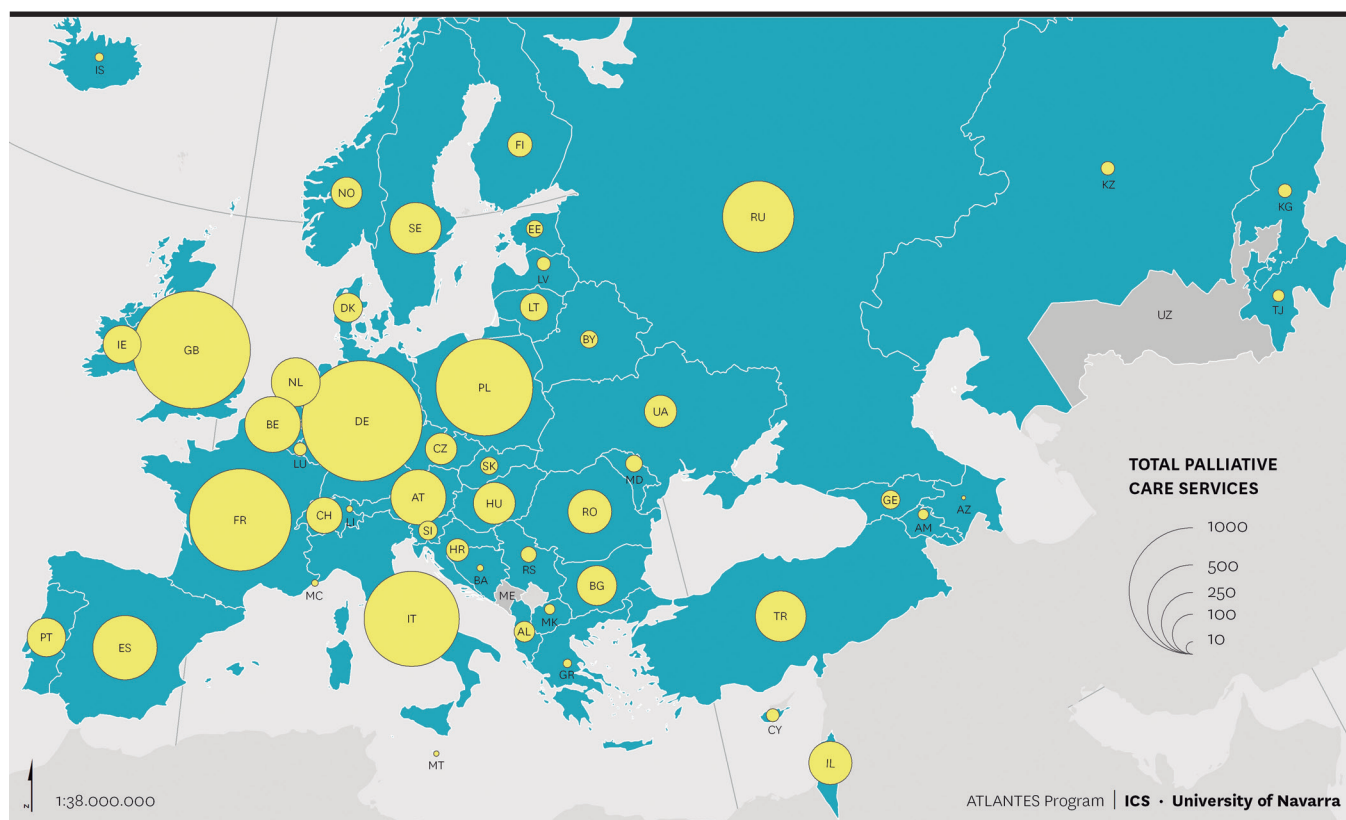
HOME PALLIATIVE CARE SPECIALISED SERVICES IN WESTERN EUROPE

Ratio per 100,000 inh.

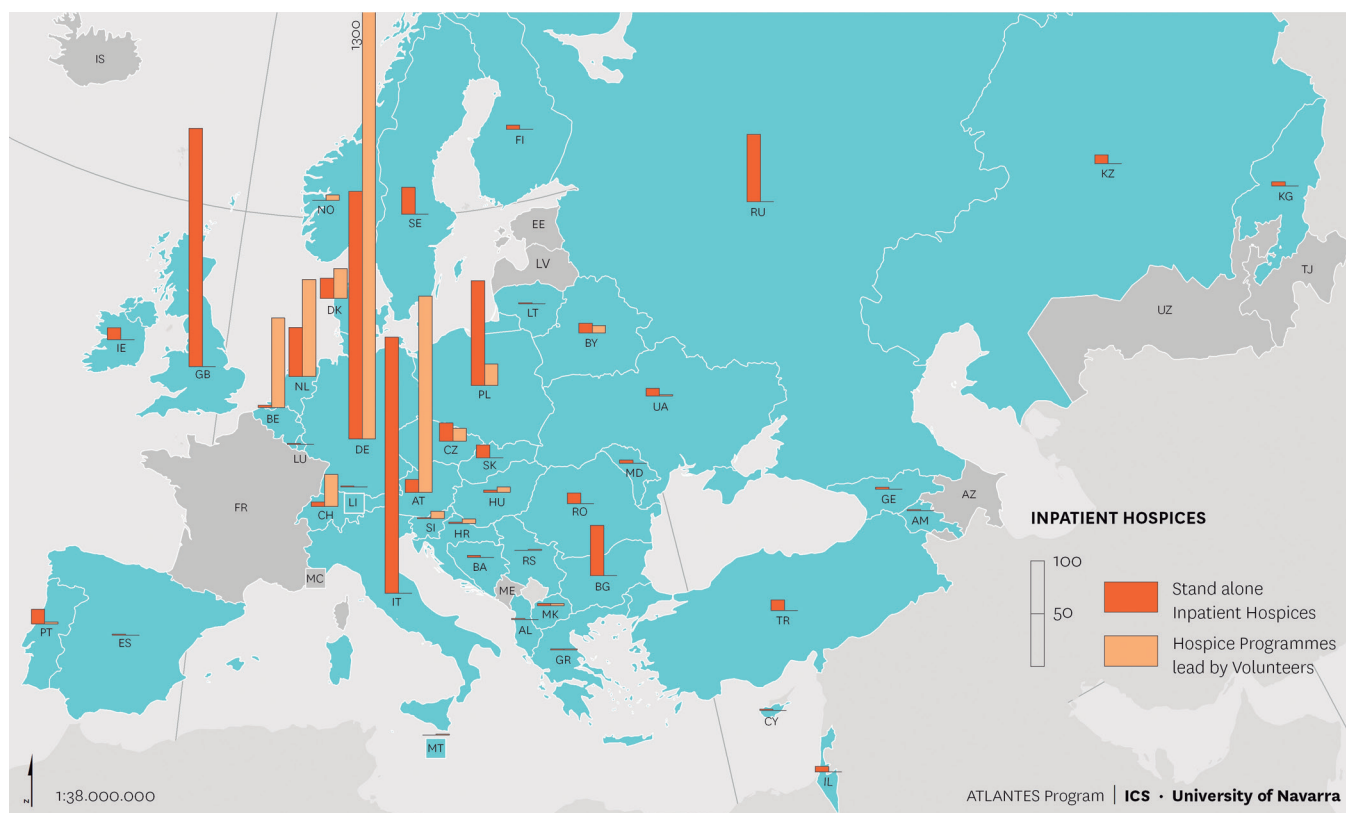




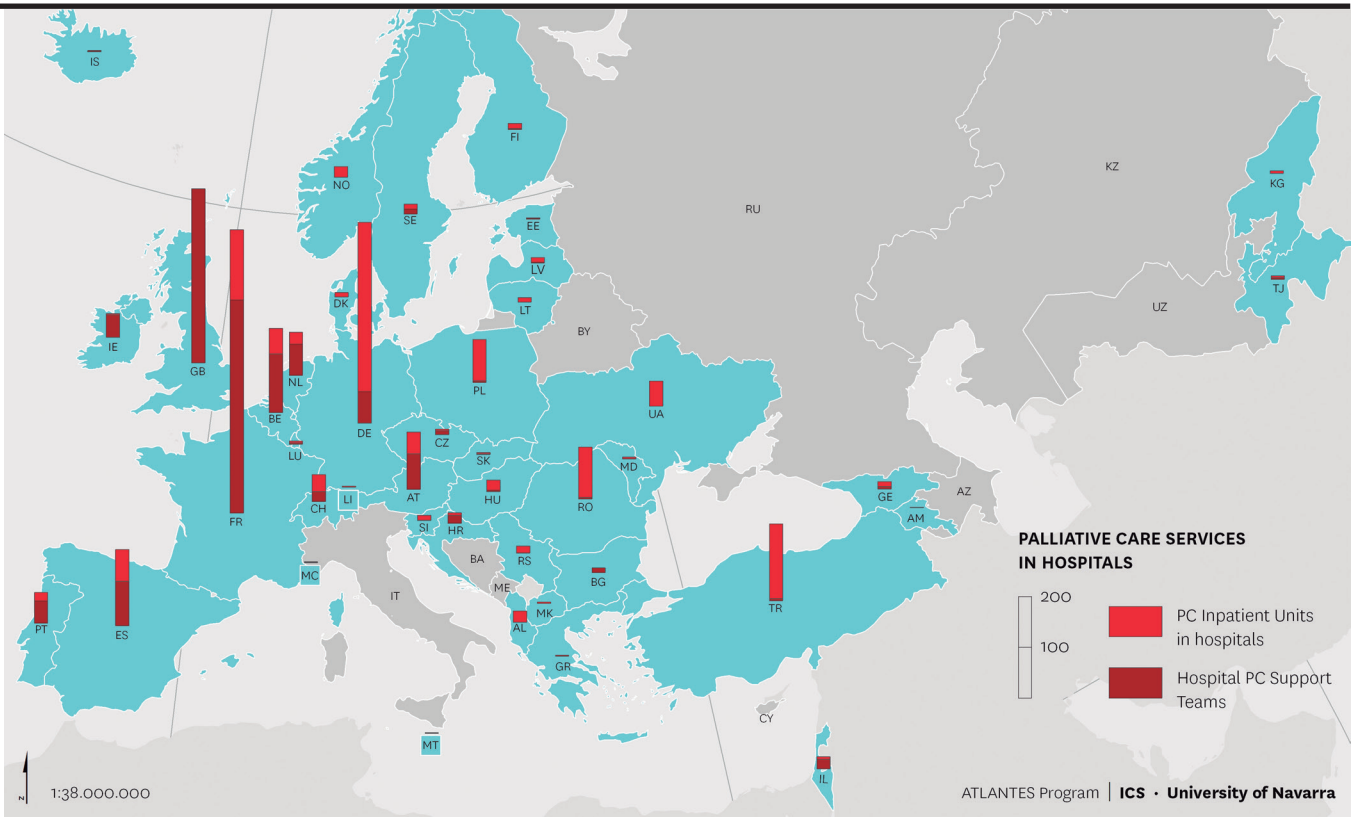
Chapter 1. Specialised Palliative Care Services for adults across Europe



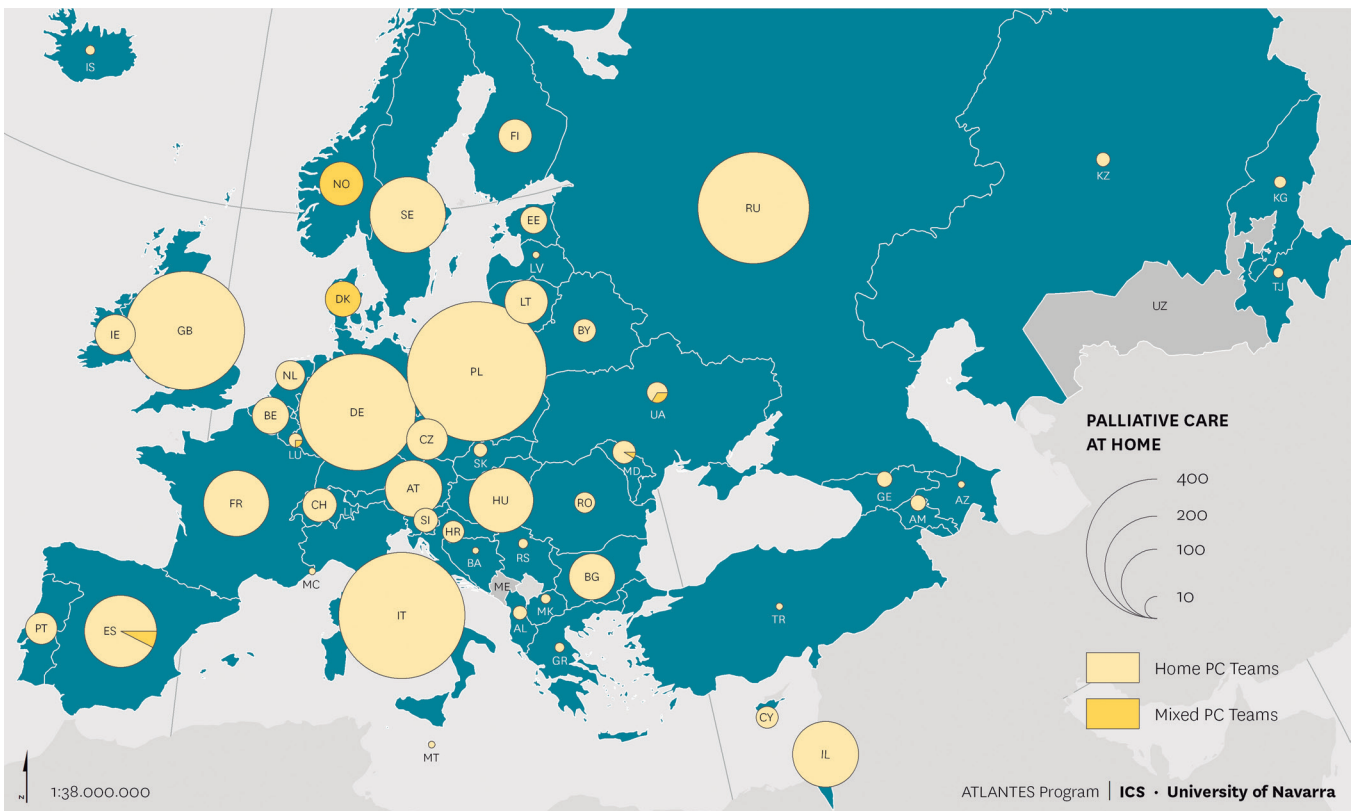
Map 1.2. Total Palliative Care Services.



Map 1.3. Inpatient Hospices.



Map 1.4. Palliative Care Services in Hospitals.



Map 1.5. Palliative Care at Home.



Chapter 1. Specialised Palliative Care Services for adults across Europe

SELECTED READINGS

1. Woitha K, et al. Ranking of Palliative Care Development in the Countries of the European Union. *J Pain Symptom Manage* 2016; 52(3):370-7.

2. Centeno C, et al. Coverage and development of specialist palliative care services across the World Health Organization European Region (2005–2012): Results from a European Association for Palliative Care Task Force survey of 53 Countries. *Palliat Med* 2015;31.

3. Radbruch L, Payne S. White Paper on standards and norms for hospice and palliative care in Europe: part 2. *European Journal of Palliative Care*. 2010;17(1):22-33.

4. Vandaele B, et al. The Strengths and Challenges of Palliative Day-Care Centers: Qualitative Study With the Professionals Involved. *J Palliat Care*. 2017;32(2):55-60.

5. Maetens A, et al. Policy Measures to Support Palliative Care at Home: A Cross-Country Case Comparison in Three European Countries. *J Pain Symptom Manage* 2017;54(4):523-529.

6. Centeno C, et al. The Palliative Care Challenge: Analysis of Barriers and Opportunities to Integrate Palliative Care in Europe in the View of National Associations. *J Palliat Med* 2017; 20(11):1195-1204.

7. Robinson J, et al. The ‘problematisation’ of palliative care in hospital: an exploratory review of international palliative care policy in five countries. *BMC Palliat Care*. 2016 25;15:64.

8. Mosoiu D, et al. Developing a costing framework for palliative care services. *J Pain Symptom Manage*. 2014; 48(4):719-29.

9. Arias-Casais N, et al. Brief Manual on Health Indicators to Monitoring Global Palliative Care Development. Houston: IAHPC Press, 2019.

NATIONAL EXPERTS COLLABORATING IN THIS CHAPTER

See the complete list of names and affiliations in the Introduction section. To complete the questionnaire, each National PC Association nominated several ‘key persons’ with extensive local knowledge on PC. Where this was not possible, ‘key persons’ were selected either

due to previous participation in similar studies or to the recommendation from other PC institutions, mainly the EAPC Head Office. The mission of this key informant was to provide data regarding the provision of PC services in their respective countries. Information was

depurated with received comments and peer reviewed with a second or third informant, whenever possible, and cross-checked with previous available data (see methods section).

AUTHORS

Eduardo Garralda

Natalia Arias

Carlos Centeno

University of Navarra

Institute for Culture and Society (ICS)

ATLANTES Research Program

Pamplona (Navarra), Spain



Chapter 2. Integration of Palliative Care and Paediatrics

TECHNICAL DATA ON THE 2019 EAPC SURVEY ON PALLIATIVE CARE IN PAEDIATRICS

Population: 54 countries of the Europe WHO region and Lichtenstein.

Survey 1 Details

Areas explored: 1 main health indicator on Paediatric Palliative Care services for children (Arias-Casais N et al, 2019).

Questionnaire: online survey, 72 questions, answered in (average): 80 minutes.

Participants: 92 national key persons for PC development, nominated by National Associations or identified through publications and/or previous studies.

Coverage: 51/54 countries (94%) with information.

Sources: 61% of the countries with two respondents, 35% with one respondent, 4% other sources.

Survey 2 Details

Areas explored: 8 indicators specific to national Paediatric Palliative Care development (PPC) specially developed for this study by authors.

Questionnaire: online survey, 15 questions, answered in (average): 28 minutes.

Participants: 44 national experts in PPC.

Profile of experts (affiliation): Children's Hospital/service (4), Hospice/service (12), Health Foundation (7), National PC Association (5), PPC Association (6), Primary Health Network (3), Research centre (5), and University (7).

Coverage: 34/54 countries (94%) with at least one key person responding.

Sources: 23% of the countries with two or more respondents, 76% with one respondent.

Data collection: 12/2018 to 3/2019 (4 months).

Project Management: ATLANTES Research Group, Institute for Culture and Society, University of Navarra, Pamplona (Navarra), Spain.

Scientific Advice: Lizzie Chambers (Together for Short Lives, United Kingdom), Joan Martson (ICPCN), Julia Downing (ICPCN).

Promotor: European Association for Palliative Care (EAPC).

Natalia Arias, Lizzie Chambers, Joan Marston, Julia Downing.

PAEDIATRIC PALLIATIVE CARE IS A GLOBAL ISSUE. CHRONIC, NEUROLOGICAL AND CONGENITAL DISEASES ACCOUNT FOR THE MAJORITY OF AILMENTS EXPERIENCED BY CHILDREN.

Children's palliative care has only recently become recognised as a specialty and relatively few specialist PPC services exist. In many countries the care needs of children, including basic pain and symptom control, remain unmet and families are poorly supported. This could be improved by increasing specific PPC services, developing training for health professionals, providing better access to medicines and building resources to advocate for the development of PPC. This study explores the development of PPC in the WHO European Region and Liechtenstein. Findings highlight areas where further development is required in order to strengthen the provision of PPC and that there is an increasingly vocal movement advocating for the provision of PPC.

Europe (14 countries). Some countries report having PPC integrated in all levels of the healthcare system (i.e. Germany, Netherlands, Norway, Sweden, United Kingdom). Eleven countries reported also having day care programmes and four reported other types of PPC services such as respite care (i.e. Netherlands), volunteer children's hospice teams (i.e. Austria), and psychological and bereavement support teams (i.e. Belarus).

Perinatal PC accounts for a high proportion of the PPC need. Yet, countries have deployed limited human resources and facilities to tackle it. Only eight countries reported having PPC training for neonatologists and seven a specialised reference centre for perinatal hospice or PC. All reference centres are located in Western Europe. In other areas, a high proportion of countries reported having PPC specialised consultants: Twenty countries have physicians and nurses officially trained (i.e. Belgium, Germany, Greece, Netherlands), some countries reported that official training was replaced by relevant experience (i.e. Slovakia).

Paediatric Palliative Care Provision

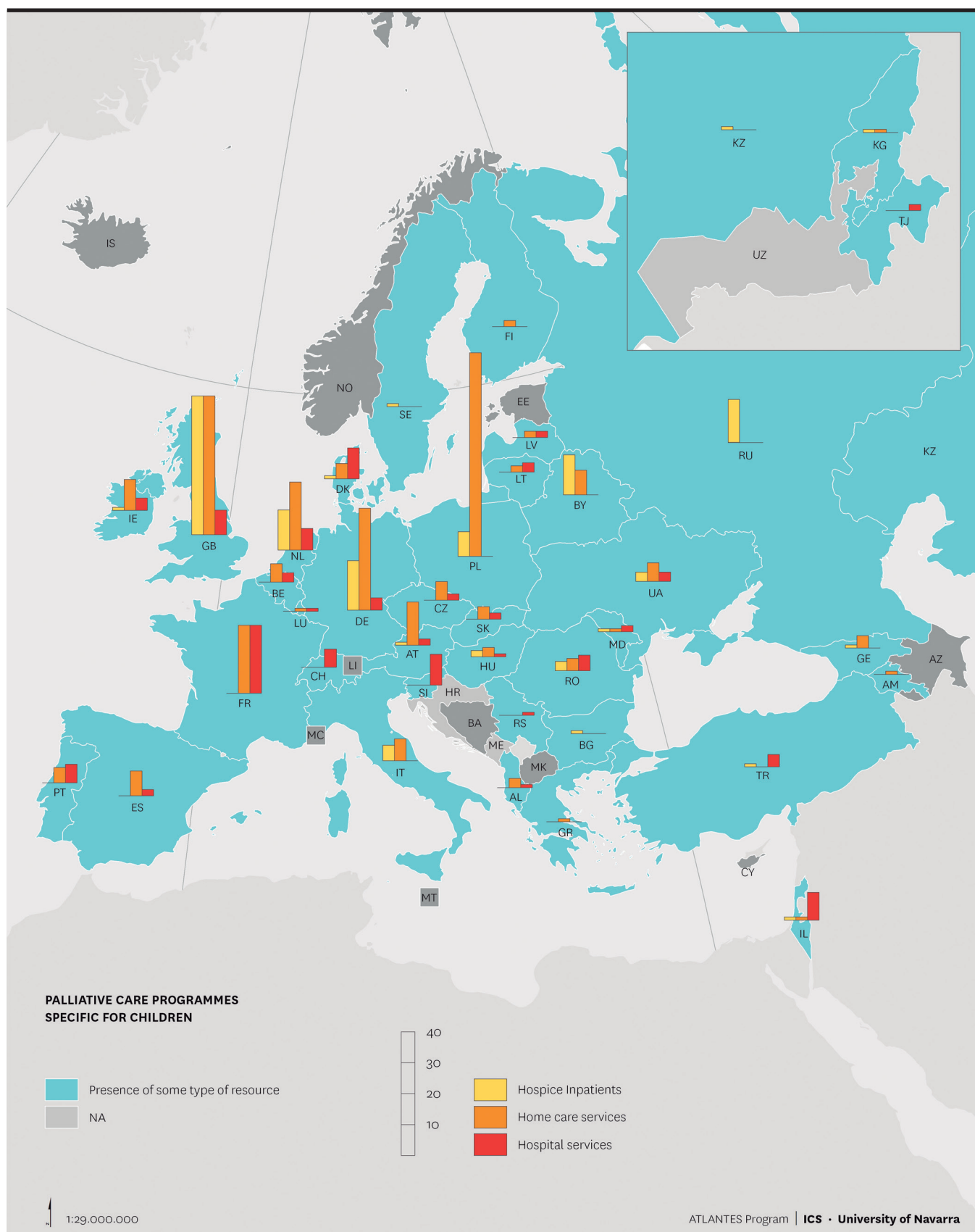
Three main type of services provide care specifically dedicated the care of children with life-limiting conditions within the region: inpatient hospices (stand-alone facilities), hospitals and home care programmes. Twenty-one countries reported having inpatient hospices, 27 had hospital PPC programmes and 29 home care programmes specifically dedicated to children's PC. Only twelve countries provide all three types of services. Hospital programmes are more commonly located in Eastern Europe. Hospices are present both in Western (15 countries) and Eastern

Paediatric Palliative Care Education

Specific education on PPC is key to strengthening the health workforce capacity to provide care to neonates, children and adolescents and to support their families. Fourteen countries report including PPC components in the paediatrics postgraduate medical curricula, similarly 16 countries have included PPC in paediatric nurses' curricula. Six Eastern European countries reported not including such components either in paediatricians' training nor in paediatrics nursing specialisation.



Chapter 2. Integration of Palliative Care and Paediatrics



Map 2.1. Paediatric PC programmes.



Policies regulating PPC provision

Existence of specific PPC standards and norms guiding the provision of PPC were reported in 19/34 countries. Three countries reported that they are in the process of developing standards and norms (Kazakhstan, Slovakia and Sweden).

Paediatric Palliative Care Vitality

The existence of a PPC association is used as an indication of the level of professional activity (vitality) of PPC professionals in a country. This indicator shows that in 22/34 countries professionals with specific interest in PPC have established an association to promote PPC, enabling new networks to develop spaces. Professional activity in PPC is higher in Western European countries.

PPC CONSULTANTS AND PERINATAL PC REFERENCE CENTRES

COUNTRY	C	P
Albania	●	○
Armenia	●	○
Austria	○	●
Belarus	●	○
Belgium	●	○
Cyprus	●	○
Czech Republic	●	○
France	●	○
Georgia	●	○
Germany	●	●
Greece	●	○
Hungary	●	○
Ireland	●	○
Italy	●	●
Latvia	●	○
Netherlands	●	●
Norway	○	●
Russian Federation	●	○
Slovakia	●	○
Spain	●	●
Ukraine	●	○
United Kingdom	●	●

20

Countries with specialised PPC consultants

7

Countries with perinatal PC reference centres

● C: Specialised PPC consultants
● P: Perinatal PC reference centre

PPC COMPONENTS IN PAEDIATRIC TRAINING

COUNTRY	D	N
Albania	●	●
Armenia	●	●
Austria	●	●
Belarus	●	●
Czech Republic	●	○
Georgia	●	●
Germany	●	●
Hungary	○	●
Ireland	○	●
Italy	●	●
Latvia	●	●
Netherlands	○	●
Norway	○	●
Portugal	●	●
Serbia	●	●
Spain	●	●
Ukraine	●	○
United Kingdom	●	●

14

Countries with PPC components for doctors

16

Countries with PPC components for nurses

● D: for medical doctors
● N: for nurses

REPRESENTATIVE IN NATIONAL ASSOCIATION FOR PPC

COUNTRY	P	PC
Austria	●	●
Belgium	○	●
Czech Republic	○	●
Denmark	●	○
Germany	○	●
Hungary	○	●
Ireland	○	●
Israel	○	●
Italy	○	●
Netherlands	●	●
Portugal	○	●
Russian Federation	○	●
Slovakia	●	○
Spain	●	●
Ukraine	●	○
United Kingdom	●	○

7

PC representative in the national paediatrics association

12

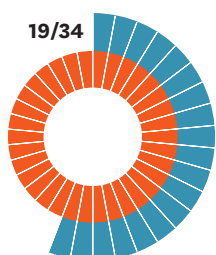
Paediatrics representative in the national PC association

● P: PC representative in the national paediatrics association.
● PC: Paediatrics representative in the national PC.

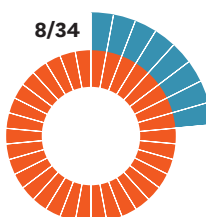
DAY CARE PROGRAMMES



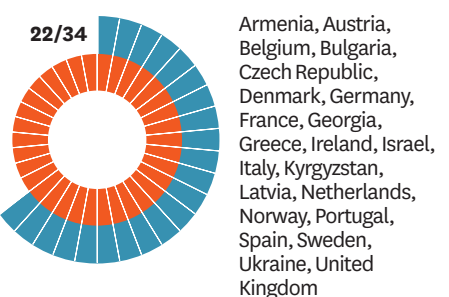
PPC TRAINING FOR NEONATOLOGISTS



NATIONAL STANDARDS AND NORMS FOR PPC PROVISION



NATIONAL PPC ASSOCIATION





Chapter 2. Integration of Palliative Care and Paediatrics

KEY NOTES ON PAEDIATRIC PALLIATIVE CARE DEVELOPMENT IN SOME EUROPEAN COUNTRIES



AUSTRIA

The inpatient children's hospice "Sterntalerhof" has a psychosocial focus. There are five paediatric PC beds in two hospitals that provide short-term care and treatment. There are 12 volunteer children's hospice teams.

BOSNIA

Tuzla hospice has dedicated 6 beds for PPC.

DENMARK

There is one mixed and mobile PPC programme in each of the five regions of the country. In 2016, One children's hospice was established in eastern Denmark, another one is planned for the western part.

GEORGIA

Four home care teams work at Children's Hospice Firefly Work.

IRELAND

There is a National Clinical Programme for Children and Neonatology providing PPC. One team works in Crumlin Children's Hospital. There is a home care service that works out of Laura Lynn Children's Hospice, covering Dublin and the North East. Approximately 13 nurse specialists around the country act as liaison between rural adult PC services, children's paediatric services and medical consultants based in Dublin.

ALBANIA

The Oncology Hematology Children Hospital "Mother Theresa provides PPC as part of the paediatric oncology and hematology service. Home care programmes are coordinated by two NGOs: Ryder and Mary Potter and one public team called S.O.B.

BELARUS

The charity Belarusian Children's Hospice provides psychological support, young adults PC, physiotherapy, bereavement program, legal support and 24 hours nursing hotline. It does not have a medical license. The state organization Palliative Care Center for Children provides PPC. Both have home programmes.

BULGARIA

According to national legislation children and adolescents with incurable diseases are treated in specialized paediatric hospitals. There are not hospices specifically dedicated to children, and adult hospices do not admit paediatric patients.

GERMANY

There are three PPC units. Some PC departments offer one bed for PPC. There are a large number of specialised volunteer services for children with life-limiting conditions, for more information see <https://www.wegweiser-hospiz-palliativmedizin.de/en> and in <http://www.bundesverband-kinderhospiz.de>

GREECE

Merimna: Society for the Care of Children and Families in Illness and Death" (www.merimna.org.gr) is the only specialized interdisciplinary home care team for children and adolescents with life limiting illnesses. It has an ISO accreditation and provides psychological and bereavement support.

ISRAEL

There is one home hospice service caring for children and one PC dedicated paediatric unit in a large children's university hospital. Some of the general PC support teams for adults also offer services to children.

ARMENIA

Adult services like Masis Hospice or national hospitals rarely provide PPC. The NGO Gayush provides non-PPC services for children in home settings. Some orphanages for children with severe disabilities provide PPC.

BELGIUM

Gent, Leuven and St Luc Brussels university hospitals cover most of the paediatric oncology patients. They have mixed PPC teams supporting children and caregivers; they work in close collaboration with GP's, pediatricians, home nurses and physiotherapists. Two more initiatives offer respite care and social support for PC and NCD patients.

CZECH REPUBLIC

Motol University Hospital and Hospital Hořovice provide PPC. No inpatient hospices exist. There is one organization providing respite care. Adult inpatient hospices rarely accept paediatric patients. Home PPC programmes vary in team composition.

FRANCE

Teams in France are organised under the umbrella of the Regional PPC Resource Teams Federation (<http://www.ferrsp.fr/les-errsp.php>). These teams provide PPC consultations in hospitals, home PC programmes, day care, and run additional programmes related to social and spiritual support.

ICELAND

A large number of children with neurological and oncological diseases receive PPC from multidisciplinary teams, consisting of nurses, physicians, social workers and psychologists. Very experienced nurses provide specialized home care. Children's Hospital and home care nurses work very closely together.

ITALY

Fourteen regions are currently working on developing PPC networks to improve service provision. There are two children hospices in Padua/Veneto and Liguria Region. Two more are being built in Bologna and in Milan. The provision of home care by PPC teams is not common.



KAZAKHSTAN

In 2015 children with cancer were included in PC legislation as a special category of patients. Currently there are ongoing efforts to support children and their families, provide pain management and end of life care for children.

KYRGYZSTAN

There is one Hospice for children supported by international organisations.

LATVIA

PPC is hospital-based. There are two programmes at the Children's Clinical University Hospital - Palliative Care service and the Liepaja Regional Hospital. Both institutions also provide home care.

LITHUANIA

Three programs provide PPC in hospitals. The paediatric intensive care unit at the university hospital in Vilnius has four PPC beds. Two other PPC services are provided in the paediatric oncological clinics in Vilnius and Kaunas which included inpatient, outpatient and home nursing service. the first children's hospice in the country is being built as part of an adult hospice complex in Vilnius.

LUXEMBOURG

National Paediatric Oncology and Palliative Care Services are under construction since 2017.

NETHERLANDS

A special expertise-centre on PPC exist: Kenniscentrum Kinderpalliatieve zorg <https://www.kinderpalliatief.nl/>. All university hospitals offer a specific PPC services called Kinder Comfort Teams. There are 45 day care programmes, mostly with nursing day-care services. Every child in need of PC has a nurse at home. Additional services include respite care.

NORWAY

In Norway, PPC is the responsibility of the Paediatric hospital departments. Guidelines for PPC were issued in 2016, organisational standards are currently being implemented. The building of one children's hospice is planned to start in January 2020. This is the result of 10 years of hard work, planning and lobbying and will be a national pilot project for future developments in the field.

PORTUGAL

As of January 2019 there are six officially recognized hospital support teams for PPC: 4 public, a partnership between a public hospitals and PPC support teams and an NGO, Fundação do Gil, and one private team. Others are being developed across the country.

MOLDOVA

Potentially any home based palliative care team for adults can take care of a teenager. There is one NGO home based service for children, one NGO hospice for children, and one consultation team for children is available at the oncological hospital. They have recently received training on PPC and plans for expansion of services are underway.

SERBIA

Few home palliative care teams are available both for adults and children. Coverage of children palliative care is limited, however efforts are underway to develop services within the Republican Institute of Social Welfare. PPC is also provided in the University Childrens Hospital in Belgrade.

SLOVENIA

All paediatric hospitals have paediatric PC hospital support teams.

SPAIN

Eight PPC programmes providing care for children and their families are available at home and hospital settings. Efforts are being made to further develop services.

SWITZERLAND

In recent years, some individual and hospital initiatives have been directed towards the development of professionals, to professionalise the staff and services in paediatric palliative care. Since 2012 a PPC network in Switzerland exists, mainly composed of nurses.

UNITED KINGDOM

Care is home-centered with support from hospital-based oncology teams. The paediatric oncology outreach nurse specialist is responsible for liaising between oncology centre, primary health care team and the family. Three charities are dedicated to providing children's palliative care support at home. There are also two community children's nursing teams, which provide non-specialist PC support for children with a range of complex health needs at home. many PPC programs are mixed. There are specialist PPC teams in many children's hospitals, children's hospice services and a range of community and home-based services, both charity and state-funded.

ADDITIONAL INFORMATION

Poland's and Europe's oldest children's hospice is the Warsaw Hospice for Children. Romania has a PPC Programme called Hospice Casa Sperantei. Sweden has the first children's hospice in Scandinavia. Hungary has established the Light of my Eyes Foundation which is seeking to establish the first children's hospice in the country. Ukraine is holding a third national forum on PPC.

* Key notes were retrieved from key informants' comments to the EAPC Survey on PPC. Only key notes of countries that commented are displayed. We are aware that many countries not included in this section are also undertaking remarkable efforts to improve PPC.



Chapter 2. Integration of Palliative Care and Paediatrics

SELECTED READINGS

1. Connor SR et al. Global atlas of palliative care at the end of life. WHO. 2014. 111 p.

2. World Health Organisation: Integrating Palliative Care and Symptom Relief into Paediatrics, A WHO guide for Health Care planners, implementers and managers (2018). Retrieved from: <https://apps.who.int/iris/handle/10665/274561>

3. Knaul FM et al. Alleviating the Access Abyss in Palliative Care and Pain Relief—An Imperative of Universal Health Coverage: The Lancet Commission Report. The Lancet 2017; 391 (10128): 1391–1454.

4. Caruso Brown AE et al. Reported availability and gaps of pediatric palliative care in low- and middle-income countries: A systematic review of published data. J Palliat Med 2014;17:1369–1383.

5. Connor SR et al. Estimating the global need for palliative care for children: A cross-sectional analysis. J Pain Symptom Manage 2017;53:171–177.

6. Knapp C et al. Pediatric palliative care provision around the world: A systematic review. Pediatr Blood Cancer 2011;57:361–368.

7. Downing J et al. Paediatric Palliative Care in Resource-Poor Countries. Children (Basel). 2018 19;5(2).

8. World Health Organisation: Integrating Palliative Care and Symptom Relief into Paediatrics, A WHO guide for Health Care planners, implementers and managers (2018). Retrieved from: <https://apps.who.int/iris/handle/10665/274561>

9. Downing J et al. Palliative Care for children in low and middle-income countries. Arch Dis Child. 2016 ;101(1):85–90.

NATIONAL EXPERTS COLLABORATING IN THIS CHAPTER

Albania (Confidential), **Armenia** (Sergey Sargsyan), **Austria** (Leena Pelttari, Claudia Nemeth), **Belarus** (Confidential, Marina Borisevich), **Belgium** (Marie Friedel), **Bulgaria** (Boyana Petkova), **Cyprus** (Confidential), **Czech Republic** (Mahulena Mojžíšová), **Denmark** (Mette Raunkjaer), **Deutschland** (Boris Zernikow, Sabine Kraft), **Finland**

(confidential), **France** (Anita Granero), **Georgia** (Nino Kiknadze), **Greece** (Danai Papadatou, Maria Bouri), **Hungary** (Gábor Benyó), **Ireland** (Saundra Nolan), **Israel** (Ron Sabar), **Italy** (Gio), **Kazakhstan** (Gulnara Kunirova), **Kyrgyzstan** (Dinara Aliaeva), **Latvia** (Anda Jansone), **Macedonia** (Velibor Tasic), **The Netherlands** (2 confidentials), **Norway** (Natasha Pedersen),

Portugal (Ana F. de Lacerda), **Russia** (Ella Kumirova), **Serbia** (confidential), **Slovakia** (Mária Jasenková), **Slovenia** (Mojca Juricic), **Spain** (Ricardo Martino-Alba, Álvaro Navarro), **Sweden** (Ulrika Kreicbergs), **Turkey** (Rejin Kebudi), **Ukraine** (Tetiana Nickelsen), **United Kingdom** (Lorna Fraser, Lizzie Chambers).

AUTHORS

Natalia Arias
University of Navarra,
ATLANTES Research Group
Institute For Culture and Society (ICS),
Pamplona (Navarra), Spain

Lizzie Chambers
Together for Short Lives
United Kingdom

Joan Martson
International Children's
Palliative Care Network (ICPCN)
South Africa

Julia Downing
International Children's
Palliative Care Network (ICPCN)
United Kingdom/ Uganda



Chapter 3. Integration of Palliative Care in national health systems in Europe

TECHNICAL DATA ON THE 2019 EAPC SURVEY ON PALLIATIVE CARE IN NATIONAL HEALTH SYSTEMS IN EUROPE

Population: 54 countries of the Europe WHO region and Lichtenstein.

Survey 1 Details

Areas explored: 8 main health indicators on Public Health (Arias-Casais N et al, 2019): health policies, legislation and norms, health management, funding.

Questionnaire: online survey, 72 questions, answered in (average): 80 minutes.

Participants: 92 national Key persons for palliative care development, nominated from National Associations or identified by publications and/or previous publications.

Coverage: 51/54 countries (94%): with two respondents 29/51 countries (57%), with one respondent 20/51 (39%), other sources 2/51 (4%).

Survey 2 Details

Areas explored:

— 3 indicators on time of stay of patients in specialised PC, database on PC provision, National program on Chronic diseases (specially developed for this survey by authors).

— 8 main indicators on public health (Arias-Casais N et al, 2019).

Questionnaire: online survey, 13 questions, time answered in (average) 32 minutes.

Participants: 29 national experts in Palliative Care Public Health issues.

Profile of experts (affiliation): 15 University, 4 PC Service, 3 National Association, 2 Minister of Health, 2 Open Society and 1 Primary Care.

Coverage: 26/54 countries (48%): with one respondent 23/26 (88%) countries, with 2 respondent 3/26 (11%).

Data collection: 12/2018 to 3/2019 (4 months).

Project Management: ATLANTES Research Group, Institute for Culture and Society, University of Navarra, Pamplona (Navarra), Spain.

Scientific Advice: Luc Deliens (Belgium), Xavier Gómez Batiste (Spain).

Promotor: European Association for Palliative Care (EAPC).

Carlos Centeno, Luc Deliens, Xavier Gómez-Batiste.

“PALLIATIVE CARE FOR ALL WHO NEED IT!”

In this simple way the European Association for Palliative Care (EAPC) stated the heart of its vision and mission years ago. In 2007 this voice was reinforced when the World Health Assembly adopted the 67·19 resolution (1) on the need of strengthening and improving health coverage by integrating PC into national health systems. In 2018, The Lancet Commission on PC claimed that 35·5 million people experienced serious health-related suffering due to life-threatening and life-limiting conditions (2). Recently, the Declaration of Astana's Global Conference on Primary Health Care stepped towards the decisive inclusion of PC as an essential service to achieve universal health coverage by 2030 (3).

This chapter presents an overview of the integration of PC into the National Health Systems across Europe by looking at the countries' regulatory framework, health strategies and application of health policies in practice.

The right for PC and the legislation

The majority of European countries (76%) have adapted their General Health Laws and included PC as a mandatory service, as a right of the patient, or even as a human right. PC is included in the list of primary care health services in 36 countries (71%). Greece guarantees PC in the first Article of the Primary Health Care Law whereas other countries cover PC in the general legislation. In Austria, PC is defined in the latest legislation as a medical task, in some German states GPs trained in basic PC (40 hrs) are entitled to be paid

for PC services. and in other countries like the Netherlands, general health care professionals are obliged to provide PC services at home. Eight countries have a dedicated Law to PC.

National Plans or Strategies

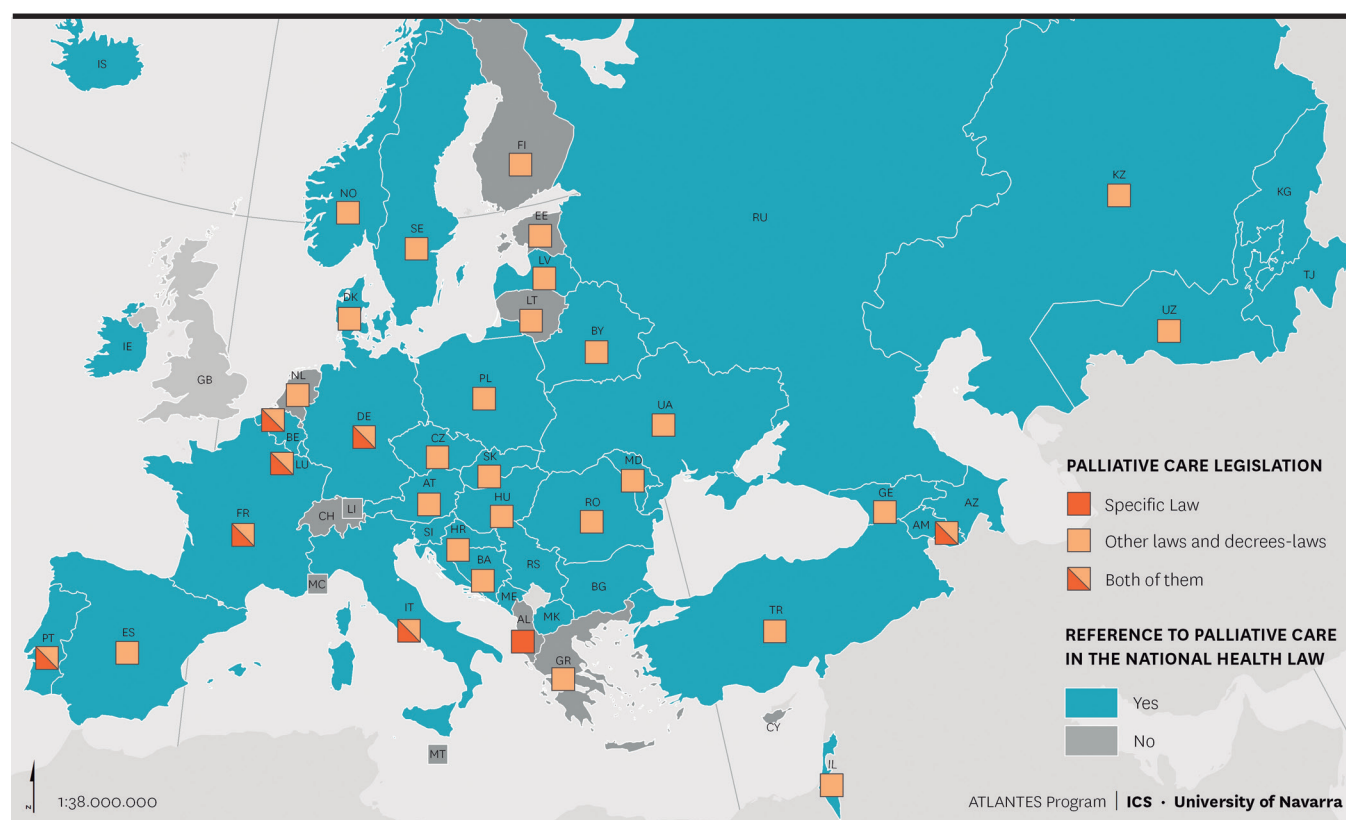
National PC Plans are available in almost all Western European countries except for smaller states or the United Kingdom and Belgium where a different way to deal with health policy exists. In politically decentralised countries such as Spain, Switzerland or the Czech Republic, regional authorities promote rather regional PC strategies. Poland was one of the first Eastern European countries to have a national PC programme and in Russia a special sub-programme on PC development included in the State Health Programme “Health Care development in Russia” has recently been developed. Other countries like Germany do not have a National Plan or Strategy but an equivalent Law on Hospice and Palliative Care (December 2015) that is being carefully implemented.

The management of policies in practice

The existence of a person in the Department of Health responsible for PC policies has been considered the most relevant policy indicator by the experts of this EAPC survey. Interestingly, 35/51 countries (83% in Western Europe and 56% in Central and Eastern Europe) report a designated person with this role. Having data is crucial to apply appropriate policies and some countries like Italy, Georgia, Hungary, Sweden, Denmark and Belgium have started registering PC provision outcomes in national databases. (De Schreye R, 2017).



Chapter 3. Integration of Palliative Care in national health systems in Europe



Map 3.1. Palliative Care and Health Policies.

KEY NOTES ON THE RIGHT TO PC

Bulgaria. PC has been included in the basic package but only for patients with oncological diseases, labelled as: Clinical pathway #257 - Palliative care for adult advanced cancer patients (including also patients with hematologic malignancies).

France. The provision of PC is defined as a “public service” (art. L6112-1 of the Public Health Code).

Germany. Access to Specialist PC in Germany as a right of patients.

Kazakhstan. Palliative care is included in the Guaranteed Scope of Free Medical Care.

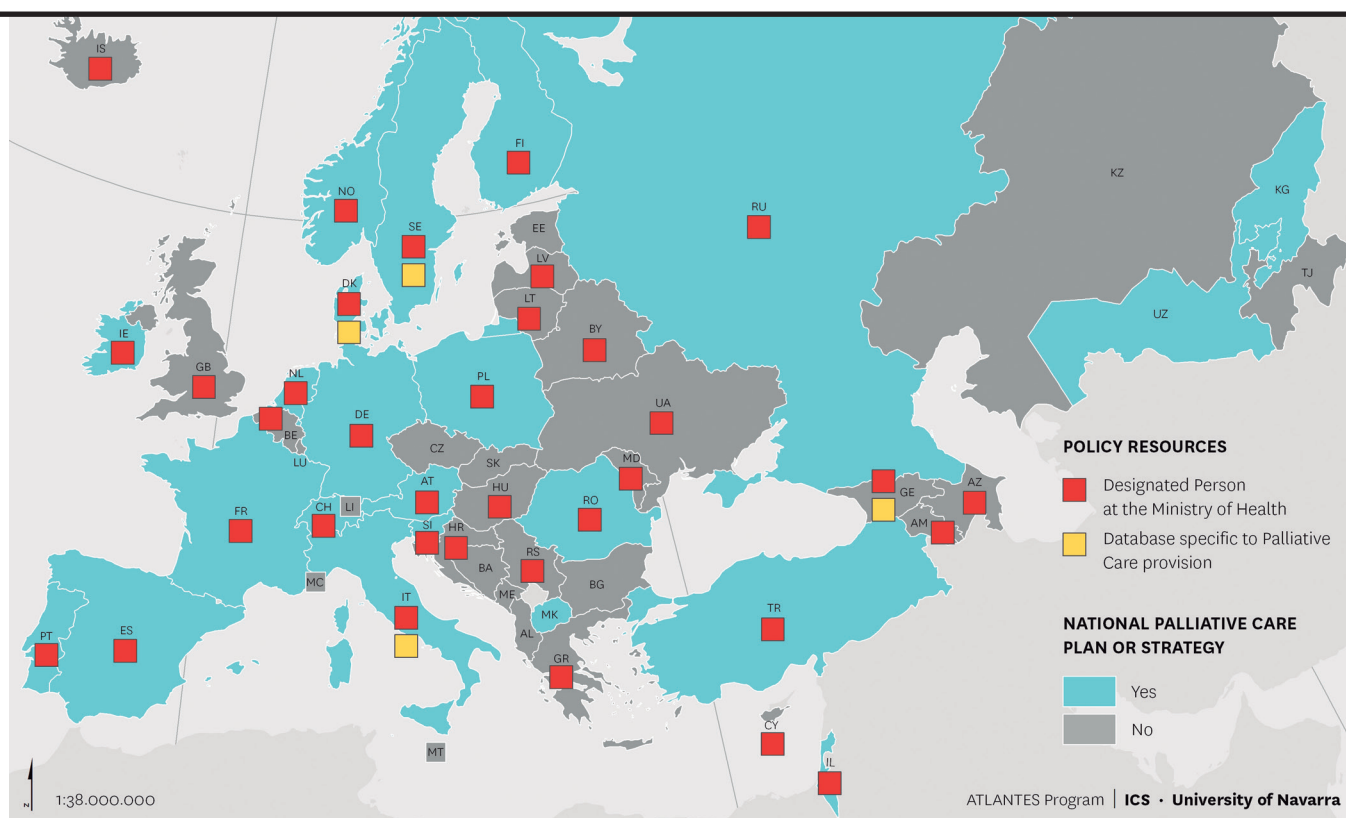
Kyrgyzstan. Palliative patients are included in the programme of State guarantees for the citizens in the Kyrgyz Republic health care.

Liechtenstein. Generally Palliative Care has been included in Nursing Homes and Home Care Services.

The Netherlands. Most of palliative care, as it is described in the National Quality Framework, is covered by the basic health insurance.

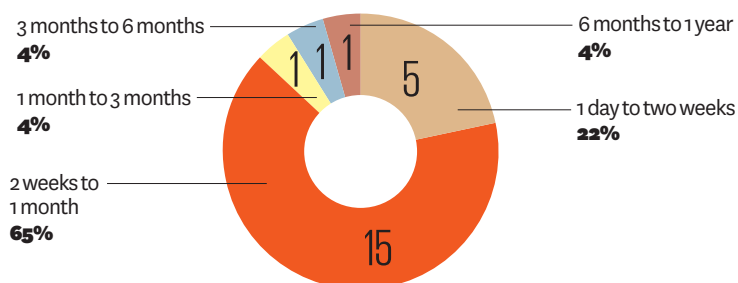
COUNTRIES WITH NATIONAL LAWS

COUNTRY	YEAR	LAW OR ACT
France	1999	Law n° 99-477 aiming to guarantee the right to access to palliative care
Belgium	2002 (2016)	[S-C-2002/22868] The Palliative Care Act, [C-2016/24163] An Act to amend the Act of June 14, 2002 on palliative care with a view to broadening the definition of palliative care
Luxembourg	2009	Law on palliative care, advance instructions and end-of-life accompaniment
Italy	2010	Law 38/2010 to guarantee access to palliative care and pain therapy
Portugal	2012	Law n.º 52/2012, Law of Bases of Palliative Care
Albania	2014	Law Nr. 138/2014 For Palliative Care in Republic of Albania
Germany	2015	The Act to Improve Hospice and Palliative Care in Germany (Hospice and Palliative Care Act - HPG)
Armenia	2017	Law N 45-N on Palliative Medical Assistance and Service Providing

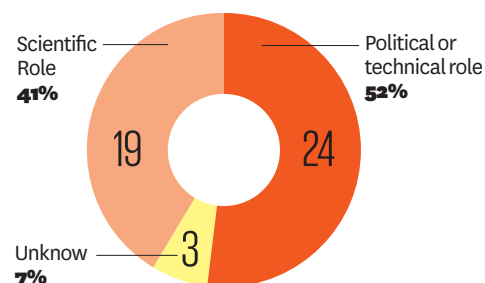


Map 3.2. Policy Resources and National plans for Palliative Care.

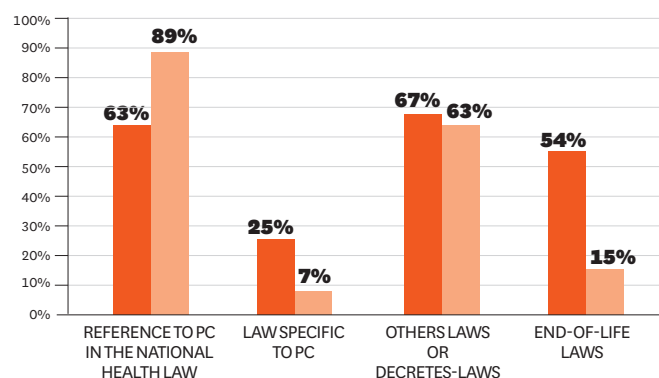
TIME AVERAGE OF PATIENTS IN INPATIENT SPECIALISED PC UNITS/HOSPICES (N=23)



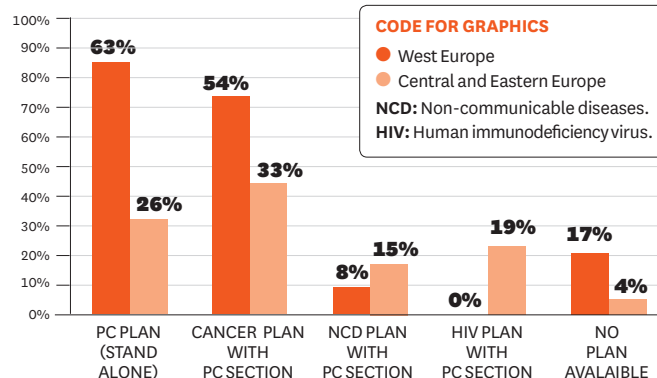
ROLE OF THE DESIGNATED PERSON AT THE MINISTRY OF HEALTH



LEGISLATIVE FRAMEWORK IN WEST AND CENTRAL AND EASTERN EUROPE



NATIONAL PLAN OR STRATEGY FOR PC IN WEST EUROPE AND CENTRAL AND EASTERN EUROPE





Chapter 3. Integration of Palliative Care in national health systems in Europe

SELECTED READINGS

1. **World Health Assembly.** Strengthening of palliative care as a component of comprehensive care throughout the life course. Geneva: World Health Organization, 2014. http://apps.who.int/gb/ebwha/pdf_files/wha67/a67_r19-en.pdf (accessed Dec 18, 2018).
2. **Knaut FM, et al.** Alleviating the access abyss in palliative care and pain relief - imperative of universal health coverage: The Lancet Commission report. *Lancet* 2018, 391(10128): 1391-454.
3. Declaration of Astana's Global Conference on Primary Health Care. <https://www.who.int/docs/default-source/primary-health/declaration/gcphc-declaration.pdf> (accessed April 4, 2019).
4. **Arias-Casais N, et al.** Brief Manual on Health Indicators to Monitoring Global Palliative Care Development. Houston: IAHP Press, 2019.

5. **Brereton L, et al.** What do we know about different models of providing palliative care? Findings from a systematic review of reviews. *Palliat Med.* 2017,31(9):781-797.

6. **Clark J, et al.** Reframing Global Palliative Care Advocacy for the Sustainable Development Goal Era: A Qualitative Study of the Views of International Palliative Care Experts. *J Pain Symptom Manage.* 2018,56(3):363-370.

7. **Woitha K, et al.** Policy on palliative care in the WHO European region: an overview of progress since the Council of Europe's (2003) recommendation 24. *Eur J Public Health.* 2016,26(2):230-5.

8. **Woitha K, et al.** Ranking of Palliative Care Development in the Countries of the European Union. *J Pain Symptom Manage.* 2016,52(3):370-7.

9. **Sharkey L, et al.** National palliative care capacities around the world: Results from the World Health Organization Noncommunicable Disease Country Capacity Survey. *Palliat Med.* 2018,32(1):106-113.

10. **Centeno C, et al.** The Palliative Care Challenge: Analysis of Barriers and Opportunities to Integrate Palliative Care in Europe in the View of National Associations. *J Palliat Med.* 2017 Nov,20(11):1195-1204.

11. **Groeneveld EI, et al.** Funding models in palliative care: Lessons from international experience. *Palliat Med.* 2017,31(4):296-305.

NATIONAL EXPERTS COLLABORATING IN THIS CHAPTER

Albania (Irena Laska), **Armenia** (Artashes Tadevosyan, Avetis Babakhanyan), **Austria** (Austrian Association for Palliative Care, Mag. Leena Pelttari), **Azerbaijan** (Nabil Seyidov), **Belarus** (Natalya Narkevich), **Belgium** (Paul Vanden Berghe, confidential, Joachim Cohen), **Bulgaria** (Gergana Foreva, Nikolay Yordanov), **Bosnia and Herzegovina** (Emira Dropic, Ruzica Lazic), **Croatia** (Bibliographic revision, confidential), **Cyprus** (Kyriakos Stylianides, Sophia Nestoros), **Czech Republic** (Martin Loučka, Ondřej Sláma), **Denmark** (Helle Timm, Mai-Britt Guldin), **Deutschland** (Friedmann Nauck, Brigit Jaspers, Boris Zernikow, Lukas Radbruch), **Estonia** (Pille Sillaste, Kaiu Suija), **Finland** (Tiina Saarto, Minna Kiljunen), **France** (Sandrine Bretonniere, Marilène Filbet, Lyn Silove, Cecile Barbalet), **Georgia** (Dimitri Kordzaia, Nino Kiknadze), **Greece** (Athina Vadalouca, Kyriaki Mystakidou, Aliki

Tserkezoglou), **Hungary** (Agnes Csikos, Katalin Hegedus), **Iceland** (Valgerdur Sigurdardottir, Svandís Iris Halfdanardóttir), **Ireland** (Michael Connolly, Brian Creedon, Kellie Myers, Julie Ling), **Israel** (Ron Sabar, Glynis Katz, Michaela Bercovitch), **Italy** (Italo Penco, Carlo Peruselli), **Kazakhstan** (Gulnara Kunirova), **Kyrgyzstan** (confidential, Lola Asanalieva, Aibek Mukambetov), **Latvia** (Anda Jansone, Vilnis Sosars), **Lithuania** (Rita Kabasinskiene), **Liechtenstein** (Ingrid Frommelt), **Luxembourg** (Marie-France Liefgen, Frédéric Fogen), **Macedonia** (confidential), **Malta** (Jurgen Abela), **Monaco** (Jean-François Ciais, Vito Curiale), **Montenegro** (Literature search), **Netherlands** (Jeroen Hasselaar, Esmé Wiegman-van Meppelen Scheppink, Judith Rietjens), **Norway** (Dagny Faksvåg Haugen), **Poland** (Aleksandra Ciatkowska-Rysz, Aleksandra

Kotlinska-Lemieszek), **Portugal** (Edna Gonçalves, Manuel Luís Capelas), **Republic of Moldova** (Liliana Gherman, Valerian Isac, Natalia Carafizi), **Romania** (Daniela Mosoiu), **Russian Federation** (Diana Nevzorova, Advisory Board of the Russian Association for Palliative Care), **Serbia** (confidential, Natasa Milicevic, Dragana Jovanovic, Snezana Bosnjak), **Slovakia** (Andrea Skripekova, Kristina Krizanova), **Slovenia** (Nevenka Krčevski Škvarč, Mateja Lopuh), **Spain** (Javier Rocafort Gil, Rafael Mota), **Sweden** (Carl Johan Fürst, Carl-Magnus Edenbrandt, Lisa Martinson), **Switzerland** (Walter Brunner, Lea von Wartburg), **Tajikistan** (Nigora Abidjanova), **Turkey** (confidential, Seref Komurcu), **Ukraine** (Lyudmyla-Oksana Andriyishyn, confidential, Sofia Shunkina), **United Kingdom** (Pam Firth, Andrew Davies), **Uzbekistan** (Literature review).

AUTHORS

Carlos Centeno
University of Navarra
Institute for Culture and Society (ICS)
ATLANTES Research Program
Pamplona (Navarra), Spain

Luc Deliens
University Gent
Vrije Universiteit Brussel
End-of-life Care Research Group
Brussels, Belgium

Xavier Gómez-Batiste
Qualy Observatory
WHO Collaborating Center for Palliative Care
Public Health Programs
Catalan Institute of Oncology
Barcelona



Chapter 4. Palliative medicine education across Europe

TECHNICAL DATA ON THE 2019 EAPC SURVEY ON PALLIATIVE CARE EDUCATION

Population: 54 countries of the European WHO region and Liechtenstein.

Survey 1 Details

Areas explored: 4 main health indicators on Palliative Care education (Arias-Casais N et al, 2019): specialization in PC for physicians, medical and nursing schools teaching PC, and PC professorship.

Questionnaire: online survey, 15 questions.

Participants: 92 national Key persons for palliative care development, nominated from National Associations or identified through publications and/or previous publications.

Coverage: 51/54 countries (94%): with two respondents 29/51 countries (57%), with one respondent 20/51 (39%), other sources 2/51 (4%).

Survey 2 Details

Areas explored: 4 main health indicators on Palliative Care education (Arias-Casais N et al, 2019): specialization in PC for physicians, medical and nursing schools teaching PC, and PC professorship including some further specific questions.

Questionnaire: online survey, 26 questions, time answered in (average) 30 minutes.

Participants: 45 national experts in Palliative Care education.

Profile of experts (affiliation): University professors.

Coverage: 27/54 countries (50%): with one respondent 20/27 (74%) countries, with 2 or more respondents 7/54 (26%).

Data collection: 12/2018 to 3/2019 (4 months).

Project Management: ATLANTES Research Group, Institute for Culture and Society, University of Navarra, Pamplona (Navarra), Spain.

Scientific Advice: Sofia Zambrano (Colombia/Switzerland), Steffen Eychmüller (Switzerland), Deborah Bolognesi (Italy) and Guido Biasco (Italy).

Promotor: European Association for Palliative Care (EAPC).

Antonio Noguera, Sofia Zambrano, Steffen Eychmüller, Guido Biasco, Deborah Bolognesi.

THE LACK OF PALLIATIVE CARE EDUCATION AND TRAINING OPPORTUNITIES IN THE PALLIATIVE MEDICINE FIELD HAVE BEEN REPEATEDLY IDENTIFIED AS BARRIERS TO THE DEVELOPMENT OF THE DISCIPLINE IN EUROPE (1).

The absence of a process of official specialisation for physicians (2), small proportions of medical and nursing schools including PC education in the undergraduate curricula or shortages of PC professors are some of the most commonly highlighted issues (3). In this chapter we try to look at these indicators, and to add some information regarding the number of teaching hours provided as well as the existence of clinical clerkships in PC units.

Official Specialisation in Palliative Medicine for Physicians

Around half the European countries (29/51) have an official accreditation process for physicians accredited by the national competent authorities.

Nevertheless, the recognition varies from PC being recognised as a separate specialty, to a sub-specialty or as a special field of competence. The most frequent one in Europe is the special field/area of competence (13/51) whereas just 11 countries report PC as a sub-specialty, and five have a specific specialty. To date, 15 countries report ratios of accredited PC physicians that surpass the ratio of 1 physician per 100000 inhabitants. Particularly high ratios have been identified in Germany, Slovenia, Finland, Romania and Belgium.

Palliative Care teaching in Medical Schools

PC education is increasingly being included into Medical Schools across European countries. However, the percentage of medical schools per country and the way it is taught varies greatly. Only nine countries report teaching PC as specific mandatory subject in all medical schools in their respective countries (Austria, United Kingdom, Belgium, Estonia, France, Germany, Luxembourg, Republic of Moldova and Switzerland). Some more ensure teaching it in over half their medical faculties. Further seven countries report teaching it mandatorily in combination with other subjects (ie.: Palliative Care and Oncology) to all medical students. Importantly only very few countries report offering over 20 PC teaching hours and mandatory clinical practice in PC for all medical students.

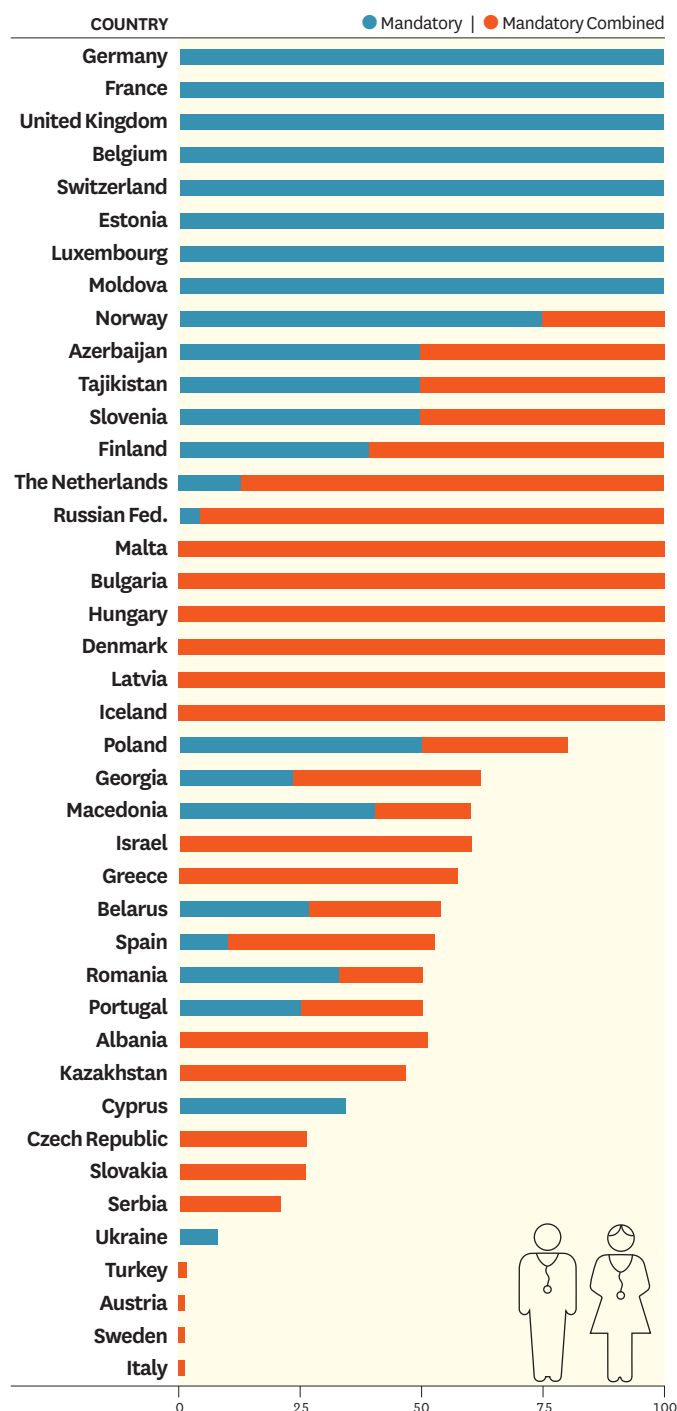
Palliative Care teaching in Nursing Schools

Although 22/51 countries include PC teaching somehow in all nursing schools in their country, PC teaching is normally included as a module in another subject and just taught as a mandatory specific subject significantly in France, Austria and Poland. Only seven countries offer the possibility of clinical placements in a specific PC unit, and only Hungary, Iceland and Poland report having placements in all countries' nursing schools. There are still 15 countries that do not offer any PC teaching at nursing schools and information from 11 countries was not available.

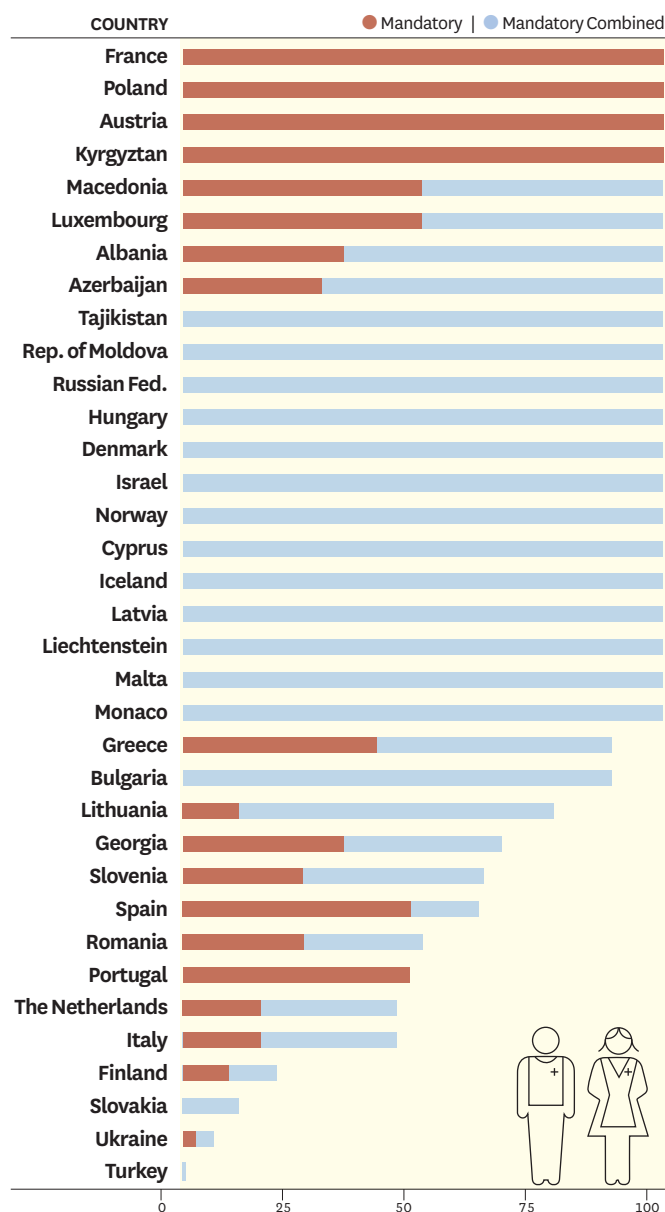


Chapter 4. Palliative medicine education across Europe

PC TEACHING IN MEDICAL SCHOOLS



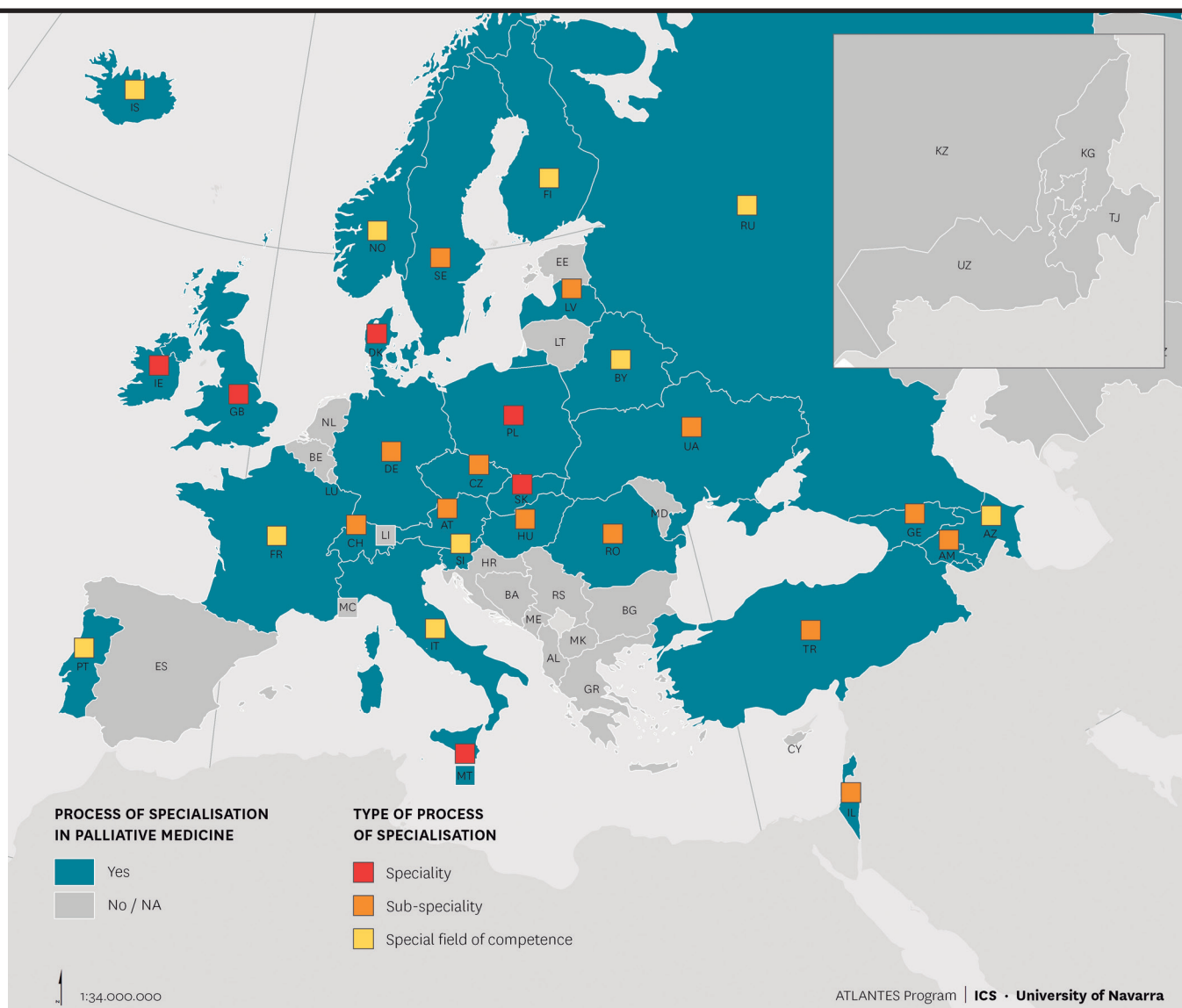
PC TEACHING IN NURSING SCHOOLS



Palliative Medicine Professorship

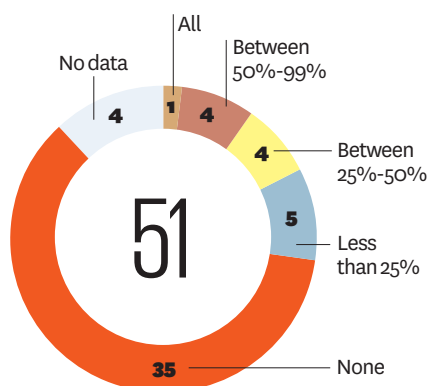
The number of PC teachers in the university is sub-optimal with 15 countries reporting the existence of PC Full professors (1st level professors), 19 of associate professors (2nd level professors) and 11 of assistant professors (3rd level professors) for medical

schools. Regarding teaching workforce in nursing Schools just five countries have reported the existence of Full professors, one of the existence of an associate professor, and five the existence of assistant professors.

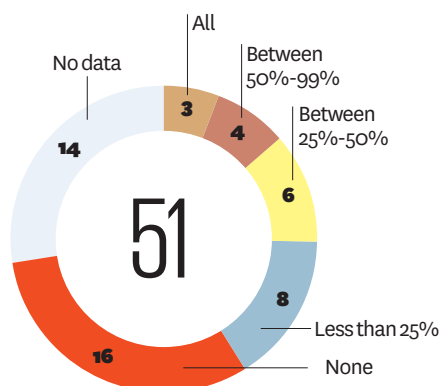


Map 4.1. Palliative Care Education.

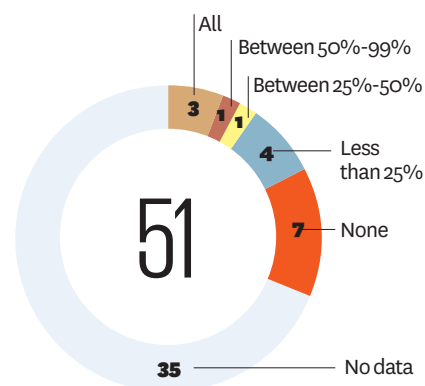
PROPORTION OF MEDICAL SCHOOLS TEACHING OVER 20 HOURS OF PC



PROPORTION OF MEDICAL SCHOOLS INCLUDING PC MANDATORY CLERKSHIP



PROPORTION OF NURSING SCHOOLS INCLUDING PC MANDATORY CLERKSHIP





Chapter 4. Palliative medicine education across Europe

SELECTED READINGS

1.1. Centeno C et al. The Palliative Care Challenge: Analysis of Barriers and Opportunities to Integrate Palliative Care in Europe in the View of National Associations. *J Palliat Med* 2017;20(11):1195-1204.

2. Centeno C et al. Comparative analysis of specialization in palliative medicine processes within the World Health Organization European region. *J Pain Symptom Manage* 2015;49(5):861-870.

3. Carrasco JM et al. Palliative Care Medical Education in European Universities: A descriptive study and numerical scoring system proposal for assessing educational development. *J Pain Symptom Manage* 2015;50(4):516-23.

4. Noguera A et al. Palliative care teaching shapes medical undergraduate students' professional development: a scoping review. *Current Opin Support Palliat Care* 2018;12:495-503.

5. Walker S et al. Palliative care education for medical students: Differences in course evolution, organisation, evaluation and funding: A survey of all UK medical schools. *Palliat Med* 2017;31(6):575-81.

6. Noguera A, et al. How Do Experienced Professors Teach Palliative Medicine in European Universities? A Cross-Case Analysis of Eight Undergraduate Educational Programs. *J Palliat Med*. 2018;21(11):1621-1626.

NATIONAL EXPERTS COLLABORATING IN THIS CHAPTER

Albania (Irena Laska), **Armenia** (Artashes Tadevosyan), **Austria** (Piret Paal), **Azerbaijan** (Nabil Seyidov), **Belarus** (Anna Garkachova, Natalia Narkevich), **Belgium** (Paul Vanden Berghen, confidential), **Bosnia and Herzegovina** (Emira Dropic, Ruzica Lazic), **Bulgaria** (Nikolay Yordanov), **Croatia** (Anica Jusic), **Cyprus** (Andreas Charalambous), **Czech Republic** (Martin Loučka, Ondřej Sláma), **Denmark** (Mette Asbjørn Neergaard, Helle Timm), **Estonia** (Pille Sillaste, Kaiu Suija), **Finland** (Juho T. Lehto, Minna Hökkä), **France** (Marilene Filbet, Sandrine Bretonniere), **Germany** (Frank Elsner), **Greece** (Elisabeth Patiraki, Athina Vadalouca, Kyriaki Mystakidou), **Georgia** (Dimitri Kordzaia), **Hungary** (Katalin Hegedus, Gabor Benyo), **Iceland** (Valgerður

Sigurðardóttir, Svandís Íris Háldánardóttir), **Ireland** (Michael Connolly, Brian Creedon and Kellie Myers), **Israel** (Ron Sabar, Glynis Katz), **Italy** (Chiara Mastroianni, Maria Grazia De Marinis, Monica Beccaro), **Kazakhstan** (Gulnara Kunirova), **Kyrgyzstan** (Pirnazarova Guljahan), **Latvia** (Anda Jansone, Vilnis Sosars), **Liechtenstein** (Ingrid Frommelt), **Lithuania** (Rita Kabasinskiene), **Luxembourg** (Marie-France Liefgen, Frédéric Fogen), **Republic of Macedonia** (Lidija Veterovska Miljkovic), **Malta** (Jurgen Abela), **Monaco** (Jean-François Ciais, Vito Curiale), **Montenegro** (Bibliographic revision), **Norway** (Dagny Faksvåg Haugen), **Poland** (Aleksandra Kotlińska-Lemieszek, Leszek Pawłowski), **Portugal** (Miguel Julião, Marília Dourado, Manuel Luís Vila Capelas, Ana Querido),

Republic of Moldova (Liliana Gherman, Valerian Isac), **Romania** (Daniela Mosoiu, Vladimir Poroch), **Russian Federation** (Diana Nevzorova), **Serbia** (Mijodrag Bogicevic, Natasa Milicevic), **Slovakia** (Kristina Križanová), **Slovenia** (Albina Bobnar), **Spain** (Antonio Noguera, Salvador Martín-Utrilla, Montserrat Ballesteros García), **Sweden** (Marit Karlsson), **Switzerland** (Walter Brunner), **Tajikistan** (Nigora Abidjanova), **The Netherlands** (Franca Warmenhoven, Jeroen Hasselaar, Esmé Wiegman-van Meppelen Scheppink), **Turkey** (Adem Akcaya), **Ukraine** (Kseniia Shapoval-Deinaga, Iryna Slugotska, Oryna Detsyk), **United Kingdom** (John Ellershaw, Stephen Mason, Amy Gadoud, Annie Pettifer), **Uzbekistan** (Bibliographic revision).

AUTHORS

Antonio Noguera
University of Navarra
Institute for Culture and Society (ICS)
ATLANTES Research Program
Pamplona (Navarra), Spain

Sofia Zambrano, Steffen Eychmüller
University Centre for Palliative Care
Inselspital, Bern University Hospital
University of Bern
Bern, Switzerland

Guido Biasco
Alma Mater Professor-Clinical Oncology,
University of Bologna
Bologna, Italy

Deborah Bolognesi
Fondazione Isabella Seràgnoli,
Bologna, Italy



Chapter 5. Use of medicines for Palliative Care

TECHNICAL DATA ON THE 2019 EAPC SURVEY ON USE OF MEDICINES FOR PALLIATIVE CARE

Population: 54 countries of the European WHO region and Liechtenstein.

Survey Details

Areas explored: 3 indicators on morphine availability in the public health sector, prescription issues (special forms, time limitations and patients' registrations), professionals allowed to prescribe opioids; and one extra indicator: use of medicines in mg/capita ME (as reported by INCB).

Questionnaire: on-line survey, 7 questions.

Participants: 92 key persons for Palliative Care development, nominated from National Associations or identified through previous publications.

Coverage: 51/54 countries (94%): with two respondents 29/51 countries (57%), with one respondent 20/51 (39%), other sources 2/51 (4%).

Data collection: 12/2018 to 3/2019.

Project Management: ATLANTES Research Group, Institute for Culture and Society, University of Navarra, Pamplona (Navarra), Spain.

Scientific Advice: Jim Cleary (USA) and Liliana de Lima (Colombia/USA).

Promotor: European Association for Palliative Care (EAPC).

Natalia Arias, Eduardo Garralda, Carlos Centeno, Jim Cleary, Liliana de Lima.

PAIN RELIEF IS THE PILLAR OF PALLIATIVE CARE (LANCET, 2018). WITHIN IT, MORPHINE IS CONSIDERED THE MOST APPROPRIATE MEDICINE TO TREAT MODERATE-TO-SEVERE PAIN IN CANCER AND PC PATIENTS AND HAS BEEN USED AS A PROXY TO ASSESS PC DEVELOPMENT.

A ccording to the Lancet Commission Report on Palliative Care and Pain Relief, any patient with moderate to severe pain or with terminal dyspnoea must have available morphine in oral immediate release and injectable preparation (Lancet, 20018). Governments should guarantee access and availability to these medicines over more complex and expensive opioids forms like modified-release morphine, fentanyl, or oxycodone. Besides morphine, other medicines were identified as crucial to PC pain and symptom management. In 2018 they were presented as part of an Essential Package (Lancet, 2018) based on WHO's Essential Medicines List for PC (WHO, 2017). Research has highlighted an abyss on access to pain relief medicines with worrisome inequalities around the world (Lancet, 2018; Human Rights Watch, 2011). Some barriers hindering access to pain relief account for problems related to availability, affordability, and prescription limitations amongst others.

This chapter presents regional data regarding general morphine availability in the public health sector, prescription-related limitations, information on health professionals entitled to prescribe opioids, and data on opioid consumption retrieved from the International Narcotic Control Board.

Morphine Availability in the Public Health Sector

General availability of immediate release oral morphine (in liquid or tablet) at the primary care level is commonly reported across European countries. 38/51 countries estimate its availability in over 50% of pharmacies at the primary care level. However, availability remains an

issue in a number of countries, mostly in Central and Eastern Europe: Armenia, Azerbaijan, Bulgaria, Cyprus, Georgia, Greece, Hungary, Montenegro, Republic of Macedonia, Russian Federation, Tajikistan, Uzbekistan. Some of these report availability limitations restricted to specially-licensed pharmacies (i.e. Armenia), general hospitals (i.e. Cyprus), or to certain type of formulations (i.e. Bulgaria).

Opioid prescription requirements

The majority of European countries (41/51) reported having special opioids prescription forms. Seven countries reported not requiring them: Denmark, Finland, Iceland, Ireland, Netherlands, Portugal, Switzerland, and the United Kingdom. To ease the prescription process, some countries have enabled electronic prescriptions forms (i.e. Finland). Prescriptions have no time limits in fourteen countries. Four countries reported prescriptions to be limited to over a month, while twenty countries count with prescription limited to few weeks (less than a month). Only nine countries reported having prescriptions limited to few days: Armenia, Belarus, Bosnia and Herzegovina, Georgia, Greece, Kyrgyzstan, Slovakia, Slovenia and Tajikistan. Interestingly, the majority of European countries do not require patients to register as opioid users to qualify for an opioid prescription. However, six countries, mostly in Eastern Europe, still require patients do so (Armenia, Bosnia and Herzegovina, Georgia, Greece, Malta or Macedonia).

Professionals allowed to prescribe opioids

Opioids can be prescribed by all General Physicians and Family Doctors in 42/51 countries. In five countries (Bosnia and Herzegovina, Kyrgyzstan, Macedonia, Slovakia and Tajikistan) these professionals are not allowed to prescribe. In 37 countries, opioid prescription is allowed to all specialists, and in 12 only to some specialists (i.e. Oncologists, Internists, Surgeons). Eleven countries report that only PC-trained physi-



Chapter 5. Use of medicines for Palliative Care

cians can prescribe opioids. Only the United Kingdom and Ireland have registered non-medical prescribers, which are mostly of PC-trained nurses.

Consumption of strong opioid analgesics

Data from 2017 on the consumption of strong opioids strongly oscillates across the region. Countries like Austria and Germany account for high figures on opioid consumption, reporting over 400 milligrams per capita in morphine-equivalent; while opioid consumption in Ukraine, Kazakhstan, Azerbaijan, Armenia, Uzbekistan, or Tajikistan fails to reach the 1 milligram per capita in morphine-equivalents. Figures showing high consumption of opioids are mostly found in Western Europe, where the majority of countries report rates of over 100 milligrams per capita. Twelve countries in Eastern Europe manage consumption figures of less than 12 milligrams per capita: Belarus, Malta, Albania, Moldova, Russian Federation, Georgia, Turkey, Ukraine, Kazakhstan, Azerbaijan, Armenia, Uzbekistan and Tajikistan.

WHO ESSENTIAL MEDICINES LIST FOR PC (2017)

1. Acetylsalicylic acid
2. Amitriptyline
3. Cyclizine
4. Codeine
5. Dexamethasone
6. Diazepam
7. Decusate sodium
8. Fentanyl (transdermal patch)
9. Fluoxetine
10. Haloperidol
11. Hyoscine butylbromide
12. Hyoscine hydrobromide
13. Ibuprofen
14. Lactulose
15. Loperamide
16. Metoclopramide
17. Midazolam
18. Morphine
19. Methadone*
20. Ondansetron
21. Paracetamol
22. Senna

* For the management of cancer pain.

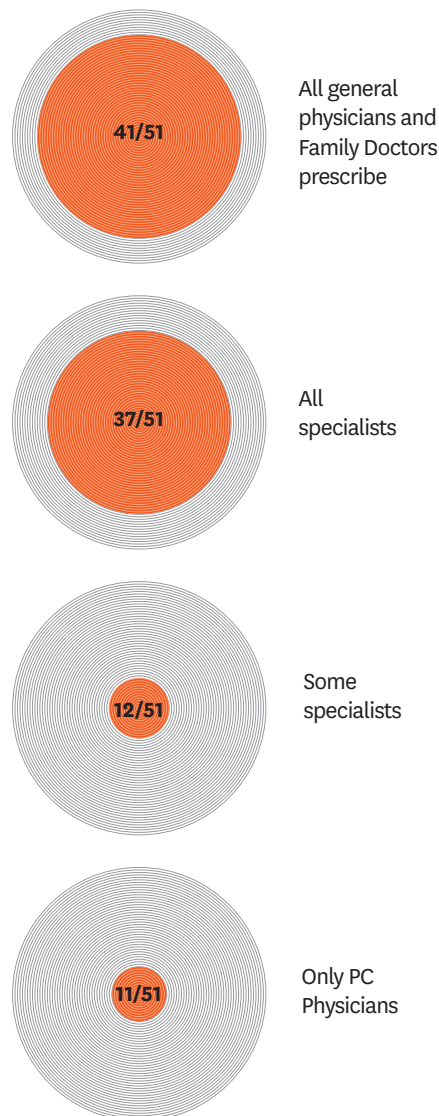
CONSUMPTION OF STRONG OPIOIDS ACROSS EUROPE IN 2017

Expressed in milligrams per capita, in Morphine Equivalent (ME), excluding Methadone.

QUARTILE	COUNTRY	MG/CAP ME
Q1	Austria	524,01
Q1	Germany	403,19
Q1	Netherlands	294,21
Q1	Switzerland	281,85
Q1	Denmark	279,34
Q1	Belgium	268,28
Q1	Israel	255,35
Q1	Spain	249,09
Q1	Norway	229,63
Q1	Sweden	204,42
Q1	Ireland	194,51
Q1	Iceland	176,50
Q2	United Kingdom	162,44
Q2	France	151,83
Q2	Luxembourg	148,16
Q2	Finland	126,92
Q2	Greece	116,40
Q2	Slovenia	114,73
Q2	Italy	111,40
Q2	Czech Republic	109,08
Q2	Slovakia	103,09
Q2	Hungary	92,58
Q2	Portugal	86,52
Q2	Cyprus	66,06
Q3	Macedonia	57,18
Q3	Latvia	40,89
Q3	Poland	36,57
Q3	Croatia	35,15
Q3	Serbia	29,91
Q3	Lithuania	28,56
Q3	Estonia	25,08
Q3	Montenegro	23,48
Q3	Romania	23,45
Q3	Bulgaria	17,45
Q3	Bosnia and Herzegovina	11,90
Q4	Belarus	10,37
Q4	Malta	10,20
Q4	Albania	7,31
Q4	Moldova	5,75
Q4	Russian Federation	4,65
Q4	Georgia	4,07
Q4	Turkey	1,28
Q4	Ukraine	0,78
Q4	Kazakhstan	0,77
Q4	Azerbaijan	0,39
Q4	Armenia	0,27
Q4	Uzbekistan	0,22
Q4	Tajikistan	0,00

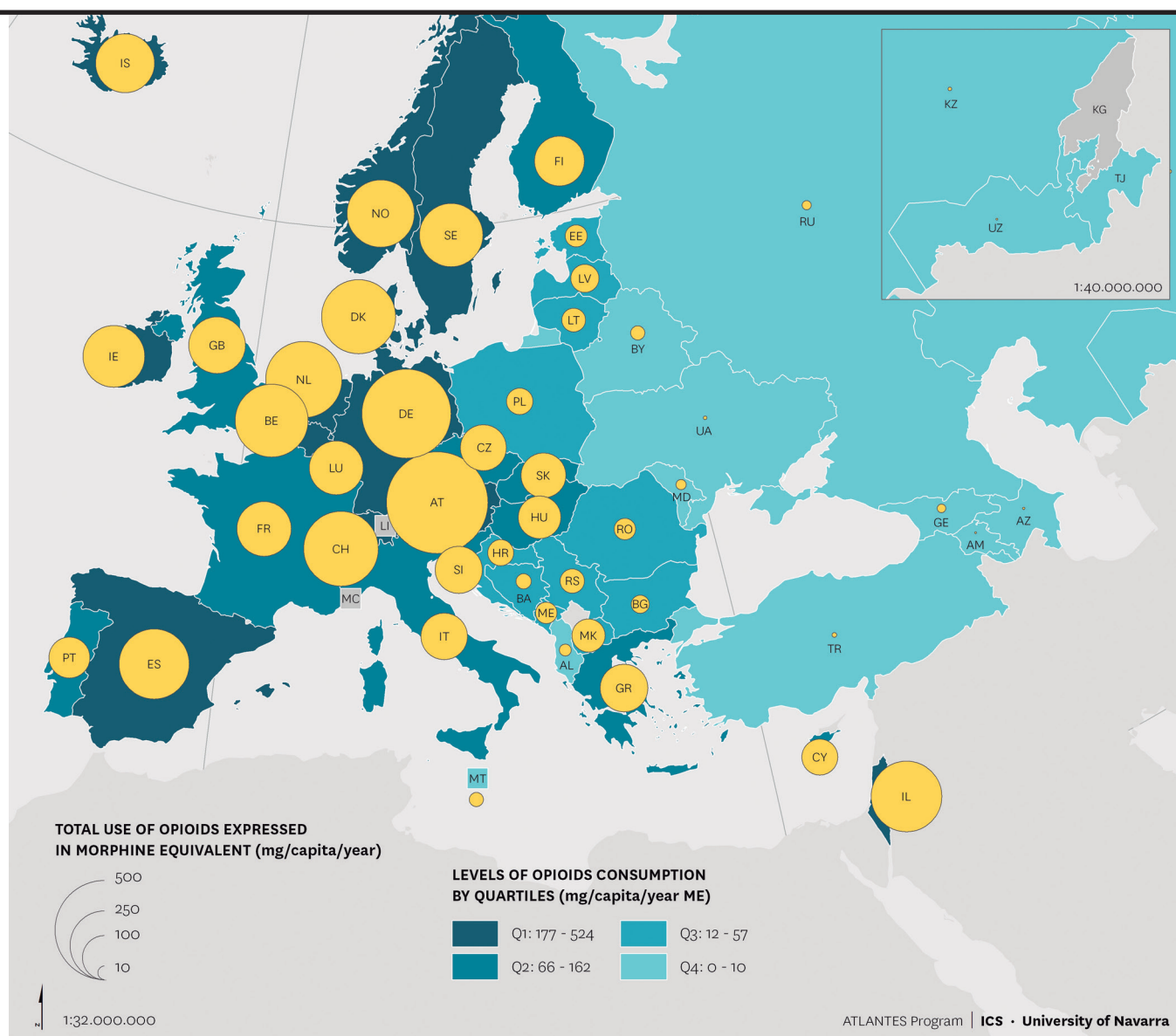
Only the United Kingdom and Ireland allow Nurses trained in Palliative Care to prescribe opioids

PROFESSIONALS ALLOWED TO PRESCRIBE OPIOIDS



38/51

countries inform availability of immediate-release oral morphine (liquid or tablet) at the primary care facilities (in over 50% of pharmacies)



Map 5.1. Consumption of Strong Opioids across Europe in 2017.

SOME KEY NOTES ON PRESCRIPTION OF PAIN MEDICINES

Albania. Patients with end-stage cancer in need of pain relief have unlimited access to morphine.

Bulgaria. Opioids are completely free of charge for cancer patients. There are no limitations to the amount, administration routes, or types of opioids that can be prescribed to a patient for a period of one month.

Croatia. According to the Croatian Pharmaceutical Country Profile,

the opiates included in the national list of essential medicines are prescription medicines. Starting 2011, a new special prescription form is required and most of these medications are either free or provided with >75% subsidy.

Finland. Finland has incorporated electronic prescriptions.

Latvia. Doctors can prescribe any required dose and indicate for which

period of time the patient should take the medicine. Patients using morphine are registered by their diagnosis according to diagnostic indications e.g. C16.

Lithuania. Electronic prescriptions don't require special forms.

Republic of Moldova. Prescriptions are valid for up to 30 days. Patients do not need to register to be eligible for an opioid prescription. Any citi-

zen is entitled to be prescribed opioids. Once a family doctor prescribes opioids for the first time, the patient automatically receives an "attached card" that matches the patient with a specific dispensing pharmacy.

Sweden. An opioid prescription is valid for one year and can be re-prescribed as many times as needed during this period. There is no limit regarding the amount of opioids that can be prescribed.



Chapter 5. Use of medicines for Palliative Care

SELECTED READINGS

1. ATOME: Access to Opioid Medication in Europe. Final Report and Recommendations to the Ministries of Health, 2014.

2. Human Rights Watch: Global State of Pain Treatment. 2011. Available from: <https://www.hrw.org/sites/default/files/reports/hhro511W.pdf>

3. Knaul FM et al. Alleviating the access abyss in palliative care and pain relief—an imperative of universal health coverage: The Lancet Commission report. *Lancet* 2017;391:1391–1454.

4. De Lima L et al. Global framework for noncommunicable diseases: How can we monitor palliative care? *J Palliat Med* 2013;16:226–229.

5. Sharkey L et al. National palliative care capacities around the world: Results from the World Health Organization Noncommunicable Disease Country Capacity Survey. *Palliat Med* 2017;32:106–113.

6. World Health Organisation: Essential Medicines in Palliative Care. Executive Summary. Prepared by International Association of Hospice and Palliative Care (IAHPC) 2013.

7. Gilson AM et al. Multivariate analysis of countries' government and health-care system influences on opioid availability for cancer pain relief and palliative care: More than a function of human development. *Palliat Med* 2013;27:105–114.

8. Cherny NI et al. The global opioid policy initiative (GOPI) project to evaluate the availability and accessibility of opioids for the management of cancer pain in Africa, Asia, Latin America and the Caribbean, and the Middle East: Introduction and methodology. *Ann Oncol* 2013;24: xi7–13.

9. Seya MJ et al. A first comparison between the consumption of and the need for opioid analgesics at country, regional, and global levels. *J Pain Palliat Care Pharmacother* 2011;25:6–18.

10. Gilson AM et al. Using a morphine equivalence metric to quantify opioid consumption: Examining the capacity to provide effective treatment of debilitating pain at the global, regional, and country levels. *J Pain Symptom Manage* 2013;45: 681–700.

11. Duthey B et al. Adequacy of opioid analgesic consumption at country, global, and regional levels in 2010, its relationship with development level, and changes compared with 2006. *J Pain Symptom Manage* 2014;47: 283–297.

12. Berterame S et al. Use of and barriers to access to opioid analgesics: A worldwide, regional, and national study. *Lancet* 2016;387:1644–1656.

13. De Lima L et al. Crosssectional pilot study to monitor the availability, dispensed prices, and affordability of opioids around the globe. *J Pain Symptom Manage* 2014;48:649.e1–659.e1.

14. Cherny NI et al. Formulary availability and regulatory barriers to accessibility of opioids for cancer pain in Europe: A report from the ESMO/ EAPC opioid policy initiative. *Ann Oncol* 2010;21:615–626.

15. World Health Organisation: WHO List of Essential Medicines 2017, 20th Edition. <https://apps.who.int/iris/bitstream/handle/10665/273826/EML-20-eng.pdf?ua=1>

NATIONAL EXPERTS COLLABORATING IN THIS CHAPTER

See the complete list of names and affiliations in the Introduction section. To complete the questionnaire, each National PC Association

nominated several 'key persons' with extensive local knowledge on PC. Data on the consumption of strong analgesics

opioids was retrieved from the International Narcotics Control Board database provided by prof. Jim Cleary.

AUTHORS

Natalia Arias,
Eduardo Garralda,
Carlos Centeno
University of Navarra
Institute for Culture and Society (ICS)
ATLANTES Research Program
Pamplona (Navarra), Spain

Jim Cleary
Supportive Oncology
Department of Medicine
Indiana University Simon Cancer Center
Indianapolis (USA)

Liliana de Lima
International Association for Hospice
and Palliative Care (IAHPC)
Houston TX, USA



Chapter 6. Palliative Care vitality and professional activity

TECHNICAL DATA ON THE 2019 EAPC SURVEY ON PALLIATIVE CARE VITALITY

Population: 54 countries in the Europe WHO region and Liechtenstein.

Survey Details

Areas explored: 3 indicators on the existence of National PC Associations, existence of the directories of PC services and number of publications on PC in Scopus database.

Questionnaire: on-line survey, 10 questions.

Participants: 92 key persons for Palliative Care development, nominated from National Associations or identified through previous publications.

Coverage: 51/54 countries (94%): with two respondents 29/51 countries (57%), with one respondent 20/51 (39%), other sources 2/51 (4%).

Data collection: 12/2018 to 3/2019.

Project Management: ATLANTES Research Group, Institute for Culture and Society, University of Navarra, Pamplona (Navarra), Spain.

Scientific Advice: Julie Ling (CEO of the European Association for Palliative Care).

Promotor: European Association for Palliative Care (EAPC).

Eduardo Garraalda, Natalia Arias, Carlos Centeno, Julie Ling.

THE EUROPEAN ASSOCIATION FOR PALLIATIVE CARE (EAPC), ESTABLISHED IN 1988, IS A MEMBERSHIP ORGANISATION THAT AIMS TO ADVANCE, INFLUENCE, PROMOTE AND DEVELOP PALLIATIVE CARE IN EUROPE. SINCE ITS INCEPTION, THE EAPC HAS EVOLVED INTO THE LEADING PALLIATIVE CARE ORGANISATION IN EUROPE PROVIDING A FORUM FOR ALL OF THOSE EITHER WORKING, OR WITH AN INTEREST IN, PALLIATIVE CARE THROUGHOUT EUROPE AND BEYOND.

Currently the EAPC has 59 member associations from 33 European countries and also has individual members from 52 countries globally. Members are engaged in palliative care from a range of perspectives; specialist clinical practice, education, policy and research. The EAPC is respectful of the cultural and political diversities of our members across Europe but aims to ensure that as collective group that we speak with 'one voice-one vision' on matters important for the practice and development of palliative care.

This chapter will show the degree of PC professional vitality across Europe by examining the existence of National PC associations, directories of PC services, and attendance at the last EAPC congress per country. A new addition to the Atlas is the inclusion of the number of publications in the Scopus database on Palliative Care in the last three years. Future editions will include, further indicators including contribution to congresses (in the form of oral communications and posters), the degree of involvement in EAPC Task forces or reference groups, or other contributions to the EAPC.

member associations throughout Europe. To date, 44/51 countries have a national association for PC. Since 1985 when the first was established in the United Kingdom, the number of associations has consistently grown. In the period 1985-1995, there were associations in Italy, France, Denmark, Luxembourg, Germany, Spain, Portugal, Belgium, Croatia, Finland, Hungary and Lithuania. Between 1996 and 2005, a further 15 were established with 16 more added including countries in Central and Eastern European. A second national association has been established in 24 countries; some specifically relating to PC for children (Germany, Norway, the Netherlands, Switzerland, Latvia and Ukraine), and in others PC nursing national associations have been established (United Kingdom, Portugal, Poland, and Moldova).

Directories of PC Services

The development of National Directories for PC services are important in identifying the number of services and the type of PC specialised services available in each country, the setting and the geographical context of the provision of PC. Nearly half of all European countries have a directory (25/51). Many of these are available online and have been developed or updated in the last ten years (19/25). Up until 2008, Austria, France, Germany, Hungary, Norway, Poland and Spain had all developed a directory of existing PC services. Although useful, some countries point out the challenge of maintaining the information. Some directories are incomplete and only present certain services (United Kingdom) or are outdated with the accuracy of data left to providers (Sweden). Others do not reflect the the quality of the PC services (Spain).

National PC Associations across Europe

Over the past three decades, PC professionals have established National PC

Attendance to the latest EAPC congress

The EAPC main congress attracts almost 3000 delegates. 1180 participants attended the 10th World Research Congress of the



Chapter 6. Palliative Care vitality and professional activity

EAPC held in Bern, Switzerland (including local committee, volunteers and invited guests). The United Kingdom had the highest number of delegates (133), followed by the hosting country, Switzerland (130); and the Netherlands (112). Germany had 96 delegates, and was followed by Belgium (55), Sweden (34), Denmark (32), or Spain (30). The use of this as an indicator will be enhanced in future editions of the Atlas by seeking the number

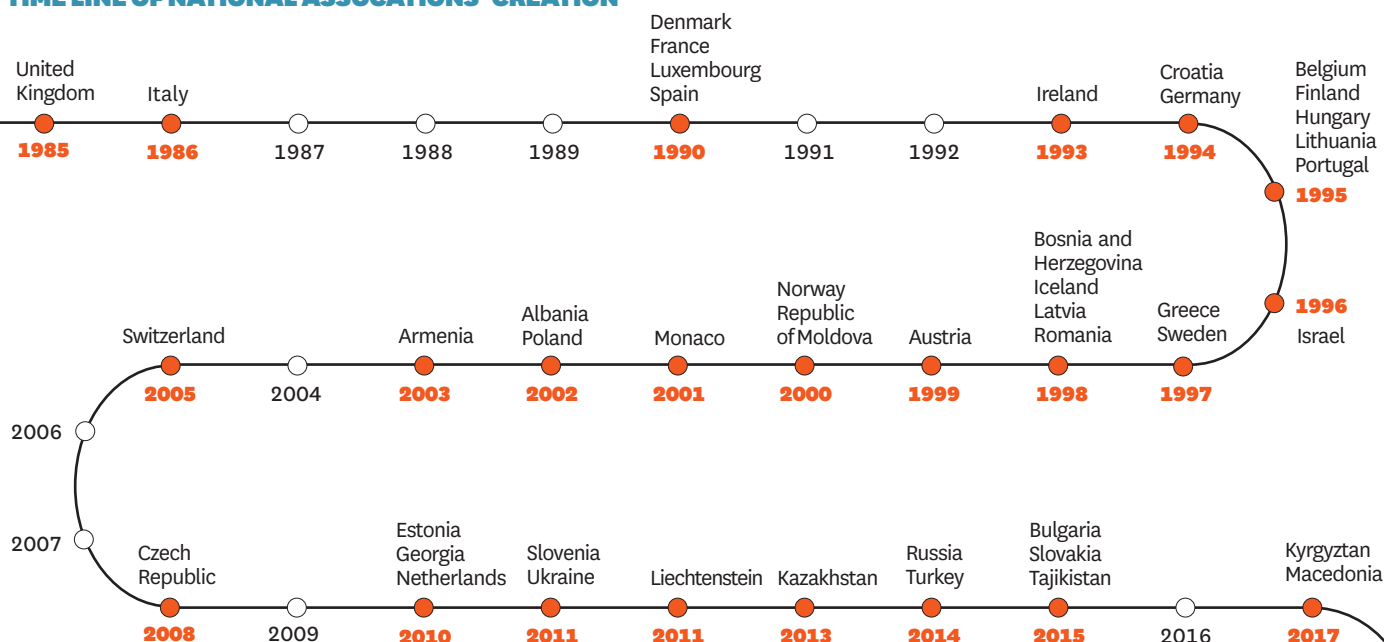
of contributions per country to EAPC congresses (in the form of oral and posters presentations).

Scientific publications on Palliative Care in the last three years

The Scopus database has registered nearly 10000 scientific publications regard-

ing Palliative Care by European countries in the period 2015-2018. Differences amongst countries are noticeable, and range from 2448 articles produced in the United Kingdom to countries with less than 10 published articles, most of them pertaining to Central and Eastern Europe. Countries with a high scientific production of over 500 articles include Germany (1153), France (814), Italy (698), Netherlands (650) and Spain (627).

TIME LINE OF NATIONAL ASSOCIATIONS' CREATION



SOME KEY NOTES ON PC PROFESSIONAL ACTIVITY

Belgium. Besides the existence of the National Associations, there are 50 PC networks across Belgium that raise awareness with the general public on PC-related issues, provide continuing education for PC providers, and aim to bridge communication among PC providers in diverse regions.

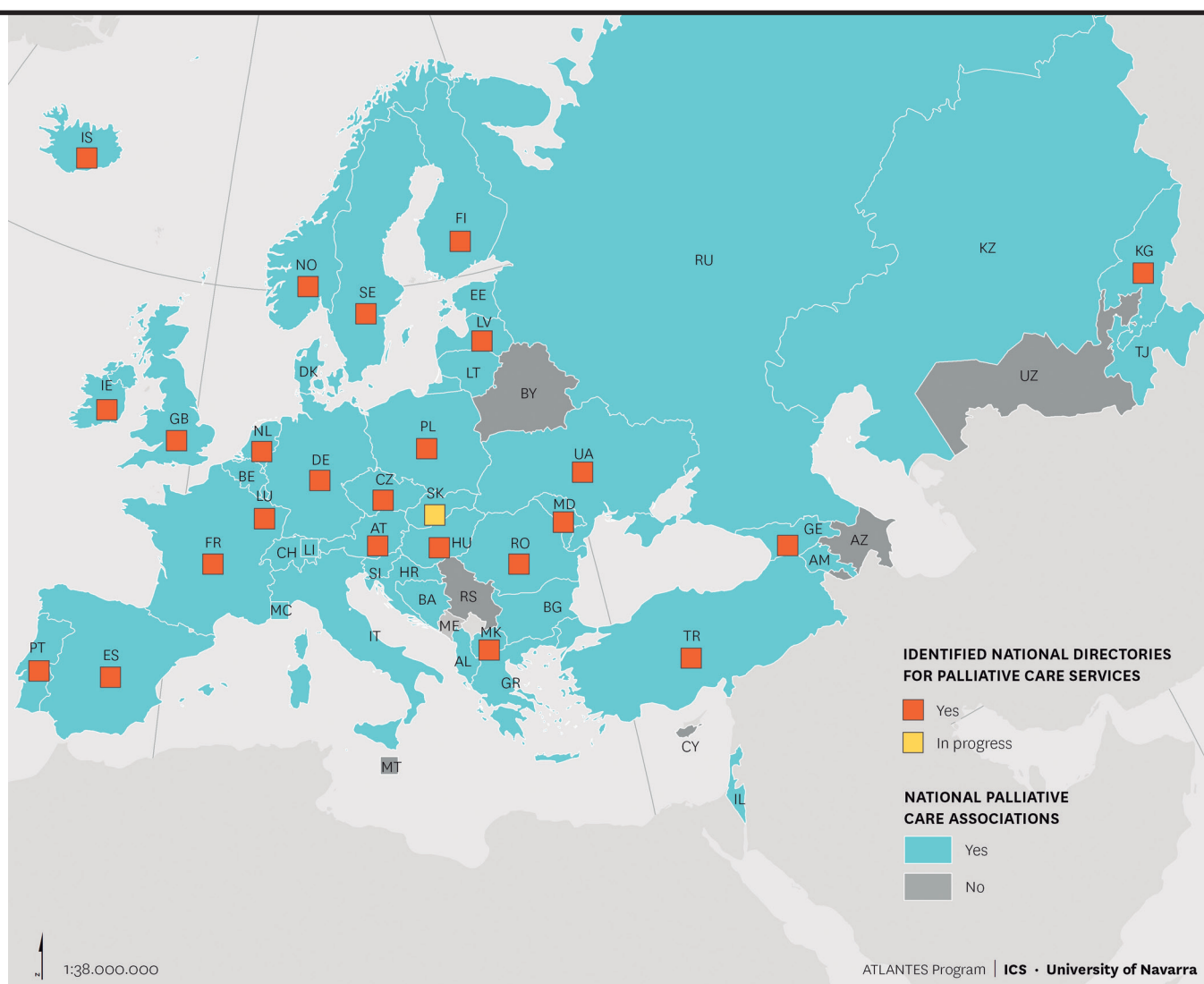
Germany. The German Association for Palliative Medicine (DGFP) holds biannual congresses, celebrates PC Day organised by the DGFP, organises meetings of working groups

(education, ethics, research, children, physiotherapy), publishes the journal Zeitschrift für Palliativmedizin, lobbies governmental ministries and bodies with influence on matters concerning PC, death and dying, and works as an umbrella organisation for inpatient hospices and hospice volunteers. There is also an association for specialist PC at home (Bundesarbeitsgemeinschaft SAPV) and two PC associations for children (Bundesverband Kinderhospiz and Deutscher Kinderhospizverein).

Italy. The Italian Society for Palliative Care (SICP) welcomes PC professionals regardless of their discipline or professional background, including psychosocial fields. A second organisation, the Palliative Care Federation is a Federation of NGOs involved in providing PC and works closely with the SICP.

Netherlands. There are a number of very active professional PC organisations in the Netherlands (PZNL), the National Center for PC (AGORA) with focus on patients and

caregivers, the Platform of regional PC Networks (FIBULA), the Netherlands Comprehensive Cancer Organisation (IKNL), a Foundation for PC at home (Stichting PaTz), an Expertise PC centre for Children (Pharos), the Dutch Centre of Expertise on Health Disparities, the Volunteers for Palliative and Terminal Care (VPTZ), the Dutch Association of Hospice Care (AHZN), University centres of Expertise for PC, seven expert centres based in Dutch academic university hospitals, enrolled in the PalZon platform.



Map 6.1. Palliative Care Vitality and Professional Activity.

SOME KEY NOTES ON PC DIRECTORIES

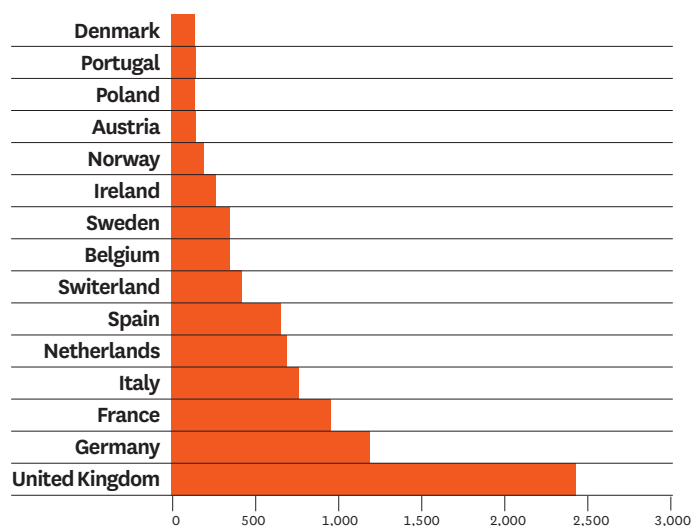
Belgium. A Paediatric PC-specific website will soon be available and additionally, the Austrian Cancer Society published a print-only directory for adult PC services that is regularly update (https://www.hospiz.at/wordpress/wp-content/uploads/2018/09/Palliativ_2018.pdf)

Netherlands. The Dutch College of General Practitioners (Nederlands Huisartsen Genootschap (NHG)) has developed a directory of all general physicians who have com-

pleted the PC accreditation process as a special field of expertise (Kaderopleiding PC). Furthermore, a free downloadable app PalliArts contains information on services in the regional PC networks.

Republic of Moldova. National Standards were developed in 2011 providing a list of all organisations providing PC services. This is print-only and updated periodically.

NUMBER OF PC PUBLICATIONS 2015-2018 (PER COUNTRY)





Chapter 6. Palliative Care vitality and professional activity

SELECTED READINGS

1. Woitha K, et al. Ranking of Palliative Care Development in the Countries of the European Union. *J Pain Symptom Manage.* 2016;52(3):370-7.

2. Centeno C, et al. Facts and indicators on palliative care development in 52 countries of the WHO European region: results of an EAPC Task Force. *Palliat Med.* 2007 Sep;21(6):463-71.

3. Webster J, Kristjanson LJ. “But isn’t it depressing?” The vitality of palliative care. *J Palliat Care.* 2002 Spring;18(1):15-24.

NATIONAL EXPERTS COLLABORATING IN THIS CHAPTER

See the complete list of names and affiliations in the Introduction section. To complete the questionnaire, each National PC Association nominated several ‘key persons’ with extensive local knowledge on PC. Where this was not possible, ‘key persons’ were selected either due

to previous participation in similar studies or to the recommendation from other PC institutions, mainly the EAPC Head Office. The mission of this key informant was to provide data regarding the provision of PC services in their respective countries. Information was depurated with

received comments and peer reviewed with a second or third informant, whenever possible, and cross-checked with previously available data (see methods section).

AUTHORS

Eduardo Garralda,
Natalia Arias, Carlos Centeno
University of Navarra
Institute for Culture and Society (ICS)
ATLANTES Research Program
Pamplona (Navarra), Spain

Julie Ling
European Association
for Palliative Care (EAPC), CEO



Chapter 7. Integration of Palliative Care in Long-Term Care Facilities in 18 European countries

TECHNICAL DATA ON THE 2019 EAPC SURVEY ON PALLIATIVE CARE IN LONG-TERM FACILITIES

Population: 54 countries of the Europe WHO region and Lichtenstein.

Survey Details

Areas explored: 7 main indicators for long-term care facilities (LTCFs): Existence of official documents regulating PC interventions and its provision; training in PC; publications regarding the provision of PC; collaboration with PC teams; availability of national funds.

Questionnaire: on line survey, 17 questions, answered in (average): 27 minutes.

Participants: 25 national experts: 6 identified in the EAPC TaskForce on LTCFs or EAPC report, 5 in LTCF-related publications, 9 recommended by PC experts and remaining 5 are from Universities, PC research centres, or PC services' contexts.

Coverage: 18/54 countries (33%): with two respondents or over in 5/18 countries (28%), and one respondent in 13/18 countries (72%).

Data collection: 12/2018 to 3/2019 (4 months).

Project Management: ATLANTES Research Group, Institute for Culture and Society, University of Navarra, Pamplona (Navarra), Spain.

Scientific Advice: Katherine Froggatt (UK) and Lieve Van den Block (Belgium).

Promotor: European Association for Palliative Care (EAPC).

Carla Reigada, Katherine Froggatt, Lieve Van den Block.

LONG-TERM CARE FACILITIES ARE COLLECTIVE INSTITUTIONAL SETTINGS IN WHICH CARE IS PROVIDED TO OLDER PEOPLE ON-SITE 24 HOURS A DAY, 7 DAYS A WEEK, INCLUDING FACILITIES WITH ON-SITE AND OFF-SITE NURSES AND MEDICAL STAFF. THIS TERM INCLUDES A RANGE OF FACILITIES OFFERING DIFFERENT LEVELS OF SOCIAL AND HEALTH CARE (FROGGATT ET AL, 2017).

The first study on how palliative care (PC) is integrated into Long Term Care Facilities (LTCFs) in Europe was developed in 2013 by the European Association of Palliative Care (EAPC) (1). Thereafter, in 2015, the PACE project (Comparing the effectiveness of PATIENT CARE for older people in LTCFs) provided an overview of mapping PC systems in LTCFs in Europe (2). This chapter intends to evaluate the current state of PC integration into LTCFs in the WHO European Region building on previous experiences through the use of similar indicators.

PC provision in LTCFs

LTCFs can seek advice from Palliative Care teams to better address the patient in terms of pain and symptom management, specific needs and family support. In Europe, this collaboration between PC teams and LTCFs staff varies in its frequency. Lithuania and Kyrgyzstan report that cooperation "always" exist in their practice, at the time that Belgium and Austria also consider that this partnership happens "most of the time". Countries such as the Czech Republic, Israel, Russia, Italy, and Armenia admit a hardly often to non-existent/never collaboration frequency. A vast majority of European countries though (9/18) point out occasional collaborations (Greece, Denmark, Poland, The Netherlands, France, Switzerland, UK, Germany, Spain).

Regulation of PC provision in LTCFs

Palliative Care provision is often regulated by documents with national validity, usually referring to structural features that should be available in LTCFs such as personnel, beds, materials, etcetera. Ten European countries inform having national strategies, plans or policies,

and eight state having standards of quality provision of PC services. Likewise, 11/18 countries report having some sort of guidelines or protocols, either as official protocols (four countries) or other non-official documents actually modulating palliative care provision in long-term care facilities in the country.

Funding For PC provision in LTCFs

Less than half of reporting countries (7/18) inform having national funding available to support the provision of Palliative Care in LTCFs.

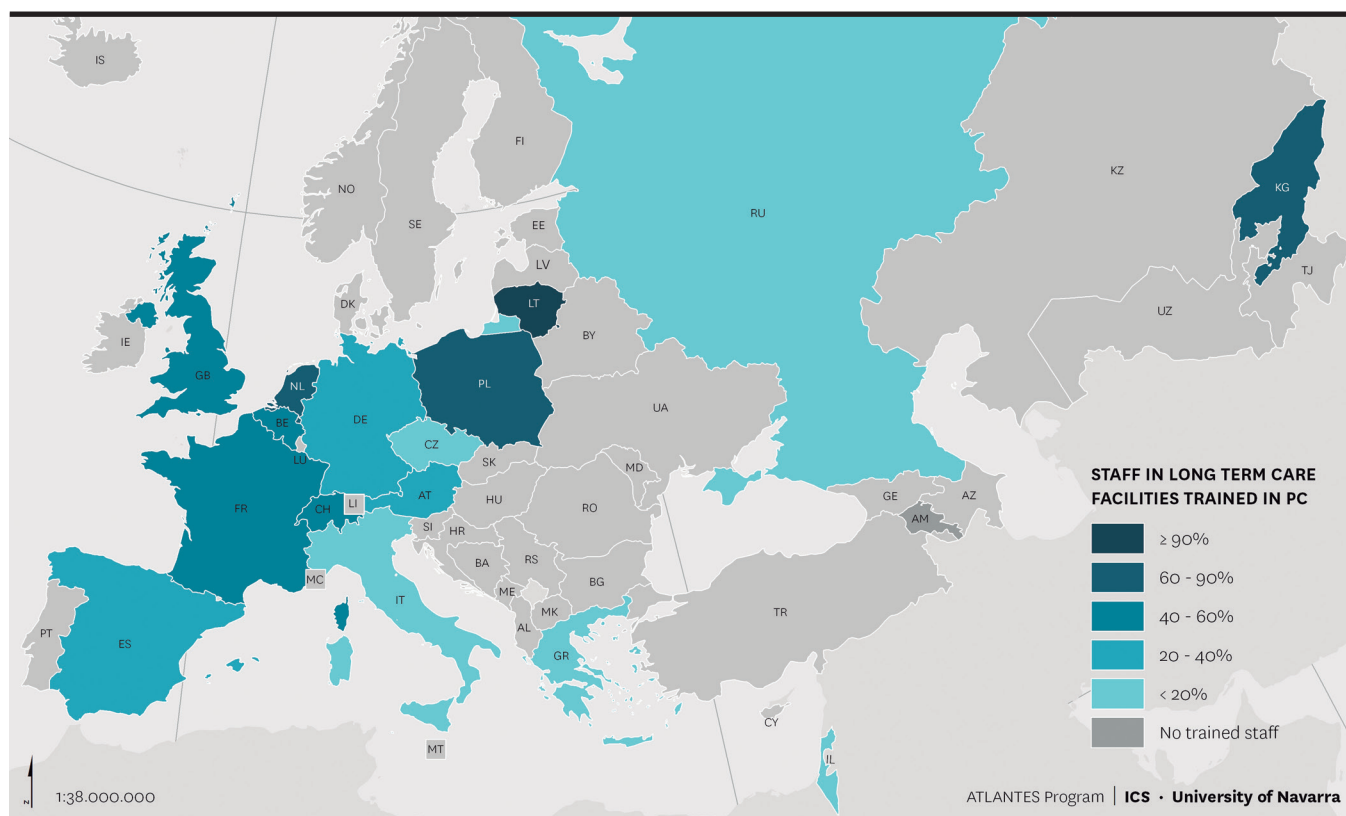
Funding models vary from grants, prizes and loans, to the reception of an annual economic support. Specifically, five countries state getting an annual national support which occur in different ways. Some countries have a contract with the National Health Fund and get a donation for hospices, others report having regional economic rates from regional health and social-care funds, or others where PC at LTCFs is entirely public.

PC training in LTCFs

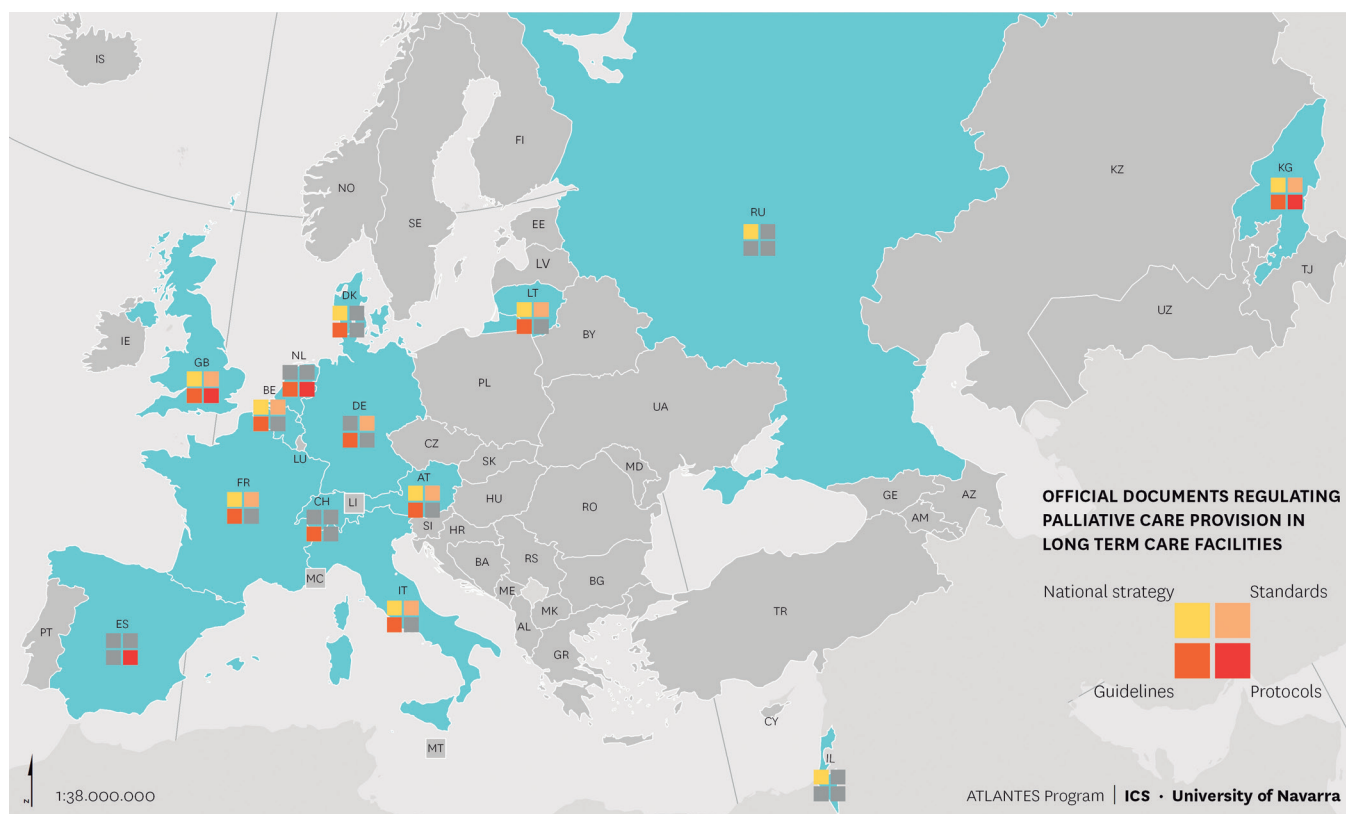
The estimation of LTCFs staff with PC training is over 90% in Lithuania, followed by Kyrgyzstan, Poland, The Netherlands, Belgium, France, Switzerland and the UK (ranging from 40% to 90%). Half of the reporting countries do not reach a 40% ratio in terms of staff's PC training. Furthermore, 12/18 countries confirm the existence of national studies on the provision of PC in LTCFs and another seven countries declare their participation in an international project on PC provision in LTCFs (Lithuania, Belgium, Poland, The Netherlands, Switzerland, UK, Italy).



Chapter 7. Integration of Palliative Care in Long-Term Care Facilities in 18 European countries



Map 7.1. Staff in Long Term Care Facilities trained in Palliative Care.



Map 7.2. Official documents regulating Palliative Care provision in Long Term Care Facilities.



COLLABORATION BETWEEN PC TEAMS AND LTCFs STAFF (EXPERTS' ESTIMATION)

COUNTRY	COLLABORATION FREQUENCY BETWEEN TEAMS				
Kyrgyzstan					
Lithuania					
Austria					
Belgium					
Denmark					
France					
Germany					
Greece					
Poland					
Spain					
Switzerland					
The Netherlands					
UK					
Czech Republic					
Israel					
Italy					
Russia					
Armenia					

- Always
- Most of the times
- Sometimes
- Very rarely
- Never

FUNDING FOR PC PROVISION IN LTCFs

Armenia, Austria, Belgium, Czech Republic, France, Germany, Italy, Kyrgyzstan, Lithuania, Russia, The Netherlands, United Kingdom report some sort of funding for palliative care provision in Long Term Care Facilities.

RESEARCH ON PC PROVISION AT LTCFs

COUNTRY	P	R	COUNTRY	P	R
Armenia	○	○	Italy	●	●
Austria	●	○	Kyrgyzstan	●	○
Belgium	●	●	Lithuania	●	●
Czech Republic	○	○	Poland	●	●
Denmark	●	○	Russia	○	○
France	●	○	Spain	○	○
Germany	●	○	Switzerland	○	●
Greece	○	○	The Netherlands	●	●
Israel	●	○	UK	●	●

P: Publications on PC provision

R: Involvement in international research projects

○ No ● Yes ○ N/S

RELEVANT KEY NOTES

COUNTRY	KEY NOTES	COUNTRY	KEY NOTES
Belgium	Belgium has a Law regulating the 'PC function' for LTCFs and for regulating the responsibility to provide PC.	Kyrgyzstan	The Clinical guidelines and clinical protocol "Chronic pain" on the basis of WHO recommendations were approved by the Ministry of Health of the Kyrgyz Republic in 2013.
Czech Republic	The long-term palliative care is still neglected in Czech Republic. Currently, the attention is focused on mobile palliative care and paediatric palliative care.	Poland	In Poland there are general standards of PC, but they are not specific and adjusted to long term care. Specialist PC services by-law are excluded from LTCFs. If a patient is referred to LTCFs cannot receive PC from the specialists of this field.
Denmark	In Denmark, the LTCF manager is responsible for providing key competencies and training in PC of the staff.	Spain	In Spain there is no specific documents about PC and LTCFs. However, some PC documents refer the necessity to provide attention to these institutions. The fact that Spain is divided into autonomous communities with independent health policies and laws, makes difficult standardized these two levels of care.
France	France has guidelines focused in end-of-life care, specifically in nursing homes. They have been published in November 2017 by the French national agency for the assessment and the quality of social and health care services (ANESM), which is now part of the National Authority for Health (HAS).	Switzerland	In Switzerland, each canton has his all legislation and regulation on these issues.
Greece	The National Strategic Plan for developing and implementing PC in Greece is currently being elaborated. Mapping of existing services did not reveal long-term facilities providing PC.	The Netherlands	A large part of LTCFs in The Netherlands have an Elderly Care Physician extra specialized in PC ("kaderarts palliatieve zorg"), often part of a PC team. Several LTCFs have palliative care units with trained staff.
Italy	In 2012, the National Ministry of Health and State-Regions Conference of Italy defined an agreement on the definition of Palliative Care Local Network. This definition is only an agreement among National Government and Regional Governments, because standards of quality provision of palliative care in LTCF are defined by every Regional Government.	UK	There are no regulating bodies for PC in LTCFs in UK. The main national document that included LTCFs was published in 2008 'End of Life Care Strategy'. There are a number of other national projects (...) and advance care planning policies that are incorporated into care homes.



Chapter 7. Integration of Palliative Care in Long-Term Care Facilities in 18 European countries

SELECTED READINGS

1. **Reitingner E et al.** Palliative care in long-term care settings for older people : findings from an EAPC taskforce. *European Journal Of Palliative Care* 2013, 20(5), 251-253.

2. <http://www.eupace.eu/pace-mapping-palliative-care-systems-care-or-nursing-homes-europe>

3. **Albers G et al.** What is the methodological rigour of palliative care research in long-term care facilities in Europe? A systematic review. *Palliat Med.* 2012;26(5):722-733.

4. **Froggatt K et al.** Palliative care development in European care homes and nursing homes: application of a typology of implementation. *J Am Med Dir Assoc.* 2017;18(6):550.e7-550.

6. **Van Uden N et al.** Quality of dying of nursing home residents with dementia as judged by relatives. *Int Psychogeriatr.* 2013;25:1697-1707.

7. **Smets T et al.** Integrating palliative care in long-term care facilities across Europe (PACE): protocol of a cluster randomized controlled trial of the 'PACE Steps to Success' intervention in seven countries. *BMC Palliat Care.* 2018;17(1):47.

NATIONAL EXPERTS COLLABORATING IN THIS CHAPTER

Armenia (Narie Movsisyan), **Austria** (Beyer Sigrid, Katharina Heimerl, Thomas Frühwald), **Belgium** (Lieve Van den Block, Nele Van Den Noortgate), **Czech Republic** (Marie Macková), **Denmark** (Mette Raunkjær), **France** (Lucas

Morin), **Germany** (Evelyn Mueller, Sarah Wiefels), **Greece** (Alik Tserkezoglou), **Israel** (confidential), **Italy** (Fabrizio Giunco, Franco Toscani, Monica Beccaro), **Kyrgyzstan** (Lola Asanalieva), **Lithuania** (Aurelija Blaževičienė),

Poland (Katarzyna Szczerbinska), **Russia** (Nyuta Federmesser), **Spain** (Javier Gómez Pavón), **Switzerland** (Pautex Sophie), **The Netherlands** (confidential), **United Kingdom** (Jo Hockley, Katherine Froggatt).

AUTHORS

Carla Reigada
University of Navarra
Institute for Culture and Society (ICS)
ATLANTES Research Program
Pamplona (Navarra), Spain

Katherine Froggatt
International Observatory on End of Life Care
Lancaster University, Lancaster, UK

Lieve Van den Block
Vrije Universiteit Brussel, Brussels, Belgium



Chapter 8. Development of Volunteering in Hospice and Palliative Care in 15 European Countries

TECHNICAL DATA ON THE 2019 EAPC SURVEY ON VOLUNTEERING

Population: 54 countries of the Europe WHO region and Lichtenstein.

Survey Details

Areas explored: 7 main indicators on Volunteering: number of volunteer hospices, people involved as volunteers in hospices and Palliative Care services, systems to track PC volunteers, training programmes for volunteers, funds, compassionate communities, and formal representation in the national PC association.

Questionnaire: on line survey, 17 questions, answered in (average): 26 minutes.

Participants: 28 national experts on PC volunteering: 10 belonging to the EAPC TF on PC volunteering, 4 from National/local PC Volunteer Associations, 4 with PC volunteering publications. Remaining 10 are PC professionals, representatives of PC Associations and Academicians.

Coverage: 15/54 countries (28%): with two respondents or more 6/15 countries (40%), with one respondent 9/15 countries (60%).

Data collection: 12/2018 to 3/2019 (4 months).

Project Management: ATLANTES Research Group, Institute for Culture and Society, University of Navarra, Pamplona (Navarra), Spain.

Scientific Advice: Leena Pelttari (Austria), Lukas Radbruch (Germany) and Ros Scott (United Kingdom).

Promotor: European Association for Palliative Care (EAPC).

Carla Reigada, Leena Pelttari, Lukas Radbruch, Ros Scott.

VOLUNTEERING HOSPICE IS A MAJOR SOCIAL AND SOCIETAL CHANGE AGENT. THE EUROPEAN ASSOCIATION FOR PALLIATIVE CARE (EAPC) ALONG WITH OTHER GLOBAL ORGANISATIONS HAVE BEEN WORKING TOGETHER TO ADVOCATE FOR THE SUPPORT, RECOGNITION, PROMOTION AND DEVELOPMENT OF VOLUNTEERING IN HOSPICE AND PALLIATIVE CARE¹.

In recognition of the crucial role of volunteers in the care of PC patients and their families, and in sustaining hospice and palliative care services, this chapter aims to assess the current state of Hospice and Palliative Care (HPC) volunteering in countries in the WHO European region.

Volunteers providing Palliative Care

The majority of the countries reported not having an accurate estimation of the number of people involved as volunteers in hospice or PC services.

However, it is estimated that in Austria, Belgium, France, Germany, Italy, the Netherlands, Poland and UK there are over 1000 volunteers involved in hospice or PC provision. The Czech Republic, Hungary, Portugal, Serbia and Armenia register lower numbers of PC volunteers (less than 500/country). In some countries, certain hospices and organizations are only run by volunteers. In Germany for example, the volunteer sector has over 1300 volunteer organizations called Ambulanter Hospizdienst (hospice home services or volunteer hospices – Box 1). Other countries like Switzerland, Poland and the Czech Republic also report having around 30 volunteer hospices in their countries. Volunteer activity is increasingly recognised as an important part of care, and therefore few countries report the existence of a system for recording the volunteer's activities of Hospices and palliative care services. Specifically six countries (Austria, Czech Republic, France, The Netherlands, Romania and Serbia) report tracking volunteers' activity in different ways. Austria, the Netherlands and Romania report national-level registries, whereas

three countries report rather regional or local level ones. Additionally, six countries have individual registries namely: the Czech Republic, France, The Netherlands, Romania, Serbia, and the United Kingdom.

Training programmes for volunteers

Training for HPC volunteers is widely provided in Europe but may differ between countries with regard to the context/level of training. Except for Armenia that does not refer any type of training programme for volunteers in HPC, all European countries report some sort of training for volunteers. Austria, The Netherlands and Switzerland report the existence of training programmes for volunteers at the national, regional, local and specific (care setting) levels. Eight countries report training at the national level, five at the regional level, seven at the local level and eight at the team or palliative care setting level.

Funds for Hospices and Palliative Care Volunteers activities

Funding to support the activities of volunteers in PC varies overall in its very existence, as well as in which institution is responsible. European countries get funds mostly from donations (12 countries) or grants (9 countries). While Portugal and Belgium do not report receiving any type of funding to support volunteers' activities in HPC, countries like Austria, France, Germany, The Netherlands, the United Kingdom, Switzerland, and Czech Republic report that their respective government sponsors some of the volunteering activities in HPC. Still differences are reported with funded activities (sometimes only training), with responsible bodies for administering funds (sometimes the very service allocates some funding), and even with regard to in-country funding homogeneity (differences by in-country regions).



Chapter 8. Development of Volunteering in Hospice and Palliative Care in 15 European Countries

Palliative Care Volunteers Vitality

Volunteers are represented within the national PC association in six countries (Austria, France, Germany, Italy, The Netherlands, and Hungary). Similarly, further six countries (Austria, France, Germany, Italy, The Netherlands, and United Kingdom) report having compassionate communities for the promotion of care to patients and families who lived with life-threatening or life limiting illness.

Volunteerism in palliative care can be defined as the time freely given by individuals, with no expectation of financial compensation, within some form of organized structure other than the already existing social relations or familial ties, with a palliative approach, i.e. the intention of improving the quality of life of adults and children with terminal illnesses and those close to them (family and others) (Adapted from Goossensen et al. Defining volunteering in hospice and palliative care in Europe: an EAPC White Paper. July 2016, European Journal of Palliative Care 23(4):184-191).

BOX 1. VOLUNTEERING HOSPICES MODEL: AN EXAMPLE FROM GERMANY

In Germany the volunteer sector is organised in over 1300 volunteer services called Ambulanter Hospizdienst (hospice home service). These services should have more than 15 volunteers and one or more professional coordinators. Volunteers should have 80 hours of training (stretching out over half a year) and supervision, coordinators should have nursing, social worker and coordination qualifications. If these requirements are met, staff costs for the coordinators (plus some other expenses) are reimbursed by the sickness funds (health insurance fund), using a complicated formula to calculate the reimbursement with the number of patients cared for in the last year and the number of volunteers as factors.

Lukas Radbruch* is chairing a volunteer service in a town of Germany and share his experience: *"We have three part-time coordinators and approximately 50 volunteers, and have*

accompanied around 30 patients last year until they died. The volunteer service run by our department has also three part-time coordinators and around 60 volunteers. The volunteer services also do a lot of bereavement work, offering counselling, bereavement groups and cafes and other activities. Our home care team (PC) as well as our inpatient units cooperate closely with a volunteer service."

The volunteer hospice services in Germany provide psychosocial care centered in the patient's comfort, offering compassion, talking to patients and, and sometimes offering some household help or some respite for family caregivers. Medical care is provided by the general practitioners (GP), other specialists (e.g. oncologists), or by the specialist home care teams.

* **Lukas Radbruch** is the Director of the Department of Palliative Medicine, University Hospital Bonn, in Germany.

VOLUNTEERING IN HOSPICE AND PALLIATIVE CARE IN 15 EUROPEAN COUNTRIES

COUNTRY	VOLUNTEERS HOSPICES ORGANISATIONS	VOLUNTEERS	ANY TRAINING PROGRAMMES (OR CURRICULA) FOR VOLUNTEERS		ANY DATA COLLECTION SYSTEMS TO TRACK VOLUNTEERS' ACTIVITY		COMPASSIONATE COMMUNITIES			VOLUNTEERS REPRESENTATION IN THE NATIONAL PC ASSOCIATION		GOVERNMENT FUNDING FOR PC VOLUNTEERING ACTIVITIES	
			YES	N/S	YES	NO	YES	NO	N/A	YES	NO	YES	N/S
Armenia	0	0-10	○	●	○	●	○	○	●	○	●	○	●
Austria	184	> 1000	●	○	●	○	●	○	○	●	○	●	○
Belgium	84	> 1000	●	○	○	●	○	●	○	○	●	○	●
Czech Republic	12	100-500	●	○	●	○	○	●	○	○	●	○	●
France	NA	> 1000	●	○	●	○	●	○	○	●	○	●	○
Germany	1316	> 1000	●	○	○	●	●	○	○	●	○	●	○
Hungary	5	100-500	●	○	○	●	○	○	●	●	○	○	●
Italy	NA	> 1000	●	○	○	●	●	○	○	●	○	○	●
Poland	20	> 1000	●	○	●	○	○	●	○	○	●	○	●
Portugal	NA	100-500	●	○	○	●	○	●	○	○	●	○	●
Romania	NA	500-1000	●	○	●	○	○	●	○	○	●	○	●
Serbia	1	100-500	●	○	●	○	○	●	○	○	●	○	●
Switzerland	30	500-1000	●	○	○	●	○	●	○	○	●	○	●
The Netherlands	91	> 1000	●	○	●	○	●	○	○	●	○	●	○
United Kingdom	NA	> 1000	●	○	●	○	●	○	○	○	●	○	●

N/A: Not Accurate.

N/S: Not stated.



19,049

volunteers involved in direct patient care in Flanders and Brussels (estimation)

KEY NOTES FROM NATIONAL EXPERTS

United Kingdom. In UK, volunteering within hospices and Palliative Care services is funded by the services themselves. This would mainly be through charitable fundraising.

France. Volunteering in palliative care in France is part of the June 1999 Palliative Care law. This is the only volunteering registered by law which defines the model of volunteering in palliative care.

Belgium. The first study on PC volunteering in Flanders and Brussels estimate a total of 19,049 volunteers involved in direct patient care for people with chronic and/or life-threatening conditions.

Austria. Hospice Austria conducts a yearly data collection for all hospices and Palliative Care services in Austria including volunteer hospice teams both for adults and children.

Czech Republic. There are 12 volunteer hospices in Czech Republic in 2017. Also, there are volunteers' programmes in hospitals dedicated to palliative care and a lot of small mobile hospices with volunteers.

Poland. According to the Polish Hospices Forum, in 2018 Poland has 488 hospices (about 500 hospice and palliative care teams). The funding options for volunteering activities depends on particular hospice and palliative care centre.

Hungary. In Hungary, the volunteer hospice teams in a growing field. In our days, the society is more supportive.

Germany. The German system is not government funded, but funded via the mandatory sickness funds. This health insurance fund will reimburse the costs of profession

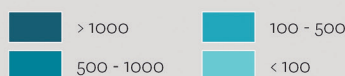
Portugal. The Portuguese Association of Palliative Care volunteering course has 16 hours to promote general training in Palliative Care.

The Netherlands. The National Hospice and Palliative Care Organization in Holland support volunteering in hospice. Many hospices in Holland have their own trainers/materials/courses for volunteers.

Italy. Compassionate communities are non-common in Italy.

Armenia. There is a good understanding for the need and importance of volunteers in Palliative Care among Palliative Care specialists in Armenia.

NUMBER OF VOLUNTEERS



1:23,000,000

ATLANTES Program | ICS • University of Navarra

Map 8.1. Palliative Care volunteers across Europe.



Chapter 8. Development of Volunteering in Hospice and Palliative Care in 15 European Countries

SELECTED READINGS

1. **Scott R, Pelttari L.** The EAPC Madrid Charter on Volunteering in Hospice and Palliative Care (EAPC Website: <https://www.eapcnet.eu/eapc-groups/task-forces/volunteering>)

2. **Goossensen A, Somsen J, Scott R, Pelttari L.** Defining volunteering in hospice and palliative care in Europe: An EAPC white paper. *European Journal of Palliative Care.* 2016; 23(4):184-191.

3. **Scott R, Pelttari R.** Comment EAPC Task Force on Volunteering: What progress has been made. *European Journal for Palliative Care.* 2015; 22(6):265.

4. **Vanderstichelen S et al.** Volunteer involvement in the organisation of palliative care: A survey study of the healthcare system in Flanders and Dutch-speaking Brussels, Belgium. *Health Soc Care Community.* Epub ahead of print 16 October 2018.

5. **Morris SM, Payne S, Ockenden N, Hill M.** Hospice volunteers: bridging the gap to the community? *Health Soc Care Community.* 2017;25(6):1704-1713.

6. **Woitha K et al.** Volunteers in Palliative Care. A Comparison of Seven European Countries: A Descriptive Study. *Pain Pract.* 2015;15(6):572-9.

NATIONAL EXPERTS COLLABORATING IN THIS CHAPTER

Armenia (Avetis Babakhanyan), **Austria** (Leena Pelttari), **Belgium** (Karen Van Beek Steven Vanderstichelen, Suzy Van Ende Suzy), **Czech Republic** (Markéta Novotná), **France** (Renard Catherine), **Germany** (Lukas

Radbruch), **Hungary** (Agnes Zana, Judit Schaffer, Miklos Lukacs), **Italy** (Stefania Bastianello), **Poland** (Piotr Krakowiak, Leszek Pawłowski), **Portugal** (Maria Teresa Flor-de-Lima), **Romania** (Beatrice Paring, confidential),

Serbia (Mijodrag Bogicevic, Katarina Sivčević), **Switzerland** (Sylvette Delaloye, confidential), **The Netherlands** (Anne Goossensen, Marianne Boone and Fleur Imming), **United Kingdom** (Ros Scott).

AUTHORS

Carla Reigada
University of Navarra,
ATLANTES Research Group
Institute For Culture and Society (ICS),
Pamplona (Navarra), Spain

Leena Pelttari
CEO of Hospice Austria,
National Organisation for Hospice
and Palliative Care, Austria
Chair of Master of Science
in Palliative Care Programme
Co-Chair EAPC Task Force on Volunteering
in Hospice and Palliative Care

Lukas Radbruch
Director of the Department of Palliative Medicine, University Hospital Bonn, Germany
Director of the Palliative Care Centre, Malteser Hospital Bonn/Rhein-Sieg
Member of the EAPC Task Force on Volunteering

Ros Scott
Honorary Research Fellow, University of Dundee,
Scotland (United Kingdom)
Co-Chair EAPC Task Force on Volunteering



Chapter 9. Integration of Palliative Care at the Primary Care level

TECHNICAL DATA ON THE 2019 EAPC SURVEY ON PALLIATIVE CARE AT THE PRIMARY CARE LEVEL

Population: 54 countries of the Europe WHO region and Lichtenstein.

Survey Details

Areas explored: 5 main health indicators: identification of PC patients at the primary care level and months before death cared for, incentives to the identification of PC patients, official policy documents on primary PC (laws or strategies/plans/policies), primary palliative care education, and the denomination of doctors at the primary care level.

Questionnaire: on-line survey, 10 questions, answered in (average) 16 minutes.

Participants: 52 national experts on Primary Palliative Care and PC.

Profile of experts (affiliation): 22 PC experts, 15 primary care experts, 11 academicians, and 4 NGOs or Oncology Centres' experts.

Coverage: 34/54 countries (63%): with one respondent 22/34 (65%) countries and with two or more respondents 12/34 (35%) countries.

Data collection: 12/2018 to 3/2019 (4 months).

Project Management: ATLANTES Research Group, Institute for Culture and Society, University of Navarra, Pamplona (Navarra), Spain.

Scientific Advice: Scott Murray (United Kingdom), Sébastien Moine (France).

Promotor: European Association for Palliative Care (EAPC).

PALLIATIVE CARE PROVISION IN EUROPE ONLY REACHES A SMALL PROPORTION OF THE POPULATION AND VARIES GREATLY DEPENDING ON THE DISEASE, PATIENT'S STAGE OF THE ILLNESS, AND GEOGRAPHICAL CONTEXT.

Part of this variation in coverage could be ameliorated by partnering with primary care providers, who often already play a major role in providing palliative care. Partnership with primary care providers could improve early identification of patients eligible for palliative care, strengthen continuity among various levels of care, and provide greater access to person-centred care.

The European Association for Palliative Care Primary Care Reference Group and the World Health Organisation share the conviction that a coordinated primary care and public health approach is necessary to gain universal coverage and early access to palliative care in the community (1, 2, 3, 4).

Identifying PC patients at the primary level

Although we know that more patients receive palliative care by primary care staff than by palliative care specialists in hospices and the community, only 12 countries reported primary care teams identifying more than 20% of their patients for palliative care before they died (across all diseases). Three countries (Finland, Poland, and The Netherlands) report the highest proportions of palliative care needs identified at the primary care level, ranging from 61 to 80%.

The average number of months before death that patients are cared for by primary care professionals ranges from one week to one month (11/34 countries, 32%), and one month to six months (12/34 countries, 35%). Germany and Switzerland report better figures that range from six months to one year or over.

Eduardo Garraalda, Scott Murray, Sébastien Moine.

Some European countries promote the identification of palliative care need through incentives for primary health professionals. However, there is no clear correlation between incentives and proportion of patients in need of palliative care identified at the primary care level. In fact, up to 10/34 countries (29%) have at least some sort of incentive system in the form of economic compensation (the most common), academic/curricular awards, or time off, such as free days, extra hours of leave, or early leaves.

Official documents regulating Primary PC provision

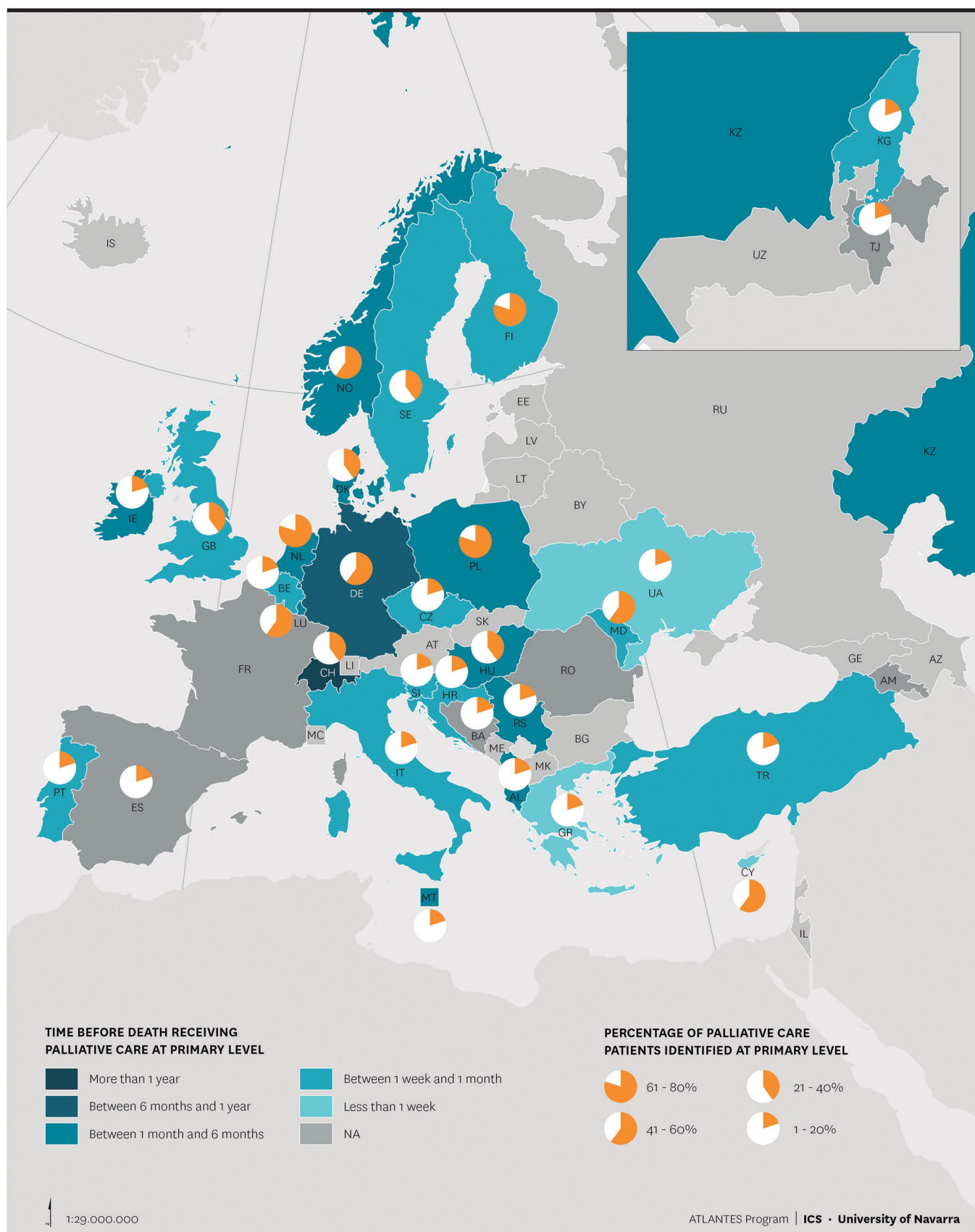
Palliative care is included in primary care official documents: 31/34 European countries (92%) at least specifically mention palliative care provision within these documents. Specifically, 20 countries have a national or regional law (38%) and 22 report a national or regional plan/strategy/policy specifically mentioning PC provision at the primary care level. Other types of official documents include clinical guidelines, orders of the Ministry of Health (Kyrgyzstan), national quality frameworks, and position papers on palliative care (The Netherlands).

Primary PC education in Medical Schools

Inclusion of palliative care at the primary care level in undergraduate institutions is documented in 21 countries (62%). However, this varies greatly from country-to-country. For example, 12 countries teach palliative care at the primary care level in all medical schools, two countries in half of medical schools, and seven countries in less than a 40% of their medical schools. Variations are even bigger if we look at the number of dedicated hours, medical schools where these components are mandatory, and when taking into account a lack of official, up-to-date information. Generally, residency programs for family physicians incorporates some palliative care training in 22 countries (65%), and 17 countries (50%) report having these components included in the training for general physicians (GPs).



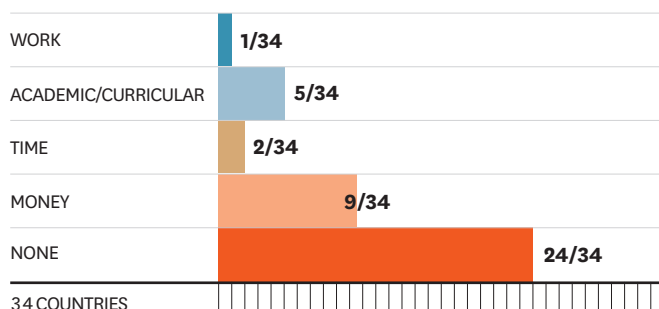
Chapter 9. Integration of Palliative Care at the Primary Care level



Map 9.1. Palliative Care provision at the Primary Care Level.



INCENTIVES FOR EARLY IDENTIFICATION OF PC PATIENTS AT THE PRIMARY CARE LEVEL



TYPE OF INCENTIVES



Money: Denmark, Croatia, Luxembourg, Spain, Kyrgyzstan



Money and academic/curricular rewards: Armenia, Germany, The Netherlands, United Kingdom



Time and curricular rewards: Serbia

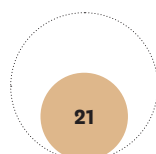
MENTION OF PC PROVISION AT THE PRIMARY CARE LEVEL IN OFFICIAL DOCUMENTS

COUNTRY	LAW	PLAN	COUNTRY	LAW	PLAN
Armenia	●	●	Albania	●	○
France	●	●	Hungary	●	○
Kyrgyzstan	●	●	Ireland	○	●
The Netherlands	●	●	Italy	●	○
Croatia	●	●	Kazakhstan	●	●
Germany	●	●	Luxembourg	●	○
Republic of Moldova	●	●	Malta	○	●
Slovenia	●	●	Norway	○	●
Spain	●	●	Poland	●	○
Tajikistan	●	●	Portugal	●	○
Turkey	●	●	Romania	●	○
Belgium	●	○	Serbia	○	●
Czech Republic	○	●	Sweden	○	●
Denmark	○	●	Switzerland	○	●
Finland	○	●	Ukraine	●	○
			Scotland	○	●

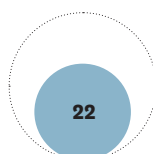
LAW: National or Regional Law

PLAN: National or Regional Plan/strategy/policy

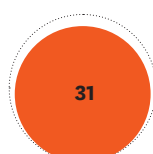
● Yes ○ No



Law

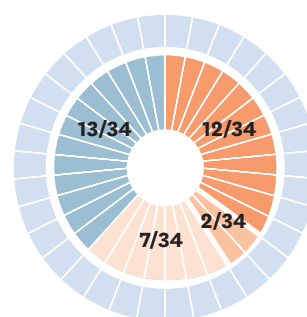


Plan



Any

PRIMARY PC EDUCATION

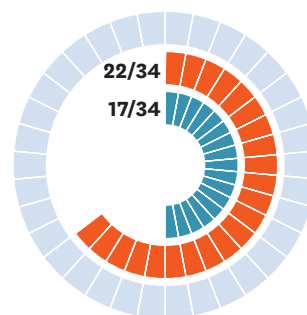


21/34

Countries teach primary PC in some medical schools

- All medical schools
- Half of medical schools
- Less than half medical schools
- No teaching

PRIMARY PC TRAINING FOR FAMILY DOCTORS AND GENERAL PHYSICIANS



- Primary care PC components in residency programme of Family Doctors
- Primary care PC components included in the training of General Physician



Chapter 9. Integration of Palliative Care at the Primary Care level

SELECTED READINGS

1. World Health Organization. Integrating palliative care and symptom relief into primary health care: a WHO guide for planners, implementers and managers. World Health Organization (2018) (<https://apps.who.int/iris/handle/10665/274559>)

2. Murray SA et al. Promoting palliative care in the community: Production of the primary palliative care toolkit by the European Association of Palliative Care Taskforce in primary palliative care. *Palliative Medicine* 2015, 29(2), 101-111.

3. <https://www.eapcnet.eu/eapc-groups/reference/primary-care>

4. World Health Organisation. Why palliative care is an essential function of primary health care. Geneva: WHO, 2018.

5. Maetens A et al. Policy Measures to Support Palliative Care at Home: A Cross-Country Case Comparison in Three European Countries. *J Pain Symptom Manage.* 2017;54(4):523-529.

6. De Roo ML et al (EURO IMPACT). Actual and preferred place of death of home-dwelling patients in four European countries: making sense of quality indicators. *PLoS One* 2014 8;9(4).

7. Penders YWH et al (EUROIMPACT). End-of-life care for people dying with dementia in general practice in Belgium, Italy and Spain: A cross-sectional, retrospective study. *Geriatr Gerontol Int* 2017;17(10):1667-1676.

8. Plat FM et al. Availability of Dutch General Practitioners for After-Hours Palliative Care. *J Palliat Care* 2018;33(3):182-186.

9. Murray S, et al. Toolkit for the Development of Palliative Care in the Community. EAPC 2014

NATIONAL EXPERTS COLLABORATING IN THIS CHAPTER

Albania (Confidential), **Armenia** (Anahit Papikyan, Violeta Zopunyan), **Belgium** (Johan Wens), **Bulgaria** (Gergana Foreva), **Croatia** (Karmen Lončarek), **Cyprus** (Pansemni Aristodemou), **Czech Republic** (Adam Houska), **Denmark** (Thomas Gørlén), **Finland** (Tiina Saarto), **France** (Sébastien Moine), **Germany** (Nils Schneider), **Greece** (Athina Vadalouka), **Hungary** (Agnes Csikos, Csilla Busa), **Ireland** (Deirdre Shanagher, Paul

Gregan), **Italy** (Confidential), **Kazakhstan** (Tatyana Ostretsova), **Kyrgyzstan** (Lola Asanalieva, Taalaigul Sabyrbekova), **Luxembourg** (Fogen Frederic), **Malta** (Jurgen Abela), **Norway** (Dagny Faksvåg Haugen), **Poland** (Aleksandra kotlinska-Lemieszek, Wojciech Leppert, Jacek Łuczak), **Portugal** (Miguel Julião), **Republic of Moldova** (Vadim Pogonet), **Romania** (Malina Dumitrescu), **Serbia** (Predrag Rosić), **Slovenia** (Erika

Zelko), **Spain** (semFYC, María del Carmen García Casas, Confidential, María Luisa Martín Roselló), **Sweden** (Confidential), **Switzerland** (Confidential), **Tajikistan** (Ilhom Bandaev, Dzhonova Bunafsha, Nigora Abidjanova), **The Netherlands** (Carel Veldhoven, Yvonne Engels, Eva E. Bolt), **Turkey** (Imatullay Akyar), **Ukraine** (Viktoriia Tymoshevska), **United Kingdom** (Scott A Murray, Kirsty Boyd, Keri Thomas).

AUTHORS

Eduardo Garralda
University of Navarra,
ATLANTES Research Group
Institute For Culture and Society (ICS),
Pamplona (Navarra), Spain

Scott Murray
University of Edinburgh
Edinburgh, Scotland, United Kingdom

Sébastien Moine
Université Paris 13 Nord
Laboratoire Education et Pratiques de Santé
[LEPS], Villetaneuse, France



Chapter 10. Integration of Palliative Care into Cardiology

TECHNICAL DATA ON THE 2019 EAPC SURVEY ON PALLIATIVE CARE INTO CARDIOLOGY

Population: 54 countries of the Europe WHO region and Lichtenstein.

Survey Details

Areas explored: 5 indicators on PC provision in Cardiology services, inclusion of PC topics in Cardiology congresses (and vice versa), meetings between experts from the national cardiology and PC associations, and publications on PC provision in cardiology services.

Questionnaire: on-line survey, 12 questions, time answered in (average) 16 minutes.

Participants: 14 national experts in Palliative Care and Cardiology.

Profile of experts (affiliation): 8 from Cardiology Departments (5 Cardiology departments, 3 Cardiology Associations), 5 from PC centres (4 from PC services, 1 from PC Association) and 1 from University.

Coverage: 12/54 countries (22%): with one respondent 9/12 (75%) countries, with two respondents 3/12 (25%)

Data collection: 12/2018 to 3/2019 (4 months)

Project Management: ATLANTES Research Group, Institute for Culture and Society, University of Navarra, Pamplona (Navarra), Spain.

Scientific Advice: Manuel Martínez Sellés (Spain) y Pablo Díez Villanueva (Spain).

Promotor: European Association for Palliative Care (EAPC).

Eduardo Garralda, Manuel Martínez Sellés, Pablo Díez Villanueva.

HEART FAILURE PATIENTS MAY HAVE GENERIC PALLIATIVE CARE NEEDS AND THEREFORE THERE EXISTS AN INCREASING CONVICTION THAT IN ORDER TO ENHANCE CARE FOR PATIENTS WITH ADVANCED HEART DISEASES, PALLIATIVE CARE SHOULD BECOME A USUAL COMPONENT.

Nowadays according to the EAPC dedicated Taskforce on Heart Failure and the Heart Failure Association of the European Society of Cardiology, just a few people with advanced heart failure and those approaching end of life, as well as their families, receive appropriate PC support (1, 2). Further existing information show that large gaps exist in addressing symptom burden and PC needs of cardiac patients (3, 4, 5).

In consequence, this chapter will intend to provide a view on the degree to which Palliative Care is integrated into Cardiology in 12 European countries (Albania, Czech Republic, Denmark, Germany, Ireland, Italy, Portugal, Spain, Sweden, Switzerland, The Netherlands and the United Kingdom) by looking at the very provision of Palliative Care in cardiology services but also at the level professional collaboration between disciplines. In 42 European countries the research team was unable to identify a reference person for PC in Cardiology.

PC Provision in Cardiology Services

In Europe, the provision of palliative care for cardiac patients remains scarce, and solely eight countries report the existence of pioneering cardiology services providing Palliative Care. All these countries (Czech Republic, Denmark, Ireland, Portugal, Spain, Sweden, The Netherlands and the United Kingdom) identify at least an integrated service where often seems to have dedicated protocols for Palliative Care delivery (Denmark, Italy, Spain, Netherlands and United Kingdom).

The frequency with which cardiology services and PC professionals collaborate is occasional. A higher ratio has been identified in Spain and Italy, where good experiences in different

centres mediated by the oncology experience (Italy) or a close relationship with intra-hospital PC teams (Spain), exist.

PC topics inclusion in National Cardiology Congresses and vice versa

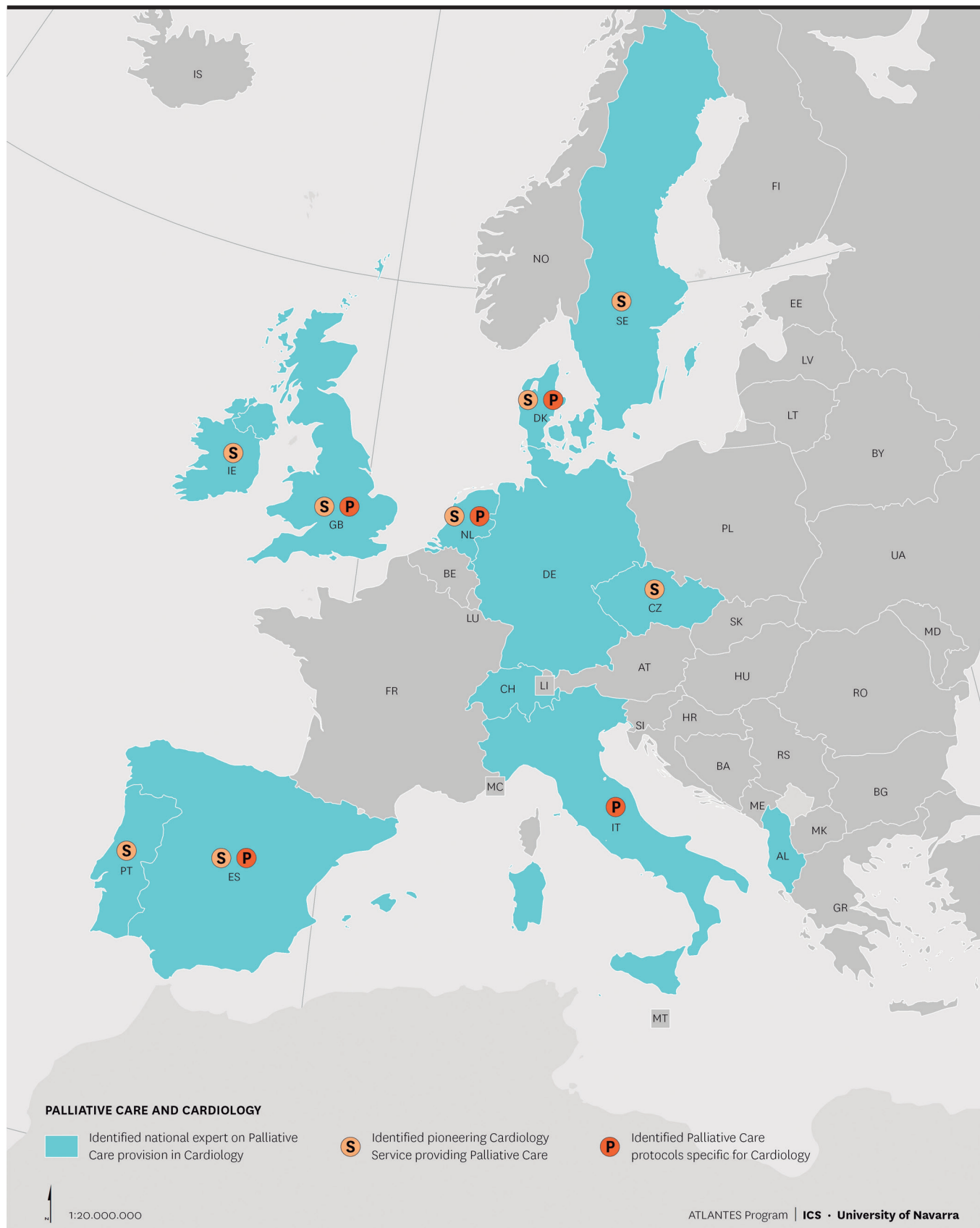
Palliative care topics have been included at least in the last three years in 11 European countries (11/12). The extent to which this is a common issue varies from country to country. The Czech Republic reports the inclusion of a session on Advanced heart failure and palliative care with four lectures within an extraordinary and new achievement, whereas Spain for instance, report having PC topics included every year. Similarly, 10 countries (10/12) report the inclusion of cardiology topics in the National Palliative Care Congresses in the last three years though in the perception of some respondents inclusion of Cardiology topics in PC Congresses is somehow more difficult than the other way round. Only Italy and Spain report the existence of periodical meetings between experts from the national cardiology and PC association.

Publications regarding PC provision in Cardiology Services

Seven countries report the existence of publications regarding palliative care provision in cardiology services. The National experts reported diverse amount of scientific publications per country, ranging from seven in Spain, three in the United Kingdom, two in Italy, and at least one in the Czech Republic, Denmark, Portugal, and the Netherlands (a sample of some of these articles can be seen in the bibliographic references' section).



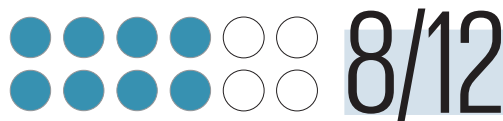
Chapter 10. Integration of Palliative Care into Cardiology



Map 10.1. Palliative Care provision in Cardiology.

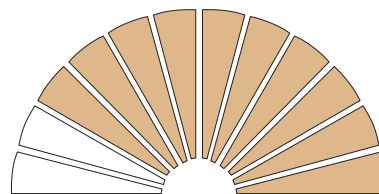


FREQUENCY OF COLLABORATION BETWEEN PC AND CARDIOLOGY SERVICES

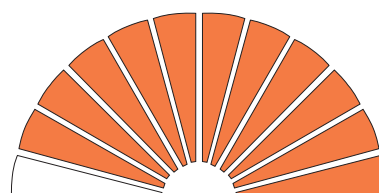


8/12 countries report that collaboration between PC services and Cardiology Services occurs sometimes. Italy and Spain report often collaborations.

CONGRESSES INTERACTIONS BETWEEN PC AND CARDIOLOGY



10/12 PC topics in National Cardiology Congresses



11/12 Cardiology topics in National Palliative Care Congresses

PIONEERING CARDIOLOGY SERVICES PROVIDING PC

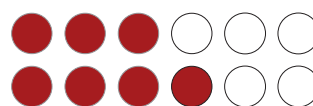
COUNTRY	SERVICE, HOSPITAL OR INSTITUTION
Czech Republic	Department of Cardiology, Tomas Bata Regional Hospital, Zlin
Denmark	Department of Cardiology, Vejle Hospital, Vejle
Ireland	Heart failure service, University Hospital Waterford, Waterford
Portugal	Unidade Mais Sentido, Centro Hospital Universitario Lisboa Norte, Lisboa
Spain	Department of Cardiology Hospital Gregorio Marañón, Madrid Hospital La Princesa, Madrid
Sweden	Vrinnevy Hospital, Vrinnevy
The Netherlands	Radboud University Nijmegen Medical Centre, Nijmegen
United Kingdom	Cardiac Palliative Care service, NHS Greater Glasgow and Clyde. Hub base Glasgow Royal Infirmary Scotland

PERIODICAL MEETINGS BETWEEN NATIONAL PC AND CARDIOLOGY ASSOCIATIONS



recurrent meetings between National PC and Cardiology Associations

PUBLICATIONS REGARDING PC PROVISION IN CARDIOLOGY SERVICES



7/12

countries (17%) report scientific publications with regard to Palliative Care provision in Cardiology Services. Seven in Spain, three in the United Kingdom, two in Italy, and at least one in the Czech Republic, Denmark, Portugal, and The Netherlands.



Chapter 10. Integration of Palliative Care into Cardiology

SELECTED READINGS

1. Jaarsma T et al. Palliative care in heart failure: A position statement from the palliative care workshop of the Heart Failure Association of the European Society of Cardiology. *European Journal of Heart Failure* 2009, 11(5), 433-443.

2. <https://www.eapcnet.eu/eapc-groups/task-forces/heart-disease>

3. Kavalieratos D et al. Comparing Unmet Needs between Community-Based Palliative Care Patients with Heart Failure and Patients with Cancer. *J Palliat Med* 2014;17:475-481

4. Xu J et al. Symptom frequency, severity, and quality of life among persons with three disease trajectories: cancer, ALS, and CHF. *Appl Nurs Res* 2015;28:311-315.

5. Evangelista LS, Liao S, Motie M, De Michelis N, Ballard-Hernandez J, Lombardo D. Does the type and frequency of palliative care services received by patients with advanced heart failure impact symptom burden? *J Palliat Med* 2014;17:75-79.

6. Gřiva M et al. End-of-life preferences of cardiac patients. *Cent Eur J Nurs Midw* 2018;9(4):932-938.

7. Wong FK et al. Effects of a transitional palliative care model on patients with end-stage heart failure: a randomised controlled trial. *Heart*. 2016;102(14):1100-8.

8. Antonione R et al. Documento di consenso sulle cure palliative in ambito cardiologico. *G Ital Cardiol* 2019;20(1):46-61.

9. Vicent L et al. Degree of dyspnoea at admission and discharge in patients with heart failure and respiratory diseases. *BMC Palliat Care*. 2017 22;16(1):35.

10. Ruiz García J, Díez Villanueva, P. End-of-life care in a cardiology department: have we improved? *J Geriatr Cardiol*. 2016;13(7):587-92.

11. Johnson M. The feasibility of a randomised controlled trial to compare the cost-effectiveness of palliative cardiology or usual care in people with advanced heart failure: Two exploratory prospective cohorts. *Palliative Medicine* 2018; 32 (6):1133-1141.

NATIONAL EXPERTS COLLABORATING IN THIS CHAPTER

Albania (Irena Laska), **Czech Republic** (Martin Griva), **Denmark** (Ann Dorthe Zwisler), **Germany** (Bernd Alt-Epping), **Ireland** (Norma Caples),

Italy (Giuseppe Di Stolfo), **Portugal** (Luis Parente Martins), **Spain** (Manuel Martínez-Sellés, Pablo Díez Villanueva), **Sweden** (confidential),

Switzerland (confidential), **The Netherlands** (L. Bellersen, and D.J.A. Janssen), **United Kingdom** (Confidential and Karen Hogg).

AUTHORS

Eduardo Garralda
University of Navarra,
ATLANTES Research Group
Institute For Culture and Society (ICS),
Pamplona (Navarra), Spain

Manuel Martínez Sellés
Hospital Gregorio Marañón
Madrid, Spain

Pablo Díez Villanueva
Hospital Universitario de La Princesa
Madrid, Spain



Chapter 11. Integration of Oncology and Palliative Care

TECHNICAL DATA ON THE 2019 EAPC SURVEY ON PALLIATIVE CARE INTO ONCOLOGY

Population: 54 countries of the Europe WHO region and Lichtenstein.

Complementary Survey

Areas explored: 5a) existence of centres certified for the integration of integrated Oncology and PC, b) Clinical trials on early integration of PC in Oncological treatments and c) publications on integration of PC in Oncology.

Method: on-line search in public databases: ESMO, Clinical Trials.gov and Scopus.

Data collection: April 2019.

Project Management: ATLANTES Research Group, Institute for Culture and Society, University of Navarra, Pamplona (Navarra), Spain.

Scientific Advice: Carlos Centeno (Spain).

Promotor: European Association for Palliative Care (EAPC).

Rafael Martínez, Amaia Urritzola.

“PALLIATIVE CARE IS APPLICABLE EARLY IN THE COURSE OF ILLNESS, IN CONJUNCTION WITH OTHER THERAPIES THAT ARE INTENDED TO PROLONG LIFE, SUCH AS CHEMOTHERAPY OR RADIATION THERAPY, AND INCLUDES THOSE INVESTIGATIONS NEEDED TO BETTER UNDERSTAND AND MANAGE DISTRESSING CLINICAL COMPLICATIONS” (1).

The sentence from WHO's current definition of palliative care emphasizes the importance of integrating oncology and palliative care. Same concept of the integration of PC throughout the course of an illness is also contained in the modern definition of IAHPC result of a broad international consensus process (6).

Evidence from multiple randomized clinical trials support the early integration of PC within the oncological treatments: “true integration of palliative and oncology care provides patients with optimal oncology care” (VR & Temel). From research and international consensus the integrated care model has also become a topic in cardiology, pneumology, and other specialties.

In this chapter we aim to review the situation in Europe looking at three main indicators: a) The existence of certified centres of integrated Oncology and Palliative Care, b) the increasing number of clinical trials addressing questions regarding the early integration of Palliative Care with anti-cancer treatments and c) the growing number of scientific publications in the last few years concerning our topic.

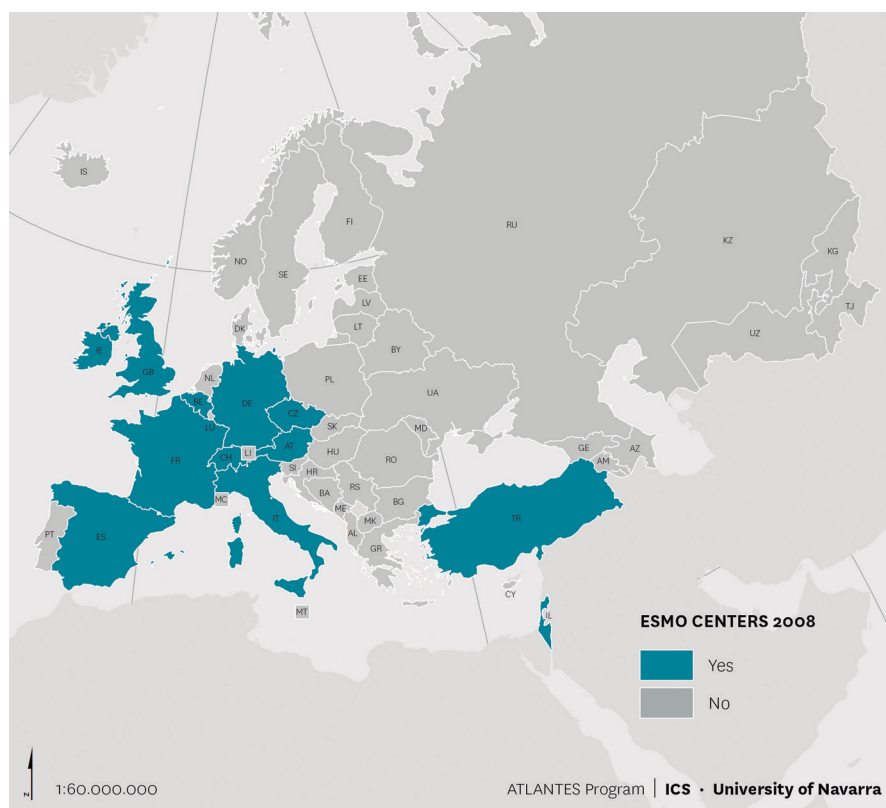
Our first search looked at the initiative of the European Society of Medical Oncology (ESMO) to improve the delivery of supportive and PC by oncologists, oncology departments and cancer centres. **Through a rigorous process, since 2001, ESMO nominate centres that achieve high standards of integration of both disciplines. In 2018 there are more than 150 centres from 25 countries.**

Another test for the integration of PC with Oncology could be the rising number of clinical trials focusing on early PC in Oncology. Across Europe more than 25 Clinical Trials started in recent years. Eight of them are already concluded and other are currently in recruitment phase. France, Italy and Switzerland are leaders in this research with over three trials running.

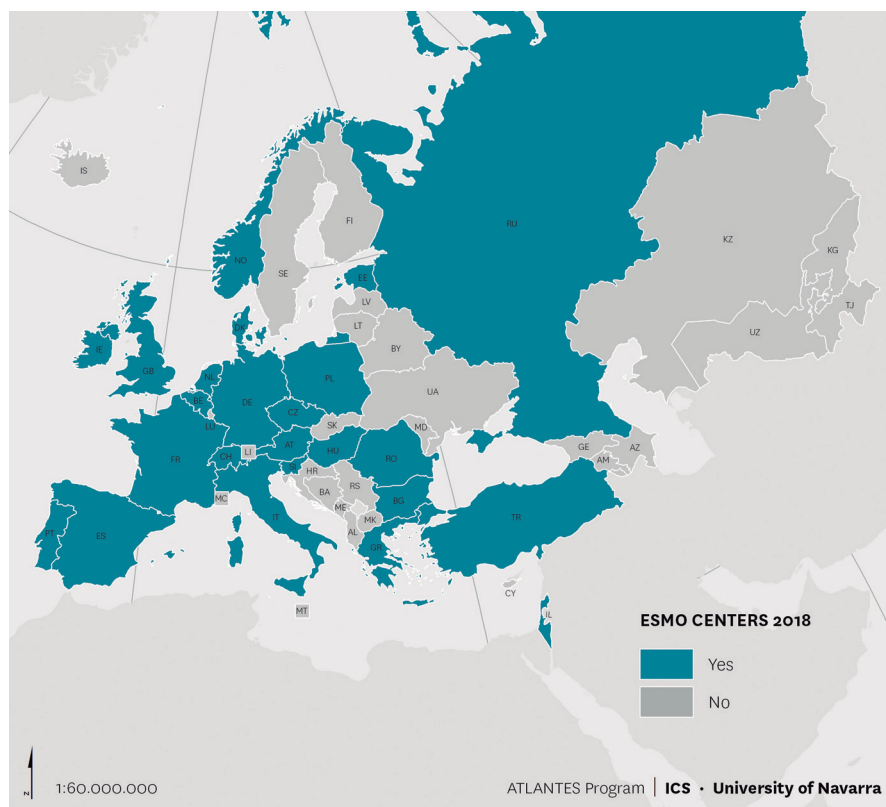
Regarding the publications of any kind, a quick search (“oncology AND palliative care AND integration”) performed by the Scopus scientific database found 359 documents from European countries published in the past 10 years. To compare the situation, in the same period the USA published almost 200. The country ahead in this scientific interest is Germany, with 49 publications, followed by Italy, United Kingdom and Israel with around 21 publications.



Chapter 11. Integration of Oncology and Palliative Care



Map 11.1. ESMO Centers 2008.

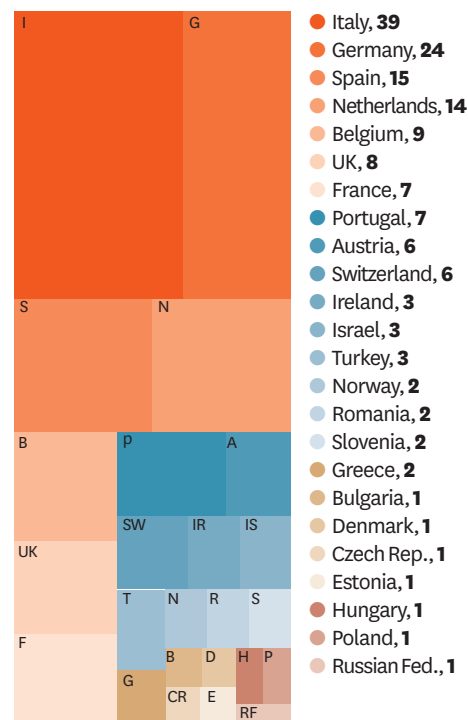


Map 11.2. ESMO Centers years 2018.

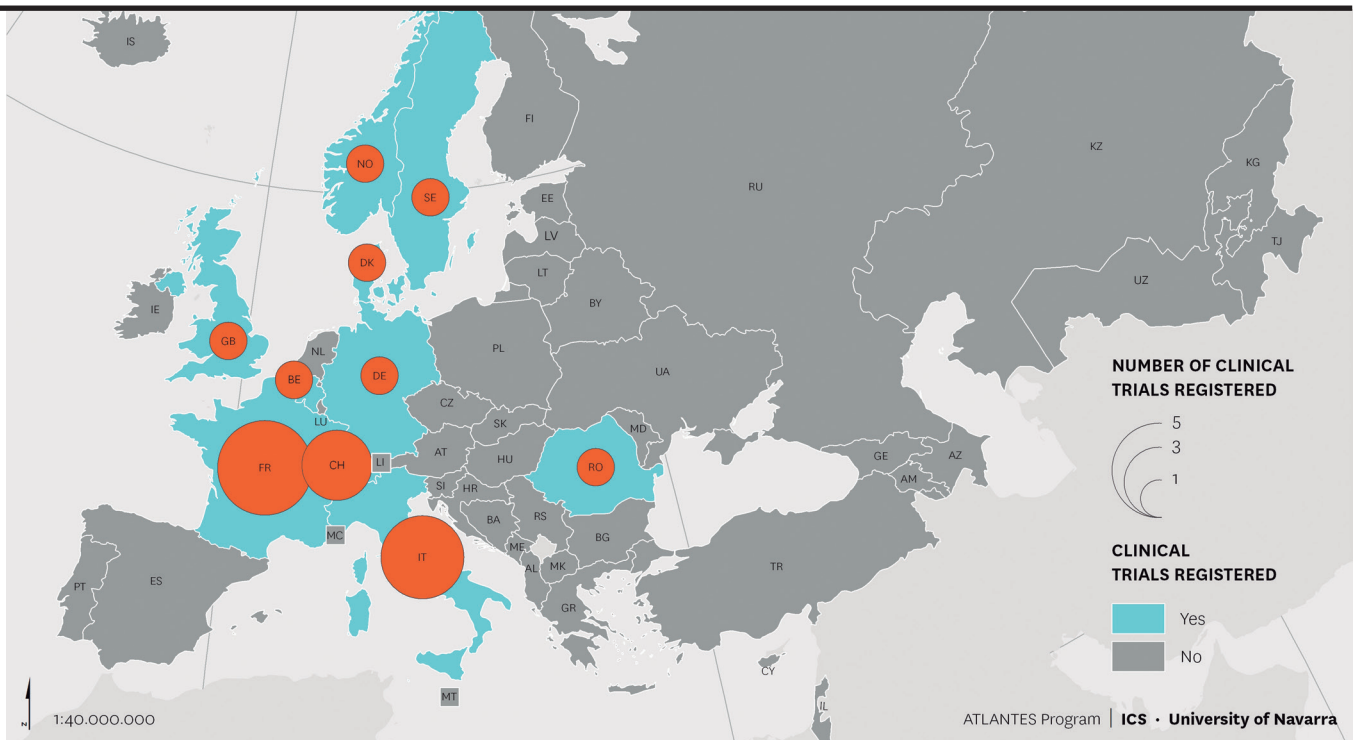
ESMO PROGRAMME OF DESIGNATED CENTRES OF INTEGRATED ONCOLOGY AND PALLIATIVE CARE

Back in 1999 the National Representatives of European Society for Medical Oncology (ESMO) created a Palliative Care Working Group (renamed the ESMO Designated Centres Working Group in 2016 to improve the delivery of supportive and palliative care by oncologists, oncology departments and cancer centres. They have addressed this task through initiatives in policy, education, research and incentives.

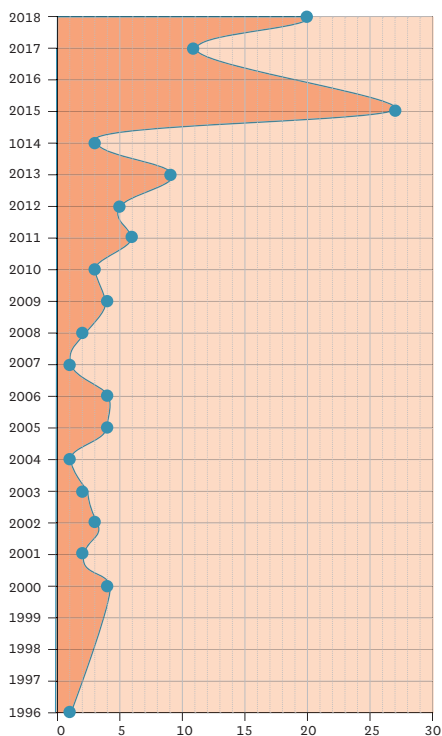
In 2003, as an incentive programme for oncology departments and centres, ESMO developed an accreditation programme of Designated Centres of Integrated Oncology and Palliative Care, in which cancer centres can receive special recognition for achieving a high standard of integration of medical oncology and PC. The ESMO Designated Centres of Oncology and Palliative Care Incentive Programme has grown rapidly over the past decade, and now includes more than 200 institutions from 44 countries worldwide. As shown in the table 1, currently in WHO European Region, 155 centres have been accredited. (source: www.esmo.org)



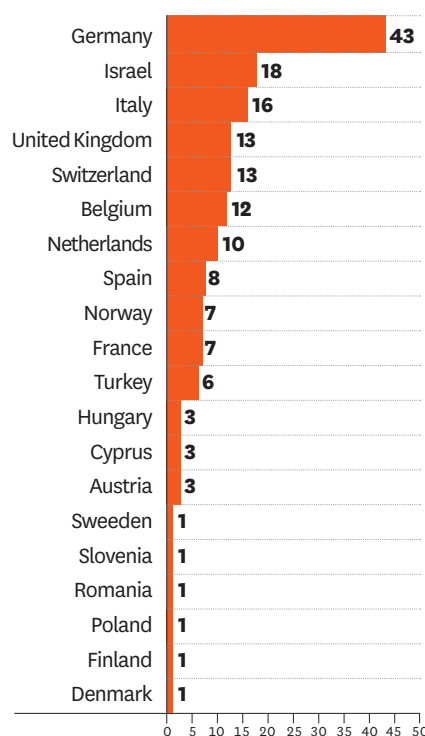
Graphic 11.1. ESMO Designated Centers of Integrated Oncology and Palliative Care years 2014-2018.



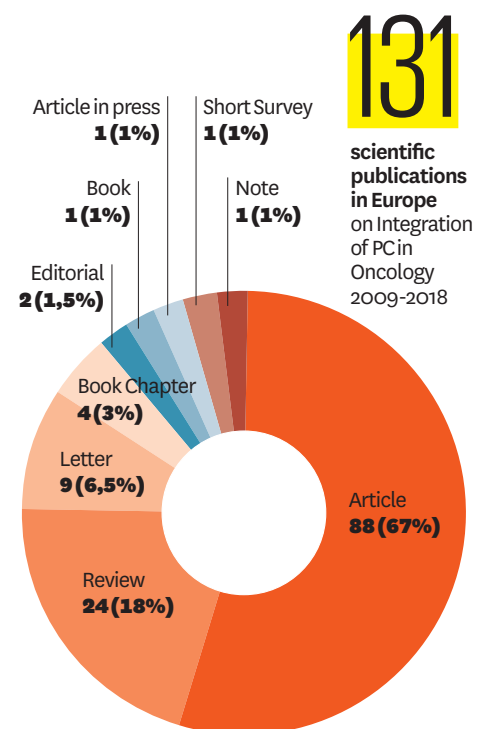
Map 11.3. Clinical Trials registered on Early Palliative Care integration 2004-2019 (Source: ClinicalTrials.gov) .



Graphic 11.2. Scientific Publications on Integration of Palliative care in Oncology from European countries 1996-2018. (Source: Scopus database)



Graphic 11.3. Scientific Publications on Integration of Palliative care in Oncology by country 2009-2018. (Source: Scopus database)



Graphic 11.4. Type of Scientific Publications on Integration of Palliative care in Oncology from European Countries 2009-2018. (Source: Scopus database)



Chapter 11. Integration of Oncology and Palliative Care

SELECTED READINGS

1. Ambroggi M, et al. Can early palliative care with anticancer treatment improve overall survival and patient-related outcomes in advanced lung cancer patients? A review of the literature. *Supportive Care in Cancer* 2018, 26 (9): 2945–2953.

2. Beek KV, et al. To what degree is palliative care integrated in guidelines and pathways for adult cancer patients in Europe: a systematic literature review. *BMC Palliative Care* 2016, 15:26.

3. Cassel JB, Albrecht TA. Emerging Models of Providing Oncology Palliative Care. *Semin Oncol Nurs.* 2018;34(3):202–214.

4. Dalgaard KM, et al. Early integration of palliative care in hospitals: A systematic review on methods, barriers, and outcome. *Palliative and Supportive Care* 2013, 12 (6): 495–513.

5. Ferrell BR. Integration of Palliative Care Into Standard Oncology Care: American Society of Clinical Oncology Clinical Practice Guideline Update. *J Clin Oncol.* 2017;35(1):96–112.

6. Greer JA, et al. Early integration of palliative care services with standard oncology care for patients with advanced cancer. *CA Cancer J Clin.* 2013 Sep;63(5):349–63.

7. Hui D, Bruera E. Models of integration of oncology and palliative care. *Ann Palliat Med.* 2015;4(3):89–98.

8. Kaasa S, et al. Integration of oncology and palliative care: a Lancet Oncology Commission. *Lancet Oncol.* 2018;19(11):e588–e653.

Roenn JH V, et al. The integration of palliative care and oncology: the evidence. *Oncology (Williston Park)* 2011, 25 (13): 1258–60, 1262, 1264–5.

9. Siouta N, et al. Integrated palliative care in Europe: a qualitative systematic literature review of empirically-tested models in cancer and chronic disease. *BMC Palliative Care* 2016, 15:56.

AUTHORS

Rafael Martínez

Instituto Nacional de Ciencias Médicas y Nutrición
Salvador Zubirán
Departamento de Geriatria, Ciudad de México,
Mexico

Palliative Care Clinical Fellow

Clinica Universidad de Navarra

Departament of Palliative Medicine and Symptom
Control, Pamplona, Navarra, Spain

Amaia Urritzola

Clinica Universidad de Navarra
Departament of Oncology, Pamplona, Navarra,
Spain



5. Development of Palliative Care at the Country-Level





How to read the country information

ANSWER TO THE QUESTIONS

National legislation to regulate PC provision

National laws specific to PC	YES	NO
National legislation or decrees relating PC	YES	NO
National legislation on end of life issues	YES	NO
National general law on health care with reference to PC	YES	NO

Affirmative answers are highlighted in yellow, negative ones in black.

HIGHLIGHTED ICONS

Role



Scientific



Political/Technical

Dedicated time to PC



<10%



10-50%



50-99%



100%

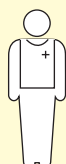
Professionals allowed to prescribe



Only specialists



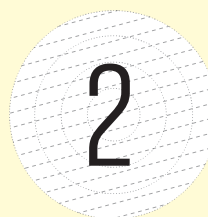
All physicians



Nurses trained in PC

Highlighted icons indicate the case corresponding to the country. Icons in blank do not apply for the displayed country.

READING THE GRAPHICS



N/A
offering specific mandatory PC course

50%
offering PC course in combination with other disciplines



50%
offering specific mandatory PC course

50%
offering PC course in combination with other disciplines

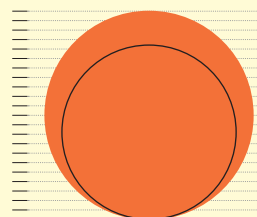
N/A

N/A
Full Professors

+

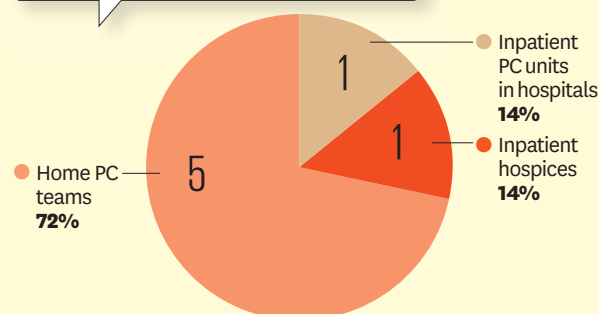
N/A
Associate Professors

The large number in the middle of the circle indicates the number of medical schools in the country. The base circle represents the hundred percent. The size of the inner blue circle indicates the percentage of medical schools offering specific mandatory PC course. Dashed lines indicate that data is not available.



The contour of the black-lined circle indicates the proportion of PC services in Europe per 100,000 inhabitants. The colored circle indicates the proportion of PC services per 100,000 inhabitants in the displayed country.

Colored circles captioning titles correspond to the data represented in the graphic.





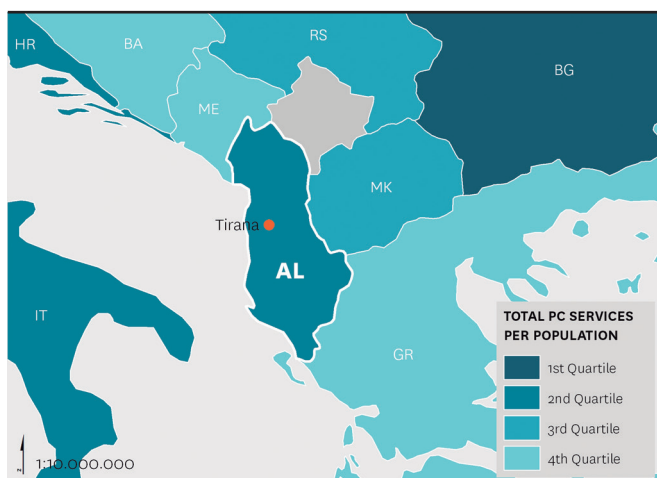
Albania



2,873,457
Population, 2015

28,750
Surface area (km²),
2018

104.9
Population density
(Inh/km²), 2017



PC RESOURCES FOR CHILDREN

0

Inpatient
Hospices
(stand-alone
facilities)

3

Home
programmes

1

Hospital
programmes

The Oncology Hematology Children Hospital "Mother Theresa" provides PPC as part of the paediatric oncology and hematology service. Home care programmes are coordinated by two NGOs: Ryder and Mary Potter and one public team called S.O.B. .

POLICIES

National legislation to regulate PC provision

National laws specific to PC	YES	NO
National legislation or decrees relating PC	YES	NO
National legislation on end of life issues	YES	NO
National general law on health care with reference to PC	YES	NO

National PC plan or strategy

National PC plan or strategy	YES	NO
National cancer plan with a section for PC	YES	NO
National non-communicable diseases plan with a section for PC	YES	NO
National HIV plan with a section for PC	YES	NO
The plan was implemented	YES	NO
The plan was audited	YES	NO

National standards for PC services

Designated person responsible for PC in the Ministry of Health

Role



Scientific



Political/Technical

Dedicated time to PC



<10%



10-50%



50-99%



100%

Allocated funds from the national health budget for PC

Inclusion of PC in the list of health services provided at the primary care level

Inclusion of PC in the basic package of health services

EDUCATION

Medical Schools teaching PC

1/2

N/A
offering specific
mandatory PC
course

50%
offering PC course
in combination
with other
disciplines

Nursing Schools teaching PC

6/6

50%
offering specific
mandatory PC
course

50%
offering PC course
in combination
with other
disciplines

Professorship in PC at medical schools

N/A

N/A
Full
Professors

+
N/A
Associate
Professors

Specialisation in Palliative Medicine

Type of training programme

-

Denomination

N/A

Estimated certified physicians (abroad)

5



4,538
Gross Domestic Product
per capita (US\$), 2017

6.8
Health expenditure
(% of GDP), 2015

266
Health expenditure
per capita, PPP (US\$)

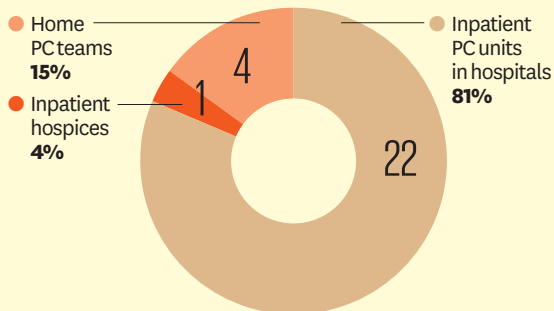
1.3
Physicians per 1,000
inhabitants, 2014

68
Human Development
Index Ranking, 2019

78
Life expectancy at birth,
total (years), 2016

PC SERVICES FOR ADULTS

27
TOTAL



PC SERVICES

0.9
PER 100,000
INHABITANTS

- PC services for adults in Albania
- PC services for adults in Europe (median) [0.8/100,000 inhab.]



Additional PC Services for Adults

- ➔ Day care services -
- ➔ Volunteer-led hospices -

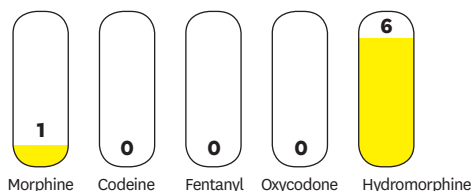
MEDICINES

Opioid consumption per capita in morphine equivalent, excluding methadone, 2017

7 mg



- Average consumption in Albania
- Average consumption in Europe [107 mg]



General availability of oral morphine (immediate release)

YES NO

Opioid prescription requirements

Special prescription form

YES NO

Prescription limits

No limit

Patient registration as an opioid user

YES NO

Professionals allowed to prescribe



Only specialists



All physicians



Nurses trained in PC

PROFESSIONAL ACTIVITY

National PC association

YES NO

NAME
Albanian Palliative Care Association
SHOQATA Shqiptare ne Kurave Paliative

SINCE

2002

Other associations

YES NO

Directory of services

YES NO

RELEVANT REFERENCES ON PC DEVELOPMENT

Rama et al. Palliative Care-Albania. J Pain Symptom Manage. 2018;55(2S):S14-S18.

Centeno C, et al. The Palliative Care Challenge: Analysis of Barriers and Opportunities to Integrate Palliative Care in Europe in the View of National Associations. J Palliat Med. 2017 Nov;20(11):1195-1204.

Centeno C, et al. Coverage and development of specialist palliative care services across the World Health Organization European Region (2005-2012): Results from a European Association for Palliative Care Task Force survey of 53 Countries. Palliat Med. 2016;30(4):351-62.

KEY INFORMANTS

Irena Laska.

See more information
in online version





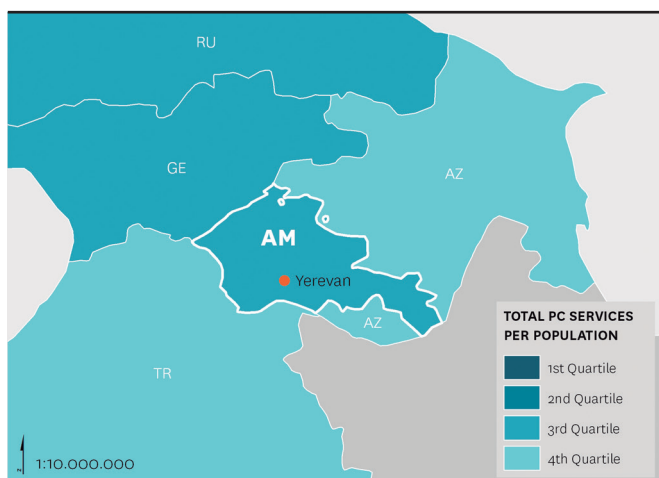
Armenia



2,930,450
Population, 2015

29,740
Surface area (km²),
2018

102.9
Population density
(Inh/km²), 2017



PC RESOURCES FOR CHILDREN

0

Inpatient
Hospices
(stand-alone
facilities)

1

Home
programmes

N/A

Hospital
programmes

Adult services like Masis Hospice or national hospitals provides in few cases PPC.

The NGO Gayush provides non-PPC services for children in home settings. Some orphanages for children with severe disabilities provide PPC.

POLICIES

National legislation to regulate PC provision

National laws specific to PC	YES	NO
National legislation or decrees relating PC	YES	NO
National legislation on end of life issues	YES	NO
National general law on health care with reference to PC	YES	NO

National PC plan or strategy

National PC plan or strategy	YES	NO
National cancer plan with a section for PC	YES	NO
National non-communicable diseases plan with a section for PC	YES	NO
National HIV plan with a section for PC	YES	NO
The plan was implemented	YES	NO
The plan was audited	YES	NO

National standards for PC services

YES NO

Designated person responsible for PC in the Ministry of Health

YES NO

Role



Scientific



Political/Technical

Dedicated time to PC



<10%



10-50%



50-99%



100%

Allocated funds from the national health budget for PC

YES NO

Inclusion of PC in the list of health services provided at the primary care level

YES NO

Inclusion of PC in the basic package of health services

YES NO

EDUCATION

Medical Schools teaching PC

0/4

0%
offering specific
mandatory PC
course

0%
offering PC course
in combination
with other
disciplines

Nursing Schools teaching PC

0/10

0%
offering specific
mandatory PC
course

0%
offering PC course
in combination
with other
disciplines

Professorship in PC at medical schools

-

-
Full
Professors

+
-
Associate
Professors

Specialisation in Palliative Medicine

YES NO

Type of training programme

Sub-specialty

Denomination

Palliative medicine
Palliative care specialisation course (4 months)
Amoghich (paliativ) bzhshkutjun Ամոքիչ (պալիատիվ) բժշկություն. Ամոքիչ խնամքի մասնագիտացման կուրս

Estimated certified physicians

20



9,937
Gross Domestic Product
per capita (US\$), 2017

10.1
Health expenditure
(% of GDP), 2015

366
Health expenditure
per capita, PPP (US\$)

2.8
Physicians per 1,000
inhabitants, 2014

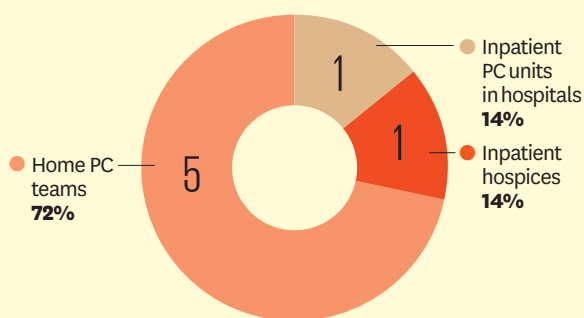
83
Human Development
Index Ranking, 2019

75
Life expectancy at birth,
total (years), 2016

PC SERVICES FOR ADULTS

7

TOTAL



PC SERVICES

0.2

PER 100,000
INHABITANTS

- PC services for adults in Armenia
- PC services for adults in Europe (median) [0.8/100,000 inhab.]



Additional PC Services for Adults

- ➔ Day care services -
- ➔ Volunteer-led hospices -

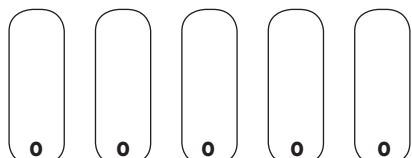
MEDICINES

Opioid consumption per capita in morphine equivalent, excluding methadone, 2017

0.3 mg



- Average consumption in Armenia
- Average consumption in Europe [107 mg]



Morphine Codeine Fentanyl Oxycodone Hydromorphone

General availability of oral morphine (immediate release)

YES NO

Opioid prescription requirements

Special prescription form YES NO

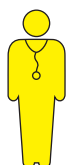
Prescription limits Few days

Patient registration as an opioid user YES NO

Professionals allowed to prescribe



Only specialists



All physicians



Nurses trained in PC

PROFESSIONAL ACTIVITY

National PC association

YES NO

NAME
Armenian Pain Control and PC Association
Haykakan Hakacavayin ev Paliativ Khnamqi Asociacia
Հայկացավային և պալիատիվ խնամքի
հայկական ասոցիացիա

SINCE

2003

Other associations

Saunders Center

Directory of services

YES NO

RELEVANT REFERENCES ON PC DEVELOPMENT

Barros de Luca G, et al. Palliative care and human rights in patient care: an Armenia case study. Public Health Rev. 2017 7;38:18.

Papikyan A, et al. Development of Palliative Care in Armenia. J Pain Symptom Manage. 2018;55(2S):S19-S24

Centeno C, et al. Coverage and development of specialist palliative care services across the World Health Organization European Region (2005-2012): Results from a European Association for Palliative Care Task Force survey of 53 Countries. Palliat Med. 2016;30(4):351-62.

KEY INFORMANTS

Artashes Tadevosyan, Avetis Babakhanyan.

See more information
in online version





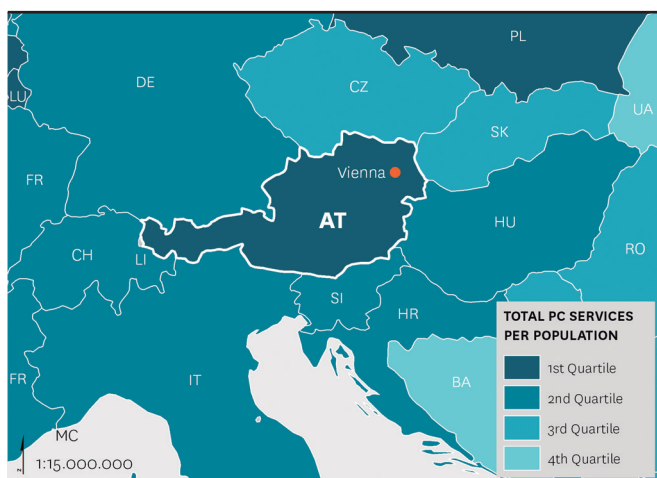
Austria



8,809,212
Population, 2015

83,879
Surface area (km²),
2018

106.7
Population density
(Inh/km²), 2017



PC RESOURCES FOR CHILDREN

1

Inpatient
Hospices
(stand-alone
facilities)

14

Home
programmes

2

Hospital
programmes

The inpatient children's hospice "Stern-talerhof" has a psychosocial focus and doesn't count with PPC beds. There are five paediatric PC beds in two hospitals that provide short-term care and treatment. There are 12 volunteer children's hospice teams, one in day care, and 14 home PC teams.

POLICIES

National legislation to regulate PC provision

National laws specific to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National legislation or decrees relating PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National legislation on end of life issues	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National general law on health care with reference to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National PC plan or strategy

National PC plan or strategy	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National cancer plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National non-communicable diseases plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National HIV plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
The plan was implemented	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
The plan was audited	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National standards for PC services

☒ YES ☐ NO

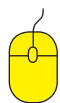
Designated person responsible for PC in the Ministry of Health

☒ YES ☐ NO

Role



Scientific



Political/Technical

Dedicated time to PC



<10%



10-50%



50-99%



100%

Allocated funds from the national health budget for PC

☒ YES ☐ NO

Inclusion of PC in the list of health services provided at the primary care level

☒ YES ☐ NO

Inclusion of PC in the basic package of health services

☒ YES ☐ NO

EDUCATION

Medical Schools teaching PC

7/7

100%
offering specific
mandatory PC
course

0%
offering PC course
in combination
with other
disciplines

Nursing Schools teaching PC

80/80

100%
offering specific
mandatory PC
course

0%
offering PC course
in combination
with other
disciplines

Professorship in PC at medical schools

8

3
Full
Professors

+

5
Associate
Professors

Specialisation in Palliative Medicine

☒ YES ☐ NO

Type of training programme

Sub-specialty

Denomination

Specialisation in Palliative Medicine
Spezialisierung in Palliativmedizin

Estimated certified physicians

90



47,291
Gross Domestic Product
per capita (US\$), 2017

10.3
Health expenditure
(% of GDP), 2015

4,536
Health expenditure
per capita, PPP (US\$)

5.1
Physicians per 1,000
inhabitants, 2014

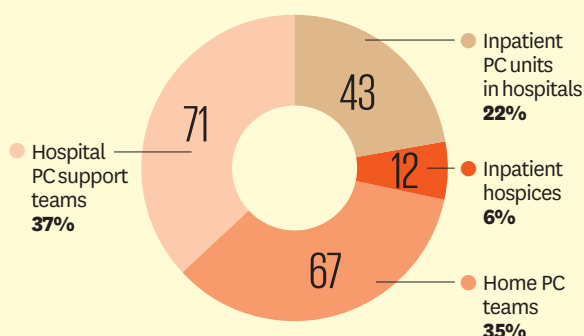
20
Human Development
Index Ranking, 2019

81
Life expectancy at birth,
total (years), 2016

PC SERVICES FOR ADULTS

193

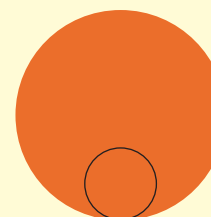
TOTAL



PC SERVICES

2.2

PER 100,000
INHABITANTS



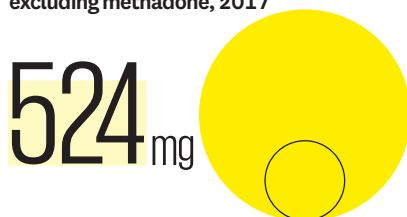
● PC services
for adults
in Austria
○ PC services
for adults in
Europe (median)
[0.8/100,000
inhab.]

Additional PC Services for Adults

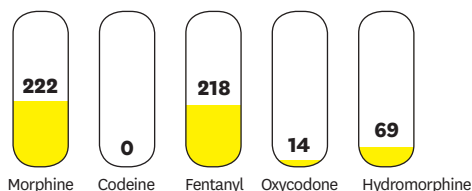
➔ Day care services	2
➔ Volunteer-led hospices	184

MEDICINES

Opioid consumption per capita in morphine equivalent,
excluding methadone, 2017



● Average consumption
in Austria
○ Average consumption
in Europe [107 mg]



General availability of oral morphine (immediate release)

YES NO

Opioid prescription requirements

Special prescription form

YES NO

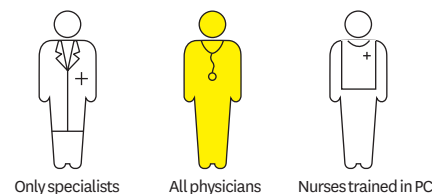
Prescription limits

No limit

Patient registration as an opioid user

YES NO

Professionals allowed to prescribe



Only specialists

All physicians

Nurses trained in PC

PROFESSIONAL ACTIVITY

National PC association

YES NO

NAME
Austrian Association for Palliative Care
Österreichische Palliativgesellschaft

SINCE

1999

Other associations

Hospice Austria

Directory of services

YES NO

RELEVANT REFERENCES ON PC DEVELOPMENT

Bangerter LR, et al. Recommendations from the Salzburg Global Seminar on Rethinking Care Toward the End of Life. *Int J Qual Health Care.* 2018 1;30(5):408-413.

Schur S, et al; AUPACS (Austrian Palliative Care Study Group). Sedation at the end of life - a nation-wide study in palliative care units in Austria. *BMC Palliat Care.* 2016 14;15:50.

Masel EK, et al. Establishing end-of-life boards for palliative care of patients with advanced diseases. *Wien Klin Wochenschr.* 2018;130(7-8):259-263.

KEY INFORMANTS

Austrian Association for Palliative Care, Leena Pelttari.

See more information
in online version





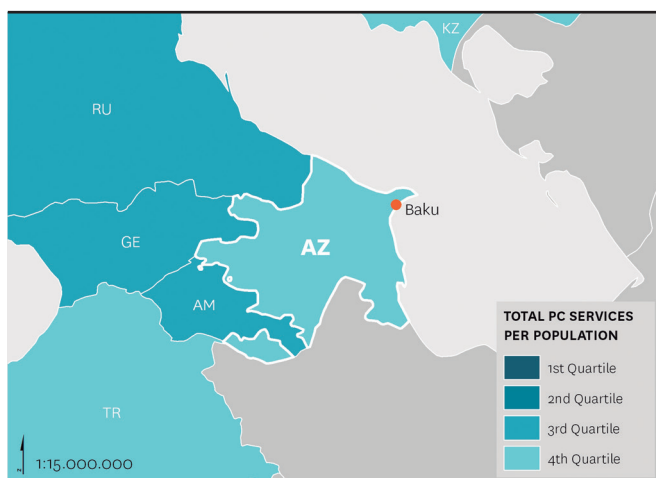
Azerbaijan



9,862,429
Population, 2015

86,600
Surface area (km²),
2018

119.3
Population density
(Inh/km²), 2017



PC RESOURCES FOR CHILDREN



Inpatient
Hospices
(stand-alone
facilities)



Home
programmes



Hospital
programmes

POLICIES

National legislation to regulate PC provision

National laws specific to PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National legislation or decrees relating PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National legislation on end of life issues	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National general law on health care with reference to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National PC plan or strategy

National PC plan or strategy	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National cancer plan with a section for PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National non-communicable diseases plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National HIV plan with a section for PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
The plan was implemented	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
The plan was audited	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

National standards for PC services

☒ YES ☐ NO

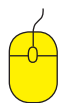
Designated person responsible for PC in the Ministry of Health

☒ YES ☐ NO

Role



Scientific



Political/Technical

Dedicated time to PC



<10%



10-50%



50-99%



100%

Allocated funds from the national health budget for PC

☒ YES ☐ NO

Inclusion of PC in the list of health services provided at the primary care level

☒ YES ☐ NO

Inclusion of PC in the basic package of health services

☒ YES ☐ NO

EDUCATION

Medical Schools teaching PC



50%
offering specific
mandatory PC
course

50%
offering PC course
in combination
with other
disciplines

Nursing Schools teaching PC



29%
offering specific
mandatory PC
course

71%
offering PC course
in combination
with other
disciplines

Professorship in PC at medical schools

2

1
Full
Professors

+

1
Associate
Professors

Specialisation in Palliative Medicine

☒ YES ☐ NO

Type of training programme

Special field of competence

Denomination

Certified course taught by the Ministry of Health's
Advanced Postgraduate Training Institute
for Physicians named after A. Aliyev

Estimated certified physicians

-



4,132
Gross Domestic Product
per capita (US\$), 2017

6.7
Health expenditure
(% of GDP), 2015

368
Health expenditure
per capita, PPP (US\$)

3.4
Physicians per 1,000
inhabitants, 2014

80
Human Development
Index Ranking, 2019

72
Life expectancy at birth,
total (years), 2016

PC SERVICES FOR ADULTS

1

TOTAL

Home PC
teams
100%

1

PC SERVICES

0.01

PER 100,000
INHABITANTS

PC services
for adults
in Azerbaijan

PC services
for adults in
Europe (median)
[0.8/100,000
inhab.]

Additional PC
Services
for Adults

Day care services 2 (Data from 2013)

Volunteer-led hospices -

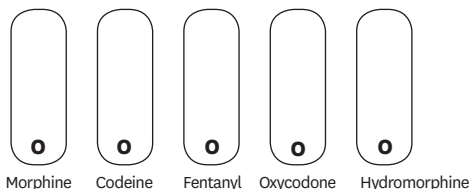
MEDICINES

Opioid consumption per capita in morphine equivalent,
excluding methadone, 2017

0.4 mg

Average consumption
in Azerbaijan

Average consumption
in Europe [107 mg]



General availability of oral morphine (immediate release)

YES NO

Opioid prescription requirements

Special prescription form

YES NO

Prescription limits

Few weeks

Patient registration as an opioid user

YES NO

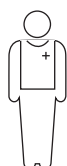
Professionals allowed to prescribe



Only specialists



All physicians



Nurses trained in PC

PROFESSIONAL ACTIVITY

National PC association

YES NO

Other associations

N/A

Directory of services

YES NO

RELEVANT REFERENCES ON PC DEVELOPMENT

Centeno C, et al. The Palliative Care Challenge: Analysis of Barriers and Opportunities to Integrate Palliative Care in Europe in the View of National Associations. J Palliat Med. 2017 Nov;20(11):1195-1204.

Centeno C, et al. Coverage and development of specialist palliative care services across the World Health Organization European Region (2005-2012): Results from a European Association for Palliative Care Task Force survey of 53 Countries. Palliat Med. 2016;30(4):351-62.

Association for Palliative Care Task Force survey of 53 Countries. Palliat Med. 2016;30(4):351-62.

KEY INFORMANTS

Nabil Seyidov.

See more information
in online version





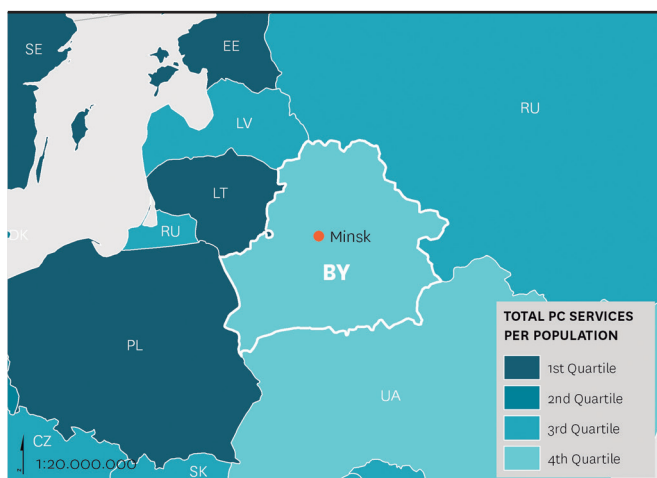
Belarus



9,507,875
Population, 2015

207,600
Surface area (km²),
2018

46.8
Population density
(Inh/km²), 2017



PC RESOURCES FOR CHILDREN

13

Inpatient
Hospices
(stand-alone
facilities)

8

Home
programmes

0

Hospital
programmes

The charity Belarusian Children's Hospice provides psychological support, young adults PC, physiotherapy services, bereavement program, legal support and 24 hours nursing hotline. It doesn't count with medical license. The state organization Palliative Care Center for Children provides PPC. Both organizations have one home PC program.

POLICIES

National legislation to regulate PC provision

National laws specific to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National legislation or decrees relating PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National legislation on end of life issues	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National general law on health care with reference to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National PC plan or strategy

National PC plan or strategy	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National cancer plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National non-communicable diseases plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National HIV plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
The plan was implemented	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
The plan was audited	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National standards for PC services

☒ YES ☐ NO

Designated person responsible for PC in the Ministry of Health

☒ YES ☐ NO

Role



Scientific



Political/Technical

Dedicated time to PC



< 10%



10-50%



50-99%



100%

Allocated funds from the national health budget for PC

☒ YES ☐ NO

Inclusion of PC in the list of health services provided at the primary care level

☒ YES ☐ NO

Inclusion of PC in the basic package of health services

☒ YES ☐ NO

EDUCATION

Medical Schools teaching PC

8/15

27%
offering specific
mandatory PC
course

27%
offering PC course
in combination
with other
disciplines

Nursing Schools teaching PC

0/16

0%
offering specific
mandatory PC
course

0%
offering PC course
in combination
with other
disciplines

Professorship in PC at medical schools

-

-
Full
Professors

+
-
Associate
Professors

Specialisation in Palliative Medicine

☒ YES ☐ NO

Type of training programme

Special field of competence

Denomination

Postgraduate courses for physicians on the basis of Belarusian Academy of Postgraduate education
Курсы повышения квалификации для врачей на базе Белорусской медицинской академии постдипломного образования

Estimated certified physicians

-



5,728
Gross Domestic Product
per capita (US\$), 2017

6.1
Health expenditure
(% of GDP), 2015

352
Health expenditure
per capita, PPP (US\$)

4.1
Physicians per 1,000
inhabitants, 2014

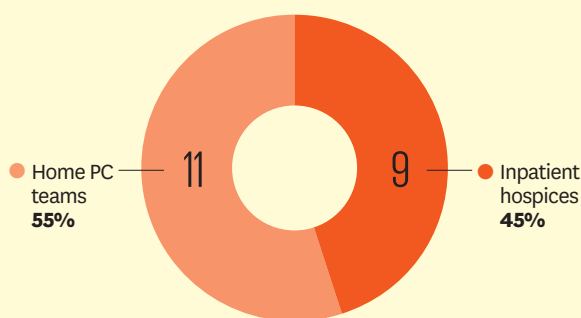
53
Human Development
Index Ranking, 2019

74
Life expectancy at birth,
total (years), 2016

PC SERVICES FOR ADULTS

20

TOTAL



PC SERVICES

0.2

PER 100,000
INHABITANTS

- PC services for adults in Belarus
- PC services for adults in Europe (median) [0.8/100,000 inhab.]



Additional
PC Services
for Adults

- ➔ Day care services 18
- ➔ Volunteer-led hospices 7 (Data from 2013)

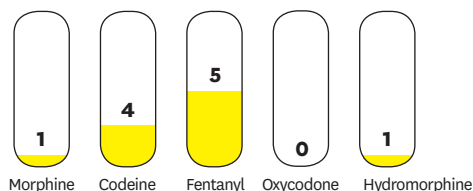
MEDICINES

Opioid consumption per capita in morphine equivalent, excluding methadone, 2017

10.4 mg



- Average consumption in Belarus
- Average consumption in Europe [107 mg]



General availability of oral morphine (immediate release)

YES NO

Opioid prescription requirements

Special prescription form

YES NO

Prescription limits

Few days

Patient registration as an opioid user

YES NO

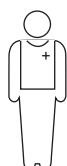
Professionals allowed to prescribe



Only specialists



All physicians



Nurses trained in PC

PROFESSIONAL ACTIVITY

National PC association

YES NO

Other associations

YES NO

Directory of services

YES NO

RELEVANT REFERENCES ON PC DEVELOPMENT

Downing J, et al. Children's palliative care in low- and middle-income countries. Arch Dis Child. 2016;101:85-90.

Centeno C, et al. The Palliative Care Challenge: Analysis of Barriers and Opportunities to Integrate Palliative Care in Europe in the View of National Associations. J Palliat Med. 2017;20(11):1195-1204.

Centeno C, et al. Coverage and development of specialist palliative care services across the World Health Organization European Region (2005-2012): Results from a European Association for Palliative Care Task Force survey of 53 Countries. Palliat Med. 2016;30(4):351-62.

KEY INFORMANTS

Confidential.

See more information
in online version





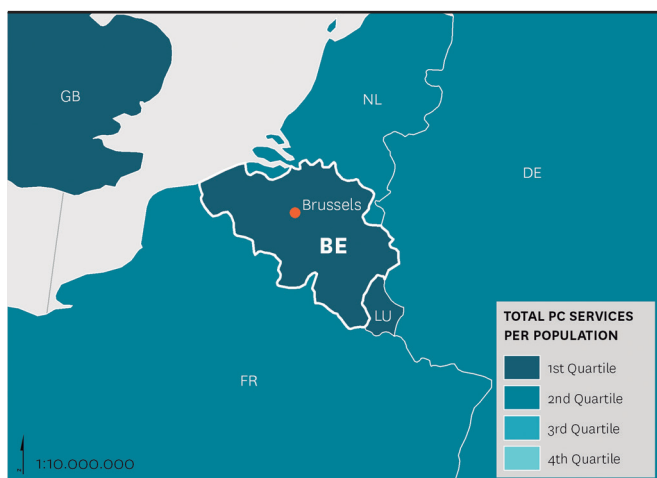
Belgium



11,372,068
Population, 2015

30,530
Surface area (km²),
2018

375.6
Population density
(Inh/km²), 2017



PC RESOURCES FOR CHILDREN

0

Inpatient
Hospices
(stand-alone
facilities)

6

Home
programmes

3

Hospital
programmes

The university hospitals in Gent, Leuven and St Luc Brussels treat most of the paediatric oncology patients. They offer dedicated PPC teams that support children, parents and caregivers both in the hospital setting and at home. These mixed and mobile teams prove specialized PPC in close collaboration with GP's, pediatricians, home nurses and physiotherapists. Two more initiatives offer respite care and social support for PC and NCD patients.

POLICIES

National legislation to regulate PC provision

National laws specific to PC	YES	NO
National legislation or decrees relating PC	YES	NO
National legislation on end of life issues	YES	NO
National general law on health care with reference to PC	YES	NO

National PC plan or strategy

National PC plan or strategy	YES	NO
National cancer plan with a section for PC	YES	NO
National non-communicable diseases plan with a section for PC	YES	NO
National HIV plan with a section for PC	YES	NO
The plan was implemented	YES	NO
The plan was audited	YES	NO

National standards for PC services

Designated person responsible for PC in the Ministry of Health

Role	Dedicated time to PC	N/A
Scientific	Political/Technical	
	<10%	10-50%
	50-99%	100%

Allocated funds from the national health budget for PC

Inclusion of PC in the list of health services provided at the primary care level

Inclusion of PC in the basic package of health services

EDUCATION

Medical Schools teaching PC

6/6

100%
offering specific
mandatory PC
course

0%
offering PC course
in combination
with other
disciplines

Nursing Schools teaching PC

-

-
offering specific
mandatory PC
course

-
offering PC course
in combination
with other
disciplines

Professorship in PC at medical schools

5

-
Full
Professors

+
5
Associate
Professors

Specialisation in Palliative Medicine

YES NO

Type of training programme Other

Denomination Interuniversity Postgraduate Course
Palliative Care for Physicians

Estimated certified physicians

200



43,324
Gross Domestic Product
per capita (US\$), 2017

10.5
Health expenditure
(% of GDP), 2015

4,228
Health expenditure
per capita, PPP (US\$)

3.0
Physicians per 1,000
inhabitants, 2014

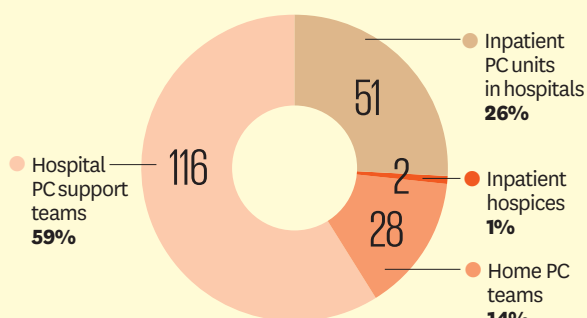
17
Human Development
Index Ranking, 2019

81
Life expectancy at birth,
total (years), 2016

PC SERVICES FOR ADULTS

197

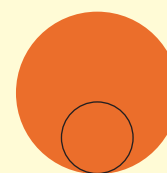
TOTAL



PC SERVICES

1.7

PER 100,000
INHABITANTS



● PC services
for adults
in Belgium
○ PC services
for adults in
Europe (median)
[0.8/100,000
inhab.]

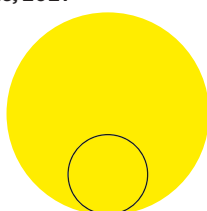
Additional PC Services for Adults

➔ Day care services	5
➔ Volunteer-led hospices	84

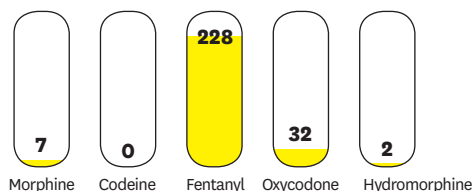
MEDICINES

Opioid consumption per capita in morphine equivalent,
excluding methadone, 2017

268.3
mg



● Average consumption
in Belgium
○ Average consumption
in Europe [107 mg]



General availability of oral morphine (immediate release)

YES NO

Opioid prescription requirements

Special prescription form

YES NO

Prescription limits

No limit

Patient registration as an opioid user

YES NO

Professionals allowed to prescribe



Only specialists



All physicians



Nurses trained in PC

PROFESSIONAL ACTIVITY

National PC association

YES NO

NAME

Federation Palliative Care of Flanders,
Brussels Federation of Palliative Care,
Wallonne Federation of Palliative Care.
Federatie Palliatieve Zorg Vlaanderen vzw;
Fédération Bruxelloise des Soins Palliatifs et Continus
asbl; Fédération Wallonne des Soins Palliatifs asbl

SINCE

1995

Other associations

-

Directory of services

YES NO

RELEVANT REFERENCES ON PC DEVELOPMENT

De Schreye R, et al.
Applying Quality Indicators For Administrative Databases To Evaluate End-Of-Life Care For Cancer Patients In Belgium. *Health Aff (Millwood)*. 2017;36(7):1234-43.

Maetens A, et al. Policy Measures to Support Palliative Care at Home: A Cross-Country Case Comparison in Three European Countries. *J Pain Symptom Manage*. 2017;54(4):523-9 e5.

De Roo ML, et al. Actual and preferred place of death of home-dwelling patients in four European countries: making sense of quality indicators. *PLoS One*. 2014;9(4):e93762.

KEY INFORMANTS

Paul Vanden Berghe, Confidential.

See more information
in online version





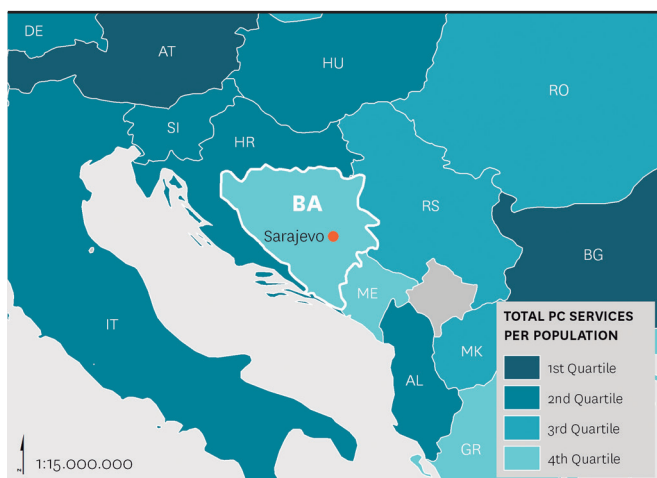
Bosnia and Herzegovina



3,507,017
Population, 2015

51,210
Surface area (km²),
2018

68.5
Population density
(Inh/km²), 2017



PC RESOURCES FOR CHILDREN

1

Inpatient
Hospices
(stand-alone
facilities)



Home
programmes



Hospital
programmes

Tuzla hospice has
dedicated 6 beds
for PPC.

POLICIES

National legislation to regulate PC provision

National laws specific to PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National legislation or decrees relating PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National legislation on end of life issues	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National general law on health care with reference to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National PC plan or strategy

National PC plan or strategy	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National cancer plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National non-communicable diseases plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National HIV plan with a section for PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
The plan was implemented	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
The plan was audited	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

National standards for PC services

Designated person responsible for PC in the Ministry of Health

Role	Dedicated time to PC	N/A
 Scientific	 Political/Technical	
	 <10%	 10-50%
	 50-99%	 100%

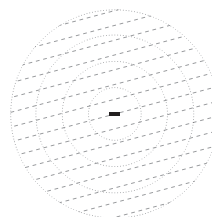
Allocated funds from the national health budget for PC

Inclusion of PC in the list of health services provided at the primary care level

Inclusion of PC in the basic package of health services

EDUCATION

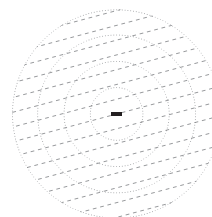
Medical Schools teaching PC



offering specific
mandatory PC
course

offering PC course
in combination
with other
disciplines

Nursing Schools teaching PC



offering specific
mandatory PC
course

offering PC course
in combination
with other
disciplines

Professorship in PC at medical schools



Full
Professors

Associate
Professors

Specialisation in Palliative Medicine

Type of training programme

Denomination

Estimated certified physicians



5148
Gross Domestic Product
per capita (US\$), 2017

9.4
Health expenditure
(% of GDP), 2015

431
Health expenditure
per capita, PPP (US\$)

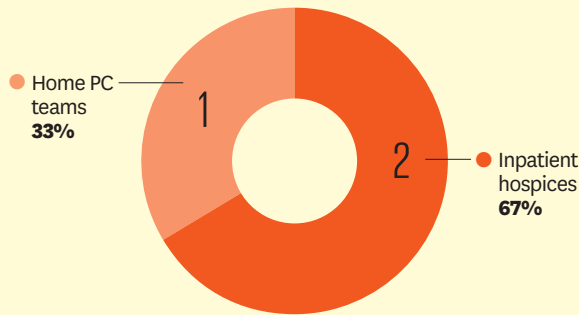
1.9
Physicians per 1,000
inhabitants, 2014

77
Human Development
Index Ranking, 2019

77
Life expectancy at birth,
total (years), 2016

PC SERVICES FOR ADULTS

3
TOTAL



PC SERVICES

0.09
PER 100,000
INHABITANTS



● PC services
for adults
in Bosnia

○ PC services
for adults in
Europe (median
[0.8/100,000
inhab.])

Additional PC Services for Adults

➔ Day care services	-
➔ Volunteer-led hospices	-

MEDICINES

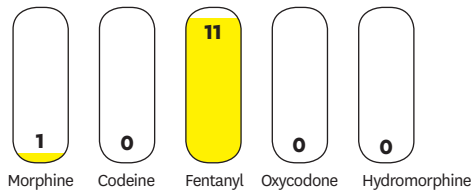
Opioid consumption per capita in morphine equivalent,
excluding methadone, 2017

11.9 mg



● Average consumption in
Bosnia and Herzegovina

○ Average consumption
in Europe [107 mg]



General availability of oral morphine (immediate release)

YES NO

Opioid prescription requirements

Special prescription form

YES NO

Prescription limits

Few days

Patient registration as an opioid user

YES NO

Professionals allowed to prescribe



Only specialists



All physicians



Nurses trained in PC

PROFESSIONAL ACTIVITY

National PC association

YES NO

NAME
Sisters of the Cross and Passion / Association
of Palliative Care in Bosnia and Herzegovina

SINCE

1998

Other associations

N/A

Directory of services

YES NO

RELEVANT REFERENCES ON PC DEVELOPMENT

Aebischer Perone S, et al. Addressing the needs of terminally-ill patients in Bosnia-Herzegovina: patients' perceptions and expectations. BMC Palliat Care. 2018 19;17(1):123.

Vrdoljak E, et al. Cancer Control in Central and Eastern Europe: Current Situation and Recommendations for Improvement. Oncologist. 2016 Oct;21(10):1183-1190.

Centeno C, et al. Coverage and development of specialist palliative care services across the World Health Organization European Region (2005-2012): Results from a European Association for Palliative Care Task Force survey of 53 Countries. Palliat Med. 2016;30(4):351-62.

KEY INFORMANTS

Emira Dropic, Ruzica Lazic.

See more information
in online version





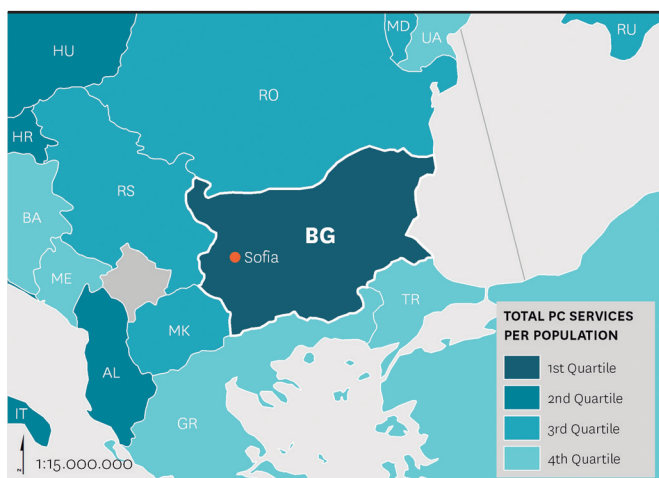
Bulgaria



7,075,991
Population, 2015

111,000
Surface area (km²),
2018

65.2
Population density
(Inh/km²), 2017



PC RESOURCES FOR CHILDREN



Inpatient
Hospices
(stand-alone
facilities)



Home
programmes



Hospital
programmes

According to national legislation children and adolescents with incurable diseases are treated in specialized paediatric hospitals. There are not hospices specifically dedicated to children, and adult hospices do not admit paediatric patients.

POLICIES

National legislation to regulate PC provision

National laws specific to PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National legislation or decrees relating PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National legislation on end of life issues	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National general law on health care with reference to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National PC plan or strategy

National PC plan or strategy	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National cancer plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National non-communicable diseases plan with a section for PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National HIV plan with a section for PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
The plan was implemented	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
The plan was audited	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

National standards for PC services

☐ YES ☒ NO

Designated person responsible for PC in the Ministry of Health

☐ YES ☒ NO

Role



Scientific



Political/Technical

Dedicated time to PC

N/A



<10%



10-50%



50-99%



100%

Allocated funds from the national health budget for PC

☒ YES ☐ NO

Inclusion of PC in the list of health services provided at the primary care level

☒ YES ☐ NO

Inclusion of PC in the basic package of health services

☒ YES ☐ NO

EDUCATION

Medical Schools teaching PC

6/6

0%
offering specific
mandatory PC
course

100%
offering PC course
in combination
with other
disciplines

Nursing Schools teaching PC

9/10

0%
offering specific
mandatory PC
course

90%
offering PC course
in combination
with other
disciplines

Professorship in PC at medical schools

1

-
Full
Professors

+
1
Associate
Professors

Specialisation in Palliative Medicine

☐ YES ☒ NO

Type of training programme

N/A

Denomination

-

Estimated certified physicians

-



8,228
Gross Domestic Product
per capita (US\$), 2017

8.2
Health expenditure
(% of GDP), 2015

572
Health expenditure
per capita, PPP (US\$)

4.0
Physicians per 1,000
inhabitants, 2014

51
Human Development
Index Ranking, 2019

75
Life expectancy at birth,
total (years), 2016

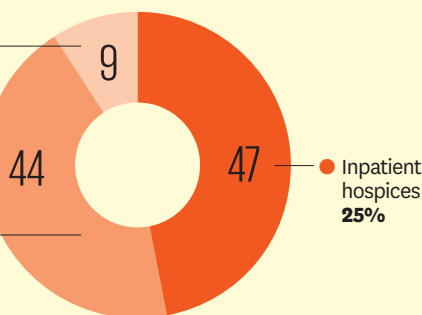
PC SERVICES FOR ADULTS

100

TOTAL

Hospital
PC support
teams
7%

Home PC
teams
31%



PC SERVICES

1.4

PER 100,000
INHABITANTS

PC services
for adults
in Bulgaria

PC services
for adults in
Europe (median)
[0.8/100,000
inhab.]

Additional
PC Services
for Adults

Day care services 4 (Data from 2013)
Volunteer-led hospices -

MEDICINES

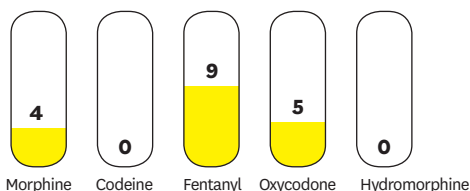
Opioid consumption per capita in morphine equivalent,
excluding methadone, 2017

17.5 mg



Average consumption
in Bulgaria

Average consumption
in Europe [107 mg]



General availability of oral morphine (immediate release)

YES NO

Opioid prescription requirements

Special prescription form

YES NO

Prescription limits

Few weeks

Patient registration as an opioid user

YES NO

Professionals allowed to prescribe



Only specialists



All physicians



Nurses trained in PC

PROFESSIONAL ACTIVITY

National PC association

YES NO

NAME

Bulgarian Association for Long Term Care
and Palliative Medicine
Българско дружество по продължителни
грижи и палиативна медицина

SINCE

2015

Other associations

YES NO

Directory of services

YES NO

RELEVANT REFERENCES ON PC DEVELOPMENT

Vranken MJM, et al. Subataite M, Schutjens MDB. Barriers to access to opioid medicines for patients with opioid dependence: a review of legislation and regulations in eleven central and eastern European countries. *Addiction*. 2017;112(6):1069-1076.

Vrdoljak E, et al. Smichkoska S, Bajić Ž, Šikić BI. Cancer Control in Central and Eastern Europe: Current Situation and Recommendations for Improvement. *Oncologist*. 2016;21(10):1183-1190.

Aleksandrova-Yankulovska S. Survey of staff and family members of patients in Bulgarian hospices on the concept of "good death". *Am J Hosp Palliat Care*. 2015;32(2):226-32.

KEY INFORMANTS

Gergana Foreva, Nikolay Yordanov.

See more information
in online version





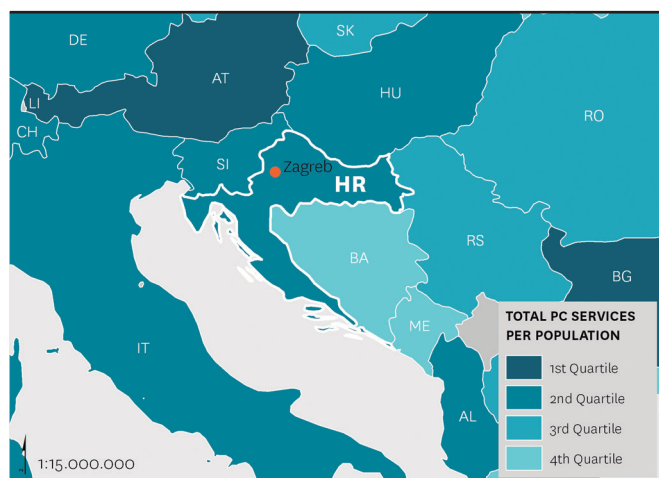
Croatia



4,125,700
Population, 2015

56,590
Surface area (km²),
2018

73.7
Population density
(Inh/km²), 2017



PC RESOURCES FOR CHILDREN

N/A

Inpatient
Hospices
(stand-alone
facilities)

N/A

Home
programmes

N/A

Hospital
programmes

POLICIES

National legislation to regulate PC provision

National laws specific to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National legislation or decrees relating PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National legislation on end of life issues	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National general law on health care with reference to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National PC plan or strategy

National PC plan or strategy	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National cancer plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National non-communicable diseases plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National HIV plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<i>The plan was implemented</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<i>The plan was audited</i>	N/A

National standards for PC services

☒ YES ☐ NO

Designated person responsible for PC in the Ministry of Health

☒ YES ☐ NO

Role



Scientific



Political/Technical

Dedicated time to PC



<10%



10-50%



50-99%



100%

Allocated funds from the national health budget for PC

☒ YES ☐ NO

Inclusion of PC in the list of health services provided at the primary care level

☒ YES ☐ NO

Inclusion of PC in the basic package of health services

☒ YES ☐ NO

EDUCATION

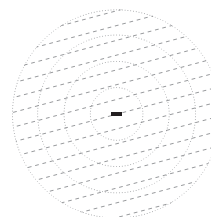
Medical Schools teaching PC



0%
offering specific
mandatory PC
course

0%
offering PC course
in combination
with other
disciplines

Nursing Schools teaching PC



-
offering specific
mandatory PC
course

-
offering PC course
in combination
with other
disciplines

Professorship in PC at medical schools



-
Full
Professors

+
Associate
Professors

Specialisation in Palliative Medicine

☒ YES ☐ NO

Type of training programme N/A

Denomination -

Estimated certified physicians -



13,383
Gross Domestic Product
per capita (US\$), 2017

7.4
Health expenditure
(% of GDP), 2015

852
Health expenditure
per capita, PPP (US\$)

3.1
Physicians per 1,000
inhabitants, 2014

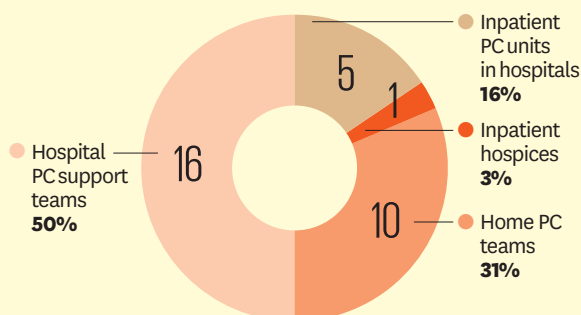
46
Human Development
Index Ranking, 2019

78
Life expectancy at birth,
total (years), 2016

PC SERVICES FOR ADULTS

32

TOTAL



PC SERVICES

0.8

PER 100,000
INHABITANTS

- PC services for adults in Croatia
- PC services for adults in Europe (median) [0.8/100,000 inhab.]

Additional
PC Services
for Adults

- ➔ Day care services 1 (Data from 2013)
- ➔ Volunteer-led hospices 4 (Data from 2013)

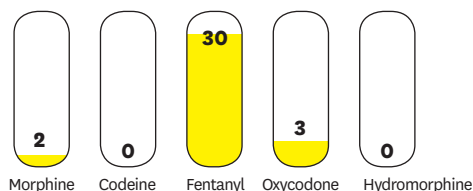
MEDICINES

Opioid consumption per capita in morphine equivalent, excluding methadone, 2017

35.2 mg



- Average consumption in Croatia
- Average consumption in Europe [107 mg]



General availability of oral morphine (immediate release)

YES NO

Opioid prescription requirements

Special prescription form

YES NO

Prescription limits

N/A

Patient registration as an opioid user

N/A

Professionals allowed to prescribe



Only specialists



All physicians



Nurses trained in PC

PROFESSIONAL ACTIVITY

National PC association

YES NO

NAME
Croatian Society for Hospice / Palliative Care
of the Croatian Medical Association

SINCE

1994

Other associations

N/A

Directory of services

YES NO

RELEVANT REFERENCES ON PC DEVELOPMENT

Loncarek K, et al. Origins and effects of the 2014-2016 national strategy for palliative care in Croatia. Health Policy. 2018;122(8):808-14.

Golčić M, et al. Do Physicians Underestimate Pain in Terminal Cancer Patients? A Prospective Study in a Hospice Setting. Clin J Pain. 2018;34(12):1159-1163.

Centeno C, et al. The Palliative Care Challenge: Analysis of Barriers and Opportunities to Integrate Palliative Care in Europe in the View of National Associations. J Palliat Med. 2017 Nov;20(11):1195-1204.

KEY INFORMANTS

Bibliographic revision, Confidential.

See more information
in online version





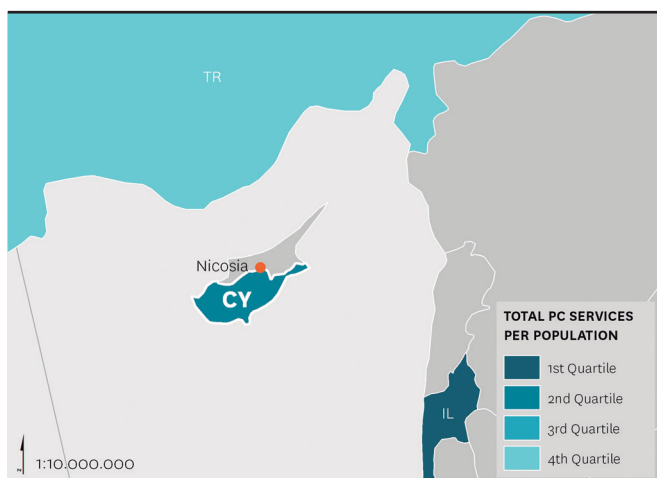
Cyprus



1,179,551
Population, 2015

9,250
Surface area (km²),
2018

12.7
Population density
(Inh/km²), 2017



PC RESOURCES FOR CHILDREN



Inpatient
Hospices
(stand-alone
facilities)



Home
programmes



Hospital
programmes

POLICIES

National legislation to regulate PC provision

National laws specific to PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National legislation or decrees relating PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National legislation on end of life issues	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National general law on health care with reference to PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

National PC plan or strategy

National PC plan or strategy	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National cancer plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National non-communicable diseases plan with a section for PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National HIV plan with a section for PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
The plan was implemented	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
The plan was audited	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

National standards for PC services

☐ YES ☒ NO

Designated person responsible for PC in the Ministry of Health

☒ YES ☐ NO

Role



Scientific



Political/Technical

Dedicated time to PC



<10%



10-50%



50-99%



100%

Allocated funds from the national health budget for PC

☒ YES ☐ NO

Inclusion of PC in the list of health services provided at the primary care level

☐ YES ☒ NO

Inclusion of PC in the basic package of health services

☐ YES ☒ NO

EDUCATION

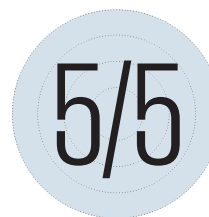
Medical Schools teaching PC



33%
offering specific
mandatory PC
course

0%
offering PC course
in combination
with other
disciplines

Nursing Schools teaching PC



0%
offering specific
mandatory PC
course

100%
offering PC course
in combination
with other
disciplines

Professorship in PC at medical schools

-

-
Full
Professors

+

-
Associate
Professors

Specialisation in Palliative Medicine

☐ YES ☒ NO

Type of training programme

☐ YES ☒ NO

Estimated certified physicians (abroad)





25,234
Gross Domestic Product
per capita (US\$), 2017

6.8
Health expenditure
(% of GDP), 2015

1,563
Health expenditure
per capita, PPP (US\$)

2.5
Physicians per 1,000
inhabitants, 2014

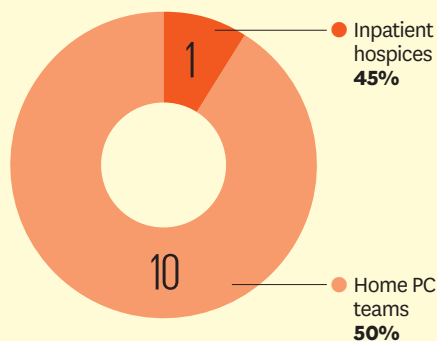
32
Human Development
Index Ranking, 2019

81
Life expectancy at birth,
total (years), 2016

PC SERVICES FOR ADULTS

11

TOTAL



PC SERVICES

0.9

PER 100,000
INHABITANTS

- PC services for adults in Cyprus
- PC services for adults in Europe (median) [0.8/100,000 inhab.]

Additional PC Services for Adults

➔ Day care services	11
➔ Volunteer-led hospices	-

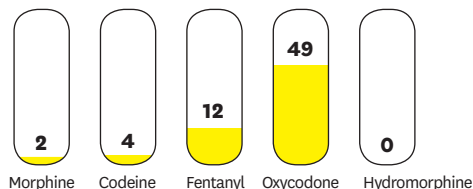
MEDICINES

Opioid consumption per capita in morphine equivalent, excluding methadone, 2017

66.1 mg



- Average consumption in Cyprus
- Average consumption in Europe [107 mg]



General availability of oral morphine (immediate release)

YES NO

Opioid prescription requirements

Special prescription form

YES NO

Prescription limits

Few weeks

Patient registration as an opioid user

YES NO

Professionals allowed to prescribe



Only specialists



All physicians



Nurses trained in PC

PROFESSIONAL ACTIVITY

National PC association

YES NO

NAME
Cyprus Anticancer Society
K KK

SINCE

1971

(Cyprus Anticancer Society 1971, Pasykaf 1986)

Other associations Pancyprrian Association of Cancer Patients and Friends

Directory of services

YES NO

RELEVANT REFERENCES ON PC DEVELOPMENT

Pallari E, et al. The contribution of Cyprus to non-communicable diseases and biomedical research from 2002 to 2013: implications for evidence-based health policy. *Health Res Policy Syst.* 2018 17;16(1):82.

Vranken MJ. Barriers to access to opioid medicines: a review of national legislation and regulations of 11 central and eastern European countries. *Lancet Oncol.* 2016;17(1):e13-22.

Centeno C, et al. Coverage and development of specialist palliative care services across the World Health Organization European Region (2005-2012): Results from a European Association for Palliative Care Task Force survey of 53 Countries. *Palliat Med.* 2016;30(4):351-62.

KEY INFORMANTS

Kyriakos Stylianides, Sophia Nestoros.

See more information
in online version





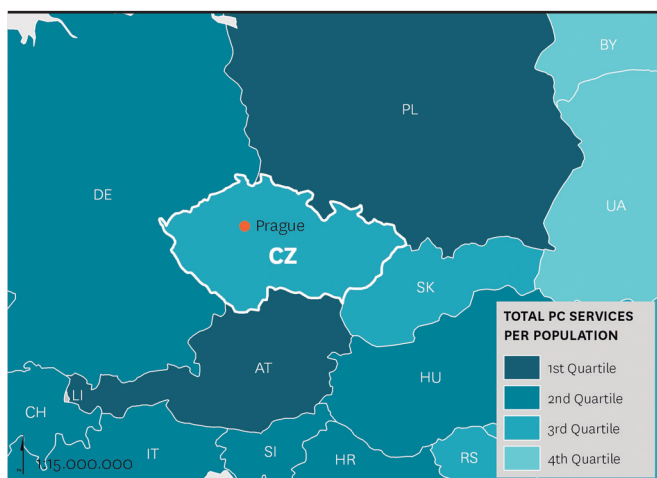
Czech Republic



10,591,323
Population, 2015

78,870
Surface area (km²),
2018

137.2
Population density
(Inh/km²), 2017



PC RESOURCES FOR CHILDREN

0

Inpatient
Hospices
(stand-alone
facilities)

6

Home
programmes

2

Hospital
programmes

There are two PPC services providing care at Motol University Hospital and Hospital Hořovice. No inpatient hospices exist. There is one organization providing respite care. Some adult inpatient hospices may rarely accept paediatric patients. Home PPC programmes vary largely in team composition.

POLICIES

National legislation to regulate PC provision

National laws specific to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National legislation or decrees relating PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National legislation on end of life issues	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National general law on health care with reference to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National PC plan or strategy

National PC plan or strategy	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National cancer plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National non-communicable diseases plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National HIV plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
The plan was implemented	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
The plan was audited	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National standards for PC services

☒ YES ☐ NO

Designated person responsible for PC in the Ministry of Health

☒ YES ☐ NO

Role



Scientific



Political/Technical

Dedicated time to PC

N/A



<10%



10-50%



50-99%



100%

Allocated funds from the national health budget for PC

☒ YES ☐ NO

Inclusion of PC in the list of health services provided at the primary care level

☒ YES ☐ NO

Inclusion of PC in the basic package of health services

☒ YES ☐ NO

EDUCATION

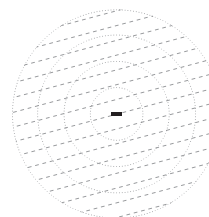
Medical Schools teaching PC



0%
offering specific
mandatory PC
course

25%
offering PC course
in combination
with other
disciplines

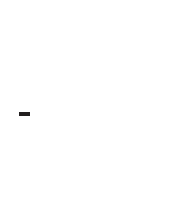
Nursing Schools teaching PC



-
offering specific
mandatory PC
course

-
offering PC course
in combination
with other
disciplines

Professorship in PC at medical schools



-
Full
Professors

+
Associate
Professors

Specialisation in Palliative Medicine

☒ YES ☐ NO

Type of training programme

Sub-specialty

Denomination

Subspecialty in Palliative Medicine
Nástavbová atestace Paliativní medicína

Estimated certified physicians

150



20,368
Gross Domestic Product
per capita (US\$), 2017

7.3
Health expenditure
(% of GDP), 2015

1,284
Health expenditure
per capita, PPP (US\$)

3.7
Physicians per 1,000
inhabitants, 2014

27
Human Development
Index Ranking, 2019

78
Life expectancy at birth,
total (years), 2016

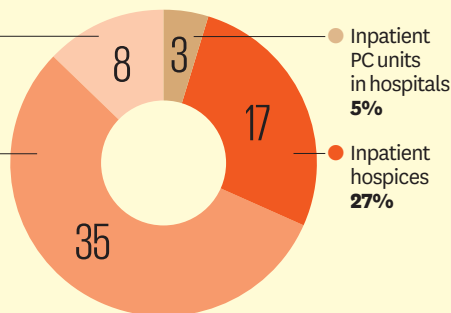
PC SERVICES FOR ADULTS

63

TOTAL

Hospital
PC support
teams
13%

Home PC
teams
55%



PC SERVICES

0.6

PER 100,000
INHABITANTS

PC services
for adults in
Czech Republic

PC services
for adults in
Europe (median)
[0.8/100,000
inhab.]



Additional PC
Services
for Adults

Volunteer-led hospices 12

MEDICINES

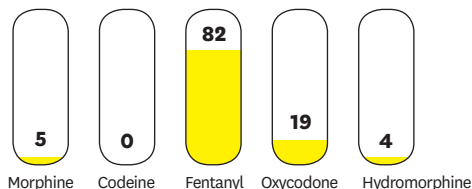
Opioid consumption per capita in morphine equivalent,
excluding methadone, 2017

109.1 mg



Average consumption
in Czech Republic

Average consumption
in Europe [107 mg]



General availability of oral morphine (immediate release)

YES NO

Opioid prescription requirements

Special prescription form

YES NO

Prescription limits

No limit

Patient registration as an opioid user

YES NO

Professionals allowed to prescribe



Only specialists



All physicians



Nurses trained in PC

PROFESSIONAL ACTIVITY

National PC association

YES NO

NAME
Czech Society for Palliative Medicine,
member of Czech Medical Society
Česká společnost paliativní medicíny

SINCE

2008

Other associations

Association of mobile / home hospices
Association of hospice care providers

Directory of services

YES NO

RELEVANT REFERENCES ON PC DEVELOPMENT

Slama O, et al. [Palliative care in Czech Republic in 2016]. *Cas Lek* 2018;155(8):445-50.

Závadová I. [Palliative care for patients at home]. *Cas Lek* 2018;157(1):9-12. Czech. PubMed PMID: 29564901.

Kisvetová H, a ts. Dying Care Nursing Intervention in the Institutional Care of End-of-Life Patients. *Int J Nurs Knowl*. 2017 Jul;28(3):131-137.

KEY INFORMANTS

Martin Loučka, Ondřej Sláma.

See more information
in online version





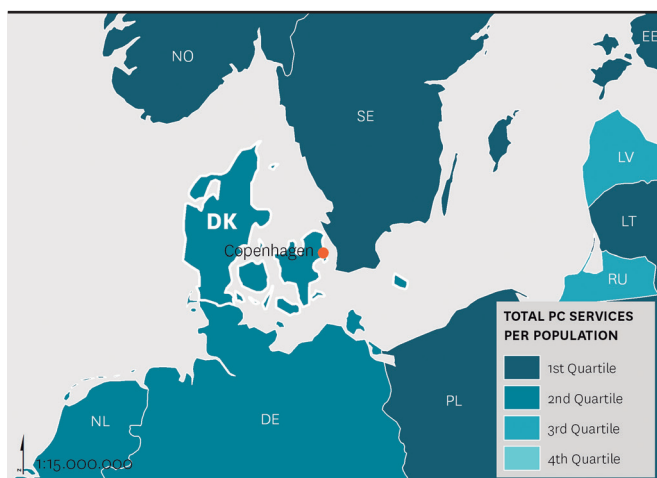
Denmark



5,769,603
Population, 2015

42,920
Surface area (km²),
2018

137.4
Population density
(Inh/km²), 2017



PC RESOURCES FOR CHILDREN

1

Inpatient
Hospices
(stand-alone
facilities)

5

Home
programmes

10

Hospital
programmes

There is one mixed and mobile PPC programme in each of the five regions of the country. In 2016, One children's hospice was established in eastern Denmark, another one is planned for the western part.

POLICIES

National legislation to regulate PC provision

National laws specific to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National legislation or decrees relating PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National legislation on end of life issues	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National general law on health care with reference to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National PC plan or strategy

National PC plan or strategy	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National cancer plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National non-communicable diseases plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National HIV plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
The plan was implemented	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
The plan was audited	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National standards for PC services

☒ YES ☐ NO

Designated person responsible for PC in the Ministry of Health

☒ YES ☐ NO

Role



Scientific



Political/Technical

Dedicated time to PC

N/A



< 10%



10-50%



50-99%



100%

Allocated funds from the national health budget for PC

☒ YES ☐ NO

Inclusion of PC in the list of health services provided at the primary care level

☒ YES ☐ NO

Inclusion of PC in the basic package of health services

☒ YES ☐ NO

EDUCATION

Medical Schools teaching PC

4/4

0%
offering specific
mandatory PC
course

100%
offering PC course
in combination
with other
disciplines

Nursing Schools teaching PC

24/24

0%
offering specific
mandatory PC
course

100%
offering PC course
in combination
with other
disciplines

Professorship in PC at medical schools

7

2
Full
Professors

+

5
Associate
Professors

Specialisation in Palliative Medicine

☒ YES ☐ NO

Type of training programme

Specialty
Special field of competence

Denomination

Fagområde specialist AND Nordisk
palliativ efteruddannelse for læger
Specialist in Palliative Medicine and
Nordic certification in PC for physician

Estimated certified physicians (in 2017)

61



56,308
Gross Domestic Product
per capita (US\$), 2017

10.3
Health expenditure
(% of GDP), 2015

5,497
Health expenditure
per capita, PPP (US\$)

3.7
Physicians per 1,000
inhabitants, 2014

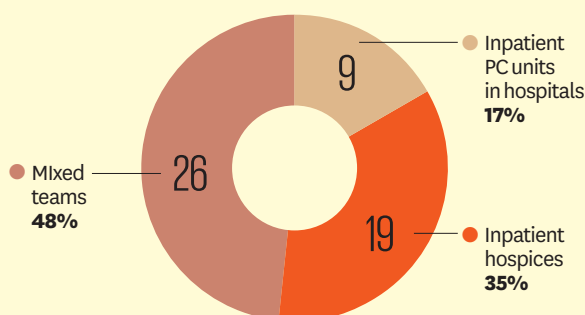
11
Human Development
Index Ranking, 2019

81
Life expectancy at birth,
total (years), 2016

PC SERVICES FOR ADULTS

54

TOTAL



PC SERVICES

0.9

PER 100,000
INHABITANTS

- PC services for adults in Denmark
- PC services for adults in Europe (median) [0.8/100,000 inhab.]

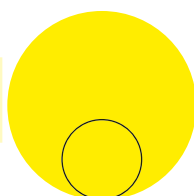
Additional PC Services for Adults

- ➔ Day care services 4 (Data from 2013)
- ➔ Volunteer-led hospices 28 (Data from 2013)

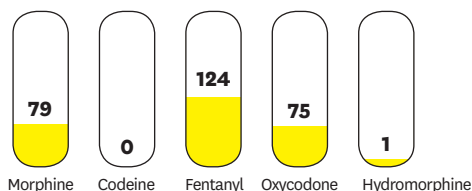
MEDICINES

Opioid consumption per capita in morphine equivalent, excluding methadone, 2017

279.3
mg



- Average consumption in Denmark
- Average consumption in Europe [107 mg]



General availability of oral morphine (immediate release)

YES NO

Opioid prescription requirements

Special prescription form	YES NO
Prescription limits	No limit
Patient registration as an opioid user	YES NO
Professionals allowed to prescribe	



Only specialists



All physicians



Nurses trained in PC

PROFESSIONAL ACTIVITY

National PC association

YES NO

NAME
The Danish Association for Palliative Care
Foreningen for Palliativ Indsats

SINCE

1990

Other associations

1. Danish Medical Cancer Group - on PC
2. REHPA: The Danish Knowledge Centre on Rehabilitation and Palliative Care
3. Danish Association for Palliative Medicine
4. Nurses in palliative care
5. Danish association for psychologists in palliative care
6. Hospice Denmark

Directory of services

YES NO

RELEVANT REFERENCES ON PC DEVELOPMENT

Groenvold M, et al. Danish Palliative Care Database. Clin Epidemiol. 2016 25;8:637-643.

Timm H, et al. [Specialized palliative care in Denmark lacks capacity and accessibility]. Ugeskr Laeger. 2017;179(26).

Jespersen BA, et al. [Paediatric palliative care in Denmark should be strengthened]. Ugeskr Laeger. 2014;176(36). pii: VO3140181.

KEY INFORMANTS

Helle Timm, Mai-Britt Guldin.

See more information
in online version





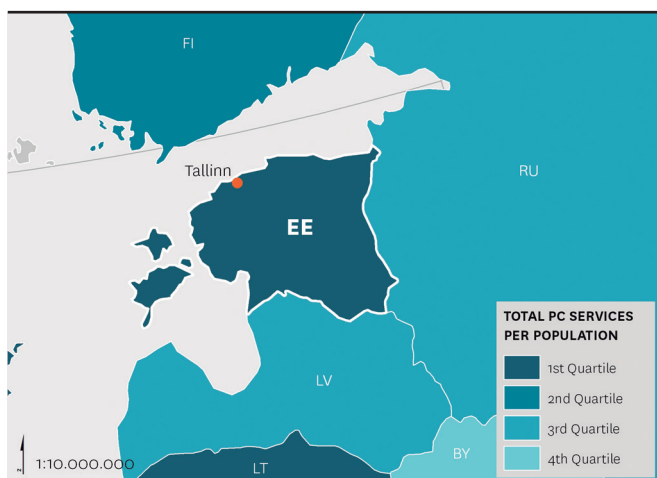
Estonia



1,315,480
Population, 2015

45,340
Surface area (km²),
2018

30.3
Population density
(Inh/km²), 2017



PC RESOURCES FOR CHILDREN



Inpatient
Hospices
(stand-alone
facilities)



Home
programmes



Hospital
programmes

POLICIES

National legislation to regulate PC provision

National laws specific to PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National legislation or decrees relating PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National legislation on end of life issues	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National general law on health care with reference to PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

National PC plan or strategy

National PC plan or strategy	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National cancer plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National non-communicable diseases plan with a section for PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National HIV plan with a section for PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
The plan was implemented	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
The plan was audited	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

National standards for PC services

☐ YES ☒ NO

Designated person responsible for PC in the Ministry of Health

☐ YES ☒ NO

Role



Scientific



Political/Technical

Dedicated time to PC

N/A



<10%



10-50%



50-99%



100%

Allocated funds from the national health budget for PC

☐ YES ☒ NO

Inclusion of PC in the list of health services provided at the primary care level

☒ YES ☐ NO

Inclusion of PC in the basic package of health services

☐ YES ☒ NO

EDUCATION

Medical Schools teaching PC

1/1

100%
offering specific
mandatory PC
course

0%
offering PC course
in combination
with other
disciplines

Nursing Schools teaching PC

0/2

0%
offering specific
mandatory PC
course

0%
offering PC course
in combination
with other
disciplines

Professorship in PC at medical schools

-

-
Full
Professors

+
-
Associate
Professors

Specialisation in Palliative Medicine

☐ YES ☒ NO

Type of training programme

-

Denomination

-

Estimated certified physicians

-



19,705
Gross Domestic Product
per capita (US\$), 2017

6.5
Health expenditure
(% of GDP), 2015

1,112
Health expenditure
per capita, PPP (US\$)

3.3
Physicians per 1,000
inhabitants, 2014

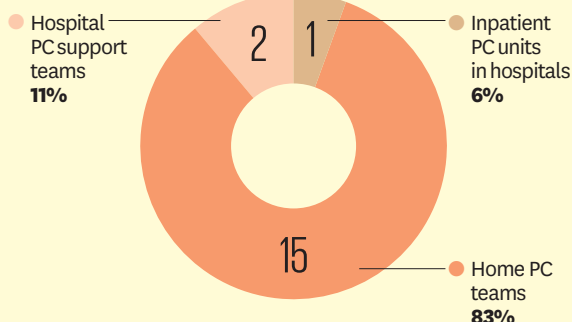
30
Human Development
Index Ranking, 2019

78
Life expectancy at birth,
total (years), 2016

PC SERVICES FOR ADULTS

18

TOTAL



PC SERVICES

1.4

PER 100,000
INHABITANTS

- PC services for adults in Estonia
- PC services for adults in Europe (median) [0.8/100,000 inhab.]



Additional PC Services for Adults

➔ Day care services	-
➔ Volunteer-led hospices	-

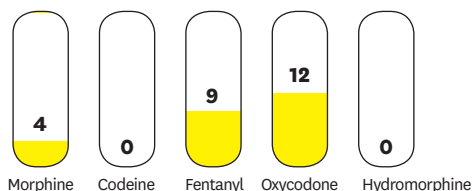
MEDICINES

Opioid consumption per capita in morphine equivalent, excluding methadone, 2017

25.1 mg



- Average consumption in Estonia
- Average consumption in Europe [107 mg]



General availability of oral morphine (immediate release)

YES NO

Opioid prescription requirements

Special prescription form

YES NO

Prescription limits

Few weeks

Patient registration as an opioid user

YES NO

Professionals allowed to prescribe



Only specialists



All physicians



Nurses trained in PC

PROFESSIONAL ACTIVITY

National PC association

YES NO

NAME
Pallium
Pallium

SINCE

2010

Other associations

YES NO

Directory of services

YES NO

RELEVANT REFERENCES ON PC DEVELOPMENT

Vranken MJM et al. Barriers to access to opioid medicines for patients with opioid dependence: a review of legislation and regulations in eleven central and eastern European countries. *Addiction*. Jun;112(6):1069-1076.

Suija K et al. Palliative home care for cancer patients in Estonia. *J Pain Symptom Manage*. 2012;43(4):e4-5.

Centeno C, et al. Coverage and development of specialist palliative care services across the World Health Organization European Region (2005-2012): Results from a European Association for Palliative Care Task Force survey of 53 Countries. *Palliat Med*. 2016;30(4):351-62.

KEY INFORMANTS

Pille Sillaste, Kaiu Suija.

See more information
in online version





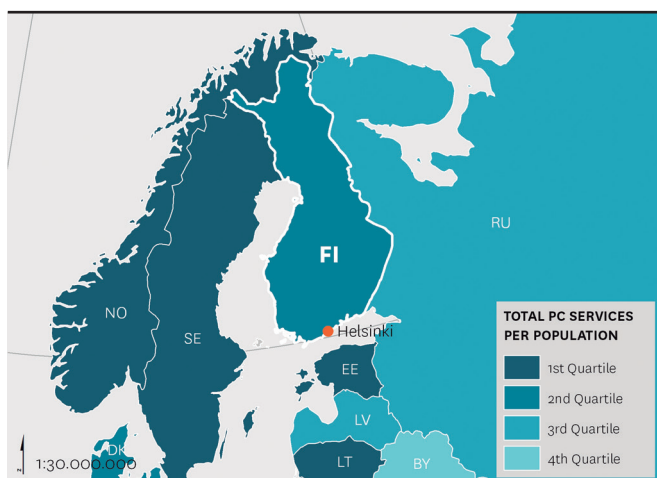
Finland



5,511,303
Population, 2015

338,450
Surface area (km²),
2018

18.1
Population density
(Inh/km²), 2017



PC RESOURCES FOR CHILDREN



Inpatient
Hospices
(stand-alone
facilities)



Home
programmes



Hospital
programmes

POLICIES

National legislation to regulate PC provision

National laws specific to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National legislation or decrees relating PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National legislation on end of life issues	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National general law on health care with reference to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National PC plan or strategy

National PC plan or strategy	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National cancer plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National non-communicable diseases plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National HIV plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
The plan was implemented	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
The plan was audited	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National standards for PC services

☒ YES ☐ NO

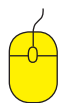
Designated person responsible for PC in the Ministry of Health

☒ YES ☐ NO

Role



Scientific



Political/Technical

Dedicated time to PC

N/A



<10%



10-50%



50-99%



100%

Allocated funds from the national health budget for PC

☒ YES ☐ NO

Inclusion of PC in the list of health services provided at the primary care level

☒ YES ☐ NO

Inclusion of PC in the basic package of health services

☒ YES ☐ NO

EDUCATION

Medical Schools teaching PC

5/5

40%
offering specific
mandatory PC
course

60%
offering PC course
in combination
with other
disciplines

Nursing Schools teaching PC

4/21

10%
offering specific
mandatory PC
course

10%
offering PC course
in combination
with other
disciplines

Professorship in PC at medical schools

1

1
Full
Professors

+
-
Associate
Professors

Specialisation in Palliative Medicine

☒ YES ☐ NO

Type of training programme

Special field of competence

Denomination

Special competence for palliative medicine
Palliatiivisen lääketieteen erityispätevyys

Estimated certified physicians

160



45,703
Gross Domestic Product
per capita (US\$), 2017

9.4
Health expenditure
(% of GDP), 2015

4,005
Health expenditure
per capita, PPP (US\$)

3.2
Physicians per 1,000
inhabitants, 2014

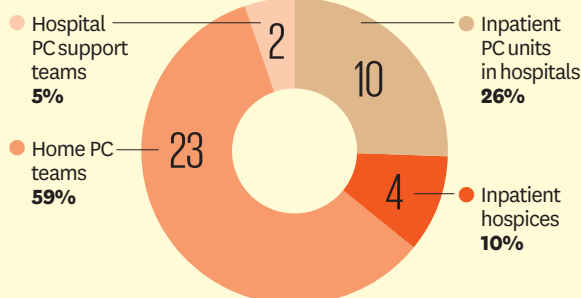
15
Human Development
Index Ranking, 2019

82
Life expectancy at birth,
total (years), 2016

PC SERVICES FOR ADULTS

39

TOTAL



PC SERVICES

0.7

PER 100,000
INHABITANTS

- PC services for adults in Finland
- PC services for adults in Europe (median) [0.8/100,000 inhab.]

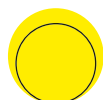
Additional
PC Services
for Adults

- ➔ Day care services 2 (Data from 2013)
- ➔ Volunteer-led hospices -

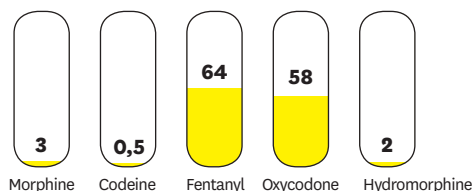
MEDICINES

Opioid consumption per capita in morphine equivalent, excluding methadone, 2017

126.9
mg



- Average consumption in Finland
- Average consumption in Europe [107 mg]



General availability of oral morphine (immediate release)

YES NO

Opioid prescription requirements

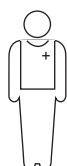
Special prescription form	YES NO
Prescription limits	No limit
Patient registration as an opioid user	YES NO
Professionals allowed to prescribe	



Only specialists



All physicians



Nurses trained in PC

PROFESSIONAL ACTIVITY

National PC association

YES NO

NAME
Finnish Association for Palliative Care
Suomen palliatiivisen hoidon yhdistys

SINCE

1995

Other associations

Finnish Association for Palliative Medicine

Directory of services

YES NO

RELEVANT REFERENCES ON PC DEVELOPMENT

Froggatt K1, Palliative Care Development in European Care Homes and Nursing Homes: Application of a Typology of Implementation. J Am Med Dir Assoc. 2017 Jun 1;18(6):550.e7-550.e14.

Centeno C, et al. Coverage and development of specialist palliative care services across the World Health Organization European Region (2005-2012): Results from a European Association for Palliative Care Task Force survey of 53 Countries. Palliat Med. 2016;30(4):351-62.

Centeno C, et al. The Palliative Care Challenge: Analysis of Barriers and Opportunities to Integrate Palliative Care in Europe in the View of National Associations. J Palliat Med. 2017;20(11):1195-1204.

KEY INFORMANTS

Tiina Saarto, Minna Kiljunen.

See more information
in online version





France



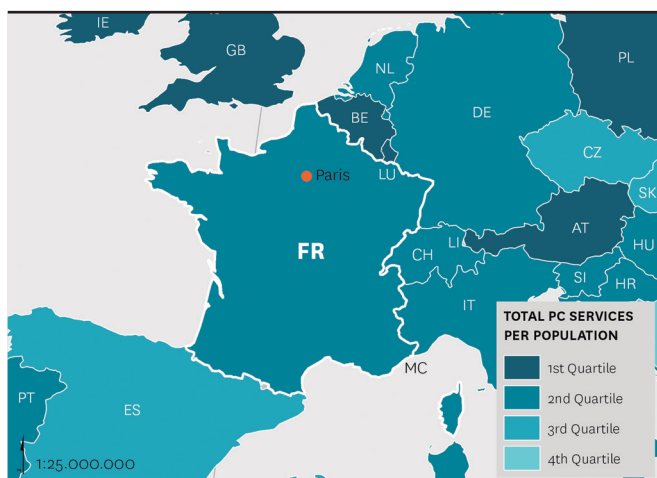
67,118,648

Population, 2015

549,087

Surface area (km²),
2018

122.6

Population density
(Inh/km²), 2017

PC RESOURCES FOR CHILDREN

Inpatient
Hospices
(stand-alone
facilities)Home
programmesHospital
programmes

The 22 teams are organised under the umbrella of the Regional Paediatric PC Resource Teams Federation. These paediatric PC teams work in hospital support consultations, in home PC programs, day care, and run additional programmes related to social and spiritual support.

POLICIES

National legislation to regulate PC provision

National laws specific to PC	YES	NO
National legislation or decrees relating PC	YES	NO
National legislation on end of life issues	YES	NO
National general law on health care with reference to PC	YES	NO

National PC plan or strategy

National PC plan or strategy	YES	NO
National cancer plan with a section for PC	YES	NO
National non-communicable diseases plan with a section for PC	YES	NO
National HIV plan with a section for PC	YES	NO
The plan was implemented	YES	NO
The plan was audited	YES	NO

National standards for PC services

Designated person responsible for PC in the Ministry of Health

Role	Dedicated time to PC	N/A
Scientific	<10%	
Political/Technical	10-50%	
	50-99%	
	100%	

Allocated funds from the national health budget for PC

Inclusion of PC in the list of health services provided at the primary care level

Inclusion of PC in the basic package of health services

EDUCATION

Medical Schools teaching PC

37/37

100%
offering specific
mandatory PC
course0%
offering PC course
in combination
with other
disciplines

Nursing Schools teaching PC

326/326

100%
offering specific
mandatory PC
course0%
offering PC course
in combination
with other
disciplines

Professorship in PC at medical schools

6

-
Full
Professors+
6
Associate
Professors

Specialisation in Palliative Medicine

YES NO

Type of training programme Special field of competence

Denomination University diploma of specialised training in palliative care
Diplome d'Etudes Spécialisées Complémentaire (DESC)
Universitaire de Soins Palliatifs

Estimated certified physicians

400



38,477
Gross Domestic Product
per capita (US\$), 2017

11.1
Health expenditure
(% of GDP), 2015

4,026
Health expenditure
per capita, PPP (US\$)

3.2
Physicians per 1,000
inhabitants, 2014

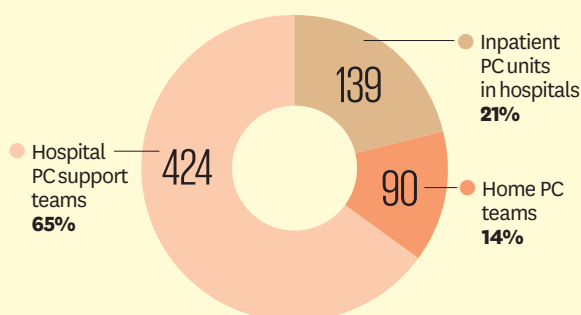
24
Human Development
Index Ranking, 2019

82
Life expectancy at birth,
total (years), 2016

PC SERVICES FOR ADULTS

653

TOTAL



PC SERVICES

1

PER 100,000
INHABITANTS

- PC services for adults in France
- PC services for adults in Europe (median) [0.8/100,000 inhab.]



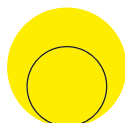
Additional
PC Services
for Adults

- ➔ Day care services 15 (Data from 2013)
- ➔ Volunteer-led hospices -

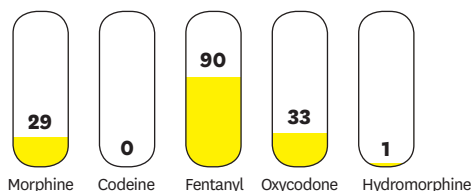
MEDICINES

Opioid consumption per capita in morphine equivalent, excluding methadone, 2017

151.8 mg



- Average consumption in France
- Average consumption in Europe [107 mg]



General availability of oral morphine (immediate release)

YES NO

Opioid prescription requirements

Special prescription form

YES NO

Prescription limits

Few weeks

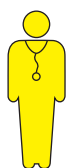
Patient registration as an opioid user

YES NO

Professionals allowed to prescribe



Only specialists



All physicians



Nurses trained in PC

PROFESSIONAL ACTIVITY

National PC association

YES NO

NAME
French Society for Accompaniment
and Palliative Care
*Société Française d'Accompagnement
et de Soins Palliatifs*

SINCE

1990

Other associations

YES NO

Directory of services

YES NO

RELEVANT REFERENCES ON PC DEVELOPMENT

Fogliarini A, et al.
Evolution of palliative care in the French Cancer Centers-Unicancer. World Hosp Health Serv. 2015;51(4):33-4.

Poulalhon C, et al.
Use of hospital palliative care according to the place of death and disease one year before death in 2013: a French national observational study. BMC Palliat Care. 2018;17(1):75.

Weeks WB, et al. Is the French palliative care policy effective everywhere? Geographic variation in changes in inpatient death rates among older patients in France, 2010-2013. Ann Palliat Med. 2016;5(4):242-7.

KEY INFORMANTS

Sandrine Bretonniere, Marilène Filbet, Lynn Silove.

See more information
in online version





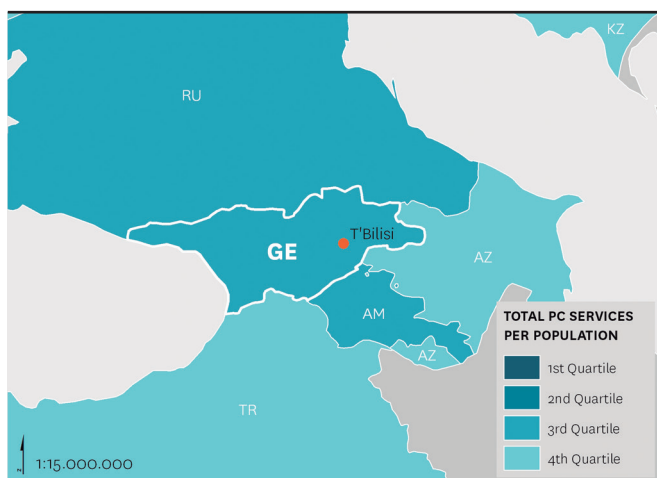
Georgia



3,717,100
Population, 2015

69,700
Surface area (km²),
2018

65.0
Population density
(Inh/km²), 2017



PC RESOURCES FOR CHILDREN

1

Inpatient
Hospices
(stand-alone
facilities)

4

Home
programmes

N/A

Hospital
programmes

Four home care
teams work
at Children's
Hospice Firefly
Work.

POLICIES

National legislation to regulate PC provision

National laws specific to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National legislation or decrees relating PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National legislation on end of life issues	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National general law on health care with reference to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National PC plan or strategy

National PC plan or strategy	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National cancer plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National non-communicable diseases plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National HIV plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
The plan was implemented	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
The plan was audited	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National standards for PC services

☒ YES ☐ NO

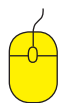
Designated person responsible for PC in the Ministry of Health

☒ YES ☐ NO

Role



Scientific



Political/Technical

Dedicated time to PC

N/A



<10%



10-50%



50-99%



100%

Allocated funds from the national health budget for PC

☒ YES ☐ NO

Inclusion of PC in the list of health services provided at the primary care level

☒ YES ☐ NO

Inclusion of PC in the basic package of health services

☒ YES ☐ NO

EDUCATION

Medical Schools teaching PC

8/13

23%
offering specific
mandatory PC
course

38%
offering PC course
in combination
with other
disciplines

Nursing Schools teaching PC

2/3

33%
offering specific
mandatory PC
course

33%
offering PC course
in combination
with other
disciplines

Professorship in PC at medical schools

5

2
Full
Professors

+

3
Associate
Professors

Specialisation in Palliative Medicine

☒ YES ☐ NO

Type of training programme

Sub-specialty

Denomination

Sub-specialization in Palliative Medicine
Subspetsializacia paliatiur meditsinashi

Estimated certified physicians

50



4,057
Gross Domestic Product
per capita (US\$), 2017

7.9
Health expenditure
(% of GDP), 2015

281
Health expenditure
per capita, PPP (US\$)

4.8
Physicians per 1,000
inhabitants, 2014

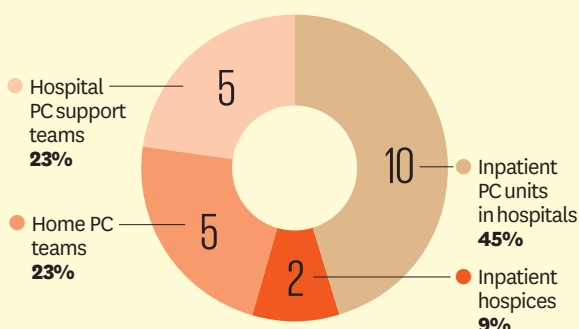
70
Human Development
Index Ranking, 2019

73
Life expectancy at birth,
total (years), 2016

PC SERVICES FOR ADULTS

22

TOTAL



PC SERVICES

0.6

PER 100,000
INHABITANTS



- PC services for adults in Georgia
- PC services for adults in Europe (median) [0.8/100,000 inhab.]

Additional PC Services for Adults

➔ Day care services	1 (Data from 2013)
➔ Volunteer-led hospices	-

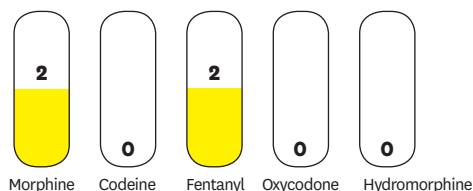
MEDICINES

Opioid consumption per capita in morphine equivalent, excluding methadone, 2017

4.1 mg



- Average consumption in Georgia
- Average consumption in Europe [107 mg]



General availability of oral morphine (immediate release)

YES NO

Opioid prescription requirements

Special prescription form

YES NO

Prescription limits

Few days

Patient registration as an opioid user

YES NO

Professionals allowed to prescribe



Only specialists



All physicians



Nurses trained in PC

PROFESSIONAL ACTIVITY

National PC association

YES NO

NAME

Georgian National Association for Palliative Care
Paliatiuri mzhrunvelobis saqartvelos erovnuli asotsiatsia

SINCE

1999

(In 1999 was established Georgian PC Association "Humanists' Union" in 2010 it was renamed as Georgian National Association for Palliative Care)

Other associations

Georgian National Association for Palliative Care

Directory of services

YES NO

RELEVANT REFERENCES ON PC DEVELOPMENT

Kiknadze N, Dztse-nidze P. Palliative Care Development in Georgia. J Pain Symptom Manage. 2018;55(2S):S25-S29.

Dzotsenidze P, et al. The Contribution of the International Pain Policy Fellowship in Improving Opioid Availability in Georgia. J Pain Symptom Manage. 2017;54(5):749-757.

Centeno C, et al. Coverage and development of specialist palliative care services across the World Health Organization European Region (2005-2012): Results from a European Association for Palliative Care Task Force survey of 53 Countries. Palliat Med. 2016;30(4):351-62.

KEY INFORMANTS

Dimitri Kordzaia.

See more information
in online version





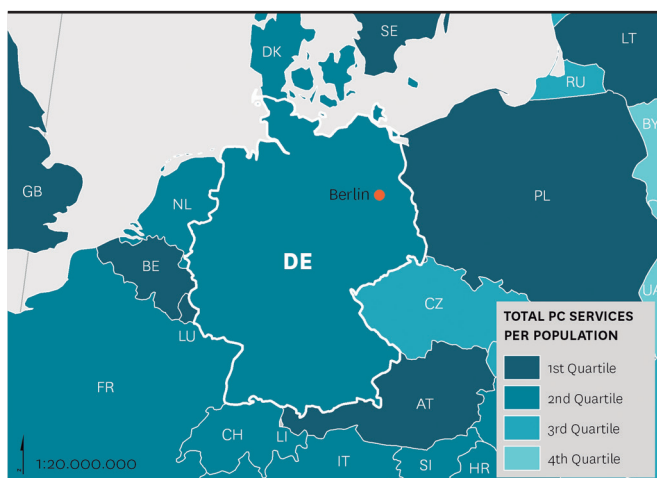
Germany



82,695,000
Population, 2015

357,580
Surface area (km²),
2018

236.7
Population density
(Inh/km²), 2017



PC RESOURCES FOR CHILDREN

16

Inpatient
Hospices
(stand-alone
facilities)

33

Home
programmes

4

Hospital
programmes

There are three PPC units. Some PC departments offer one bed for PPC. There are a large number of volunteer services specialised on children, for more information see <https://www.weg-weiser-hospiz-palliativmedizin.de/en>

POLICIES

National legislation to regulate PC provision

National laws specific to PC	YES	NO
National legislation or decrees relating PC	YES	NO
National legislation on end of life issues	YES	NO
National general law on health care with reference to PC	YES	NO

National PC plan or strategy

National PC plan or strategy	YES	NO
National cancer plan with a section for PC	YES	NO
National non-communicable diseases plan with a section for PC	YES	NO
National HIV plan with a section for PC	YES	NO
The plan was implemented	YES	NO
The plan was audited	YES	NO

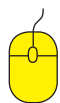
National standards for PC services

Designated person responsible for PC in the Ministry of Health	YES	NO
--	-----	----

Role



Scientific



Political/Technical

Dedicated time to PC



<10%



10-50%



50-99%



100%

Allocated funds from the national health budget for PC	YES	NO
--	-----	----

Inclusion of PC in the list of health services provided at the primary care level	YES	NO
---	-----	----

Inclusion of PC in the basic package of health services	YES	NO
---	-----	----

EDUCATION

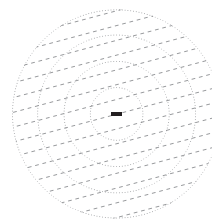
Medical Schools teaching PC

38/38

100%
offering specific
mandatory PC
course

0%
offering PC course
in combination
with other
disciplines

Nursing Schools teaching PC



-
offering specific
mandatory PC
course

-
offering PC course
in combination
with other
disciplines

Professorship in PC at medical schools

12

10
Full
Professors

+
2
Associate
Professors

Specialisation in Palliative Medicine

YES NO

Type of training programme

Sub-specialty

Denomination

Subspecialty training in palliative care
Zusatzbezeichnung Palliativmedizin

Estimated certified physicians

7000



44,470
Gross Domestic Product
per capita (US\$), 2017

11.2
Health expenditure
(% of GDP), 2015

4,592
Health expenditure
per capita, PPP (US\$)

4.1
Physicians per 1,000
inhabitants, 2014

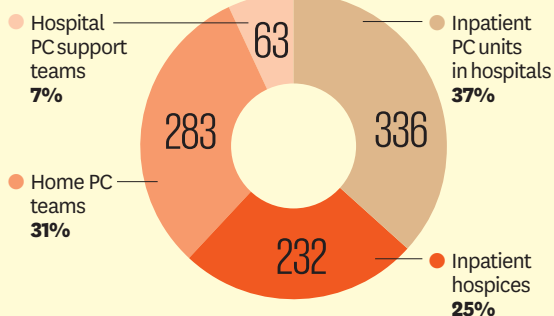
5
Human Development
Index Ranking, 2019

81
Life expectancy at birth,
total (years), 2016

PC SERVICES FOR ADULTS

914

TOTAL



PC SERVICES

1.1

PER 100,000
INHABITANTS

- PC services for adults in Germany
- PC services for adults in Europe (median) [0.8/100,000 inhab.]



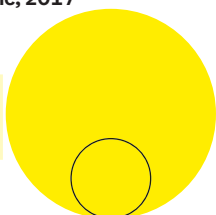
Additional PC Services for Adults

➔ Day care services	-
➔ Volunteer-led hospices	1,300

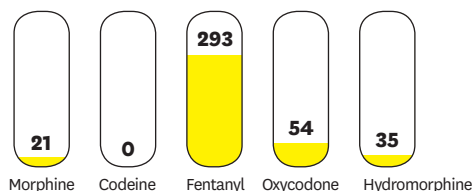
MEDICINES

Opioid consumption per capita in morphine equivalent, excluding methadone, 2017

403.2
mg



- Average consumption in Germany
- Average consumption in Europe [107 mg]



General availability of oral morphine (immediate release)

YES NO

Opioid prescription requirements

Special prescription form

YES NO

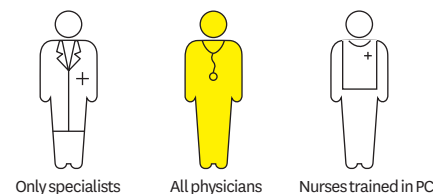
Prescription limits

Few weeks

Patient registration as an opioid user

YES NO

Professionals allowed to prescribe



Only specialists

All physicians

Nurses trained in PC

PROFESSIONAL ACTIVITY

National PC association

YES NO

NAME
German Association for Palliative Medicine
Deutsche Gesellschaft für Palliativmedizin

SINCE

1994

Other associations German Association for Hospice and Palliative Care

Directory of services

YES NO

RELEVANT REFERENCES ON PC DEVELOPMENT

Berendt J, et al. Early palliative care: current status of integration within German comprehensive cancer centers. Support Care Cancer. 2017;25(8):2577-80.

Hess S, et al. Trends in specialized palliative care for non-cancer patients in Germany--data from the national hospice and palliative care evaluation (HOPE). Eur J Intern Med. 2014;25(2):187-92.

Scholten N, et al. The size of the population potentially in need of palliative care in Germany--an estimation based on death registration data. BMC Palliat Care. 2016;15:29.

KEY INFORMANTS

Friedmann Nauck, Birgit Jaspers, Boris Zernikow, Lukas Radbruch.

See more information
in online version





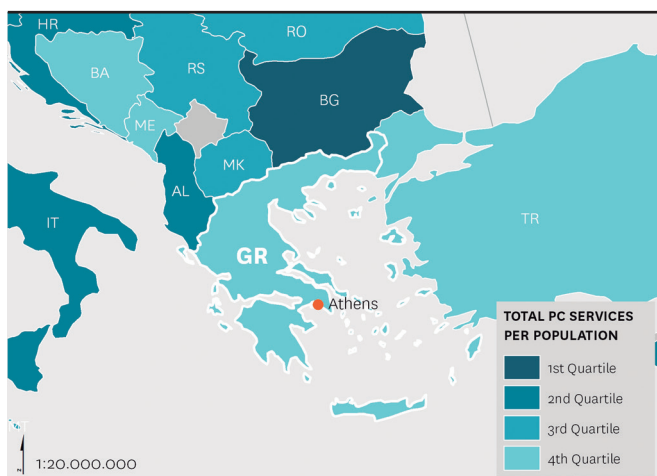
Greece



10,760,421
Population, 2015

131,960
Surface area (km²),
2018

83.5
Population density
(Inh/km²), 2017



PC RESOURCES FOR CHILDREN



Inpatient
Hospices
(stand-alone
facilities)



Home
programmes



Hospital
programmes

“Merimna: Society for the Care of Children and Families in Illness and Death” (www.merimna.org.gr) is the only specialized interdisciplinary home care team for children and adolescents with life limiting illnesses. It counts with ISO accreditation and also provides psychological and bereavement support.

POLICIES

National legislation to regulate PC provision

National laws specific to PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National legislation or decrees relating PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National legislation on end of life issues	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National general law on health care with reference to PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

National PC plan or strategy

National PC plan or strategy	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National cancer plan with a section for PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National non-communicable diseases plan with a section for PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National HIV plan with a section for PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
The plan was implemented	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
The plan was audited	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

National standards for PC services

☐ YES ☒ NO

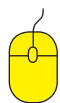
Designated person responsible for PC in the Ministry of Health

☒ YES ☐ NO

Role



Scientific



Political/Technical

Dedicated time to PC



<10%



10-50%



50-99%



100%

Allocated funds from the national health budget for PC

☐ YES ☒ NO

Inclusion of PC in the list of health services provided at the primary care level

☒ YES ☐ NO

Inclusion of PC in the basic package of health services

☐ YES ☒ NO

EDUCATION

Medical Schools teaching PC



0%
offering specific
mandatory PC
course

57%
offering PC course
in combination
with other
disciplines

Nursing Schools teaching PC



40%
offering specific
mandatory PC
course

50%
offering PC course
in combination
with other
disciplines

Professorship in PC at medical schools

2

1
Full
Professors

+

1
Associate
Professors

Specialisation in Palliative Medicine

☐ YES ☒ NO

Type of training programme

-

Denomination

-

Estimated certified physicians

-



18,613
Gross Domestic Product
per capita (US\$), 2017

8.4
Health expenditure
(% of GDP), 2015

1,505
Health expenditure
per capita, PPP (US\$)

6.3
Physicians per 1,000
inhabitants, 2014

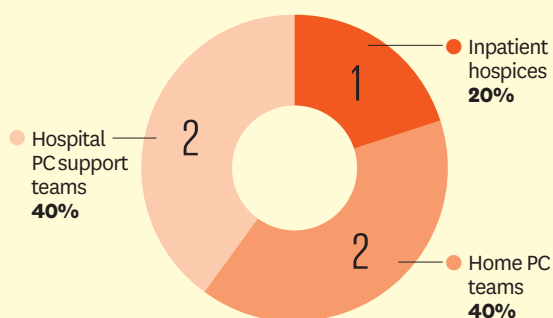
31
Human Development
Index Ranking, 2019

81
Life expectancy at birth,
total (years), 2016

PC SERVICES FOR ADULTS

5

TOTAL



PC SERVICES

0.05

PER 100,000
INHABITANTS

- PC services for adults in Greece
- PC services for adults in Europe (median) [0.8/100,000 inhab.]



Additional PC Services for Adults

- ➔ Day care services 2 (Data from 2013)
- ➔ Volunteer-led hospices 1 (Data from 2013)

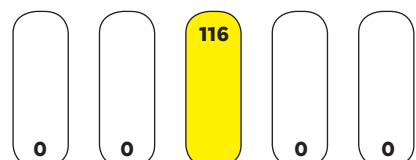
MEDICINES

Opioid consumption per capita in morphine equivalent, excluding methadone, 2017

116.4 mg



- Average consumption in Greece
- Average consumption in Europe [107 mg]



Morphine Codeine Fentanyl Oxycodone Hydromorphone

General availability of oral morphine (immediate release)

YES NO

Opioid prescription requirements

Special prescription form YES NO

Prescription limits Few weeks

Patient registration as an opioid user YES NO

Professionals allowed to prescribe



Only specialists



All physicians



Nurses trained in PC

PROFESSIONAL ACTIVITY

National PC association

YES NO

NAME

Hellenic Society of Pain Management and Palliative Care Ελληνική Εταιρία Θεραπείας Πόνου και Παρηγορικής Φροντίδας (ΠΑΡΗ.ΣΥ.Α)

SINCE

1997

Other associations

1. PARH.SY.A. Greek Society for the Treatment of Pain and Palliative Care
2. Hellenic Association for Pain Control and Palliative Care (HAPCPC)
3. The Greek Society for Pediatric Palliative Care

Directory of services

YES NO

RELEVANT REFERENCES ON PC DEVELOPMENT

Woitha K, et al. Ranking of Palliative Care Development in the Countries of the European Union. J Pain Symptom Manage. 2016;52(3):370-7.

Centeno C, et al. The Palliative Care Challenge: Analysis of Barriers and Opportunities to Integrate Palliative Care in Europe in the View of National Associations. J Palliat Med. 2017 Nov;20(11):1195-1204.

Centeno C, et al. Coverage and development of specialist palliative care services across the World Health Organization European Region (2005-2012): Results from a European Association for Palliative Care Task Force survey of 53 Countries. Palliat Med. 2016;30(4):351-62.

KEY INFORMANTS

Athina Vadalouca, Kyriaki Mystakidou, Aliki Tserkezoglou.

See more information
in online version





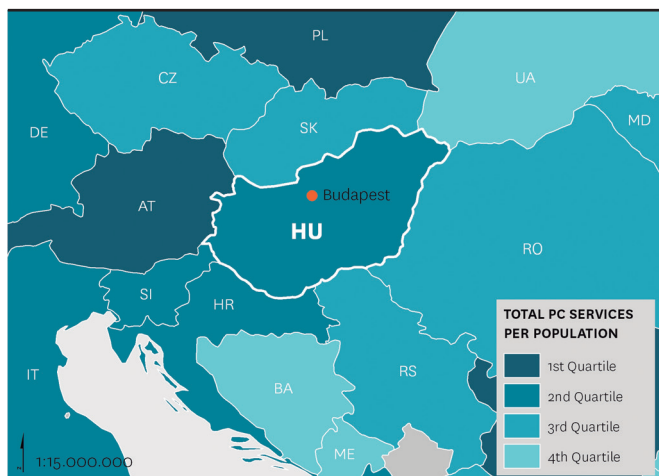
Hungary



9,781,127
Population, 2015

93,030
Surface area (km²),
2018

108.0
Population density
(Inh/km²), 2017



PC RESOURCES FOR CHILDREN

2

Inpatient
Hospices
(stand-alone
facilities)

3

Home
programmes

1

Hospital
programmes

POLICIES

National legislation to regulate PC provision

National laws specific to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National legislation or decrees relating PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National legislation on end of life issues	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National general law on health care with reference to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National PC plan or strategy

National PC plan or strategy	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National cancer plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National non-communicable diseases plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National HIV plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
The plan was implemented	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
The plan was audited	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National standards for PC services

☒ YES ☐ NO

Designated person responsible for PC in the Ministry of Health

☒ YES ☐ NO

Role



Scientific



Political/Technical

Dedicated time to PC



<10%



10-50%



50-99%



100%

Allocated funds from the national health budget for PC

☒ YES ☐ NO

Inclusion of PC in the list of health services provided at the primary care level

☒ YES ☐ NO

Inclusion of PC in the basic package of health services

☒ YES ☐ NO

EDUCATION

Medical Schools teaching PC

4/4

0%
offering specific
mandatory PC
course

100%
offering PC course
in combination
with other
disciplines

Nursing Schools teaching PC

49/49

0%
offering specific
mandatory PC
course

100%
offering PC course
in combination
with other
disciplines

Professorship in PC at medical schools

8

5
Full
Professors

+
3
Associate
Professors

Specialisation in Palliative Medicine

☒ YES ☐ NO

Type of training programme

Sub-specialty

Denomination

1. Sub-speciality in Palliative Care | 2. Palliative licence education and examination palliative physician
1. *Palliatív orvoslás licensz* | 2. *Palliatív licenc képzés és vizsga palliatív orvos*

Estimated certified physicians

110



14,225
Gross Domestic Product
per capita (US\$), 2017

7.2
Health expenditure
(% of GDP), 2015

894
Health expenditure
per capita, PPP (US\$)

3.3
Physicians per 1,000
inhabitants, 2014

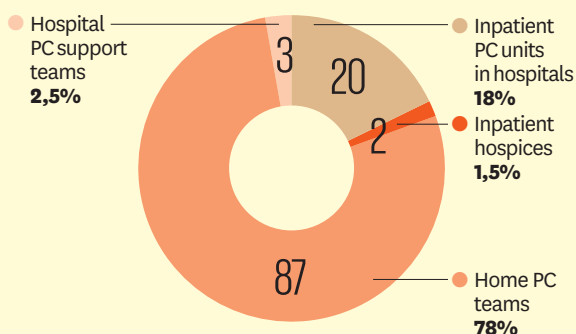
45
Human Development
Index Ranking, 2019

76
Life expectancy at birth,
total (years), 2016

PC SERVICES FOR ADULTS

112

TOTAL



PC SERVICES

11

PER 100,000
INHABITANTS



- PC services for adults in Hungary
- PC services for adults in Europe (median) [0.8/100,000 inhab.]

Additional PC Services for Adults

- ➔ Day care services 2 (Data from 2013)
- ➔ Volunteer-led hospices 5 (Data from 2013)

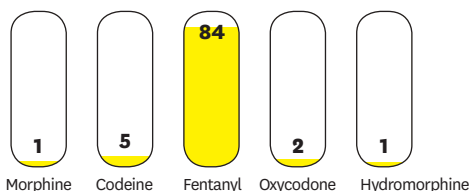
MEDICINES

Opioid consumption per capita in morphine equivalent, excluding methadone, 2017

92.6 mg



- Average consumption in Hungary
- Average consumption in Europe [107 mg]



General availability of oral morphine (immediate release)

YES NO

Opioid prescription requirements

Special prescription form

YES NO

Prescription limits

Few weeks

Patient registration as an opioid user

YES NO

Professionals allowed to prescribe



Only specialists



All physicians



Nurses trained in PC

PROFESSIONAL ACTIVITY

National PC association

YES NO

NAME
Hungarian Hospice Palliative Association
Magyar Hospice-Palliatív Egyesület

SINCE

1995

Other associations

-

Directory of services

YES NO

RELEVANT REFERENCES ON PC DEVELOPMENT

Hegedus K, Lukacs M, Schaffer J, Csikos A. [The current state, the possibilities and difficulties of palliative and hospice care in Hungary]. Orv Hetil. 2014;155(38):1504-9.

Benyó G, et al [Current situation of palliative care in Hungary. Integrated palliative care model as a breakout possibility]. Magy Onkol. 2017 20;61(3):292-299.

Csikos A, et al. Hospice Palliative Care Development in Hungary. J Pain Symptom Manage. 2018 Feb;55(2S):S30-S35.

KEY INFORMANTS

Agnes Csikos, Katalin Hegedus.

See more information
in online version





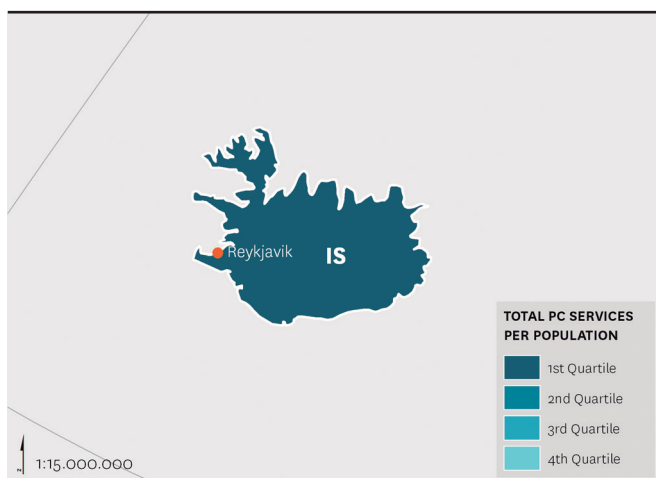
Iceland



341,284
Population, 2015

103,000
Surface area (km²),
2018

3.4
Population density
(Inh/km²), 2017



PC RESOURCES FOR CHILDREN



Inpatient
Hospices
(stand-alone
facilities)



Home
programmes



Hospital
programmes

A large number of the children with neurological and oncological diseases are receiving PPC from multidisciplinary teams, consisting on nurses, physicians, social workers and psychologists. Very experienced nurses provide specialized home care. Children's Hospital and home care nurses work very close together.

POLICIES

National legislation to regulate PC provision

National laws specific to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National legislation or decrees relating PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National legislation on end of life issues	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National general law on health care with reference to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National PC plan or strategy

National PC plan or strategy	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National cancer plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National non-communicable diseases plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National HIV plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
The plan was implemented	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
The plan was audited	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National standards for PC services

☒ YES ☐ NO

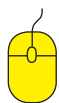
Designated person responsible for PC in the Ministry of Health

☒ YES ☐ NO

Role



Scientific



Political/Technical

Dedicated time to PC

N/A



<10%



10-50%



50-99%



100%

Allocated funds from the national health budget for PC

☒ YES ☐ NO

Inclusion of PC in the list of health services provided at the primary care level

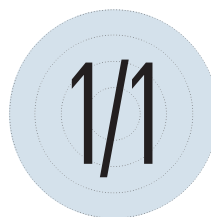
☒ YES ☐ NO

Inclusion of PC in the basic package of health services

☒ YES ☐ NO

EDUCATION

Medical Schools teaching PC



0%
offering specific
mandatory PC
course

100%
offering PC course
in combination
with other
disciplines

Nursing Schools teaching PC



0%
offering specific
mandatory PC
course

100%
offering PC course
in combination
with other
disciplines

Professorship in PC at medical schools

-

-
Full
Professors

+
-
Associate
Professors

Specialisation in Palliative Medicine

☒ YES ☐ NO

Type of training programme

Special field of competence

Denomination

Add-on speciality in palliative Medicine 2017
Viðbótarsérgræin í líknarlækningum 2017

Estimated certified physicians

4



70,057
Gross Domestic Product
per capita (US\$), 2017

8.6
Health expenditure
(% of GDP), 2015

4,375
Health expenditure
per capita, PPP (US\$)

3.6
Physicians per 1,000
inhabitants, 2014

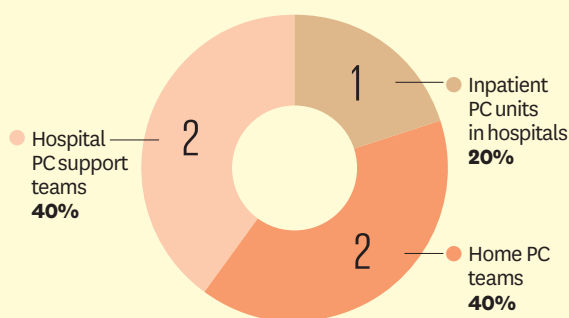
6
Human Development
Index Ranking, 2019

82
Life expectancy at birth,
total (years), 2016

PC SERVICES FOR ADULTS

5

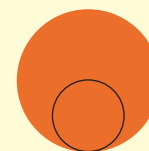
TOTAL



PC SERVICES

1.5

PER 100,000
INHABITANTS



- PC services for adults in Iceland
- PC services for adults in Europe (median) [0.8/100,000 inhab.]

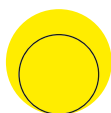
Additional PC Services for Adults

- ➔ Day care services -
- ➔ Volunteer-led hospices -

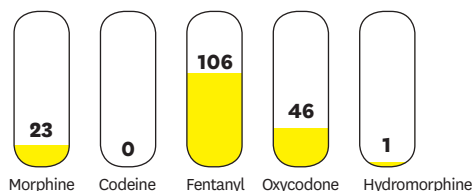
MEDICINES

Opioid consumption per capita in morphine equivalent, excluding methadone, 2017

176.5 mg



- Average consumption in Iceland
- Average consumption in Europe [107 mg]



General availability of oral morphine (immediate release)

YES NO

Opioid prescription requirements

Special prescription form

YES NO

Prescription limits

Few weeks

Patient registration as an opioid user

YES NO

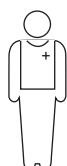
Professionals allowed to prescribe



Only specialists



All physicians



Nurses trained in PC

PROFESSIONAL ACTIVITY

National PC association

YES NO

NAME
The Life, Association of Palliative Care
Lífið, samtök um líknarmeðferð

SINCE

1998

Other associations

YES NO

Directory of services

YES NO

RELEVANT REFERENCES ON PC DEVELOPMENT

Gunnarsdottir S, et al. A multicenter study of attitudinal barriers to cancer pain management. Support Care Cancer. 2017;25(11):3595-3602.

Gestsdottir B, et al. Symptoms and functional status of palliative care patients in Iceland. Br J Nurs. 2015;14-27;24(9):478-83.

Centeno C, et al. Coverage and development of specialist palliative care services across the World Health Organization European Region (2005-2012): Results from a European Association for Palliative Care Task Force survey of 53 Countries. Palliat Med. 2016;30(4):351-62.

KEY INFORMANTS

Valgerdur Sigurdardottir, Svandís Iris Halfdanardóttir.

See more information
in online version





Ireland



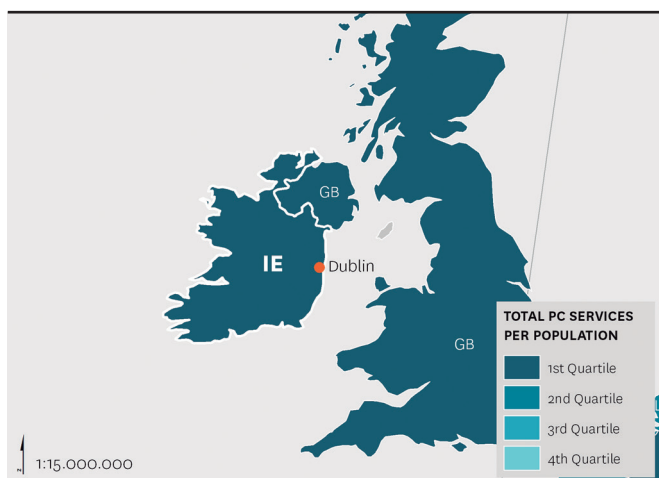
4,813,608

Population, 2015

70,280

Surface area (km²),
2018

69.9

Population density
(Inh/km²), 2017

PC RESOURCES FOR CHILDREN

1

Inpatient
Hospices
(stand-
alone
facilities)

10

Home
programmes

4

Hospital
programmes

There is a National Clinical Programme for Children and Neonatology, which provides PPC. A PPC Team works in Crumlin Children's Hospital. There is a home care service that works out of the Laura Lynn Children's Hospice, covering Dublin and the North East. Approximately eight nurse specialists around the country act as liaison between rural adult PC services, children's services (general paediatrics) and the Medical Consultants based in Dublin.

POLICIES

National legislation to regulate PC provision

National laws specific to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National legislation or decrees relating PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National legislation on end of life issues	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National general law on health care with reference to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National PC plan or strategy

National PC plan or strategy	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National cancer plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National non-communicable diseases plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National HIV plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<i>The plan was implemented</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<i>The plan was audited</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National standards for PC services

☒ YES ☐ NO

Designated person responsible for PC in the Ministry of Health

☒ YES ☐ NO

Role



Scientific



Political/Technical

Dedicated time to PC

N/A



<10%



10-50%



50-99%



100%

Allocated funds from the national health budget for PC

☒ YES ☐ NO

Inclusion of PC in the list of health services provided at the primary care level

☒ YES ☐ NO

Inclusion of PC in the basic package of health services

☒ YES ☐ NO

EDUCATION

Medical Schools teaching PC

0/6

- offering specific mandatory PC course

- offering PC course in combination with other disciplines

Nursing Schools teaching PC

0/14

- offering specific mandatory PC course

- offering PC course in combination with other disciplines

Professorship in PC at medical schools

-

- Full Professors

+

- Associate Professors

Specialisation in Palliative Medicine

☒ YES ☐ NO

Type of training programme

Specialty

Denomination Specialist Accreditation for Palliative Care Physicians; provided by the Royal College of Physicians of Ireland (RCPI).

Estimated certified physicians

38



69,331
Gross Domestic Product
per capita (US\$), 2017

7.8
Health expenditure
(% of GDP), 2015

4,757
Health expenditure
per capita, PPP (US\$)

2.8
Physicians per 1,000
inhabitants, 2014

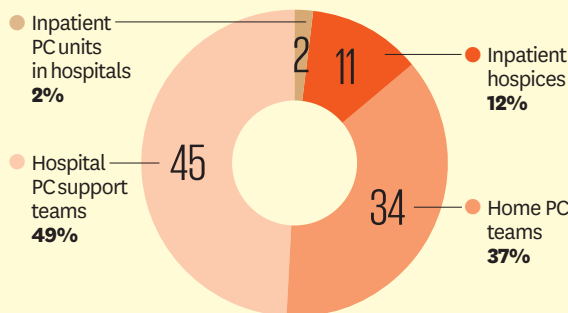
4
Human Development
Index Ranking, 2019

82
Life expectancy at birth,
total (years), 2016

PC SERVICES FOR ADULTS

92

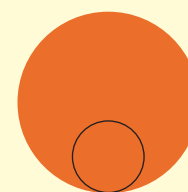
TOTAL



PC SERVICES

1.9

PER 100,000
INHABITANTS



● PC services
for adults
in Ireland
○ PC services
for adults in
Europe (median)
[0.8/100,000
inhab.]

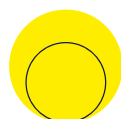
Additional PC Services for Adults

➔ Day care services	9
➔ Volunteer-led hospices	-

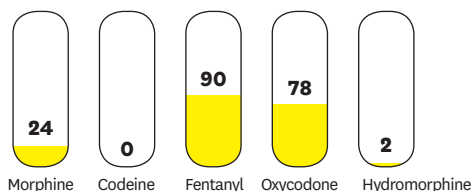
MEDICINES

Opioid consumption per capita in morphine equivalent,
excluding methadone, 2017

194.5
mg



● Average consumption
in Ireland
○ Average consumption
in Europe [107 mg]



General availability of oral morphine (immediate release)

YES NO

Opioid prescription requirements

Special prescription form

YES NO

Prescription limits

Few months

Patient registration as an opioid user

YES NO

Professionals allowed to prescribe



Only specialists



All physicians



Nurses trained in PC

PROFESSIONAL ACTIVITY

National PC association

YES NO

NAME
Irish Association for Palliative Care

SINCE

1993

Other associations

N/A

Directory of services

YES NO

RELEVANT REFERENCES ON PC DEVELOPMENT

Kane PM, et al. The need for palliative care in Ireland: a population-based estimate of palliative care using routine mortality data, inclusive of nonmalignant conditions. J Pain Symptom Manage. 2015;49(4):726-33 e1.

May P, et al. Policy analysis: palliative care in Ireland. Health Policy. 2014;115(1):68-74.

McIlpatrick S, Muldrew DHL, Hasson F, Payne S. Examining palliative and end of life care research in Ireland within a global context: a systematic mapping review of the evidence. BMC Palliat Care. 2018;17(1):109.

KEY INFORMANTS

Michael Connolly, Brian Creedon, Kellie Myers, Julie Ling.

See more information
in online version





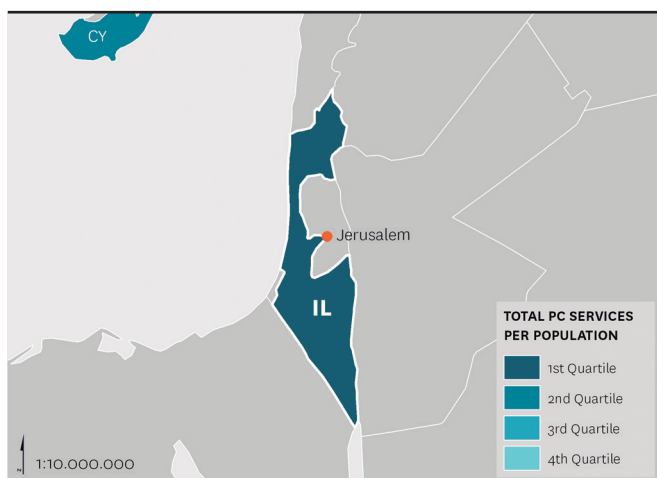
Israel



8,712,400
Population, 2015

22,070
Surface area (km²),
2018

402.6
Population density
(Inh/km²), 2017



PC RESOURCES FOR CHILDREN

1

Inpatient
Hospices
(stand-alone
facilities)

1

Home
programmes

9

Hospital
programmes

There is only one home hospice service caring for children. Only one PC dedicated paediatric unit in a large academic children's hospital. Some of the general PC support teams for adults offer also services to children.

POLICIES

National legislation to regulate PC provision

National laws specific to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National legislation or decrees relating PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National legislation on end of life issues	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National general law on health care with reference to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National PC plan or strategy

National PC plan or strategy	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National cancer plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National non-communicable diseases plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National HIV plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<i>The plan was implemented</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<i>The plan was audited</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National standards for PC services

☒ YES ☐ NO

Designated person responsible for PC in the Ministry of Health

☒ YES ☐ NO

Role



Scientific



Political/Technical

Dedicated time to PC

N/A



< 10%



10-50%



50-99%



100%

Allocated funds from the national health budget for PC

☒ YES ☐ NO

Inclusion of PC in the list of health services provided at the primary care level

☒ YES ☐ NO

Inclusion of PC in the basic package of health services

☒ YES ☐ NO

EDUCATION

Medical Schools teaching PC

3/5

0%
offering specific
mandatory PC
course

60%
offering PC course
in combination
with other
disciplines

Nursing Schools teaching PC

16/16

0%
offering specific
mandatory PC
course

100%
offering PC course
in combination
with other
disciplines

Professorship in PC at medical schools

-

-
Full
Professors

+

-
Associate
Professors

Specialisation in Palliative Medicine

☒ YES ☐ NO

Type of training programme

Sub-specialty

Denomination

Sub-specialty in Palliative Medicine
תיביטאילפ האופר תוחמתה תת

Estimated certified physicians

30



40,270
Gross Domestic Product
per capita (US\$), 2017

7.4
Health expenditure
(% of GDP), 2015

2,756
Health expenditure
per capita, PPP (US\$)

3.6
Physicians per 1,000
inhabitants, 2014

22
Human Development
Index Ranking, 2019

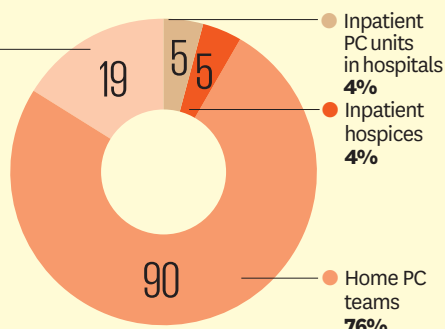
82
Life expectancy at birth,
total (years), 2016

PC SERVICES FOR ADULTS

119

TOTAL

Hospital
PC support
teams
16%



PC SERVICES

1.4

PER 100,000
INHABITANTS

PC services
for adults
in Israel

PC services
for adults in
Europe (median)
[0.8/100,000
inhab.]

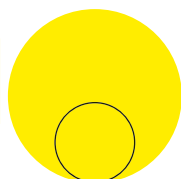
Additional PC Services for Adults

Day care services	-
Volunteer-led hospices	-

MEDICINES

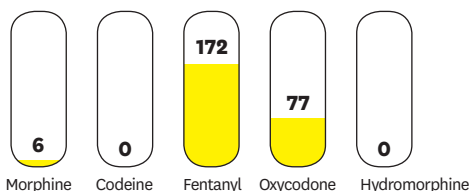
Opioid consumption per capita in morphine equivalent,
excluding methadone, 2017

255.4
mg



Average consumption
in Israel

Average consumption
in Europe [107 mg]



General availability of oral morphine (immediate release)

YES NO

Opioid prescription requirements

Special prescription form

YES NO

Prescription limits

No limit

Patient registration as an opioid user

YES NO

Professionals allowed to prescribe



Only specialists



All physicians



Nurses trained in PC

PROFESSIONAL ACTIVITY

National PC association

YES NO

NAME

The Israeli association for palliative medicine
תיבטאילפ האופרל ילארשיה דוגיא

SINCE

1996

Other associations

Tmicha (an NGO for the advancement of PC in Israel)

Directory of services

YES NO

RELEVANT REFERENCES ON PC DEVELOPMENT

Kislev L, et al. The Israel Cancer Association's role as a volunteer organization in forecasting, establishing, implementing and upgrading palliative care services in Israel. Palliat Support Care. 2013;11(5):367-71.

Brezis M, et al. What can we learn from simulation-based training to improve skills for end-of-life care? Insights from a national project in Israel. Isr J Health Policy Res. 2017 6;6(1):48.

Braun M, et al. Quality of dying and death with cancer in Israel. Support Care Cancer. 2014;22(7):1973-80.

KEY INFORMANTS

Ron Sabar, Glynis Katz.

See more information
in online version





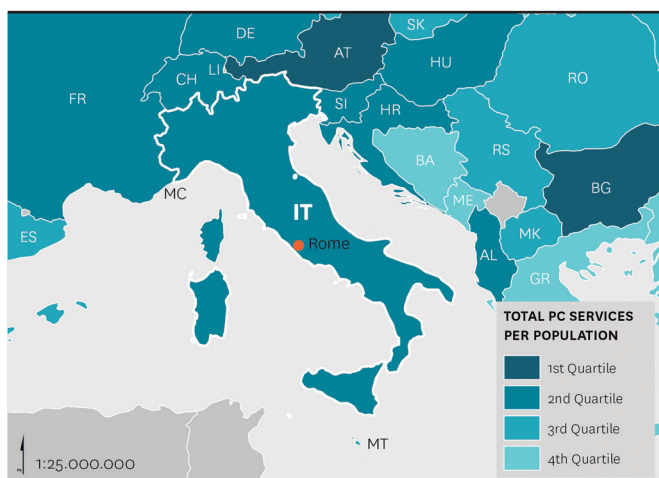
Italy



60,551,416
Population, 2015

301,340
Surface area (km²),
2018

205.9
Population density
(Inh/km²), 2017



PC RESOURCES FOR CHILDREN

5

Inpatient
Hospices
(stand-alone
facilities)

7

Home
programmes

0

Hospital
programmes

Fourteen regions are currently working on developing PPC networks to improve PPC provision. Currently there are two children hospices in Padua/Veneto and Liguria Region. A Foundation is building one in Bologna, and another one, one in Milan. Two other regions are working on children hospices. PPC home care teams are not frequent.

POLICIES

National legislation to regulate PC provision

National laws specific to PC	YES	NO
National legislation or decrees relating PC	YES	NO
National legislation on end of life issues	YES	NO
National general law on health care with reference to PC	YES	NO

National PC plan or strategy

National PC plan or strategy	YES	NO
National cancer plan with a section for PC	YES	NO
National non-communicable diseases plan with a section for PC	YES	NO
National HIV plan with a section for PC	YES	NO
The plan was implemented	YES	NO
The plan was audited	YES	NO

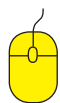
National standards for PC services

Designated person responsible for PC in the Ministry of Health YES NO

Role



Scientific



Political/Technical

Dedicated time to PC



<10%



10-50%



50-99%



100%

Allocated funds from the national health budget for PC YES NO

Inclusion of PC in the list of health services provided at the primary care level YES NO

Inclusion of PC in the basic package of health services YES NO

EDUCATION

Medical Schools teaching PC

0/43*

- offering specific mandatory PC course

- offering PC course in combination with other disciplines

Nursing Schools teaching PC

98/222

16% offering specific mandatory PC course

28% offering PC course in combination with other disciplines

Professorship in PC at medical schools

2

2 Full Professors

+ Associate Professors

Specialisation in Palliative Medicine

YES NO

Type of training programme

Special field of competence

Denomination

Master of advanced training in palliative care and pain therapy
Master di Alta formazione in Cure Palliative e Terapia del Dolor

Estimated certified physicians

N/A

* Italy will soon implement PC mandatory teaching hours for medical and nursing schools (25 and 50, respectively) to be transversally taught in oncology, geriatrics and pediatrics.



31,953
Gross Domestic Product
per capita (US\$), 2017

9.0
Health expenditure
(% of GDP), 2015

2,700
Health expenditure
per capita, PPP (US\$)

3.9
Physicians per 1,000
inhabitants, 2014

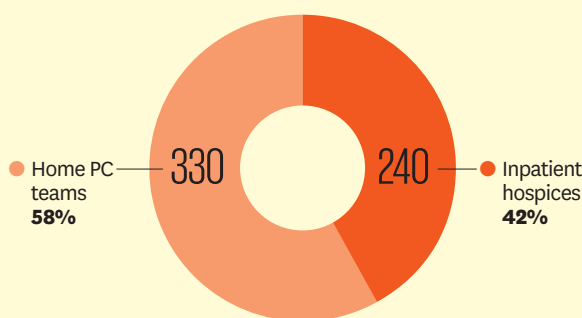
28
Human Development
Index Ranking, 2019

83
Life expectancy at birth,
total (years), 2016

PC SERVICES FOR ADULTS

570

TOTAL



PC SERVICES

0.9

PER 100,000
INHABITANTS

- PC services for adults in Italy
- PC services for adults in Europe (median) [0.8/100,000 inhab.]



Additional PC Services for Adults

➔ Day care services	-
➔ Volunteer-led hospices	-

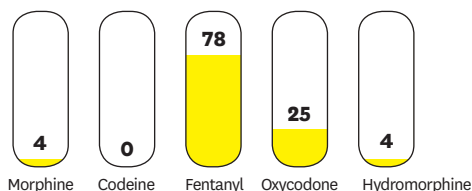
MEDICINES

Opioid consumption per capita in morphine equivalent, excluding methadone, 2017

111.4 mg



- Average consumption in Italy
- Average consumption in Europe [107 mg]



General availability of oral morphine (immediate release)

YES NO

Opioid prescription requirements

Special prescription form

YES NO

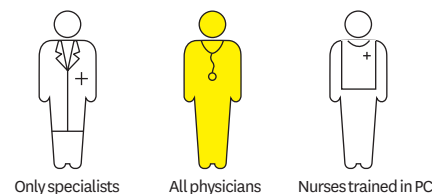
Prescription limits

Few weeks

Patient registration as an opioid user

YES NO

Professionals allowed to prescribe



Only specialists

All physicians

Nurses trained in PC

PROFESSIONAL ACTIVITY

National PC association

YES NO

NAME
Italian Society of Palliative Care
Società Italiana di Cure Palliative (SICP)

SINCE

1986

Other associations

Italian Palliative Care Federation

Directory of services

YES NO

RELEVANT REFERENCES ON PC DEVELOPMENT

Mercadante S. The low opioid consumption in Italy depends on late palliative care. *Ann Oncol.* 2013;24(2):558.

Penders YWH, et al. End-of-life care for people dying with dementia in general practice in Belgium, Italy and Spain: A cross-sectional, retrospective study. *Geriatr Gerontol Int.* 2017;17(10):1667-76.

Rusaleen F, et al. Pain therapy, pediatric palliative care and end-of-life care: training, experience, and reactions of pediatric residents in Italy. *Eur J Pediatr.* 2014;173(9):1201-7.

KEY INFORMANTS

Italo Penco, Carlo Peruselli.

See more information
in online version





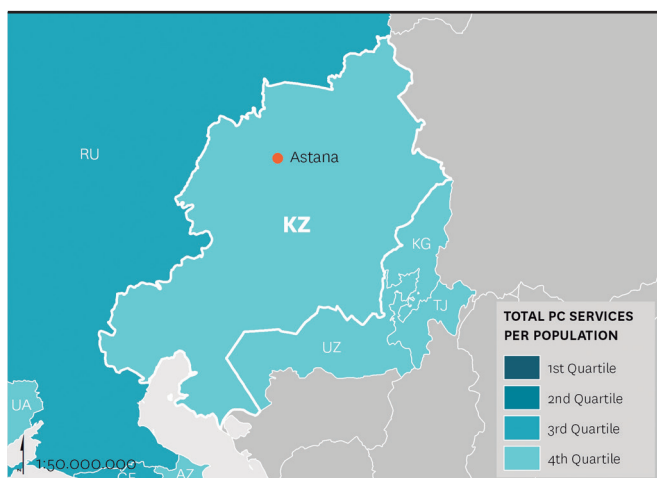
Kazakhstan



18,037,646
Population, 2015

2,724,902
Surface area (km²),
2018

6.7
Population density
(Inh/km²), 2017



PC RESOURCES FOR CHILDREN

1

Inpatient
Hospices
(stand-alone
facilities)



Home
programmes



Hospital
programmes

Children with cancer were included in Palliative Care legislation as a special category of patients needing palliative care in 2015. However, there is still place to improve support of families, pain treatment and end-of-life care for children.

POLICIES

National legislation to regulate PC provision

National laws specific to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National legislation or decrees relating PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National legislation on end of life issues	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National general law on health care with reference to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National PC plan or strategy

National PC plan or strategy	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National cancer plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National non-communicable diseases plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National HIV plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
The plan was implemented	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
The plan was audited	N/A

National standards for PC services

☒ YES ☐ NO

Designated person responsible for PC in the Ministry of Health

☒ YES ☐ NO

Role



Scientific



Political/Technical

Dedicated time to PC

N/A



<10%



10-50%



50-99%



100%

Allocated funds from the national health budget for PC

☒ YES ☐ NO

Inclusion of PC in the list of health services provided at the primary care level

☒ YES ☐ NO

Inclusion of PC in the basic package of health services

☒ YES ☐ NO

EDUCATION

Medical Schools teaching PC

5/11

0%
offering specific
mandatory PC
course

45%
offering PC course
in combination
with other
disciplines

Nursing Schools teaching PC

0/63

0%
offering specific
mandatory PC
course

0%
offering PC course
in combination
with other
disciplines

Professorship in PC at medical schools

-

-
Full
Professors

+
-
Associate
Professors

Specialisation in Palliative Medicine

☒ YES ☐ NO

Type of training programme

N/A

Denomination

-

Estimated certified physicians

-



9,030
Gross Domestic Product
per capita (US\$), 2017

3.9
Health expenditure
(% of GDP), 2015

379
Health expenditure
per capita, PPP (US\$)

3.3
Physicians per 1,000
inhabitants, 2014

58
Human Development
Index Ranking, 2019

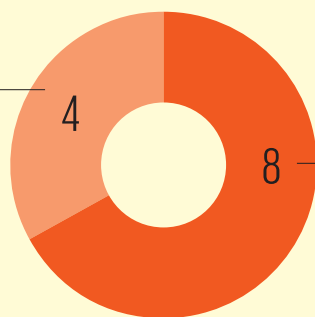
72
Life expectancy at birth,
total (years), 2016

PC SERVICES FOR ADULTS

12

TOTAL

Home PC
teams
33%



Inpatient
hospices
67%

PC SERVICES

0.07

PER 100,000
INHABITANTS

PC services
for adults
in Kazakhstan

PC services
for adults in
Europe (median)
[0.8/100,000
inhab.]



Additional PC
Services
for Adults

- Day care services -
- Volunteer-led hospices -

MEDICINES

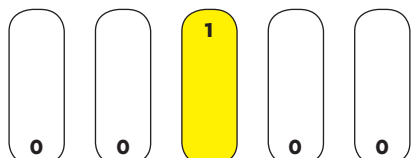
Opioid consumption per capita in morphine equivalent,
excluding methadone, 2017

0.8 mg



Average consumption
in Kazakhstan

Average consumption
in Europe [107 mg]



Morphine Codeine Fentanyl Oxycodone Hydromorphone

General availability of oral morphine (immediate release)

YES NO

Opioid prescription requirements

Special prescription form

YES NO

Prescription limits

Few weeks

Patient registration as an opioid user

YES NO

Professionals allowed to prescribe



Only specialists



All physicians



Nurses trained in PC

PROFESSIONAL ACTIVITY

National PC association

YES NO

NAME

Kazakhstan Association for Palliative Care
Qazaqstan palliativtik járdem qayymdastyǵy

SINCE

2013

Other associations

YES NO

Directory of services

YES NO

RELEVANT REFERENCES ON PC DEVELOPMENT

Kunirova G, Shakenova A. Palliative Care in Kazakhstan. J Pain Symptom Manage. 2018;55(2S):S36-S40.

Centeno C, et al. The Palliative Care Challenge: Analysis of Barriers and Opportunities to Integrate Palliative Care in Europe in the View of National Associations. J Palliat Med. 2017;20(11):1195-1204.

Centeno C, et al. Coverage and development of specialist palliative care services across the World Health Organization European Region (2005-2012): Results from a European Association for Palliative Care Task Force survey of 53 Countries. Palliat Med. 2016;30(4):351-62.

KEY INFORMANTS

Gulnara Kunirova.

See more information
in online version





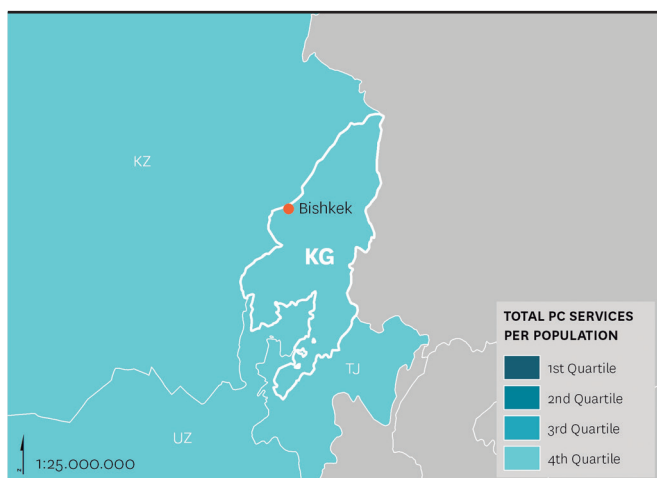
Kyrgyzstan



6,201,500
Population, 2015

199,950
Surface area (km²),
2018

32.3
Population density
(Inh/km²), 2017



PC RESOURCES FOR CHILDREN

1

Inpatient
Hospices
(stand-alone
facilities)

1

Home
programmes

N/A

Hospital
programmes

In Kyrgyzstan there is one Hospice for children that is supported by international organisations.

POLICIES

National legislation to regulate PC provision

National laws specific to PC	YES	NO
National legislation or decrees relating PC	YES	NO
National legislation on end of life issues	YES	NO
National general law on health care with reference to PC	YES	NO

National PC plan or strategy

National PC plan or strategy	YES	NO
National cancer plan with a section for PC	YES	NO
National non-communicable diseases plan with a section for PC	YES	NO
National HIV plan with a section for PC	YES	NO
The plan was implemented	YES	NO
The plan was audited	YES	NO

National standards for PC services

YES NO

Designated person responsible for PC in the Ministry of Health

YES NO

Role



Scientific



Political/Technical

Dedicated time to PC

N/A



<10%



10-50%



50-99%



100%

Allocated funds from the national health budget for PC

YES NO

Inclusion of PC in the list of health services provided at the primary care level

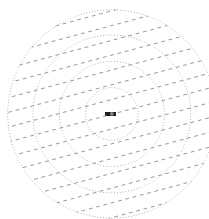
YES NO

Inclusion of PC in the basic package of health services

YES NO

EDUCATION

Medical Schools teaching PC



- offering specific mandatory PC course

- offering PC course in combination with other disciplines

Nursing Schools teaching PC



100% offering specific mandatory PC course

- offering PC course in combination with other disciplines

Professorship in PC at medical schools



- Full Professors

+

- Associate Professors

Specialisation in Palliative Medicine

YES NO

Type of training programme

N/A

Denomination

-

Estimated certified physicians

-



1,220
Gross Domestic Product
per capita (US\$), 2017

8.2
Health expenditure
(% of GDP), 2015

92
Health expenditure
per capita, PPP (US\$)

1.9
Physicians per 1,000
inhabitants, 2014

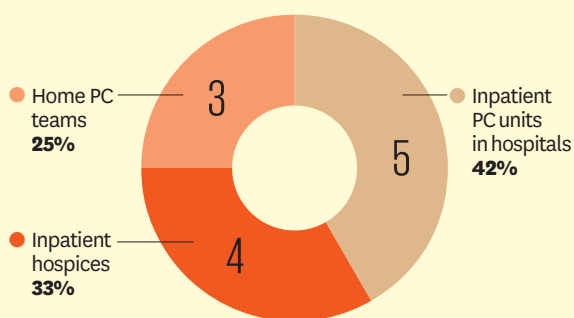
122
Human Development
Index Ranking, 2019

71
Life expectancy at birth,
total (years), 2016

PC SERVICES FOR ADULTS

12

TOTAL



PC SERVICES

0.2

PER 100,000
INHABITANTS

- PC services for adults in Kyrgyzstan
- PC services for adults in Europe (median) [0.8/100,000 inhab.]



Additional PC Services for Adults

- ➔ Day care services -
- ➔ Volunteer-led hospices -

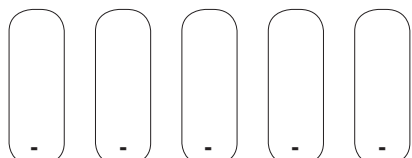
MEDICINES

Opioid consumption per capita in morphine equivalent, excluding methadone, 2017

mg



- Average consumption in Kyrgyzstan
- Average consumption in Europe [107 mg]



Morphine Codeine Fentanyl Oxycodone Hydromorphone

General availability of oral morphine (immediate release)

YES NO

Opioid prescription requirements

Special prescription form

YES NO

Prescription limits

Few days

Patient registration as an opioid user

N/A

Professionals allowed to prescribe



Only specialists



All physicians



Nurses trained in PC

PROFESSIONAL ACTIVITY

National PC association

YES NO

NAME
Hospice and palliative care Association
of the Kyrgyz Republic.

SINCE

2017

Other associations

N/A

Directory of services

YES NO

RELEVANT REFERENCES ON PC DEVELOPMENT

Mukambetov A, Sabyrbekova T, Asanalieva L, Sadykov I, Connor SR. Palliative Care Development in Kyrgyzstan. J Pain Symptom Manage. 2018 Feb;55(2S):S41-S45.

Centeno C, et al. The Palliative Care Challenge: Analysis of Barriers and Opportunities to Integrate Palliative Care in Europe in the View of National Associations. J Palliat Med. 2017;20(11):1195-1204.

Centeno C, et al. Coverage and development of specialist palliative care services across the World Health Organization European Region (2005-2012): Results from a European Association for Palliative Care Task Force survey of 53 Countries. Palliat Med. 2016;30(4):351-62.

KEY INFORMANTS

Confidential.

See more information
in online version





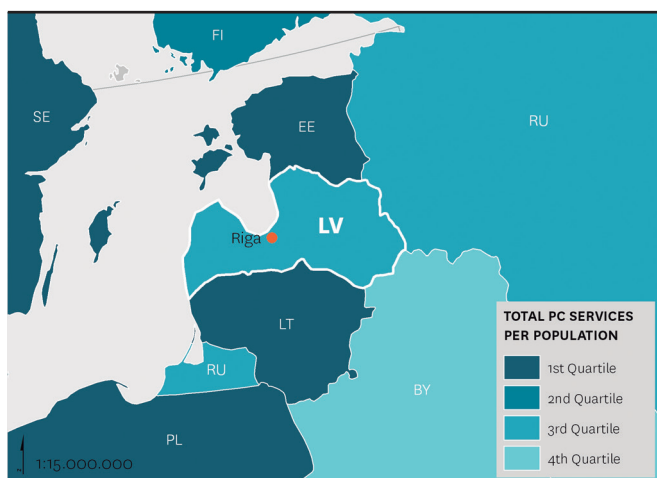
Latvia



1,940,740
Population, 2015

64,490
Surface area (km²),
2018

31.2
Population density
(Inh/km²), 2017



PC RESOURCES FOR CHILDREN



Inpatient
Hospices
(stand-alone
facilities)



Home
programmes



Hospital
programmes

Children's Palliative Care model in Latvia is a hospital-based PC team. The country counts with two PPC in hospital programmes at the Children's Clinical University Hospital - Palliative Care service and the Liepāja Regional Hospital both institutions provides home care.

POLICIES

National legislation to regulate PC provision

National laws specific to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National legislation or decrees relating PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National legislation on end of life issues	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National general law on health care with reference to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National PC plan or strategy

National PC plan or strategy	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National cancer plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National non-communicable diseases plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National HIV plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
The plan was implemented	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
The plan was audited	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National standards for PC services

☒ YES ☐ NO

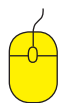
Designated person responsible for PC in the Ministry of Health

☒ YES ☐ NO

Role



Scientific



Political/Technical

Dedicated time to PC



<10%



10-50%



50-99%



100%

Allocated funds from the national health budget for PC

☒ YES ☐ NO

Inclusion of PC in the list of health services provided at the primary care level

☒ YES ☐ NO

Inclusion of PC in the basic package of health services

☒ YES ☐ NO

EDUCATION

Medical Schools teaching PC



0%
offering specific
mandatory PC
course

100%
offering PC course
in combination
with other
disciplines

Nursing Schools teaching PC



0%
offering specific
mandatory PC
course

100%
offering PC course
in combination
with other
disciplines

Professorship in PC at medical schools

-

-
Full
Professors

+
-
Associate
Professors

Specialisation in Palliative Medicine

☒ YES ☐ NO

Type of training programme

Sub-specialty

Denomination

Specialist in Palliative Care
Paliatīvās aprūpes speciālists

Estimated certified physicians

9



15,594
Gross Domestic Product
per capita (US\$), 2017

5.8
Health expenditure
(% of GDP), 2015

784
Health expenditure
per capita, PPP (US\$)

3.2
Physicians per 1,000
inhabitants, 2014

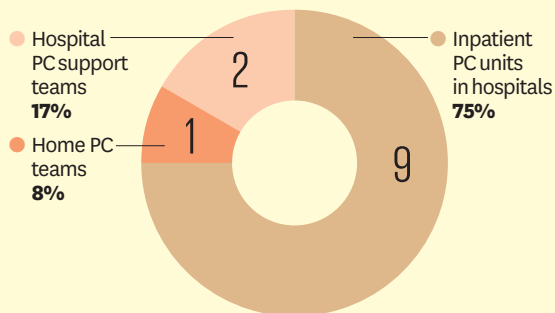
41
Human Development
Index Ranking, 2019

75
Life expectancy at birth,
total (years), 2016

PC SERVICES FOR ADULTS

12

TOTAL



PC SERVICES

0.6

PER 100,000
INHABITANTS

- PC services for adults in Latvia
- PC services for adults in Europe (median) [0.8/100,000 inhab.]



Additional PC Services for Adults

- ➔ Day care services -
- ➔ Volunteer-led hospices -

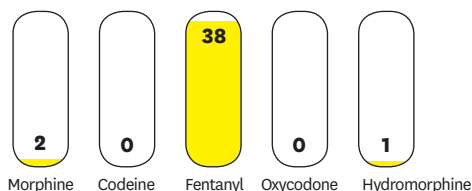
MEDICINES

Opioid consumption per capita in morphine equivalent, excluding methadone, 2017

40.9 mg



- Average consumption in Latvia
- Average consumption in Europe [107 mg]



General availability of oral morphine (immediate release)

YES NO

Opioid prescription requirements

Special prescription form

YES NO

Prescription limits

Few weeks

Patient registration as an opioid user

YES NO

Professionals allowed to prescribe



Only specialists



All physicians



Nurses trained in PC

PROFESSIONAL ACTIVITY

National PC association

YES NO

NAME
Children's Palliative Care Society
Bērnu paliatīvās aprūpes biedrība

SINCE

1998

Other associations

Palliative Care Association of Latvia

Directory of services

YES NO

RELEVANT REFERENCES ON PC DEVELOPMENT

Vranken MJ, et al. Barriers to access to opioid medicines: a review of national legislation and regulations of 11 central and eastern European countries. *Lancet Oncol.* 2016;17(1):e13-22.

Centeno C, et al. The Palliative Care Challenge: Analysis of Barriers and Opportunities to Integrate Palliative Care in Europe in the View of National Associations. *J Palliat Med.* 2017;20(11):1195-1204.

Centeno C, et al. Coverage and development of specialist palliative care services across the World Health Organization European Region (2005-2012): Results from a European Association for Palliative Care Task Force survey of 53 Countries. *Palliat Med.* 2016;30(4):351-62.

KEY INFORMANTS

Anda Jansone, Vilnis Sosars.

See more information
in online version





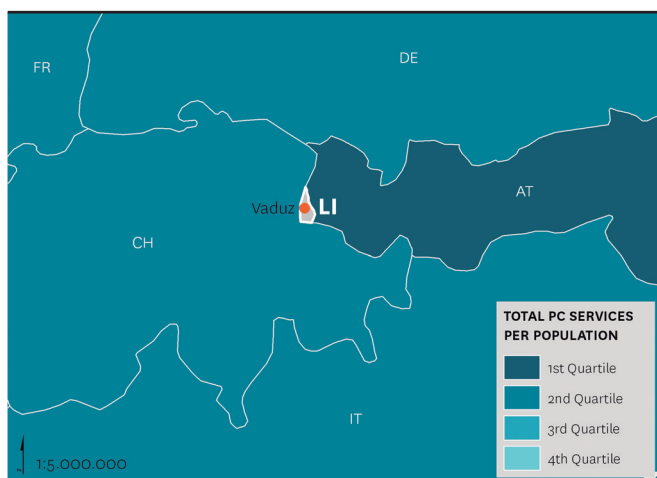
Liechtenstein



37,922
Population, 2015

160
Surface area (km²),
2018

237.0
Population density
(Inh/km²), 2017



PC RESOURCES FOR CHILDREN



Inpatient
Hospices
(stand-alone
facilities)



Home
programmes



Hospital
programmes

POLICIES

National legislation to regulate PC provision

National laws specific to PC	YES	NO
National legislation or decrees relating PC	YES	NO
National legislation on end of life issues	YES	NO
National general law on health care with reference to PC	YES	NO

National PC plan or strategy

National PC plan or strategy	YES	NO
National cancer plan with a section for PC	YES	NO
National non-communicable diseases plan with a section for PC	YES	NO
National HIV plan with a section for PC	YES	NO
The plan was implemented	YES	NO
The plan was audited	YES	NO

National standards for PC services

YES NO

Designated person responsible for PC in the Ministry of Health

YES NO

Role



Scientific



Political/Technical

Dedicated time to PC

N/A



<10%



10-50%



50-99%



100%

Allocated funds from the national health budget for PC

YES NO

Inclusion of PC in the list of health services provided at the primary care level

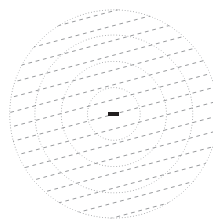
N/A

Inclusion of PC in the basic package of health services

YES NO

EDUCATION

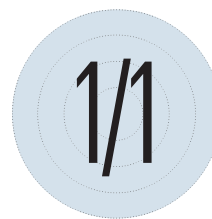
Medical Schools teaching PC



-
offering specific
mandatory PC
course

-
offering PC course
in combination
with other
disciplines

Nursing Schools teaching PC



0%
offering specific
mandatory PC
course

100%
offering PC course
in combination
with other
disciplines

Professorship in PC at medical schools



-
Full
Professors

+
Associate
Professors

Specialisation in Palliative Medicine

YES NO

Type of training programme

YES NO

Denomination

-

Estimated certified physicians

-



15,594
Gross Domestic Product
per capita (US\$), 2017

-
Health expenditure
(% of GDP), 2015

-
Health expenditure
per capita, PPP (US\$)

-
Physicians per 1,000
inhabitants, 2014

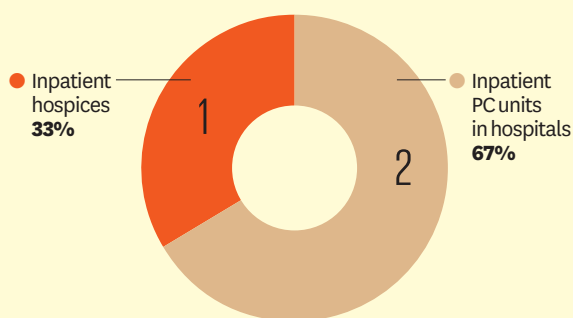
17
Human Development
Index Ranking, 2019

83
Life expectancy at birth,
total (years), 2016

PC SERVICES FOR ADULTS

3

TOTAL

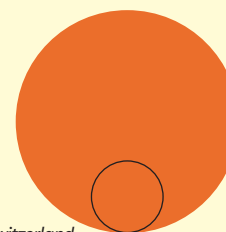


PC SERVICES

8*

PER 100,000
INHABITANTS

* Services are in Switzerland,
intergovernmental treaty



Additional PC Services for Adults

➔ Day care services	-
➔ Volunteer-led hospices	-

MEDICINES

Opioid consumption per capita in morphine equivalent, excluding methadone, 2017

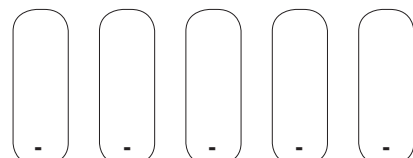
-

mg



● Average consumption in Liechtenstein

○ Average consumption in Europe [107 mg]



Morphine Codeine Fentanyl Oxycodone Hydromorphone

General availability of oral morphine (immediate release)

YES NO

Opioid prescription requirements

Special prescription form

YES NO

Prescription limits

No limit

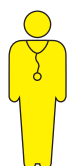
Patient registration as an opioid user

N/A

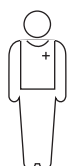
Professionals allowed to prescribe



Only specialists



All physicians



Nurses trained in PC

PROFESSIONAL ACTIVITY

National PC association

YES NO

NAME
Palliative-net Liechtenstein
Palliativnetz Liechtenstein

SINCE

2012

Other associations

Hospice Movement Liechtenstein

Directory of services

YES NO

RELEVANT REFERENCES ON PC DEVELOPMENT

Linsi K, et al. 12 Community palliative care in Eastern Switzerland. Compassionate Communities: Case Studies from Britain and Europe. 2015 26:165.

Eychmüller S, et al. Community palliative care in Switzerland: from assessment to action. In Participatory Research in Palliative Care: Actions and Reflections 2012 Dec 6 (pp. 76-84). Oxford University Press Oxford.

KEY INFORMANTS

Ingrid Frommelt.

See more information
in online version





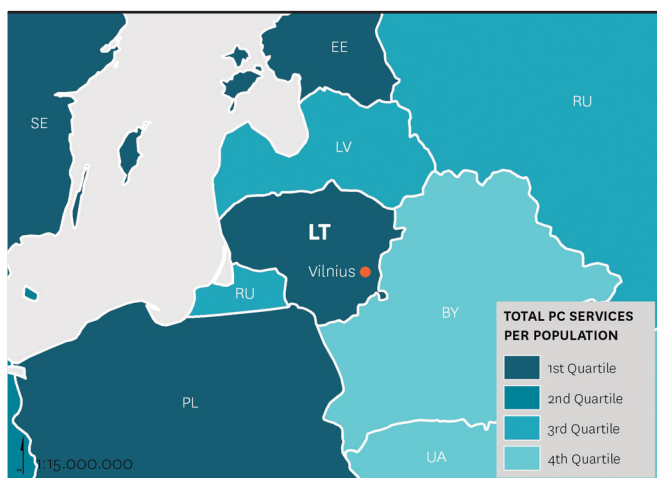
Lithuania



2,827,721
Population, 2015

65,286
Surface area (km²),
2018

45.1
Population density
(Inh/km²), 2017



PC RESOURCES FOR CHILDREN

0

Inpatient
Hospices
(stand-
alone
facilities)

2

Home
programmes

3

Hospital
programmes

There are three programs providing PPC in hospitals. One is the pediatric intensive care unit at the main teaching hospital in Vilnius. It offers 4 PC beds, which in 2018 admitted 26 PPC patients. The other two account for the paediatric oncological clinics in Vilnius and Kaunas, offering inpatient, outpatient and home nursing service. The first children's hospice in the country is being built as part of an adult hospice complex in Vilnius.

POLICIES

National legislation to regulate PC provision

National laws specific to PC	YES	NO
National legislation or decrees relating PC	YES	NO
National legislation on end of life issues	YES	NO
National general law on health care with reference to PC	YES	NO

National PC plan or strategy

National PC plan or strategy	YES	NO
National cancer plan with a section for PC	YES	NO
National non-communicable diseases plan with a section for PC	YES	NO
National HIV plan with a section for PC	YES	NO
The plan was implemented	N/A	
The plan was audited	N/A	

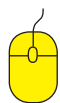
National standards for PC services

Designated person responsible for PC in the Ministry of Health YES NO

Role



Scientific



Political/Technical

Dedicated time to PC



<10%



10-50%



50-99%



100%

Allocated funds from the national health budget for PC YES NO

Inclusion of PC in the list of health services provided at the primary care level YES NO

Inclusion of PC in the basic package of health services YES NO

EDUCATION

Medical Schools teaching PC

0/2

0%
offering specific
mandatory PC
course

0%
offering PC course
in combination
with other
disciplines

Nursing Schools teaching PC

7/9

11%
offering specific
mandatory PC
course

67%
offering PC course
in combination
with other
disciplines

Professorship in PC at medical schools

-

-
Full
Professors

+
-
Associate
Professors

Specialisation in Palliative Medicine

Type of training programme -

Denomination -

Estimated certified physicians -



16,681
Gross Domestic Product
per capita (US\$), 2017

6.5
Health expenditure
(% of GDP), 2015

923
Health expenditure
per capita, PPP (US\$)

4.3
Physicians per 1,000
inhabitants, 2014

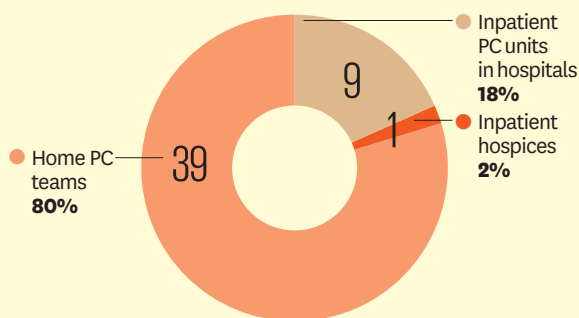
35
Human Development
Index Ranking, 2019

74
Life expectancy at birth,
total (years), 2016

PC SERVICES FOR ADULTS

49

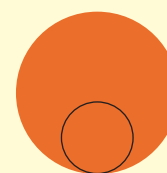
TOTAL



PC SERVICES

1.7

PER 100,000
INHABITANTS



● PC services
for adults
in Lithuania
○ PC services
for adults in
Europe (median
[0.8/100,000
inhab.])

Additional PC Services for Adults

➔ Day care services	3
➔ Volunteer-led hospices	-

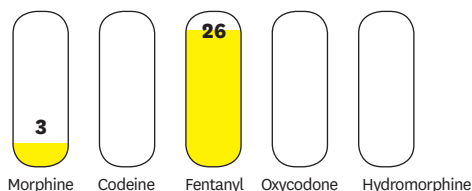
MEDICINES

Opioid consumption per capita in morphine equivalent,
excluding methadone, 2017

28.6 mg



● Average consumption
in Lithuania
○ Average consumption
in Europe [107 mg]



General availability of oral morphine (immediate release)

YES NO

Opioid prescription requirements

Special prescription form

YES NO

Prescription limits

Few weeks

Patient registration as an opioid user

YES NO

Professionals allowed to prescribe



Only specialists



All physicians



Nurses trained in PC

PROFESSIONAL ACTIVITY

National PC association

YES NO

NAME
Lithuanian Association of Palliative Medicine
Lietuvos paliatyvios medicinos draugija (LPM)

SINCE

1995

Other associations

YES NO

Directory of services

YES NO

RELEVANT REFERENCES ON PC DEVELOPMENT

Brereton L, et al.
Lay and professional stakeholder involvement in scoping palliative care issues: Methods used in seven European countries. *Palliat Med.* 2017;31(2):181-192

Vranken MJ, et al.
Legal barriers in accessing opioid medicines: results of the ATOME quick scan of national legislation of eastern European countries. *J Pain Symptom Manage.* 2014 Dec;48(6):1135-44.

Centeno C, et al. The Palliative Care Challenge: Analysis of Barriers and Opportunities to Integrate Palliative Care in the View of National Associations. *J Palliat Med.* 2017;20(11):1195-1204.

KEY INFORMANTS

Rita Kabasinskiene.

See more information
in online version





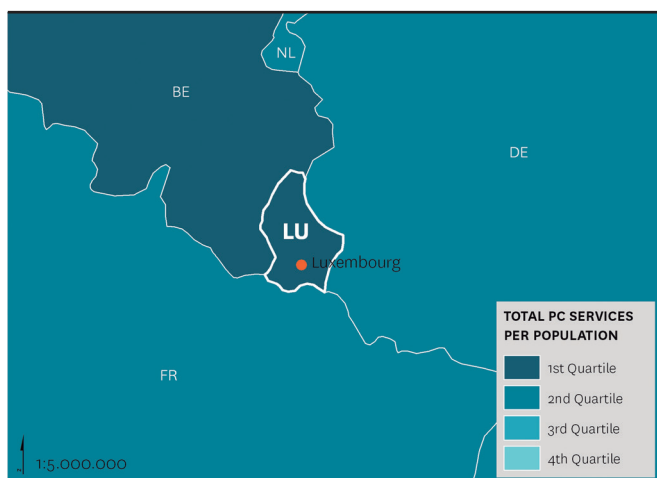
Luxembourg



599,449
Population, 2015

2,590
Surface area (km²),
2018

246.7
Population density
(Inh/km²), 2017



PC RESOURCES FOR CHILDREN



Inpatient
Hospices
(stand-alone
facilities)



Home
programmes



Hospital
programmes

National Paediatric Oncology and Palliative Care Services are under construction since 2017.

POLICIES

National legislation to regulate PC provision

National laws specific to PC	YES	NO
National legislation or decrees relating PC	YES	NO
National legislation on end of life issues	YES	NO
National general law on health care with reference to PC	YES	NO

National PC plan or strategy

National PC plan or strategy	YES	NO
National cancer plan with a section for PC	YES	NO
National non-communicable diseases plan with a section for PC	YES	NO
National HIV plan with a section for PC	YES	NO
<i>The plan was implemented</i>	YES	NO
<i>The plan was audited</i>	YES	NO

National standards for PC services

YES NO

Designated person responsible for PC in the Ministry of Health

YES NO

Role



Scientific



Political/Technical

Dedicated time to PC

N/A



<10%



10-50%



50-99%



100%

Allocated funds from the national health budget for PC

YES NO

Inclusion of PC in the list of health services provided at the primary care level

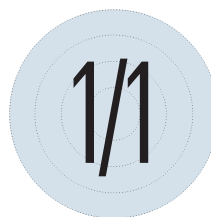
YES NO

Inclusion of PC in the basic package of health services

YES NO

EDUCATION

Medical Schools teaching PC



100%
offering specific
mandatory PC
course

-
offering PC course
in combination
with other
disciplines

Nursing Schools teaching PC



50%
offering specific
mandatory PC
course

50%
offering PC course
in combination
with other
disciplines

Professorship in PC at medical schools

-

-
Full
Professors

+
-
Associate
Professors

Specialisation in Palliative Medicine

YES NO

Type of training programme

YES NO

Denomination

-

Estimated certified physicians

-



104,103
Gross Domestic Product
per capita (US\$), 2017

6.0
Health expenditure
(% of GDP), 2015

6,236
Health expenditure
per capita, PPP (US\$)

2.9
Physicians per 1,000
inhabitants, 2014

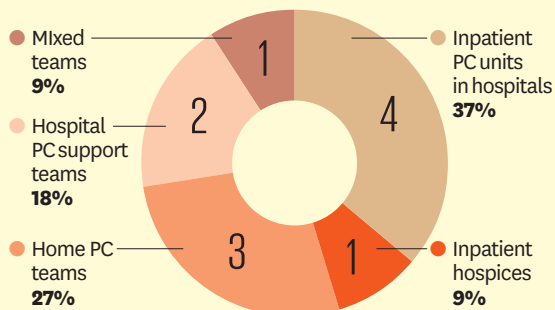
21
Human Development
Index Ranking, 2019

82
Life expectancy at birth,
total (years), 2016

PC SERVICES FOR ADULTS

11

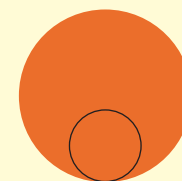
TOTAL



PC SERVICES

1.8

PER 100,000
INHABITANTS



● PC services
for adults
in Luxembourg
○ PC services
for adults in
Europe (median)
[0.8/100,000
inhab.]

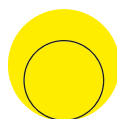
Additional PC Services for Adults

➔ Day care services	-
➔ Volunteer-led hospices	1

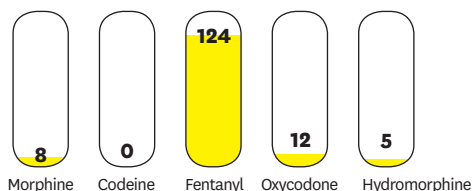
MEDICINES

Opioid consumption per capita in morphine equivalent,
excluding methadone, 2017

148.2
mg



● Average consumption
in Luxembourg
○ Average consumption
in Europe [107 mg]



General availability of oral morphine (immediate release)

YES NO

Opioid prescription requirements

Special prescription form

YES NO

Prescription limits

Few weeks

Patient registration as an opioid user

YES NO

Professionals allowed to prescribe



Only specialists



All physicians



Nurses trained in PC

PROFESSIONAL ACTIVITY

National PC association

YES NO

NAME
Omega 90
Omega 90

SINCE

1990

Other associations

Luxembourg Association of Palliative Medicine

Directory of services

YES NO

RELEVANT REFERENCES ON PC DEVELOPMENT

Woitha K, et al. Ranking of Palliative Care Development in the Countries of the European Union. J Pain Symptom Manage. 2016;52(3):370-7.

Gove D, et al. Palliative care covers more than end-of-life issues: why is this not common practice in dementia care and what are the implications? Ann Palliat Med. 2017;6(4):390-392.

Centeno C, et al. Coverage and development of specialist palliative care services across the World Health Organization European Region (2005-2012): Results from a European Association for Palliative Care Task Force survey of 53 Countries. Palliat Med. 2016;30(4):351-62.

KEY INFORMANTS

Marie-France Liefgen, Frédéric Fogen.

See more information
in online version





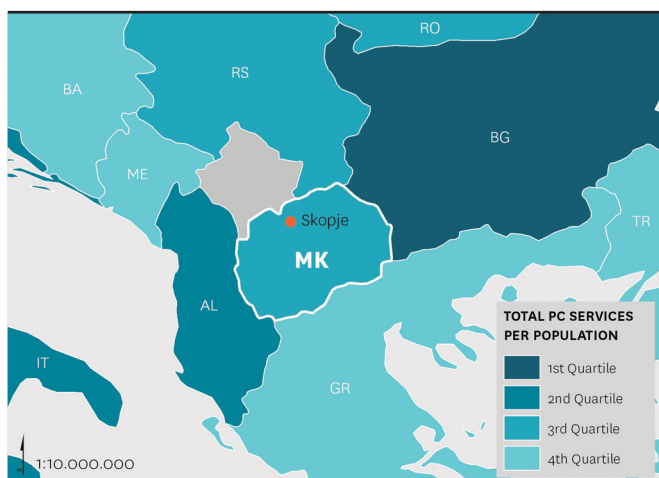
Republic of Macedonia



2,083,160
Population, 2015

25,710
Surface area (km²),
2018

82.6
Population density
(Inh/km²), 2017



PC RESOURCES FOR CHILDREN



Inpatient
Hospices
(stand-alone
facilities)



Home
programmes



Hospital
programmes

POLICIES

National legislation to regulate PC provision

National laws specific to PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National legislation or decrees relating PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National legislation on end of life issues	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National general law on health care with reference to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National PC plan or strategy

National PC plan or strategy	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National cancer plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National non-communicable diseases plan with a section for PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National HIV plan with a section for PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
The plan was implemented	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
The plan was audited	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National standards for PC services

☐ YES ☒ NO

Designated person responsible for PC in the Ministry of Health

☐ YES ☒ NO

Role



Scientific



Political/Technical

Dedicated time to PC



<10%



10-50%



50-99%



100%

Allocated funds from the national health budget for PC

☒ YES ☐ NO

Inclusion of PC in the list of health services provided at the primary care level

☒ YES ☐ NO

Inclusion of PC in the basic package of health services

☒ YES ☐ NO

EDUCATION

Medical Schools teaching PC

6/10

40%
offering specific
mandatory PC
course

20%
offering PC course
in combination
with other
disciplines

Nursing Schools teaching PC

4/4

50%
offering specific
mandatory PC
course

50%
offering PC course
in combination
with other
disciplines

Professorship in PC at medical schools

-

- Full
Professors

+

- Associate
Professors

Specialisation in Palliative Medicine

☐ YES ☒ NO

Type of training programme

☐ YES ☒ NO

Denomination

☐ YES ☒ NO

Estimated certified physicians

☐ YES ☒ NO



5,415
Gross Domestic Product
per capita (US\$), 2017

6.1
Health expenditure
(% of GDP), 2015

295
Health expenditure
per capita, PPP (US\$)

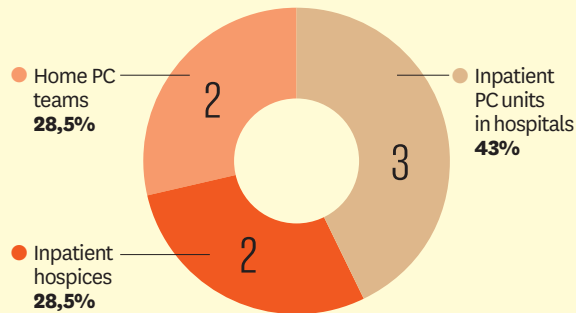
Physicians per 1,000
inhabitants, 2014

80
Human Development
Index Ranking, 2019

76
Life expectancy at birth,
total (years), 2016

PC SERVICES FOR ADULTS

7
TOTAL



PC SERVICES

0.3
PER 100,000
INHABITANTS



- PC services for adults in Macedonia
- PC services for adults in Europe (median [0.8/100,000 inhab.])

Additional PC Services for Adults

- ➔ Day care services 3 (Data from 2013)
- ➔ Volunteer-led hospices 2 (Data from 2013)

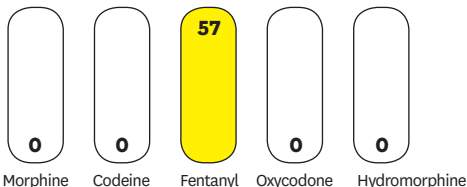
MEDICINES

Opioid consumption per capita in morphine equivalent, excluding methadone, 2017

57.2 mg



- Average consumption in Republic of Macedonia
- Average consumption in Europe [107 mg]



General availability of oral morphine (immediate release)

YES NO

Opioid prescription requirements

Special prescription form

YES NO

Prescription limits

No limit

Patient registration as an opioid user

YES NO

Professionals allowed to prescribe



Only specialists



All physicians



Nurses trained in PC

PROFESSIONAL ACTIVITY

National PC association

YES NO

NAME
National Association for Palliative Care
Национална Асоцијација за
палијативна грижа на македонија

SINCE

2017

Other associations

YES NO

Directory of services

YES NO

RELEVANT REFERENCES ON PC DEVELOPMENT

Sholjakova M, et al.
Pain Relief as an Integral Part of the Palliative Care. Open Access Maced J Med Sci. 2018; 6;6(4):739-741.

Vrdoljak E, et al. Cancer Control in Central and Eastern Europe: Current Situation and Recommendations for Improvement. Oncologist. 2016 Oct;21(10):1183-1190.

Centeno C, et al. The Palliative Care Challenge: Analysis of Barriers and Opportunities to Integrate Palliative Care in Europe in the View of National Associations. J Palliat Med. 2017;20(11):1195-1204.

KEY INFORMANTS

Confidential.

See more information
in online version





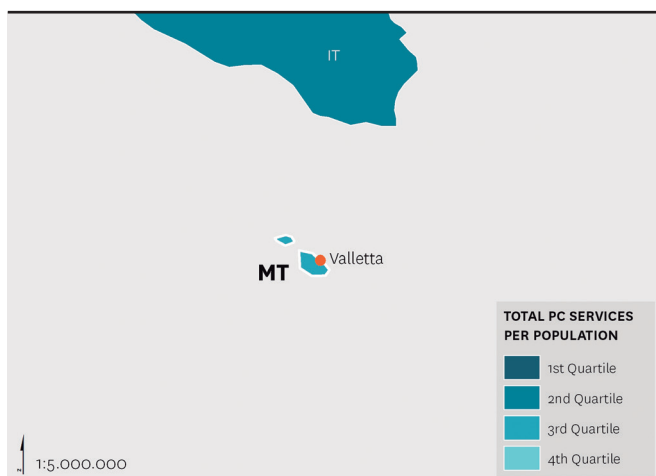
Malta



465,292
Population, 2015

320
Surface area (km²),
2018

1,454.0
Population density
(Inh/km²), 2017



PC RESOURCES FOR CHILDREN



Inpatient
Hospices
(stand-alone
facilities)



Home
programmes



Hospital
programmes

POLICIES

National legislation to regulate PC provision

National laws specific to PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National legislation or decrees relating PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National legislation on end of life issues	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National general law on health care with reference to PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

National PC plan or strategy

National PC plan or strategy	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National cancer plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National non-communicable diseases plan with a section for PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National HIV plan with a section for PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
The plan was implemented	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
The plan was audited	N/A

National standards for PC services

☐ YES ☒ NO

Designated person responsible for PC in the Ministry of Health

☐ YES ☒ NO

Role



Scientific



Political/Technical

Dedicated time to PC



<10%



10-50%



50-99%



100%

Allocated funds from the national health budget for PC

☒ YES ☐ NO

Inclusion of PC in the list of health services provided at the primary care level

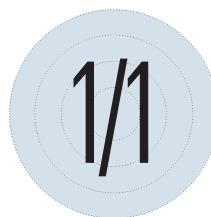
☐ YES ☒ NO

Inclusion of PC in the basic package of health services

☒ YES ☐ NO

EDUCATION

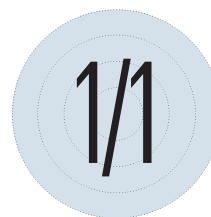
Medical Schools teaching PC



0%
offering specific
mandatory PC
course

100%
offering PC course
in combination
with other
disciplines

Nursing Schools teaching PC



0%
offering specific
mandatory PC
course

100%
offering PC course
in combination
with other
disciplines

Professorship in PC at medical schools

-

-
Full
Professors

+
-
Associate
Professors

Specialisation in Palliative Medicine

☒ YES ☐ NO

Type of training programme

Specialty

Denomination

Palliative Medicine
Kura Paljattiva

Estimated certified physicians

-



26,904
Gross Domestic Product
per capita (US\$), 2017

9.6
Health expenditure
(% of GDP), 2015

2,304
Health expenditure
per capita, PPP (US\$)

3.7
Physicians per 1,000
inhabitants, 2014

29
Human Development
Index Ranking, 2019

82
Life expectancy at birth,
total (years), 2016

PC SERVICES FOR ADULTS

2

TOTAL



PC SERVICES

0.4

PER 100,000
INHABITANTS



● PC services
for adults
in Malta

○ PC services
for adults in
Europe (median
[0.8/100,000
inhab.])

Additional
PC Services
for Adults

- ➔ Day care services 1 (Data from 2013)
- ➔ Volunteer-led hospices 1 (Data from 2013)

MEDICINES

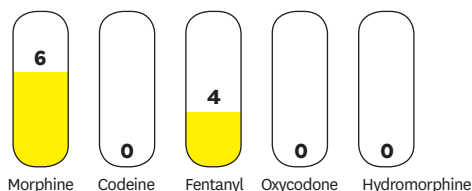
Opioid consumption per capita in morphine equivalent,
excluding methadone, 2017

10.2 mg



● Average consumption
in Malta

○ Average consumption
in Europe [107 mg]



General availability of oral morphine (immediate release)

YES NO

Opioid prescription requirements

Special prescription form

YES NO

Prescription limits

Few weeks

Patient registration as an opioid user

YES NO

Professionals allowed to prescribe



Only specialists



All physicians



Nurses trained in PC

PROFESSIONAL ACTIVITY

National PC association

YES NO

Other associations

N/A

Directory of services

YES NO

RELEVANT REFERENCES ON PC DEVELOPMENT

Aquilina FF, Agius M. Palliative Care in Dementia. Psychiatr Danub. 2015;27 Suppl 1:S506-11. PubMed PMID: 26417829.

Murray SA, et al. Promoting palliative care in the community: production of the primary palliative care toolkit by the European Association of Palliative Care Taskforce in primary palliative care. Palliat Med. 2015;29(2):101-11.

Woitha K, et al. Ranking of Palliative Care Development in the Countries of the European Union. J Pain Symptom Manage. 2016;52(3):370-7.

KEY INFORMANTS

Jurgen Abela.

See more information
in online version





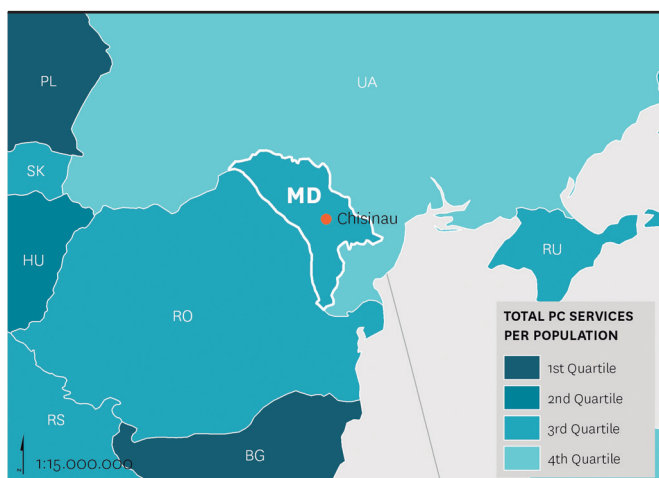
Moldova



3,549,750
Population, 2015

33,850
Surface area (km²),
2018

123.7
Population density
(Inh/km²), 2017



PC RESOURCES FOR CHILDREN

1

Inpatient
Hospices
(stand-alone
facilities)

1

Home
programmes

2

Hospital
programmes

Potentially any home based palliative care team for adults can take care of a teenager. There is one NGO home based service for children, one NGO hospice for children, and one consultation team for children at the oncological hospital.

POLICIES

National legislation to regulate PC provision

National laws specific to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National legislation or decrees relating PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National legislation on end of life issues	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National general law on health care with reference to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National PC plan or strategy

National PC plan or strategy	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National cancer plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National non-communicable diseases plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National HIV plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
The plan was implemented	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
The plan was audited	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National standards for PC services

☒ YES ☐ NO

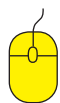
Designated person responsible for PC in the Ministry of Health

☒ YES ☐ NO

Role



Scientific



Political/Technical

Dedicated time to PC

N/A



<10%



10-50%



50-99%



100%

Allocated funds from the national health budget for PC

☒ YES ☐ NO

Inclusion of PC in the list of health services provided at the primary care level

☒ YES ☐ NO

Inclusion of PC in the basic package of health services

☒ YES ☐ NO

EDUCATION

Medical Schools teaching PC

1/1

100%
offering specific
mandatory PC
course

0%
offering PC course
in combination
with other
disciplines

Nursing Schools teaching PC

5/5

100%
offering specific
mandatory PC
course

100%
offering PC course
in combination
with other
disciplines

Professorship in PC at medical schools

-

-
Full
Professors

+
-
Associate
Professors

Specialisation in Palliative Medicine

☒ YES ☐ NO

Type of training programme

-

Denomination

-

Estimated certified physicians (abroad)

50



2,290
Gross Domestic Product
per capita (US\$), 2017

10.2
Health expenditure
(% of GDP), 2015

186
Health expenditure
per capita, PPP (US\$)

2.5
Physicians per 1,000
inhabitants, 2014

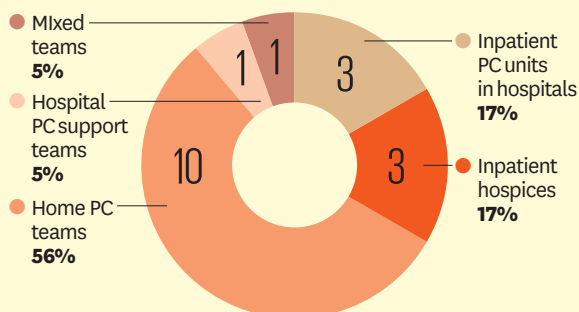
112
Human Development
Index Ranking, 2019

72
Life expectancy at birth,
total (years), 2016

PC SERVICES FOR ADULTS

18

TOTAL



PC SERVICES

0.5

PER 100,000
INHABITANTS



- PC services for adults in Moldova
- PC services for adults in Europe (median) [0.8/100,000 inhab.]

Additional PC Services for Adults

➔ Day care services	-
➔ Volunteer-led hospices	-

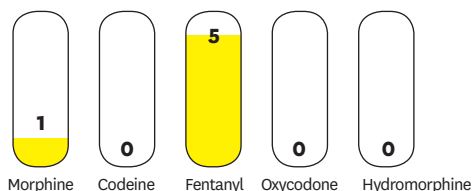
MEDICINES

Opioid consumption per capita in morphine equivalent, excluding methadone, 2017

5.8 mg



- Average consumption in Republic of Moldova
- Average consumption in Europe [107 mg]



General availability of oral morphine (immediate release)

YES NO

Opioid prescription requirements

Special prescription form

YES NO

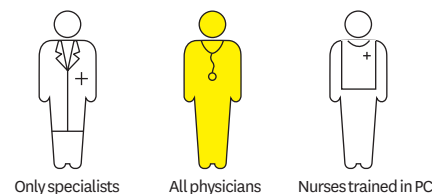
Prescription limits

Few weeks

Patient registration as an opioid user

YES NO

Professionals allowed to prescribe



Only specialists

All physicians

Nurses trained in PC

PROFESSIONAL ACTIVITY

National PC association

YES NO

NAME
National Association for Palliative Treatment
Asociația Națională de Tratatament Palliativ

SINCE

2000

Other associations

Society Hospice Palliative Care

Directory of services

YES NO

RELEVANT REFERENCES ON PC DEVELOPMENT

Gherman L, et al. Palliative Care in Moldova. J Pain Symptom Manage. 2018;55(2S):S55-S58.

Centeno C, et al. Coverage and development of specialist palliative care services across the World Health Organization European Region (2005-2012): Results from a European Association for Palliative Care Task Force survey of 53 Countries. Palliat Med. 2016;30(4):351-62.

Centeno C, et al. The Palliative Care Challenge: Analysis of Barriers and Opportunities to Integrate Palliative Care in Europe in the View of National Associations. J Palliat Med. 2017;20(11):1195-1204.

KEY INFORMANTS

Valerian Isac, Natalia Carafizi, Liliana Gherman.

See more information
in online version





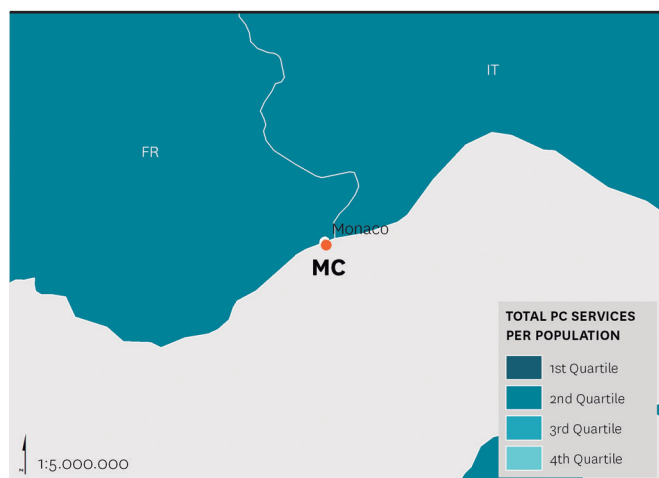
Monaco



38,695
Population, 2015

Surface area (km²),
2018

1,9347.5
Population density
(Inh/km²), 2017



PC RESOURCES FOR CHILDREN



Inpatient
Hospices
(stand-alone
facilities)



Home
programmes



Hospital
programmes

POLICIES

National legislation to regulate PC provision

National laws specific to PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National legislation or decrees relating PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National legislation on end of life issues	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National general law on health care with reference to PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

National PC plan or strategy

National PC plan or strategy	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National cancer plan with a section for PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National non-communicable diseases plan with a section for PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National HIV plan with a section for PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
The plan was implemented	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
The plan was audited	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

National standards for PC services

☐ YES ☒ NO

Designated person responsible for PC in the Ministry of Health

☐ YES ☒ NO

Role



Scientific



Political/Technical

Dedicated time to PC

N/A



<10%



10-50%



50-99%



100%

Allocated funds from the national health budget for PC

☒ YES ☐ NO

Inclusion of PC in the list of health services provided at the primary care level

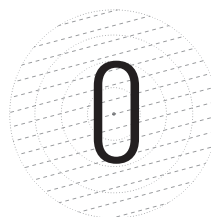
☐ YES ☒ NO

Inclusion of PC in the basic package of health services

☒ YES ☐ NO

EDUCATION

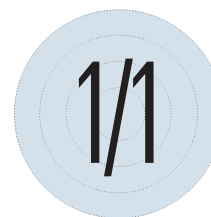
Medical Schools teaching PC



- offering specific mandatory PC course

- offering PC course in combination with other disciplines

Nursing Schools teaching PC



0% offering specific mandatory PC course

100% offering PC course in combination with other disciplines

Professorship in PC at medical schools

-

- Full Professors

+

- Associate Professors

Specialisation in Palliative Medicine

☐ YES ☒ NO

Type of training programme

-

Denomination

-

Estimated certified physicians (abroad)

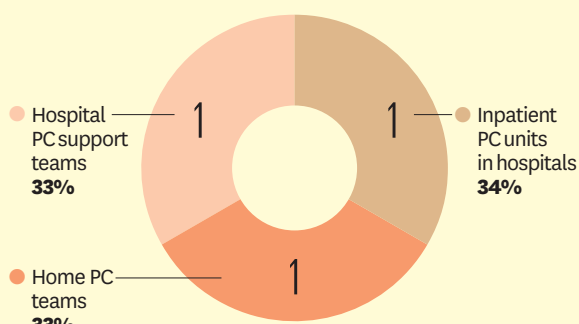
8

Gross Domestic Product
per capita (US\$), 20172.0
Health expenditure
(% of GDP), 20153,316
Health expenditure
per capita, PPP (US\$)6.6
Physicians per 1,000
inhabitants, 2014Human Development
Index Ranking, 2019Life expectancy at birth,
total (years), 2016

PC SERVICES FOR ADULTS

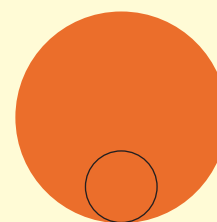
3

TOTAL



PC SERVICES

7.7*

PER 100,000
INHABITANTS* High ratio due to
small population

● PC services
for adults
in Monaco

○ PC services
for adults in
Europe (median)
[0.8/100,000
inhab.]

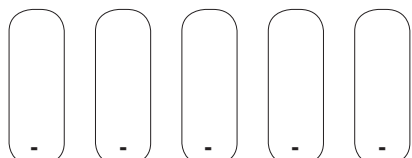
Additional PC
Services
for Adults

➔ Day care services	-
➔ Volunteer-led hospices	-

MEDICINES

Opioid consumption per capita in morphine equivalent,
excluding methadone, 2017

mg

● Average consumption in
Republic of Monaco○ Average consumption
in Europe [107 mg]

Morphine Codeine Fentanyl Oxycodone Hydromorphone

General availability of oral morphine (immediate release)

YES NO

Opioid prescription requirements

Special prescription form YES NO

Prescription limits Few weeks

Patient registration as an opioid user YES NO

Professionals allowed to prescribe



Only specialists



All physicians



Nurses trained in PC

PROFESSIONAL ACTIVITY

National PC association

YES NO

NAME

JATALV (Jusqu'au Terme Accompanyer La Vie)

SINCE

2001

Other associations

YES NO

Directory of services

YES NO

RELEVANT REFERENCES ON PC DEVELOPMENT

Rietjens JAC, et al; European Association for Palliative Care. Definition and recommendations for advance care planning: an international consensus supported by the European Association for Palliative Care. Lancet Oncol. 2017;18(9):e543-e551.

Erel M, et al. Barriers to palliative care for advanced dementia: a scoping review. Ann Palliat Med. 2017;6(4):365-379.

Centeno C, et al. The Palliative Care Challenge: Analysis of Barriers and Opportunities to Integrate Palliative Care in Europe in the View of National Associations. J Palliat Med. 2017;20(11):1195-1204.

KEY INFORMANTS

Jean-François Ciaï, Vito Curiale.

See more information
in online version



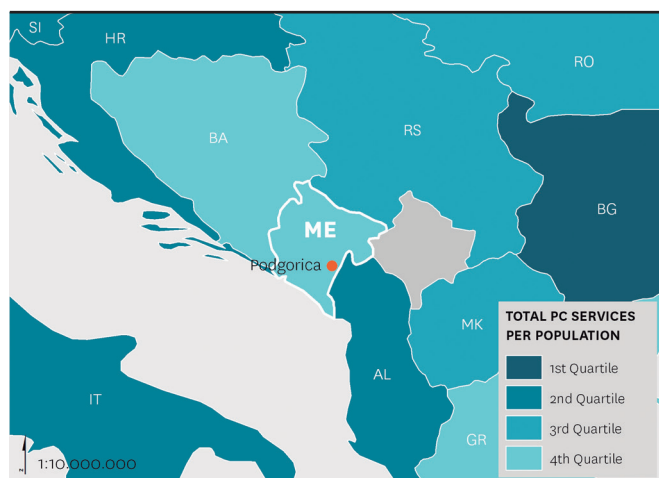
Montenegro



622,471
Population, 2015

13,810
Surface area (km²),
2018

46.3
Population density
(Inh/km²), 2017



PC RESOURCES FOR CHILDREN



Inpatient
Hospices
(stand-alone
facilities)



Home
programmes



Hospital
programmes

POLICIES

National legislation to regulate PC provision

National laws specific to PC	N/A
National legislation or decrees relating PC	N/A
National legislation on end of life issues	N/A
National general law on health care with reference to PC	N/A

National PC plan or strategy

National PC plan or strategy	YES	NO
National cancer plan with a section for PC	YES	NO
National non-communicable diseases plan with a section for PC	YES	NO
National HIV plan with a section for PC	YES	NO
The plan was implemented	N/A	
The plan was audited	N/A	

National standards for PC services

Designated person responsible for PC in the Ministry of Health N/A

Role



Scientific



Political/Technical

Dedicated time to PC



<10%



10-50%



50-99%



100%

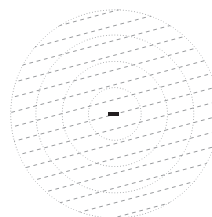
Allocated funds from the national health budget for PC N/A

Inclusion of PC in the list of health services provided at the primary care level N/A

Inclusion of PC in the basic package of health services N/A

EDUCATION

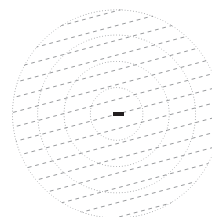
Medical Schools teaching PC



- offering specific mandatory PC course

- offering PC course in combination with other disciplines

Nursing Schools teaching PC



- offering specific mandatory PC course

- offering PC course in combination with other disciplines

Professorship in PC at medical schools



- Full Professors

+

- Associate Professors

Specialisation in Palliative Medicine

N/A

Type of training programme N/A

Denomination N/A

Estimated certified physicians N/A



7,783

Gross Domestic Product
per capita (US\$), 2017

6.0

Health expenditure
(% of GDP), 2015

382

Health expenditure
per capita, PPP (US\$)

2.2

Physicians per 1,000
inhabitants, 2014

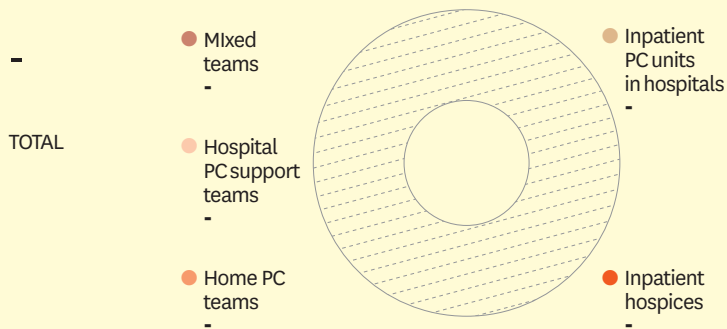
50

Human Development
Index Ranking, 2019

77

Life expectancy at birth,
total (years), 2016

PC SERVICES FOR ADULTS



PC SERVICES

0.0

PER 100,000
INHABITANTS

- PC services for adults in Montenegro
- PC services for adults in Europe (median) [0.8/100,000 inhab.]

Additional PC
Services
for Adults

- Day care services -
- Volunteer-led hospices -

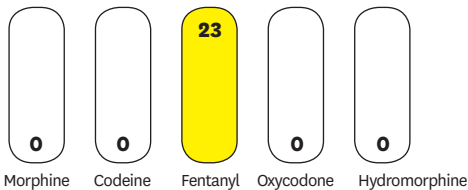
MEDICINES

Opioid consumption per capita in morphine equivalent,
excluding methadone, 2017

23.5 mg



- Average consumption in Montenegro
- Average consumption in Europe [107 mg]



General availability of oral morphine (immediate release)

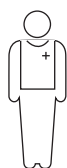
Opioid prescription requirements	N/A
Special prescription form	N/A
Prescription limits	N/A
Patient registration as an opioid user	N/A
Professionals allowed to prescribe	N/A



Only specialists



All physicians



Nurses trained in PC

PROFESSIONAL ACTIVITY

National PC association	N/A
Other associations	N/A
Directory of services	N/A

RELEVANT REFERENCES ON PC DEVELOPMENT

Vrdoljak E, et al. Cancer Control in Central and Eastern Europe: Current Situation and Recommendations for Improvement. *Oncologist*. 2016;21(10):1183-1190.

KEY INFORMANTS

Literature search.

See more information
in online version



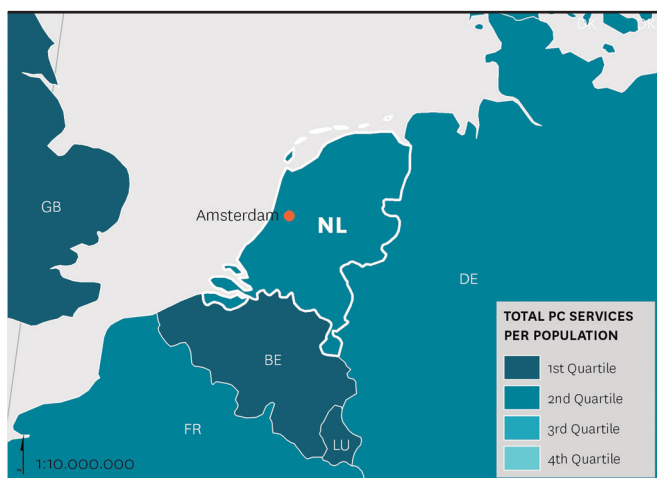
Netherlands



17,132,854
Population, 2015

41,540
Surface area (km²),
2018

508.5
Population density
(Inh/km²), 2017



PC RESOURCES FOR CHILDREN

13

Inpatient
Hospices
(stand-
alone
facilities)

22

Home
programmes

7

Hospital
programmes

A special expertise-centre on PPC is present: Kenniscentrum Kinderpalliatieve zorg <https://www.kinderpalliatief.nl/>. All university hospitals offer a specific PPC service called Kinder Comfort Teams. There are 45 day care programmes available for children and their families, mostly nursing day-care services. Every child in need of PC has a nurse at home. Additionally, several services especially for respite care for families with terminally ill children are available in the country.

POLICIES

National legislation to regulate PC provision

National laws specific to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National legislation or decrees relating PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National legislation on end of life issues	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National general law on health care with reference to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National PC plan or strategy

National PC plan or strategy	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National cancer plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National non-communicable diseases plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National HIV plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
The plan was implemented	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
The plan was audited	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National standards for PC services

☒ YES ☐ NO

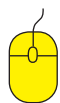
Designated person responsible for PC in the Ministry of Health

☒ YES ☐ NO

Role



Scientific



Political/Technical

Dedicated time to PC



<10%



10-50%



50-99%



100%

Allocated funds from the national health budget for PC

☒ YES ☐ NO

Inclusion of PC in the list of health services provided at the primary care level

☒ YES ☐ NO

Inclusion of PC in the basic package of health services

☒ YES ☐ NO

EDUCATION

Medical Schools teaching PC

8/8

12%
offering specific
mandatory PC
course

88%
offering PC course
in combination
with other
disciplines

Nursing Schools teaching PC

8/18

17%
offering specific
mandatory PC
course

28%
offering PC course
in combination
with other
disciplines

Professorship in PC at medical schools

16

11
Full
Professors

+

5
Associate
Professors

Specialisation in Palliative Medicine

☒ YES ☐ NO

Type of training programme

-

Denomination

-

Estimated certified physicians

-



48,223
Gross Domestic Product
per capita (US\$), 2017

10.7
Health expenditure
(% of GDP), 2015

4,746
Health expenditure
per capita, PPP (US\$)

3.4
Physicians per 1,000
inhabitants, 2014

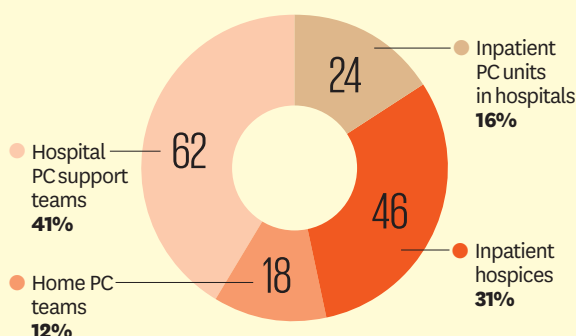
10
Human Development
Index Ranking, 2019

82
Life expectancy at birth,
total (years), 2016

PC SERVICES FOR ADULTS

150

TOTAL



PC SERVICES

0.9

PER 100,000
INHABITANTS

- PC services for adults in Netherlands
- PC services for adults in Europe (median) [0.8/100,000 inhab.]

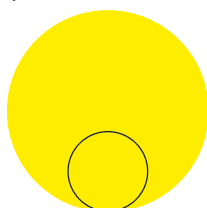
Additional
PC Services
for Adults

➔ Day care services	29 (Data from 2013)
➔ Volunteer-led hospices	91

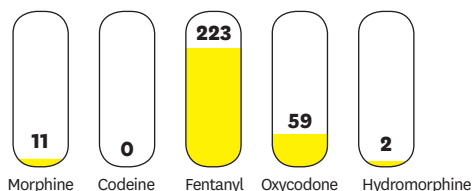
MEDICINES

Opioid consumption per capita in morphine equivalent, excluding methadone, 2017

294.2
mg



- Average consumption in Netherlands
- Average consumption in Europe [107 mg]



General availability of oral morphine (immediate release)

YES NO

Opioid prescription requirements

Special prescription form

YES NO

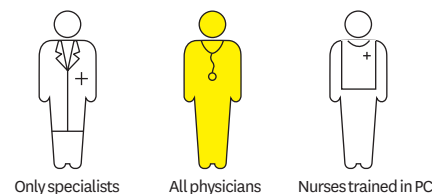
Prescription limits

Few months

Patient registration as an opioid user

YES NO

Professionals allowed to prescribe



Only specialists

All physicians

Nurses trained in PC

PROFESSIONAL ACTIVITY

National PC association

YES NO

NAME

Palliatief, the Dutch Association for Palliative Care Professionals
Palliatief Nederlandse vereniging voor professionals palliatieve zorg

SINCE

2010

Other associations

YES NO

Directory of services

YES NO

RELEVANT REFERENCES ON PC DEVELOPMENT

Ko W, et al. Care provided and care setting transitions in the last three months of life of cancer patients: a nationwide monitoring study in four European countries. *BMC Cancer*. 2014;14:960.

Plat FM, et al. Availability of Dutch General Practitioners for After-Hours Palliative Care. *J Palliat Care*. 2018;33(3):182-6.

Woitha K, et al. Volunteers in Palliative Care - A Comparison of Seven European Countries: A Descriptive Study. *Pain Pract*. 2015;15(6):572-9.

KEY INFORMANTS

Jeroen Hasselaar, Esmé Wiegman-van Meppelen Scheppink, Centers Palliative Care in the Netherlands (EPZ), Expertise Center Palliative Care for children, Association Hospice Care the Netherlands (AHZN), the Foundation Perspect, and the Ministry of Health, Welfare and Sports (VWS).

See more information
in online version





Norway



5,282,223
Population, 2015

625,217
Surface area (km²),
2018

14.5
Population density
(Inh/km²), 2017



PC RESOURCES FOR CHILDREN



Inpatient
Hospices
(stand-alone
facilities)



Home
programmes



Hospital
programmes

In Norway, PPC is the responsibility of the Paediatric hospital departments. Guidelines for PPC were issued in 2016, organisational standards are currently being implemented.

POLICIES

National legislation to regulate PC provision

National laws specific to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National legislation or decrees relating PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National legislation on end of life issues	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National general law on health care with reference to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National PC plan or strategy

National PC plan or strategy	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National cancer plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National non-communicable diseases plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National HIV plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
The plan was implemented	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
The plan was audited	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National standards for PC services

☒ YES ☐ NO

Designated person responsible for PC in the Ministry of Health

☒ YES ☐ NO

Role



Scientific



Political/Technical

Dedicated time to PC

N/A



<10%



10-50%



50-99%



100%

Allocated funds from the national health budget for PC

☒ YES ☐ NO

Inclusion of PC in the list of health services provided at the primary care level

☒ YES ☐ NO

Inclusion of PC in the basic package of health services

☒ YES ☐ NO

EDUCATION

Medical Schools teaching PC

4/4

75%
offering specific
mandatory PC
course

25%
offering PC course
in combination
with other
disciplines

Nursing Schools teaching PC

14/14

0%
offering specific
mandatory PC
course

100%
offering PC course
in combination
with other
disciplines

Professorship in PC at medical schools

6

5
Full
Professors

+

1
Associate
Professors

Specialisation in Palliative Medicine

☒ YES ☐ NO

Type of training programme

Special Field of Competence

Denomination

Palliative medicine special area of competence
Kompetanseområde palliativ medisin

Estimated certified physicians

65



75,505

Gross Domestic Product
per capita (US\$), 2017

10.0

Health expenditure
(% of GDP), 2015

7,464

Health expenditure
per capita, PPP (US\$)

4.4

Physicians per 1,000
inhabitants, 2014

1

Human Development
Index Ranking, 2019

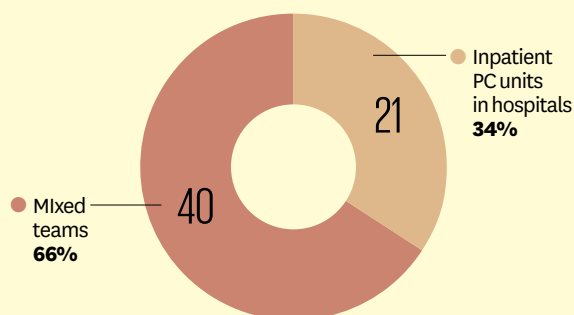
83

Life expectancy at birth,
total (years), 2016

PC SERVICES FOR ADULTS

61

TOTAL



PC SERVICES

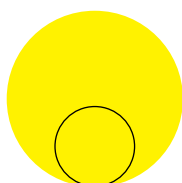
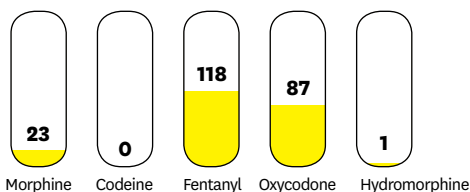
1.1

PER 100,000
INHABITANTS● PC services
for adults
in Norway○ PC services
for adults in
Europe (median)
[0.8/100,000
inhab.]Additional
PC Services
for Adults

➔ Day care services 5 (Data from 2013)

➔ Volunteer-led hospices 6 (Data from 2013)

MEDICINES

Opioid consumption per capita in morphine equivalent,
excluding methadone, 2017229.6
mg● Average consumption
in Norway○ Average consumption
in Europe [107 mg]

General availability of oral morphine (immediate release)

YES NO

Opioid prescription requirements

Special prescription form

YES NO

Prescription limits

No limit

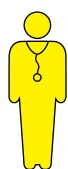
Patient registration as an opioid user

YES NO

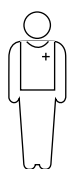
Professionals allowed to prescribe



Only specialists



All physicians



Nurses trained in PC

PROFESSIONAL ACTIVITY

National PC association

YES NO

NAME
Norwegian Palliative Association
Norsk Palliativ Forening

SINCE

2000

Other associations

Norwegian Association for Palliative Medicine

Directory of services

YES NO

RELEVANT REFERENCES ON PC DEVELOPMENT

Groeneveld EI, et al. Funding models in palliative care: Lessons from international experience. Palliat Med. 2017 Apr;31(4):296-305.

Kaasa S, et al. Integration between oncology and palliative care: a plan for the next decade? Tumori. 2017 Jan 21;103(1):1-8.

Sommerbakk R, et al. Barriers to and facilitators for implementing quality improvements in palliative care - results from a qualitative interview study in Norway. BMC Palliat Care. 2016 Jul 15;15:61.

KEY INFORMANTS

Dagny Faksvåg Haugen.

See more information
in online version



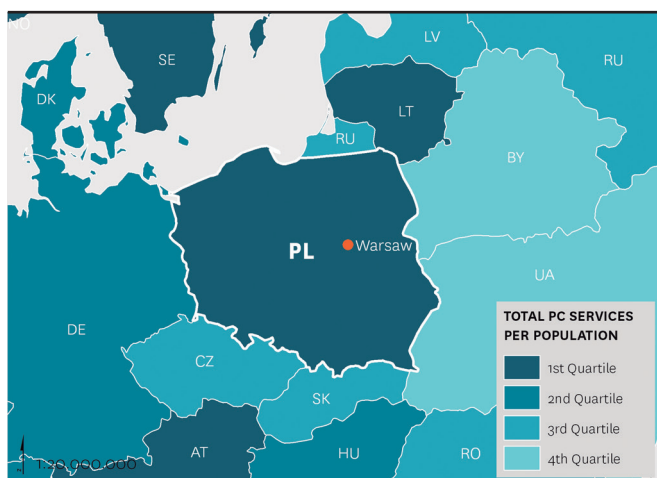
Poland



37,975,841
Population, 2015

312,680
Surface area (km²),
2018

124.0
Population density
(Inh/km²), 2017



PC RESOURCES FOR CHILDREN

8

Inpatient
Hospices
(stand-alone
facilities)

66

Home
programmes

0

Hospital
programmes

POLICIES

National legislation to regulate PC provision

National laws specific to PC	YES	NO
National legislation or decrees relating PC	YES	NO
National legislation on end of life issues	YES	NO
National general law on health care with reference to PC	YES	NO

National PC plan or strategy

National PC plan or strategy	YES	NO
National cancer plan with a section for PC	YES	NO
National non-communicable diseases plan with a section for PC	YES	NO
National HIV plan with a section for PC	YES	NO
The plan was implemented	YES	NO
The plan was audited	YES	NO

National standards for PC services

YES NO

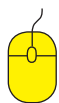
Designated person responsible for PC in the Ministry of Health

YES NO

Role



Scientific



Political/Technical

Dedicated time to PC



< 10%



10-50%



50-99%



100%

Allocated funds from the national health budget for PC

YES NO

Inclusion of PC in the list of health services provided at the primary care level

YES NO

Inclusion of PC in the basic package of health services

YES NO

EDUCATION

Medical Schools teaching PC

16/20

50%
offering specific
mandatory PC
course

30%
offering PC course
in combination
with other
disciplines

Nursing Schools teaching PC

95/95

100%
offering specific
mandatory PC
course

0%
offering PC course
in combination
with other
disciplines

Professorship in PC at medical schools

13

6
Full
Professors

+
7
Associate
Professors

Specialisation in Palliative Medicine

YES NO

Type of training programme

Specialty

Denomination

Specialisation in palliative medicine
Specjalizacja w dziedzinie medycyny paliatywnej

Estimated certified physicians

495



13,863

Gross Domestic Product
per capita (US\$), 2017

6.3

Health expenditure
(% of GDP), 2015

797

Health expenditure
per capita, PPP (US\$)

2.3

Physicians per 1,000
inhabitants, 2014

33

Human Development
Index Ranking, 2019

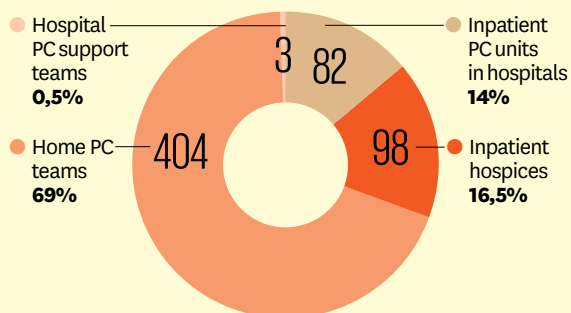
77

Life expectancy at birth,
total (years), 2016

PC SERVICES FOR ADULTS

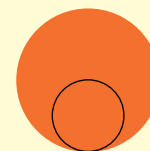
587

TOTAL



PC SERVICES

1.5

PER 100,000
INHABITANTS

- PC services for adults in Poland
- PC services for adults in Europe (median) [0.8/100,000 inhab.]

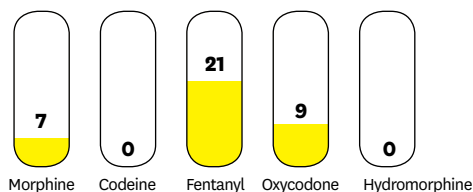
Additional
PC Services
for Adults

➔ Day care services	7 (Data from 2013)
➔ Volunteer-led hospices	20

MEDICINES

Opioid consumption per capita in morphine equivalent,
excluding methadone, 201736.6
mg

- Average consumption in Poland
- Average consumption in Europe [107 mg]



General availability of oral morphine (immediate release)

YES NO

Opioid prescription requirements

Special prescription form

YES NO

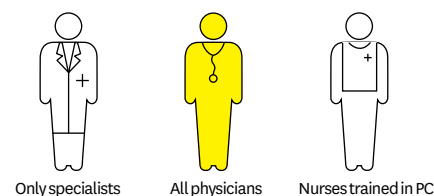
Prescription limits

Few months

Patient registration as an opioid user

YES NO

Professionals allowed to prescribe



Only specialists

All physicians

Nurses trained in PC

PROFESSIONAL ACTIVITY

National PC association

YES NO

NAME
Polish Society of Palliative Medicine
Polskie Towarzystwo Medycyny Paliatywnej

SINCE

2002

Other associations 1. Polish Society of Palliative Care Nursing since (2006)
2. Polish Association for Palliative Care (1996)

Directory of services

YES NO

RELEVANT REFERENCES ON PC DEVELOPMENT

Bogusz H, et al. Under the British Roof: The British Contribution to the Development of Hospice and Palliative Care in Poland. *J Palliat Care*. 2018 Apr;33(2):115-119.

Krakowiak P, et al. Walls and Barriers. Polish Achievements and the Challenges of Transformation: Building a Hospice Movement in Poland. *J Pain Symptom Manage*. 2016;52(4):600-604.

Centeno C, et al. Coverage and development of specialist palliative care services across the World Health Organization European Region (2005-2012): Results from a European Association for Palliative Care Task Force survey of 53 Countries. *Palliat Med*. 2016;30(4):351-62.

KEY INFORMANTS

Aleksandra Ciałkowska-Rysz, Aleksandra Kotlinska-Lemieszek.

See more information
in online version



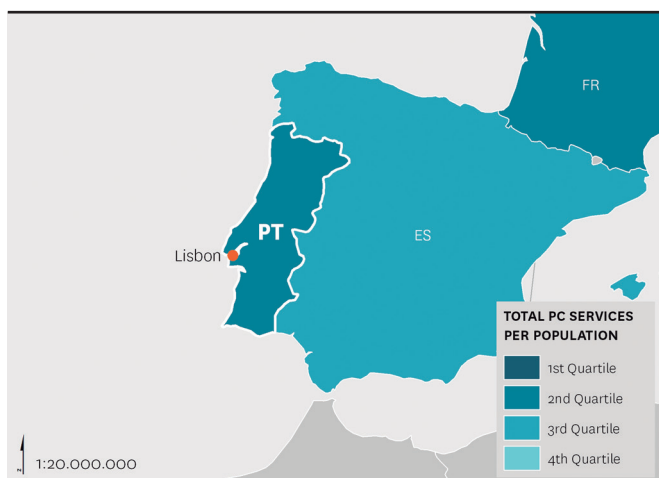
Portugal



10,923,718
Population, 2015

92,226
Surface area (km²),
2018

112.4
Population density
(Inh/km²), 2017



PC RESOURCES FOR CHILDREN



Inpatient
Hospices
(stand-alone
facilities)



Home
programmes



Hospital
programmes

Children's Palliative Care model in Latvia is a hospital-based PC team. The country counts with two PPC in hospital programmes at the Children's Clinical University Hospital - Palliative Care service and the Liepaja Regional Hospital both institutions provides home care.

POLICIES

National legislation to regulate PC provision

National laws specific to PC	YES	NO
National legislation or decrees relating PC	YES	NO
National legislation on end of life issues	YES	NO
National general law on health care with reference to PC	YES	NO

National PC plan or strategy

National PC plan or strategy	YES	NO
National cancer plan with a section for PC	YES	NO
National non-communicable diseases plan with a section for PC	YES	NO
National HIV plan with a section for PC	YES	NO
The plan was implemented	YES	NO
The plan was audited	YES	NO

National standards for PC services

Designated person responsible for PC in the Ministry of Health

Role	Dedicated time to PC
Scientific	<10%
Political/Technical	10-50%
	50-99%
	100%

Allocated funds from the national health budget for PC

Inclusion of PC in the list of health services provided at the primary care level

Inclusion of PC in the basic package of health services

EDUCATION

Medical Schools teaching PC

4/8

25%
offering specific
mandatory PC
course

25%
offering PC course
in combination
with other
disciplines

Nursing Schools teaching PC

28/40

70%
offering specific
mandatory PC
course

-
offering PC course
in combination
with other
disciplines

Professorship in PC at medical schools

2

-
Full
Professors

+
2
Associate
Professors

Specialisation in Palliative Medicine

YES NO

Type of training programme Special field of competence

Denomination Palliative Medicine Competence
Competência em Medicina Paliativa

Estimated certified physicians

68



21,136
Gross Domestic Product
per capita (US\$), 2017

9.0
Health expenditure
(% of GDP), 2015

1,722
Health expenditure
per capita, PPP (US\$)

4.4
Physicians per 1,000
inhabitants, 2014

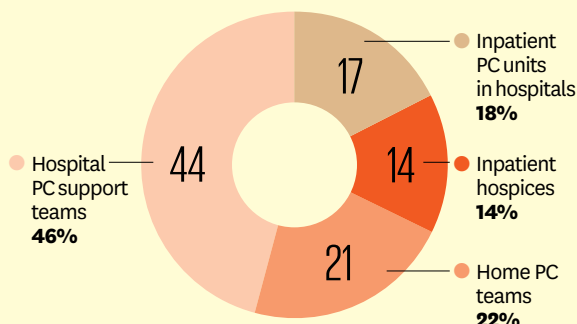
41
Human Development
Index Ranking, 2019

81
Life expectancy at birth,
total (years), 2016

PC SERVICES FOR ADULTS

96

TOTAL



PC SERVICES

0.9

PER 100,000
INHABITANTS

- PC services for adults in Portugal
- PC services for adults in Europe (median [0.8/100,000 inhab.])

Additional PC Services for Adults

- ➔ Day care services 2 (Data from 2013)
- ➔ Volunteer-led hospices 2 (Data from 2013)

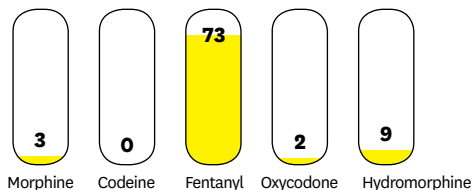
MEDICINES

Opioid consumption per capita in morphine equivalent, excluding methadone, 2017

86.5 mg



- Average consumption in Portugal
- Average consumption in Europe [107 mg]



General availability of oral morphine (immediate release)

YES NO

Opioid prescription requirements

Special prescription form

YES NO

Prescription limits

No limit

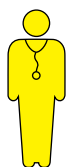
Patient registration as an opioid user

YES NO

Professionals allowed to prescribe



Only specialists



All physicians



Nurses trained in PC

PROFESSIONAL ACTIVITY

National PC association

YES NO

NAME
Portuguese Association of Palliative Care
Associação Portuguesa de Cuidados Paliativos

SINCE

1995

Other associations Nursing Association in Continuous and Palliative Care

Directory of services

YES NO

RELEVANT REFERENCES ON PC DEVELOPMENT

Martins S. et al. Palliative care nursing education features more prominently in 2015 than 2005: Results from a nationwide survey and qualitative analysis of curricula. *Palliat Med.* 2016;30(9):884-8.

Pereira A. et al. Academic Palliative Care Research in Portugal: Are We on the Right Track? *Healthcare (Basel).* 2018 12;6(3). pii: E97.

Da Cruz M. et al. Palliative care and the Portuguese health system. *Porto Biomedical Journal* vol. 1, 2, 2016, P 72-76.

KEY INFORMANTS

Edna Gonçalves, Manuel Luís Capelas.

See more information in online version





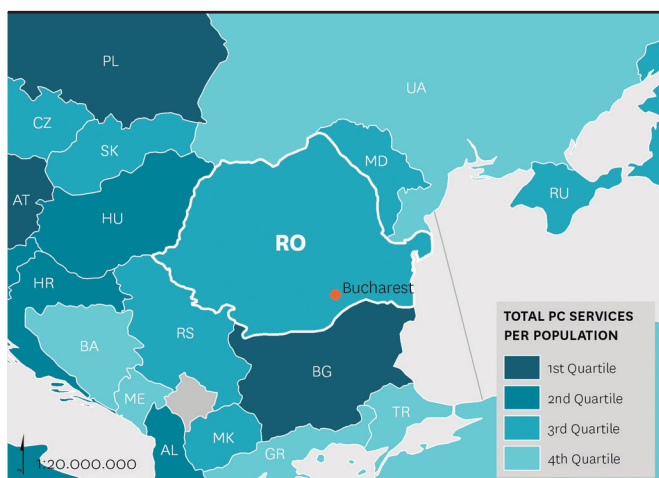
Romania



19,586,539
Population, 2015

238,400
Surface area (km²),
2018

85.1
Population density
(Inh/km²), 2017



PC RESOURCES FOR CHILDREN

3

Inpatient
Hospices
(stand-alone
facilities)

4

Home
programmes

5

Hospital
programmes

POLICIES

National legislation to regulate PC provision

National laws specific to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National legislation or decrees relating PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National legislation on end of life issues	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National general law on health care with reference to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National PC plan or strategy

National PC plan or strategy	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National cancer plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National non-communicable diseases plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National HIV plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
The plan was implemented	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
The plan was audited	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National standards for PC services

☒ YES ☐ NO

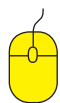
Designated person responsible for PC in the Ministry of Health

☒ YES ☐ NO

Role



Scientific



Political/Technical

Dedicated time to PC



< 10%



10-50%



50-99%



100%

Allocated funds from the national health budget for PC

☒ YES ☐ NO

Inclusion of PC in the list of health services provided at the primary care level

☒ YES ☐ NO

Inclusion of PC in the basic package of health services

☒ YES ☐ NO

EDUCATION

Medical Schools teaching PC

6/12

33%
offering specific
mandatory PC
course

17%
offering PC course
in combination
with other
disciplines

Nursing Schools teaching PC

6/12

25%
offering specific
mandatory PC
course

25%
offering PC course
in combination
with other
disciplines

Professorship in PC at medical schools

2

-
Full
Professors

+
2
Associate
Professors

Specialisation in Palliative Medicine

☒ YES ☐ NO

Type of training programme

Sub-specialty

Denomination

Palliative care subspecialty
Atestat de ingrijiri palliative

Estimated certified physicians

500



10,818
Gross Domestic Product
per capita (US\$), 2017

5.0
Health expenditure
(% of GDP), 2015

442
Health expenditure
per capita, PPP (US\$)

2.7
Physicians per 1,000
inhabitants, 2014

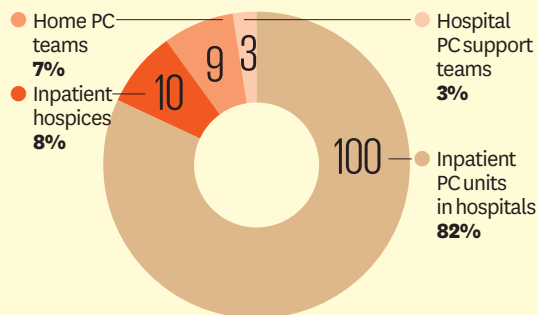
52
Human Development
Index Ranking, 2019

75
Life expectancy at birth,
total (years), 2016

PC SERVICES FOR ADULTS

122

TOTAL



PC SERVICES

0.6

PER 100,000
INHABITANTS

- PC services for adults in Romania
- PC services for adults in Europe (median) [0.8/100,000 inhab.]



Additional
PC Services
for Adults

➔ Day care services	5 (Data from 2013)
➔ Volunteer-led hospices	-

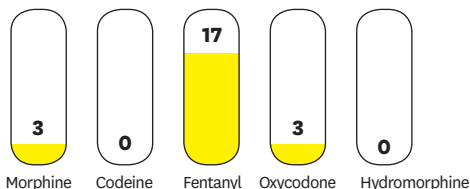
MEDICINES

Opioid consumption per capita in morphine equivalent, excluding methadone, 2017

23.5 mg



- Average consumption in Romania
- Average consumption in Europe [107 mg]



General availability of oral morphine (immediate release)

YES NO

Opioid prescription requirements

Special prescription form

YES NO

Prescription limits

No limit

Patient registration as an opioid user

YES NO

Professionals allowed to prescribe



Only specialists



All physicians



Nurses trained in PC

PROFESSIONAL ACTIVITY

National PC association

YES NO

NAME
Romanian National Palliative Care Association
Asociatia nationala de ingrijiri paliative

SINCE

1998

Other associations

N/A

Directory of services

YES NO

RELEVANT REFERENCES ON PC DEVELOPMENT

Mosoiu D, et al. Palliative Care in Romania. J Pain Symptom Manage. 2018;55(2S):S67-S76.

Mosoiu D, Dumitrescu M, Connor SR. Developing a costing framework for palliative care services. J Pain Symptom Manage. 2014 Oct;48(4):719-29.

Centeno C, et al. Coverage and development of specialist palliative care services across the World Health Organization European Region (2005-2012): Results from a European Association for Palliative Care Task Force survey of 53 Countries. Palliat Med. 2016;30(4):351-62.

KEY INFORMANTS

Daniela Mosoiu.

See more information
in online version





Russian Federation



144,495,044
Population, 2015

17,098,250
Surface area (km²),
2018

8.8
Population density
(Inh/km²), 2017



PC RESOURCES FOR CHILDREN

14

Inpatient
Hospices
(stand-alone
facilities)

N/A

Home
programmes

N/A

Hospital
programmes

POLICIES

National legislation to regulate PC provision

National laws specific to PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National legislation or decrees relating PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National legislation on end of life issues	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National general law on health care with reference to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National PC plan or strategy

National PC plan or strategy	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National cancer plan with a section for PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National non-communicable diseases plan with a section for PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National HIV plan with a section for PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
The plan was implemented	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
The plan was audited	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National standards for PC services

☒ YES ☐ NO

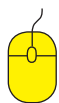
Designated person responsible for PC in the Ministry of Health

☒ YES ☐ NO

Role



Scientific



Political/Technical

Dedicated time to PC



<10%



10-50%



50-99%



100%

Allocated funds from the national health budget for PC

☒ YES ☐ NO

Inclusion of PC in the list of health services provided at the primary care level

☒ YES ☐ NO

Inclusion of PC in the basic package of health services

☒ YES ☐ NO

Medical Schools teaching PC

62/62

3%
offering specific
mandatory PC
course

97%
offering PC course
in combination
with other
disciplines

Nursing Schools teaching PC

425/425

0%
offering specific
mandatory PC
course

100%
offering PC course
in combination
with other
disciplines

Professorship in PC at medical schools

-
Full
Professors

+
Associate
Professors

Specialisation in Palliative Medicine

☒ YES ☐ NO

Type of training programme

Special field of competence

Denomination

Advanced training - thematic improvement
повышение квалификации - тематическое
усовершенствование

Estimated certified physicians

-



10,743
Gross Domestic Product
per capita (US\$), 2017

5.6
Health expenditure
(% of GDP), 2015

524
Health expenditure
per capita, PPP (US\$)

4.2
Physicians per 1,000
inhabitants, 2014

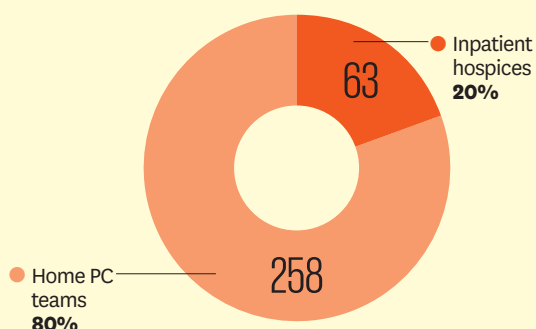
49
Human Development
Index Ranking, 2019

72
Life expectancy at birth,
total (years), 2016

PC SERVICES FOR ADULTS

321

TOTAL



PC SERVICES

0.2

PER 100,000
INHABITANTS

● PC services
for adults in
Russian Fed.

○ PC services
for adults in
Europe (median)
[0.8/100,000
inhab.]



Additional PC Services for Adults

➔ Day care services	-
➔ Volunteer-led hospices	-

MEDICINES

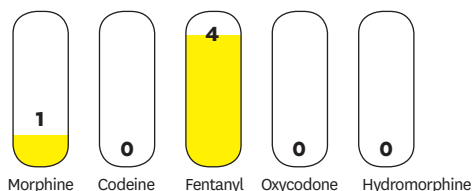
Opioid consumption per capita in morphine equivalent,
excluding methadone, 2017

4.7 mg



● Average consumption
in Russian Federation

○ Average consumption
in Europe [107 mg]



General availability of oral morphine (immediate release)

YES NO

Opioid prescription requirements

Special prescription form

YES NO

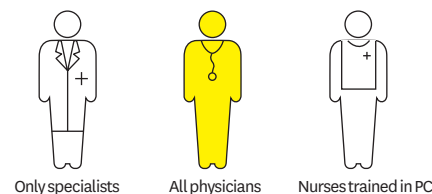
Prescription limits

Few weeks

Patient registration as an opioid user

YES NO

Professionals allowed to prescribe



PROFESSIONAL ACTIVITY

National PC association

YES NO

NAME
Russian Association for Palliative Care
Ассоциация профессиональных
участников хосписной помощи

SINCE

2012

Other associations

Hospice Care Professionals Association (2014)

Directory of services

YES NO

RELEVANT REFERENCES ON PC DEVELOPMENT

Schepin VO, et al. [About Problems of Palliative Care]. Probl Sotsialnoi Gig Zdravookhranenni-iai Istor Med. 2019 Jan;27(1):36-40.

Centeno C, et al. The Palliative Care Challenge: Analysis of Barriers and Opportunities to Integrate Palliative Care in Europe in the View of National Associations. J Palliat Med. 2017 Nov;20(11):1195-1204.

Centeno C, et al. Coverage and development of specialist palliative care services across the World Health Organization European Region (2005-2012): Results from a European Association for Palliative Care Task Force survey of 53 Countries. Palliat Med. 2016;30(4):351-62.

KEY INFORMANTS

Diana Nevzorova, Advisory Board of the Russian Association for Palliative Care.

See more information
in online version





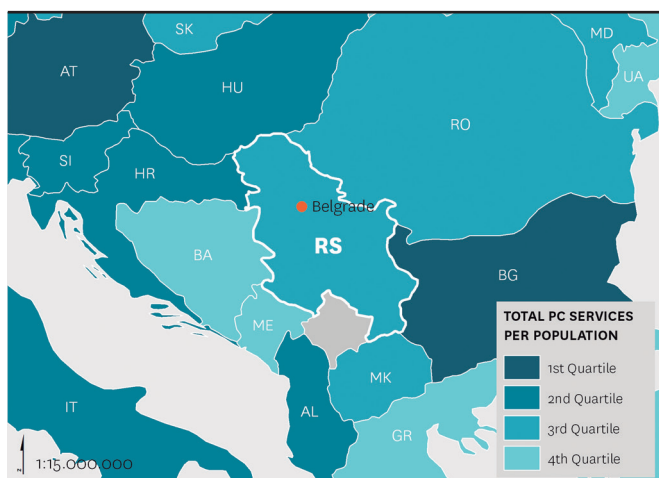
Serbia



7,022,268
Population, 2015

88,360
Surface area (km²),
2018

80.3
Population density
(Inh/km²), 2017



PC RESOURCES FOR CHILDREN



Inpatient
Hospices
(stand-alone
facilities)



Home
programmes



Hospital
programmes

Home palliative care teams are either for adults or there are a few linked to the DZs for both adults and children, coverage of children is very low.

POLICIES

National legislation to regulate PC provision

National laws specific to PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National legislation or decrees relating PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National legislation on end of life issues	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National general law on health care with reference to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National PC plan or strategy

National PC plan or strategy	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National cancer plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National non-communicable diseases plan with a section for PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National HIV plan with a section for PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
The plan was implemented	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
The plan was audited	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

National standards for PC services

Designated person responsible for PC in the Ministry of Health ☒ YES ☐ NO

Role



Scientific



Political/Technical

Dedicated time to PC

N/A



<10%



10-50%



50-99%



100%

Allocated funds from the national health budget for PC ☒ YES ☐ NO

Inclusion of PC in the list of health services provided at the primary care level N/A

Inclusion of PC in the basic package of health services ☒ YES ☐ NO

EDUCATION

Medical Schools teaching PC



0%
offering specific
mandatory PC
course

20%
offering PC course
in combination
with other
disciplines

Nursing Schools teaching PC



0%
offering specific
mandatory PC
course

0%
offering PC course
in combination
with other
disciplines

Professorship in PC at medical schools



-
Full
Professors

+

-
Associate
Professors

Specialisation in Palliative Medicine

☐ YES ☒ NO

Type of training programme -

Denomination -

Estimated certified physicians -



5,900
Gross Domestic Product
per capita (US\$), 2017

9.4
Health expenditure
(% of GDP), 2015

491
Health expenditure
per capita, PPP (US\$)

2.5
Physicians per 1,000
inhabitants, 2014

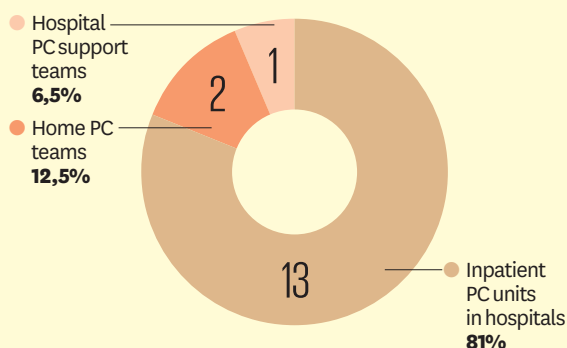
67
Human Development
Index Ranking, 2019

75
Life expectancy at birth,
total (years), 2016

PC SERVICES FOR ADULTS

16

TOTAL



PC SERVICES

0.2

PER 100,000
INHABITANTS



● PC services
for adults
in Serbia

○ PC services
for adults in
Europe (median)
[0.8/100,000
inhab.]

Additional PC Services for Adults

➔ Day care services	-
➔ Volunteer-led hospices	1

MEDICINES

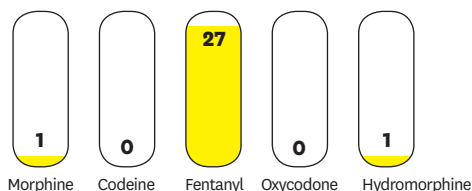
Opioid consumption per capita in morphine equivalent,
excluding methadone, 2017

29.9 mg



● Average consumption
in Serbia

○ Average consumption
in Europe [107 mg]



General availability of oral morphine (immediate release)

YES NO

Opioid prescription requirements

Special prescription form

YES NO

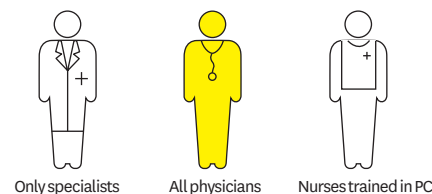
Prescription limits

Few weeks

Patient registration as an opioid user

YES NO

Professionals allowed to prescribe



PROFESSIONAL ACTIVITY

National PC association

YES NO

Other associations

YES NO

Directory of services

N/A

RELEVANT REFERENCES ON PC DEVELOPMENT

Bosnjak SM, et al. A Multifaceted Approach to Improve the Availability and Accessibility of Opioids for the Treatment of Cancer Pain in Serbia: Results From the International Pain Policy Fellowship (2006-2012) and Recommendations for Action. J Pain Symptom Manage. 2016;52(2):272-83.

Milicevic N, et al. Palliative care development in Serbia, five years after the national strategy. European Journal of Palliative Care, 2015; 22(1).

Centeno C, et al. Coverage and development of specialist palliative care services across the World Health Organization European Region (2005-2012): Results from a European Association for Palliative Care Task Force survey of 53 Countries. Palliat Med. 2016;30(4):351-62.

KEY INFORMANTS

Confidential, Natasa Milicevic.

See more information
in online version





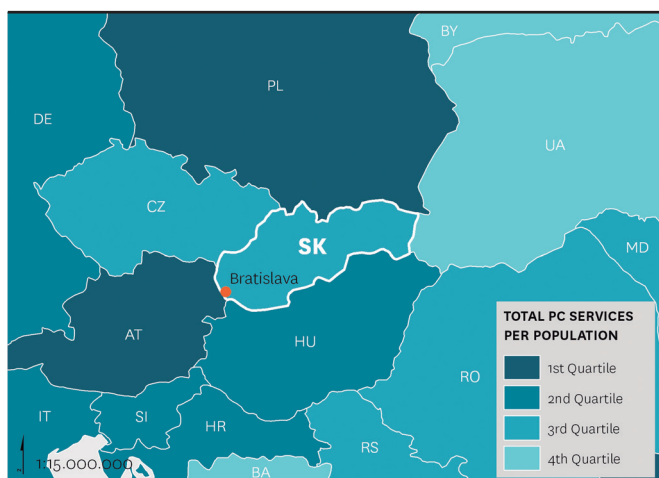
Slovakia



5,439,892
Population, 2015

49,030
Surface area (km²),
2018

113.1
Population density
(Inh/km²), 2017



PC RESOURCES FOR CHILDREN

0

Inpatient
Hospices
(stand-alone
facilities)

4

Home
programmes

2

Hospital
programmes

POLICIES

National legislation to regulate PC provision

National laws specific to PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National legislation or decrees relating PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National legislation on end of life issues	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National general law on health care with reference to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National PC plan or strategy

National PC plan or strategy	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National cancer plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National non-communicable diseases plan with a section for PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National HIV plan with a section for PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
The plan was implemented	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
The plan was audited	N/A

National standards for PC services

☐ YES ☒ NO

Designated person responsible for PC in the Ministry of Health

☐ YES ☒ NO

Role



Scientific



Political/Technical

Dedicated time to PC

N/A



<10%



10-50%



50-99%



100%

Allocated funds from the national health budget for PC

☒ YES ☐ NO

Inclusion of PC in the list of health services provided at the primary care level

☐ YES ☒ NO

Inclusion of PC in the basic package of health services

☒ YES ☐ NO

EDUCATION

Medical Schools teaching PC

1/4

0%
offering specific
mandatory PC
course

25%
offering PC course
in combination
with other
disciplines

Nursing Schools teaching PC

1/9

0%
offering specific
mandatory PC
course

11%
offering PC course
in combination
with other
disciplines

Professorship in PC at medical schools

-

-
Full
Professors

+

-
Associate
Professors

Specialisation in Palliative Medicine

☒ YES ☐ NO

Type of training programme

Specialty

Denomination

Training in the specialty field
Palliative medicine, specialization exam
in the specialization Palliative medicine
Špecializačná príprava v špecializačNom
odbore Paliatívna medicína, špecializačná skúška
v špecializačNom odbore Paliatívna medicína

Estimated certified physicians

9



17,605
Gross Domestic Product
per capita (US\$), 2017

6.9
Health expenditure
(% of GDP), 2015

1,108
Health expenditure
per capita, PPP (US\$)

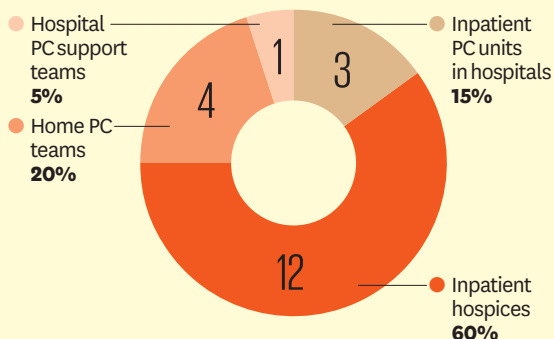
3.4
Physicians per 1,000
inhabitants, 2014

38
Human Development
Index Ranking, 2019

77
Life expectancy at birth,
total (years), 2016

PC SERVICES FOR ADULTS

20
TOTAL



PC SERVICES

0.4
PER 100,000
INHABITANTS

- PC services for adults in Slovakia
- PC services for adults in Europe (median) [0.8/100,000 inhab.]



Additional PC Services for Adults

➔ Day care services	-
➔ Volunteer-led hospices	-

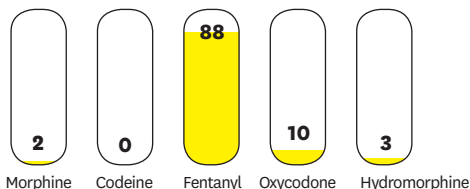
MEDICINES

Opioid consumption per capita in morphine equivalent, excluding methadone, 2017

103.1 mg



- Average consumption in Slovakia
- Average consumption in Europe [107 mg]



General availability of oral morphine (immediate release)

YES NO

Opioid prescription requirements

Special prescription form

YES NO

Prescription limits

Few days

Patient registration as an opioid user

YES NO

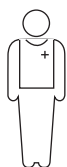
Professionals allowed to prescribe



Only specialists



All physicians



Nurses trained in PC

PROFESSIONAL ACTIVITY

National PC association

YES NO

NAME
Slovak Society for Palliative Medicine
of the Slovak Medical Society
*Slovenská spoločnosť paliatívnej medicíny
Slovenskej lekárskej spoločnosti*

SINCE

2015

Other associations Association for hospice and palliative care in Slovakia

Directory of services

YES NO

RELEVANT REFERENCES ON PC DEVELOPMENT

Vranken M, et al. Barriers to access to opioid medicines: a review of national legislation and regulations of 11 central and eastern European countries. *Lancet Oncol.* 2016 ;17(1):e13-22.

Centeno C, et al. The Palliative Care Challenge: Analysis of Barriers and Opportunities to Integrate Palliative Care in Europe in the View of National Associations. *J Palliat Med.* 2017 Nov;20(11):1195-1204.

Centeno C, et al. Coverage and development of specialist palliative care services across the World Health Organization European Region (2005-2012): Results from a European Association for Palliative Care Task Force survey of 53 Countries. *Palliat Med.* 2016;30(4):351-62.

KEY INFORMANTS

Andrea Skripekova.

See more information
in online version





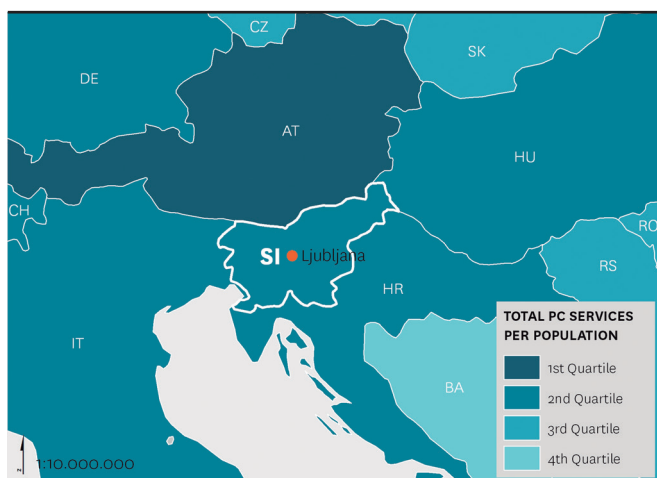
Slovenia



2,066,748
Population, 2015

20,675
Surface area (km²),
2018

102.6
Population density
(Inh/km²), 2017



PC RESOURCES FOR CHILDREN

0

Inpatient
Hospices
(stand-alone
facilities)

N/A

Home
programmes

10

Hospital
programmes

All paediatric hospitals count with paediatric PC hospital support teams and PCU.

POLICIES

National legislation to regulate PC provision

National laws specific to PC	YES	NO
National legislation or decrees relating PC	YES	NO
National legislation on end of life issues	YES	NO
National general law on health care with reference to PC	YES	NO

National PC plan or strategy

National PC plan or strategy	YES	NO
National cancer plan with a section for PC	YES	NO
National non-communicable diseases plan with a section for PC	YES	NO
National HIV plan with a section for PC	YES	NO
The plan was implemented	YES	NO
The plan was audited	N/A	

National standards for PC services

YES NO

Designated person responsible for PC in the Ministry of Health

YES NO

Role



Scientific



Political/Technical

Dedicated time to PC



<10%



10-50%



50-99%



100%

Allocated funds from the national health budget for PC

YES NO

Inclusion of PC in the list of health services provided at the primary care level

YES NO

Inclusion of PC in the basic package of health services

YES NO

EDUCATION

Medical Schools teaching PC

2/2

50%
offering specific
mandatory PC
course

100%
offering PC course
in combination
with other
disciplines

Nursing Schools teaching PC

5/8

25%
offering specific
mandatory PC
course

38%
offering PC course
in combination
with other
disciplines

Professorship in PC at medical schools

-

-
Full
Professors

+
-
Associate
Professors

Specialisation in Palliative Medicine

YES NO

Type of training programme

Special field of competence

Denomination

Certificate for additional knowledge in palliative care
Diploma dodatnega znanja iz paliativne oskrbe

Estimated certified physicians

138



23,597
Gross Domestic Product
per capita (US\$), 2017

8.5
Health expenditure
(% of GDP), 2015

1,722
Health expenditure
per capita, PPP (US\$)

2.8
Physicians per 1,000
inhabitants, 2014

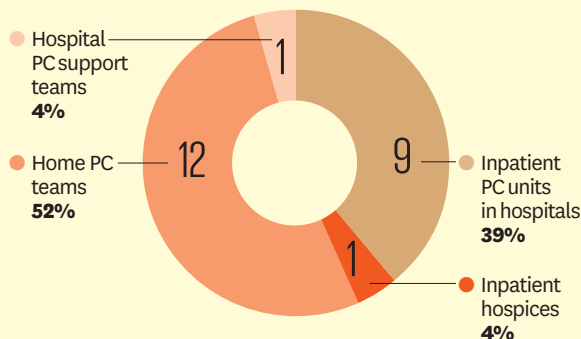
25
Human Development
Index Ranking, 2019

81
Life expectancy at birth,
total (years), 2016

PC SERVICES FOR ADULTS

42

TOTAL



PC SERVICES

1.1

PER 100,000
INHABITANTS

- PC services for adults in Slovenia
- PC services for adults in Europe (median) [0.8/100,000 inhab.]

Additional
PC Services
for Adults

- ➔ Day care services 1 (Data from 2013)
- ➔ Volunteer-led hospices 7 (Data from 2013)

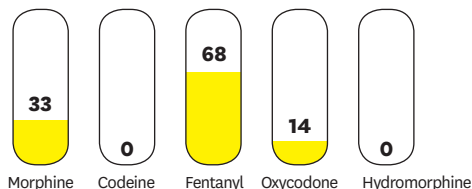
MEDICINES

Opioid consumption per capita in morphine equivalent, excluding methadone, 2017

114.7 mg



- Average consumption in Slovenia
- Average consumption in Europe [107 mg]



General availability of oral morphine (immediate release)

YES NO

Opioid prescription requirements

Special prescription form

YES NO

Prescription limits

Few days

Patient registration as an opioid user

YES NO

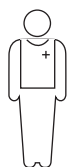
Professionals allowed to prescribe



Only specialists



All physicians



Nurses trained in PC

PROFESSIONAL ACTIVITY

National PC association

YES NO

NAME

Slovenian Association for Palliative and Hospice Care
Slovensko združenje za paliativno in hospic oskrbo

SINCE

2011

Other associations

YES NO

Directory of services

N/A

RELEVANT REFERENCES ON PC DEVELOPMENT

Vranken M, et al. Barriers to access to opioid medicines: a review of national legislation and regulations of 11 central and eastern European countries. *Lancet Oncol.* 2016;17(1):e13-22.

Centeno C, et al. The Palliative Care Challenge: Analysis of Barriers and Opportunities to Integrate Palliative Care in Europe in the View of National Associations. *J Palliat Med.* 2017 Nov;20(11):1195-1204.

Centeno C, et al. Coverage and development of specialist palliative care services across the World Health Organization European Region (2005-2012): Results from a European Association for Palliative Care Task Force survey of 53 Countries. *Palliat Med.* 2016;30(4):351-62.

KEY INFORMANTS

Confidential, Nevenka Krceviski Skvarc.

See more information
in online version





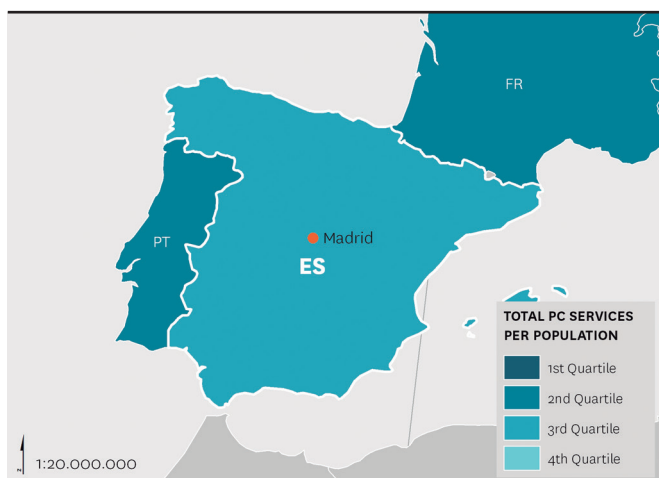
Spain



46,572,028
Population, 2015

505,935
Surface area (km²),
2018

93.2
Population density
(Inh/km²), 2017



PC RESOURCES FOR CHILDREN

0

Inpatient
Hospices
(stand-alone
facilities)

8

Home
programmes

2

Hospital
programmes

Eight programmes are providing care both at the home and hospital settings. Current efforts are developing more programmes to provide care in both settings.

POLICIES

National legislation to regulate PC provision

National laws specific to PC	YES	NO
National legislation or decrees relating PC	YES	NO
National legislation on end of life issues	YES	NO
National general law on health care with reference to PC	YES	NO

National PC plan or strategy

National PC plan or strategy	YES	NO
National cancer plan with a section for PC	YES	NO
National non-communicable diseases plan with a section for PC	YES	NO
National HIV plan with a section for PC	YES	NO
The plan was implemented	YES	NO
The plan was audited	YES	NO

National standards for PC services

YES NO

Designated person responsible for PC in the Ministry of Health

YES NO

Role



Scientific



Political/Technical

Dedicated time to PC

N/A



<10%



10-50%



50-99%



100%

Allocated funds from the national health budget for PC

YES NO

Inclusion of PC in the list of health services provided at the primary care level

YES NO

Inclusion of PC in the basic package of health services

YES NO

EDUCATION

Medical Schools teaching PC

22/42

10%
offering specific
mandatory PC
course

43%
offering PC course
in combination
with other
disciplines

Nursing Schools teaching PC

69/112

48%
offering specific
mandatory PC
course

13%
offering PC course
in combination
with other
disciplines

Professorship in PC at medical schools

4

1
Full
Professors

+

3
Associate
Professors

Specialisation in Palliative Medicine

YES NO

Type of training programme

-

Denomination

-

Estimated certified physicians

-



28,157
Gross Domestic Product
per capita (US\$), 2017

9.2
Health expenditure
(% of GDP), 2015

2,354
Health expenditure
per capita, PPP (US\$)

3.8
Physicians per 1,000
inhabitants, 2014

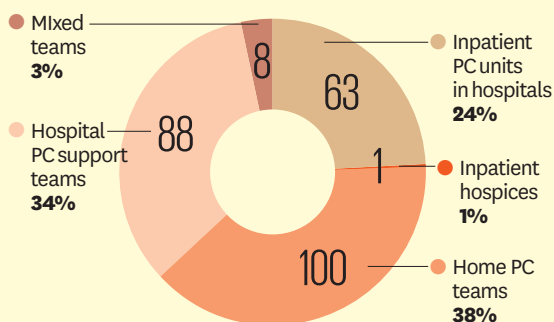
26
Human Development
Index Ranking, 2019

83
Life expectancy at birth,
total (years), 2016

PC SERVICES FOR ADULTS

260

TOTAL



PC SERVICES

0.6

PER 100,000
INHABITANTS

- PC services for adults in Spain
- PC services for adults in Europe (median) [0.8/100,000 inhab.]



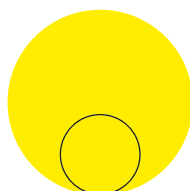
Additional PC Services for Adults

➔ Day care services	2 (Data from 2013)
➔ Volunteer-led hospices	-

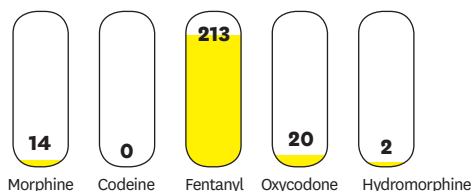
MEDICINES

Opioid consumption per capita in morphine equivalent, excluding methadone, 2017

249.1
mg



- Average consumption in Spain
- Average consumption in Europe [107 mg]



General availability of oral morphine (immediate release)

YES NO

Opioid prescription requirements

Special prescription form

YES NO

Prescription limits

3 months

Patient registration as an opioid user

YES NO

Professionals allowed to prescribe



Only specialists



All physicians



Nurses trained in PC

PROFESSIONAL ACTIVITY

National PC association

YES NO

NAME
Spanish Association for Palliative Care
Sociedad Española de Cuidados Paliativos (SECPAL)

SINCE

1990

Other associations

YES NO

Directory of services

YES NO

RELEVANT REFERENCES ON PC DEVELOPMENT

Garraalda E, Hasse-laar J, Carrasco JM, Van Beek K, Siouta N, Csikos A, et al. Integrated palliative care in the Spanish context: a systematic review of the literature. BMC Palliat Care. 2016;15:49.

Penders YWH, Albers G, Deliens L, Miccinesi G, Vega Alonso T, Miralles M, et al. End-of-life care for people dying with dementia in general practice in Belgium, Italy and Spain: A cross-sectional, retrospective study. Geriatr Gerontol Int. 2017;17(10):1667-76.

Vilarrubi SN. [the Challenge of Complex Chronicity and Palliative Care in Paediatrics]. An Pediatr (Barc). 2018;88(1):1-2.

KEY INFORMANTS

Javier Rocafort Gil, Rafael Mota.

See more information
in online version





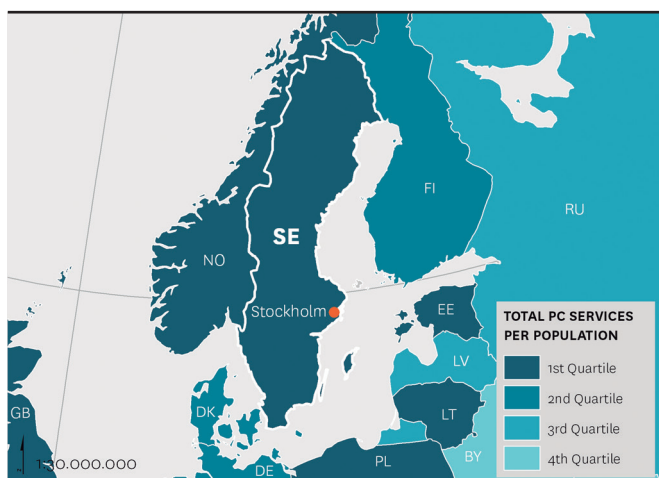
Sweden



10,067,744
Population, 2015

447,430
Surface area (km²),
2018

24.7
Population density
(Inh/km²), 2017



PC RESOURCES FOR CHILDREN

1

Inpatient
Hospices
(stand-alone
facilities)

N/A

Home
programmes

0

Hospital
programmes

POLICIES

National legislation to regulate PC provision

National laws specific to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National legislation or decrees relating PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National legislation on end of life issues	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National general law on health care with reference to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National PC plan or strategy

National PC plan or strategy	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National cancer plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National non-communicable diseases plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National HIV plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
The plan was implemented	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
The plan was audited	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National standards for PC services

☒ YES ☐ NO

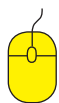
Designated person responsible for PC in the Ministry of Health

☒ YES ☐ NO

Role



Scientific



Political/Technical

Dedicated time to PC

N/A



<10%



10-50%



50-99%



100%

Allocated funds from the national health budget for PC

☒ YES ☐ NO

Inclusion of PC in the list of health services provided at the primary care level

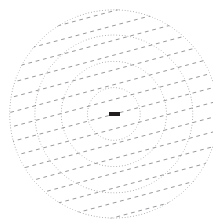
☒ YES ☐ NO

Inclusion of PC in the basic package of health services

☒ YES ☐ NO

EDUCATION

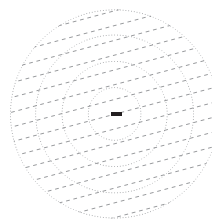
Medical Schools teaching PC



- offering specific mandatory PC course

- offering PC course in combination with other disciplines

Nursing Schools teaching PC



- offering specific mandatory PC course

- offering PC course in combination with other disciplines

Professorship in PC at medical schools

5

3 Full Professors

+

2 Associate Professors

Specialisation in Palliative Medicine

☒ YES ☐ NO

Type of training programme Sub-specialty & certificate of competence

Denomination

1. Speciality training for palliative medicine
2. Add-on specialty in palliative medicine.
1. Specialisttjänstgöring i palliativ medicin
2. Tilläggspecialitet.

Estimated certified physicians

92



53,442
Gross Domestic Product
per capita (US\$), 2017

11.0
Health expenditure
(% of GDP), 2015

5,600
Health expenditure
per capita, PPP (US\$)

4.2
Physicians per 1,000
inhabitants, 2014

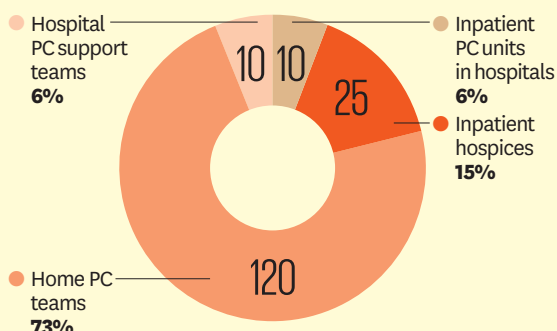
7
Human Development
Index Ranking, 2019

82
Life expectancy at birth,
total (years), 2016

PC SERVICES FOR ADULTS

165

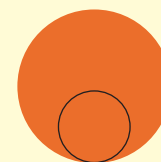
TOTAL



PC SERVICES

1.6

PER 100,000
INHABITANTS



● PC services
for adults
in Sweden
○ PC services
for adults in
Europe (median)
[0.8/100,000
inhab.]

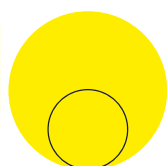
Additional
PC Services
for Adults

➔ Day care services 19 (Data from 2013)
➔ Volunteer-led hospices -

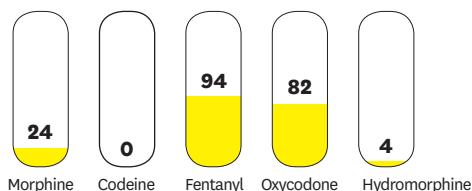
MEDICINES

Opioid consumption per capita in morphine equivalent,
excluding methadone, 2017

204,4
mg



● Average consumption
in Sweden
○ Average consumption
in Europe [107 mg]



General availability of oral morphine (immediate release)

YES NO

Opioid prescription requirements

Special prescription form YES NO

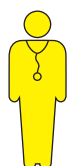
Prescription limits No limit

Patient registration as an opioid user YES NO

Professionals allowed to prescribe



Only specialists



All physicians



Nurses trained in PC

PROFESSIONAL ACTIVITY

National PC association

YES NO

NAME
Swedish Association for Palliative Medicine
Svensk Förening för Palliativ Medicin

SINCE

1997

Other associations

YES NO

Directory of services

YES NO

RELEVANT REFERENCES ON PC DEVELOPMENT

Henoch I, Carlander I, Holm M, James I, Sarenmalm EK, Hagelin CL, et al. Palliative Care Research-A Systematic Review of foci, designs and methods of research conducted in Sweden between 2007 and 2012. Scand J Caring Sci. 2016;30(1):5-25.

Lind S, Wallin L, Brytting T, Furst CJ, Sandberg J. Implementation of national palliative care guidelines in Swedish acute care hospitals: A qualitative content analysis of stakeholders' perceptions. Health Policy. 2017;121(11):1194-201.

Centeno C, et al. Coverage and development of specialist palliative care services across the World Health Organization European Region (2005-2012): Results from a European Association for Palliative Care Task Force survey of 53 Countries. Palliat Med. 2016;30(4):351-62.

KEY INFORMANTS

Carl Johan Fürst, Carl-Magnus Edenbrandt.

See more information
in online version





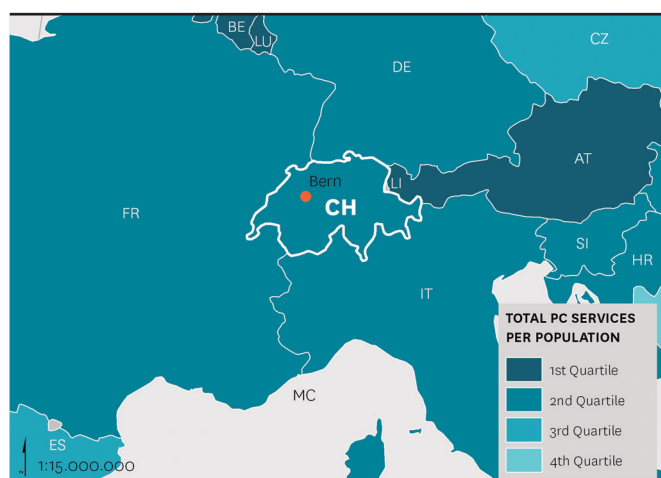
Switzerland



8,466,017
Population, 2015

41,290
Surface area (km²),
2018

214.2
Population density
(Inh/km²), 2017



PC RESOURCES FOR CHILDREN



Inpatient
Hospices
(stand-alone
facilities)



Home
programmes



Hospital
programmes

In recent years, some individual and hospital initiatives have been conducted, to professionalise the staff and services in paediatric palliative care. A few units have also specific concepts. In addition, since 2012 a PPC network in Switzerland exists, mainly composed by nurses.

POLICIES

National legislation to regulate PC provision

National laws specific to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National legislation or decrees relating PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National legislation on end of life issues	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National general law on health care with reference to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National PC plan or strategy

National PC plan or strategy	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National cancer plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National non-communicable diseases plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National HIV plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<i>The plan was implemented</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<i>The plan was audited</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National standards for PC services

☒ YES ☐ NO

Designated person responsible for PC in the Ministry of Health

☒ YES ☐ NO

Role	N/A	Dedicated time to PC	N/A
Scientific			
Political/Technical			

Allocated funds from the national health budget for PC

☒ YES ☐ NO

Inclusion of PC in the list of health services provided at the primary care level

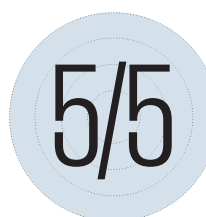
N/A

Inclusion of PC in the basic package of health services

N/A

EDUCATION

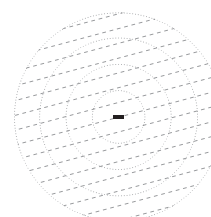
Medical Schools teaching PC



100%
offering specific
mandatory PC
course

-
offering PC course
in combination
with other
disciplines

Nursing Schools teaching PC



-
offering specific
mandatory PC
course

-
offering PC course
in combination
with other
disciplines

Professorship in PC at medical schools

-
Full
Professors

+
Associate
Professors

Specialisation in Palliative Medicine

☒ YES ☐ NO

Type of training programme

Sub-specialty

Denomination

-

Estimated certified physicians

-



80,190
Gross Domestic Product
per capita (US\$), 2017

12.1
Health expenditure
(% of GDP), 2015

9,818
Health expenditure
per capita, PPP (US\$)

4.1
Physicians per 1,000
inhabitants, 2014

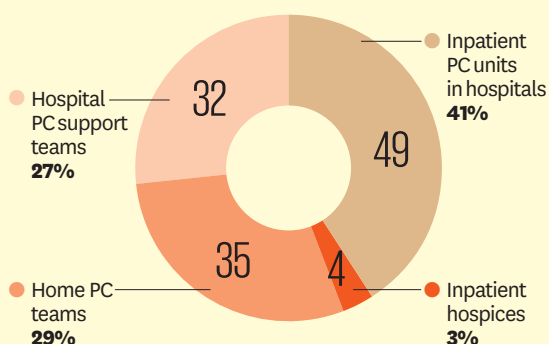
2
Human Development
Index Ranking, 2019

83
Life expectancy at birth,
total (years), 2016

PC SERVICES FOR ADULTS

120

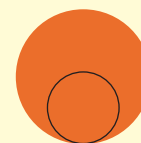
TOTAL



PC SERVICES

1.4

PER 100,000
INHABITANTS



● PC services
for adults
in Switzerland
○ PC services
for adults in
Europe (median
[0.8/100,000
inhab.])

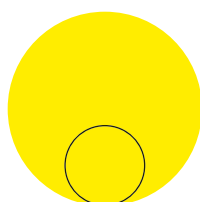
**Additional
PC Services
for Adults**

➔ Day care services	2 (Data from 2013)
➔ Volunteer-led hospices	30

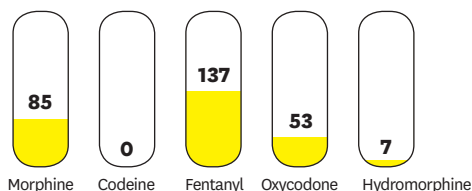
MEDICINES

Opioid consumption per capita in morphine equivalent,
excluding methadone, 2017

281,9
mg



● Average consumption
in Switzerland
○ Average consumption
in Europe [107 mg]



General availability of oral morphine (immediate release)

YES NO

Opioid prescription requirements

Special prescription form	N/A
Prescription limits	N/A
Patient registration as an opioid user	N/A
Professionals allowed to prescribe	



Only specialists



All physicians



Nurses trained in PC

PROFESSIONAL ACTIVITY

National PC association

YES NO

NAME
National Paediatric Palliative Care Network

SINCE

2005

Other associations

N/A

Directory of services

YES NO

RELEVANT REFERENCES ON PC DEVELOPMENT

Eychmuller S, Forster M, Gudat H, Lutolf UM, Borasio GD. Undergraduate palliative care teaching in Swiss medical faculties: a nationwide survey and improved learning objectives. BMC Med Educ. 2015;15:213.

Robinson J, Gott M, Gardiner C, Ingleton C. The 'problematisation' of palliative care in hospital: an exploratory review of international palliative care policy in five countries. BMC Palliat Care. 2016;15:64.

Centeno C, et al. Coverage and development of specialist palliative care services across the World Health Organization European Region (2005-2012): Results from a European Association for Palliative Care Task Force survey of 53 Countries. Palliat Med. 2016;30(4):351-62.

KEY INFORMANTS

Walter Brunner.

See more information
in online version





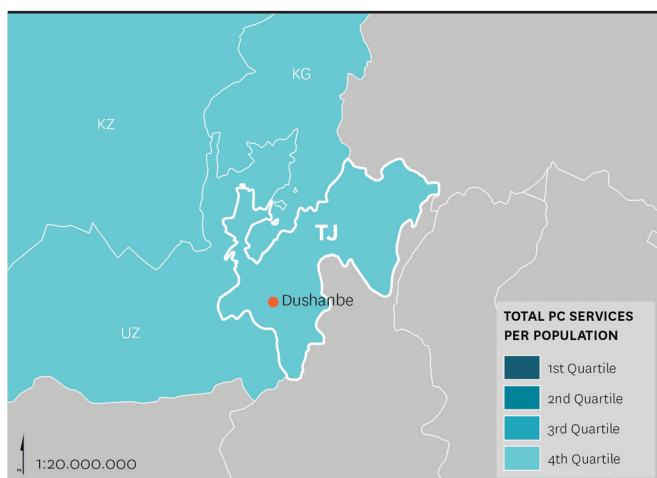
Tajikistan



8,921,343
Population, 2015

141,380
Surface area (km²),
2018

64.3
Population density
(Inh/km²), 2017



PC RESOURCES FOR CHILDREN



Inpatient
Hospices
(stand-alone
facilities)



Home
programmes



Hospital
programmes

POLICIES

National legislation to regulate PC provision

National laws specific to PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National legislation or decrees relating PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National legislation on end of life issues	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National general law on health care with reference to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National PC plan or strategy

National PC plan or strategy or equivalent	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National cancer plan with a section for PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National non-communicable diseases plan with a section for PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National HIV plan with a section for PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<i>The plan was implemented</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<i>The plan was audited</i>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

National standards for PC services

☒ YES ☐ NO

Designated person responsible for PC in the Ministry of Health

☐ YES ☒ NO

Role



Scientific



Political/Technical

Dedicated time to PC

N/A



<10%



10-50%



50-99%



100%

Allocated funds from the national health budget for PC

☒ YES ☐ NO

Inclusion of PC in the list of health services provided at the primary care level

N/A

Inclusion of PC in the basic package of health services

☐ YES ☒ NO

EDUCATION

Medical Schools teaching PC



50%
offering specific
mandatory PC
course

50%
offering PC course
in combination
with other
disciplines

Nursing Schools teaching PC



100%
offering specific
mandatory PC
course

100%
offering PC course
in combination
with other
disciplines

Professorship in PC at medical schools

-

-
Full
Professors

+
-
Associate
Professors

Specialisation in Palliative Medicine

☐ YES ☒ NO

Type of training programme

☐ YES ☒ NO

Denomination

-

Estimated certified physicians

-



801
Gross Domestic Product
per capita (US\$), 2017

6.9
Health expenditure
(% of GDP), 2015

63
Health expenditure
per capita, PPP (US\$)

1.7
Physicians per 1,000
inhabitants, 2014

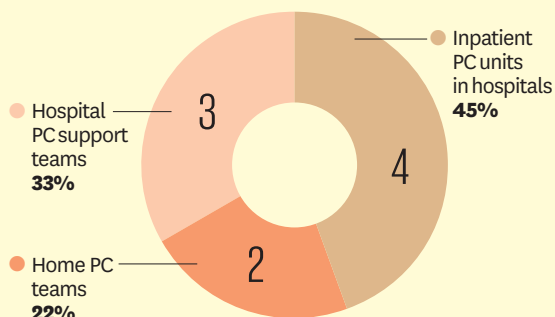
127
Human Development
Index Ranking, 2019

71
Life expectancy at birth,
total (years), 2016

PC SERVICES FOR ADULTS

9

TOTAL



PC SERVICES

0.1

PER 100,000
INHABITANTS

- PC services for adults in Tajikistan
- PC services for adults in Europe (median) [0.8/100,000 inhab.]



Additional PC Services for Adults

➔ Day care services	-
➔ Volunteer-led hospices	-

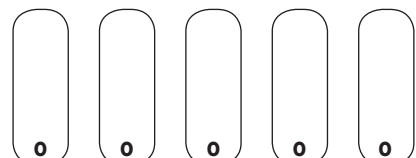
MEDICINES

Opioid consumption per capita in morphine equivalent, excluding methadone, 2017

0.0 mg



- Average consumption in Tajikistan
- Average consumption in Europe [107 mg]



Morphine Codeine Fentanyl Oxycodone Hydromorphone

General availability of oral morphine (immediate release)

N/A

Opioid prescription requirements

Special prescription form ☒ YES ☐ NO

Prescription limits Few days

Patient registration as an opioid user ☐ YES ☒ NO

Professionals allowed to prescribe



Only specialists



All physicians



Nurses trained in PC

PROFESSIONAL ACTIVITY

National PC association

☒ YES ☐ NO

NAME
National Association of Palliative care
in the Republic of Tajikistan
Ташкилоти ҷамъиятии "Ассотсиатсияи
миллии ёрии паллиативии Ҷумҳурии
Тоҷикистон"

SINCE

2015

Other associations

☐ YES ☒ NO

Directory of services

☐ YES ☒ NO

RELEVANT REFERENCES ON PC DEVELOPMENT

Abidjanova N. Palliative Care Development in Tajikistan. J Pain Symptom Manage. 2018; 55(2S):S81-S84.

KEY INFORMANTS

Nigora Abidjanova.

See more information
in online version





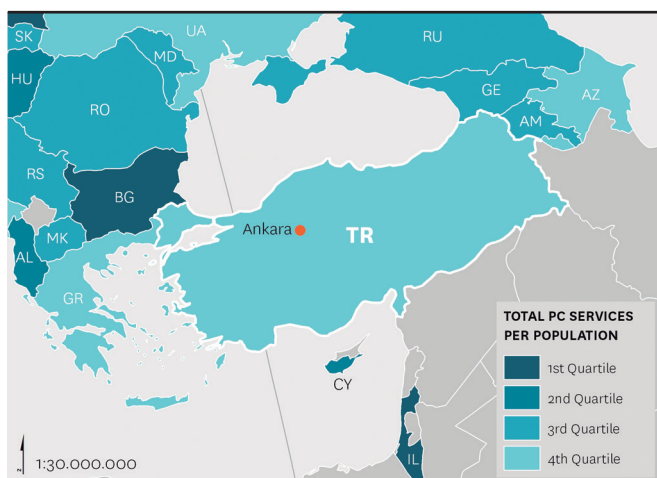
Turkey



80,745,020
Population, 2015

785,350
Surface area (km²),
2018

104.9
Population density
(Inh/km²), 2017



PC RESOURCES FOR CHILDREN

1

Inpatient
Hospices
(stand-alone
facilities)

0

Home
programmes

4

Hospital
programmes

POLICIES

National legislation to regulate PC provision

National laws specific to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National legislation or decrees relating PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National legislation on end of life issues	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National general law on health care with reference to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National PC plan or strategy

National PC plan or strategy	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National cancer plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National non-communicable diseases plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National HIV plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<i>The plan was implemented</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<i>The plan was audited</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National standards for PC services

☒ YES ☐ NO

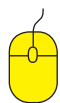
Designated person responsible for PC in the Ministry of Health

☒ YES ☐ NO

Role



Scientific



Political/Technical

Dedicated time to PC



<10%



10-50%



50-99%



100%

Allocated funds from the national health budget for PC

☒ YES ☐ NO

Inclusion of PC in the list of health services provided at the primary care level

☒ YES ☐ NO

Inclusion of PC in the basic package of health services

☒ YES ☐ NO

EDUCATION

Medical Schools teaching PC

1/98

0%
offering specific
mandatory PC
course

1%
offering PC course
in combination
with other
disciplines

Nursing Schools teaching PC

0/138

0%
offering specific
mandatory PC
course

0%
offering PC course
in combination
with other
disciplines

Professorship in PC at medical schools

N/A

N/A
Full
Professors

+
N/A
Associate
Professors

Specialisation in Palliative Medicine

☒ YES ☐ NO

Type of training programme

Sub-specialty

Denomination

-

Estimated certified physicians

-



10,546
Gross Domestic Product
per capita (US\$), 2017

4.1
Health expenditure
(% of GDP), 2015

455
Health expenditure
per capita, PPP (US\$)

1.7
Physicians per 1,000
inhabitants, 2014

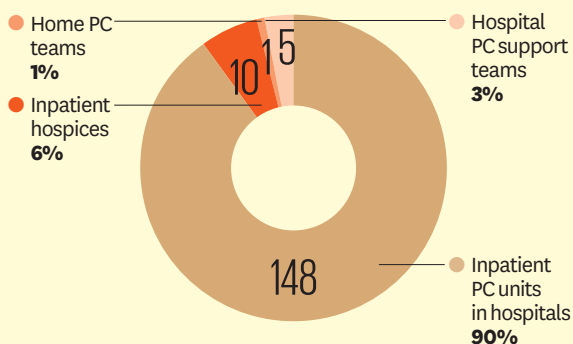
64
Human Development
Index Ranking, 2019

76
Life expectancy at birth,
total (years), 2016

PC SERVICES FOR ADULTS

164

TOTAL



PC SERVICES

0.2

PER 100,000
INHABITANTS

- PC services for adults in Turkey
- PC services for adults in Europe (median) [0.8/100,000 inhab.]



Additional PC Services for Adults

- Day care services -
- Volunteer-led hospices -

MEDICINES

Opioid consumption per capita in morphine equivalent, excluding methadone, 2017

1.3 mg



- Average consumption in Turkey
- Average consumption in Europe [107 mg]



Morphine Codeine Fentanyl Oxycodone Hydromorphone

General availability of oral morphine (immediate release)

YES NO

Opioid prescription requirements

Special prescription form

YES NO

Prescription limits

Few weeks

Patient registration as an opioid user

YES NO

Professionals allowed to prescribe



Only specialists



All physicians



Nurses trained in PC

PROFESSIONAL ACTIVITY

National PC association

YES NO

NAME
Palliative Care Association
Palyatif Bakım Derneği

SINCE

2014

Other associations

- Palliative Health Services Association
- Supportive Care Working Group in Medical Oncology Group Association

Directory of services

YES NO

RELEVANT REFERENCES ON PC DEVELOPMENT

Hacikamiloglu E, et al. Community Palliative Care in Turkey: A Collaborative Promoter to a New Concept in the Middle East. J Public Health Manag Pract. 2016;22(1):81-8.

Hacikamiloglu E, et al. Community Palliative Care in Turkey: A Collaborative Promoter to a New Concept in the Middle East. J Public Health Manag Pract. 2016;22(1):81-8.

Emuk Y, et.al. The current situation of palliative care in Turkey. Journal of Cancer Policy 13 (2017) 33-37.

KEY INFORMANTS

Confidential, Seref Komurcu.

See more information
in online version





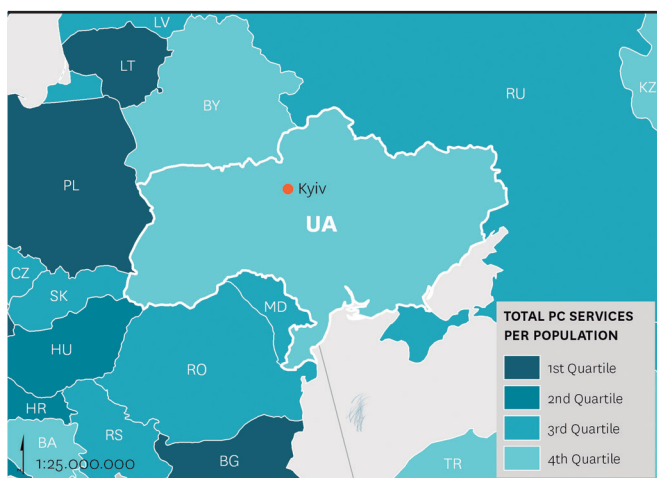
Ukraine



44,831,159
Population, 2015

603,550
Surface area (km²),
2018

77.4
Population density
(Inh/km²), 2017



PC RESOURCES FOR CHILDREN

3

Inpatient
Hospices
(stand-alone
facilities)

6

Home
programmes

3

Hospital
programmes

POLICIES

National legislation to regulate PC provision

National laws specific to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National legislation or decrees relating PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National legislation on end of life issues	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National general law on health care with reference to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National PC plan or strategy

National PC plan or strategy	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National cancer plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National non-communicable diseases plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National HIV plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
The plan was implemented	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
The plan was audited	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National standards for PC services

☒ YES ☐ NO

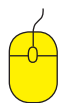
Designated person responsible for PC in the Ministry of Health

☒ YES ☐ NO

Role



Scientific



Political/Technical

Dedicated time to PC



<10%



10-50%



50-99%



100%

Allocated funds from the national health budget for PC

☒ YES ☐ NO

Inclusion of PC in the list of health services provided at the primary care level

☒ YES ☐ NO

Inclusion of PC in the basic package of health services

☒ YES ☐ NO

EDUCATION

Medical Schools teaching PC

1/17

6%
offering specific
mandatory PC
course

0%
offering PC course
in combination
with other
disciplines

Nursing Schools teaching PC

6/108

3%
offering specific
mandatory PC
course

3%
offering PC course
in combination
with other
disciplines

Professorship in PC at medical schools

N/A

N/A
Full
Professors

+
4
Associate
Professors

Specialisation in Palliative Medicine

☒ YES ☐ NO

Type of training programme

Sub-specialty

Denomination

National Medical Academy of Postgraduate Education named after P Shupik; Ivano-Frankivsk National Medical University; Kharkiv National Medical University
Національна медична академія післядипломної освіти імені П.Л.Шупика

Estimated certified physicians

300



2,640
Gross Domestic Product
per capita (US\$), 2017

6.1
Health expenditure
(% of GDP), 2015

125
Health expenditure
per capita, PPP (US\$)

3.0
Physicians per 1,000
inhabitants, 2014

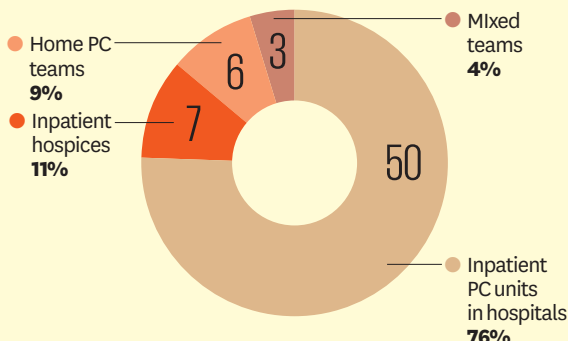
88
Human Development
Index Ranking, 2019

71
Life expectancy at birth,
total (years), 2016

PC SERVICES FOR ADULTS

66

TOTAL



PC SERVICES

0.1

PER 100,000
INHABITANTS

- PC services for adults in Ukraine
- PC services for adults in Europe (median) [0.8/100,000 inhab.]

Additional PC Services for Adults

➔ Day care services	1
➔ Volunteer-led hospices	1

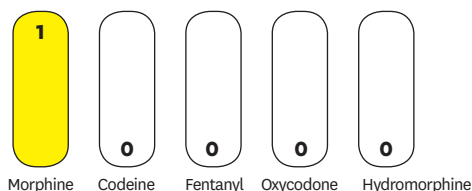
MEDICINES

Opioid consumption per capita in morphine equivalent, excluding methadone, 2017

0.8 mg



- Average consumption in Ukraine
- Average consumption in Europe [107 mg]



General availability of oral morphine (immediate release)

YES NO

Opioid prescription requirements

Special prescription form

YES NO

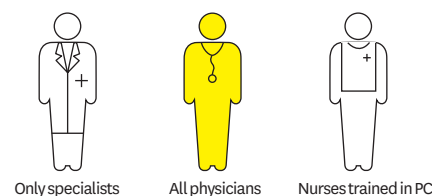
Prescription limits

Few weeks

Patient registration as an opioid user

YES NO

Professionals allowed to prescribe



Only specialists

All physicians

Nurses trained in PC

PROFESSIONAL ACTIVITY

National PC association

YES NO

NAME
All-Ukrainian Association of palliative and hospice care (<http://uacph.org/>)
БО "Асоціація паліативної та хоспісної допомоги"

SINCE

2011

Other associations

All Ukrainian Children Palliative Care Association

Directory of services

YES NO

RELEVANT REFERENCES ON PC DEVELOPMENT

Tymoshevska V. et al. Palliative Care Development in Ukraine. J Pain Symptom Manage. 2018;55(2S):S85-S91.

Lohman D, et al. Evaluating a Human Rights-Based Advocacy Approach to Expanding Access to Pain Medicines and Palliative Care: Global Advocacy and Case Studies from India, Kenya, and Ukraine. Health Hum Rights. 2015;10;17(2):149-65.

Wolf A. How Palliative and Hospice Care are Organized in Ukraine (Review). Clinical Social Work and Health Intervention. 2017; 8(4): 99 – 106.

KEY INFORMANTS

Lyudmyla-Oksana Andriyishyn, Kseniya Shapoval, Confidential.

See more information
in online version





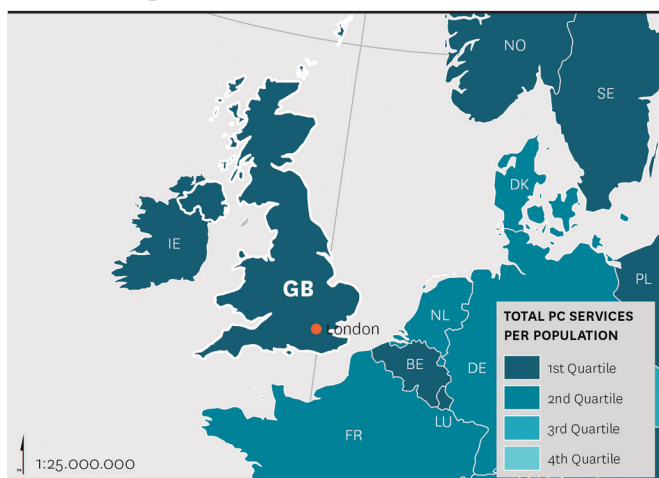
United Kingdom



66,022,273
Population, 2015

243,610
Surface area (km²),
2018

272.9
Population density
(Inh/km²), 2017



PC RESOURCES FOR CHILDREN

45

Inpatient
Hospices
(stand-
alone
facilities)

45

Home
programmes

8

Hospital
programmes

Care is home centered with support from hospital-based oncology teams. The pediatric oncology outreach nurse specialist is responsible for liaising between oncology centre, primary health care team and family. Three charities are dedicated to providing children's palliative care support at home. There are also 2 Community Children's Nursing Teams, which provide non-specialist PC support for children with a range of complex health needs at home. Many PPC programs are mixed.

POLICIES

National legislation to regulate PC provision

National laws specific to PC	N/A
National legislation or decrees relating PC	N/A
National legislation on end of life issues	N/A
National general law on health care with reference to PC	N/A

National PC plan or strategy

National PC plan or strategy	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National cancer plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National non-communicable diseases plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National HIV plan with a section for PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
The plan was implemented	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
The plan was audited	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National standards for PC services

☒ YES ☐ NO

Designated person responsible for PC in the Ministry of Health

☒ YES ☐ NO

Role



Scientific



Political/Technical

Dedicated time to PC

N/A



<10%



10-50%



50-99%



100%

Allocated funds from the national health budget for PC

☒ YES ☐ NO

Inclusion of PC in the list of health services provided at the primary care level

☒ YES ☐ NO

Inclusion of PC in the basic package of health services

☒ YES ☐ NO

EDUCATION

Medical Schools teaching PC

30/30

100%
offering specific
mandatory PC
course

20%
offering PC course
in combination
with other
disciplines

Nursing Schools teaching PC

-

-
offering specific
mandatory PC
course

-
offering PC course
in combination
with other
disciplines

Professorship in PC at medical schools

14

12
Full
Professors

+
2
Associate
Professors

Specialisation in Palliative Medicine

☒ YES ☐ NO

Type of training programme

Specialty

Denomination

Specialist training AND Consultant in Palliative Care
Specialist training AND Consultant in Palliative Care

Estimated certified physicians

603



39,720
Gross Domestic Product
per capita (US\$), 2017

9.9
Health expenditure
(% of GDP), 2015

4,356
Health expenditure
per capita, PPP (US\$)

2.8
Physicians per 1,000
inhabitants, 2014

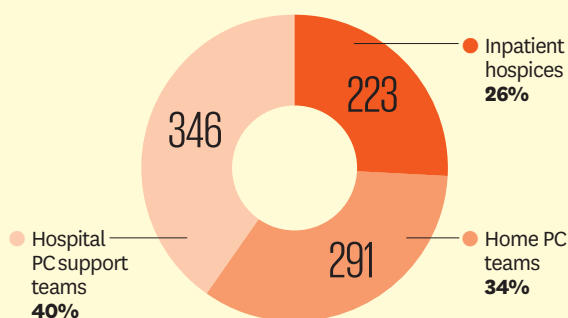
14
Human Development
Index Ranking, 2019

81
Life expectancy at birth,
total (years), 2016

PC SERVICES FOR ADULTS

860

TOTAL



PC SERVICES

1.3

PER 100,000
INHABITANTS

- PC services for adults in United Kingdom
- PC services for adults in Europe (median) [0.8/100,000 inhab.]

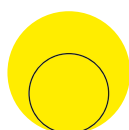
Additional
PC Services
for Adults

- ➔ Day care services 272 (Data from 2013)
- ➔ Volunteer-led hospices -

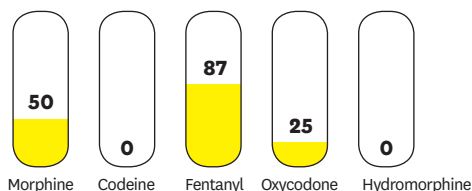
MEDICINES

Opioid consumption per capita in morphine equivalent, excluding methadone, 2017

162.4
mg



- Average consumption in United Kingdom
- Average consumption in Europe [107 mg]



General availability of oral morphine (immediate release)

YES NO

Opioid prescription requirements

Special prescription form

YES NO

Prescription limits

No limit

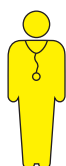
Patient registration as an opioid user

YES NO

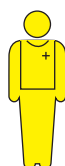
Professionals allowed to prescribe



Only specialists



All physicians



Nurses trained in PC

PROFESSIONAL ACTIVITY

National PC association

YES NO

NAME
Association for Palliative Medicine
of Great Britain & Ireland
*Association for Palliative Medicine
of Great Britain & Ireland*

SINCE

1985

Other associations

International Association of Nurses in Palliative Care

Directory of services

YES NO

RELEVANT REFERENCES ON PC DEVELOPMENT

Burbeck R, et al. Vol-unteers in specialist palliative care: a survey of adult services in the United Kingdom. *J Palliat Med.* 2014;17(5):568-74.

Inbadas H, et al. The level of provision of specialist palliative care services in Scotland: an international benchmarking study. *BMJ Support Palliat Care.* 2018;8(1):87-92.

Walker S, et al. Palliative care education for medical students: Differences in course evolution, organisation, evaluation and funding: A survey of all UK medical schools. *Palliat Med.* 2017;31(6):575-81.

KEY INFORMANTS

Pam Firth, Andrew Davies.

See more information
in online version





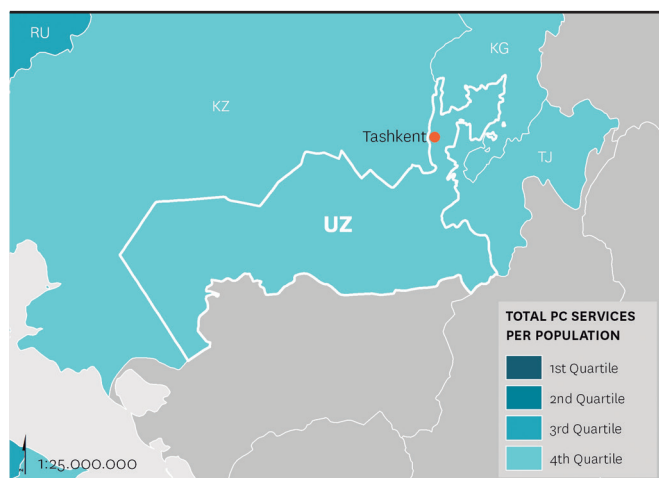
Uzbekistan



32,387,200
Population, 2015

447,400
Surface area (km²),
2018

76.1
Population density
(Inh/km²), 2017



PC RESOURCES FOR CHILDREN



Inpatient
Hospices
(stand-alone
facilities)



Home
programmes



Hospital
programmes

POLICIES

National legislation to regulate PC provision

National laws specific to PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National legislation or decrees relating PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National legislation on end of life issues	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National general law on health care with reference to PC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

National PC plan or strategy

National PC plan or strategy	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
National cancer plan with a section for PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National non-communicable diseases plan with a section for PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
National HIV plan with a section for PC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
The plan was implemented	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
The plan was audited	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

National standards for PC services

☐ YES ☒ NO

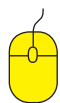
Designated person responsible for PC in the Ministry of Health

☐ YES ☒ NO

Role



Scientific



Political/Technical

Dedicated time to PC



<10%



10-50%



50-99%



100%

Allocated funds from the national health budget for PC

☐ YES ☒ NO

Inclusion of PC in the list of health services provided at the primary care level

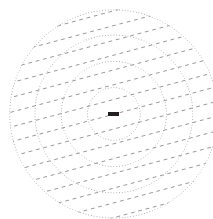
-

Inclusion of PC in the basic package of health services

-

EDUCATION

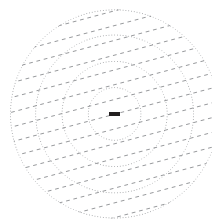
Medical Schools teaching PC



- offering specific mandatory PC course

- offering PC course in combination with other disciplines

Nursing Schools teaching PC



- offering specific mandatory PC course

- offering PC course in combination with other disciplines

Professorship in PC at medical schools



- Full Professors

+

- Associate Professors

Specialisation in Palliative Medicine

☐ YES ☒ NO

Type of training programme

-

Denomination

-

Estimated certified physicians

-



1,534

Gross Domestic Product
per capita (US\$), 2017

6.2

Health expenditure
(% of GDP), 2015

134

Health expenditure
per capita, PPP (US\$)

2.5

Physicians per 1,000
inhabitants, 2014

105

Human Development
Index Ranking, 2019

71

Life expectancy at birth,
total (years), 2016

PC SERVICES FOR ADULTS

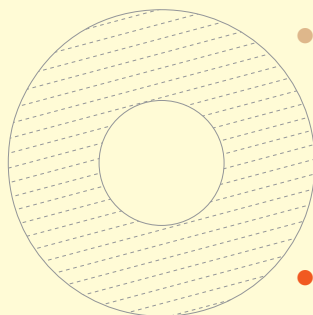
N/A

TOTAL

Mixed
teams
N/A

Hospital
PC support
teams
N/A

Home PC
teams
N/A



Inpatient
PC units
in hospitals
N/A

Inpatient
hospices
N/A

PC SERVICES

N/A

PER 100,000
INHABITANTS

PC services
for adults
in Uzbekistan

PC services
for adults in
Europe (median
[0.8/100,000
inhab.]



Additional PC
Services
for Adults

Day care services	-
Volunteer-led hospices	-

MEDICINES

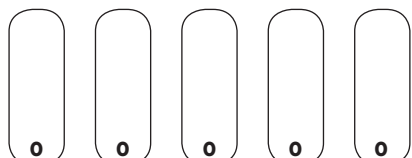
Opioid consumption per capita in morphine equivalent,
excluding methadone, 2017

0.0 mg



Average consumption
in Uzbekistan

Average consumption
in Europe [107 mg]



Morphine Codeine Fentanyl Oxycodone Hydromorphone

General availability of oral morphine (immediate release)

N/A

Opioid prescription requirements

Special prescription form	-
Prescription limits	-
Patient registration as an opioid user	-
Professionals allowed to prescribe	-



Only specialists



All physicians



Nurses trained in PC

PROFESSIONAL ACTIVITY

National PC association

YES NO

Other associations

-

Directory of services

YES NO

RELEVANT REFERENCES ON PC DEVELOPMENT

-

KEY INFORMANTS

World Map and Lit review.

See more information
in online version





With the generous financial support of





ics
Universidad
de Navarra
Institute for Culture and Society

ATLANTES
Palliative Care Research Group

