



**EAPC**  
**Atlas of Palliative Care**  
**in Europe 2013**

Cartographic Edition

Carlos Centeno  
Juan José Pons  
Thomas Lynch  
Oana Donea  
Javier Rocafort  
David Clark



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## EAPC Atlas of Palliative Care in Europe 2013 - Cartographic Edition

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## 1. Introduction





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The EAPC Atlas of Palliative Care in Europe 2013 Cartographic Edition, has been developed by the EAPC Task Force on the Development of Palliative Care in Europe in conjunction with the ATLANTES Research Group, Institute for Culture and Society, University of Navarra, Spain. The University of Glasgow contributed to the project through the active participation of Professor David Clark and with financial support from its Knowledge Exchange Fund for both the printed and electronic versions of the Full and the Cartographic Editions of the Atlas 2013.

# National Collaborators

On behalf of the EAPC, the authors would like to thank all those associations, institutions and professionals who have helped with this study, through the provision of data that has been assessed by the EAPC Task Force. Without their selfless contribution and hard work, this study would not have been possible.

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## About EAPC

The European Association for Palliative Care (EAPC) was established on 12 December 1988, with 42 founding members following important initiatives by Professor Vittorio Ventafridda and the Floriani Foundation. The aim of the EAPC is to promote palliative care in Europe and to act as a focus for all of those who work, or have an interest, in the field of palliative care at the scientific, clinical and social levels.

Since 1990 the Head Office of EAPC has been based at the Division of Rehabilitation and Palliative Care within the National Cancer Institute in Milan. In 1998 the EAPC was awarded the status of NGO – Non Governmental Organisation of the Council of Europe, and was transformed to “Onlus” (Non-profit organisation with social utility).

By 2013, the EAPC had individual members from 47 nations across the world, and collective members from 54 National Associations in 32 European Countries, representing a movement of many thousands of health and social care workers and volunteers contributing to palliative care.

**More information:**

<http://www.eapcnet.eu>

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**MISSION STATEMENT**

**The EAPC brings together many voices to forge a vision of excellence in palliative care that meets the needs of patients and their families. It strives to develop and promote palliative care in Europe through information, education and research using multi-professional collaboration, while engaging with stakeholders at all levels.**

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## About ICS

The Institute for Culture and Society (ICS) was created to help fulfil one of the principal objectives of the University of Navarra; namely to further the study of Humanities and Social Sciences.

Through international, academic debate, the ICS aspires to establish an authentic dialogue in search of scientific answers, practical ideas, innovative proposals and other relevant contributions to help resolve the principle challenges of today's society.

Within the ICS (and in collaboration with prestigious experts from countries throughout the world), research is promoted with the goal of developing projects of high scientific quality and social relevance in the following four areas: Poverty and Development; Family, Education and Society; Contemporary Art; Globalization, Human Rights and Interculturalism.

***ATLANTES will adopt perspectives from history, psychology, sociology and anthropology to illuminate the understanding of palliative care***

## About ATLANTES

In 2012 the Institute for Culture and Society (ICS) embarked upon the ATLANTES Research Program "Human dignity, advanced illness and palliative care". The work of the program is interdisciplinary, international and with a strong focus on the contribution of the humanities and social sciences, and with the goal of improving scientific and public understanding of the work of palliative care.

The overall objective of this five-year program is to promote in society a positive attitude toward the care of patients with advanced, irreversible illness, from a perspective based on the dignity of the person and the role of medicine itself. ATLANTES will adopt perspectives from history, psychology, sociology and anthropology to illuminate the understanding of palliative care. It will also encompass contributions from public health, geography, communication studies and education.

ATLANTES will promote reflection on fundamental aspects of palliative care as well as the implementation of strategies to promote palliative care at institutional, professional and societal levels.

Among its sub-projects will be a study of the intangibles in the interaction between palliative care and the individual; the anthropological and spiritual foundation of palliative care; a ranking of the development (and associated Atlases) of palliative care in both Europe and Latin America; education in palliative medicine, a workshop on "The message of palliative care" and a Think Tank on ethics and advanced illness.

ATLANTES will approach these issues in a manner consistent with the work of an academic institution: scientific investigation, professional training and dissemination of the knowledge acquired. This will be done in ways that are consistent with the institutional characteristics of the University of Navarra, and with a clear willingness to co-operate with other institutions that work for similar objectives, as well as those who may adopt differing perspectives.

**More information:**

<http://www.unav.es/centro/cultura-y-sociedad/>

## Preface

**The Atlas contains reports about the situation of palliative care development in 46 countries of the European WHO Region**



**Professor Sheila Payne**  
PRESIDENT OF THE EUROPEAN  
ASSOCIATION FOR PALLIATIVE CARE

First, I would like to extend my thanks to Carlos Centeno for his leadership and all that he has done to complete the revised EAPC Atlas of Palliative Care in Europe 2013. Clearly this Atlas was not the result of the efforts of one person, and my warm congratulations go to the whole team who have been devoted to revising, reviewing, collecting, collating and interpreting the data that underpin this document. All the authors are members of the EAPC Task Force on the Development of Palliative Care and some of them, are also members of the ATLANTES Research Team of the University of Navarra, Spain. I also wish to acknowledge all those people who have contributed data from their own countries by completing the formidable questionnaire so rigorously. I hope that you will feel that your efforts are rewarded in the revised Atlas.

This work is one of the outcomes of the EAPC Task Force on the Development of Palliative Care in Europe, which was started ten years ago in 2003, by Carlos Centeno, who chaired the group. The EAPC has a number of Task Forces which are time-limited international working groups, often involving leading experts that focus on a specific set of goals. In many senses, they are one of the most important ‘engines’ of the EAPC and it is both amazing and impressive what groups of like-minded individuals can achieve when they work together. Please see the EAPC website for information on other Task Forces working in the areas of Clinical Care, Education, Organisation and Policy, and Special Groups requiring palliative care. The outputs of these Task Forces are often published as EAPC ‘white papers’ (position statements), clinical guidelines, curriculum recommendations or consensus papers, are widely regarded as important for informing policy, practice and education in Europe and beyond.

I am confident that the palliative care country reports from 46/53 participating countries, describing the quantitative and qualitative situation of palliative care development across Europe, will be influential in promoting and guiding further improvements in services. The first EAPC Atlas was widely cited and a ‘best seller’! The revised Atlas will provide opportunities for benchmarking across countries, and for comparative analysis of development since 2007. The clear presentation of the tables and maps makes them very easy to use, and shows in a very visually attractive way the work of clinical teams, units, hospices and services, and celebrates the work of thousands of health and social care professionals and volunteers – a real community of effort.

## Note from the authors

The European Association for Palliative Care (EAPC) Task Force on the Development of Palliative Care in Europe was established in 2003, with the aim of providing up-to-date, reliable and comprehensive information and analysis about the scope of palliative care across the whole of Europe - defined by the World Health Organisation as a region of 53 countries. Since 2004, the Taskforce has produced a series of papers in scientific and professional journals and in 2007 it published the first EAPC ATLAS OF PALLIATIVE CARE IN EUROPE. The work of the Task Force has also been widely disseminated through the EAPC website, in presentations and conferences and has been widely used by palliative care professionals, policy makers and healthcare providers.

In this second edition of the ATLAS we have sought to improve our methods of data collection, to refine our techniques of verification and comparison and to further improve the quality of the resulting analysis. Studying the development of palliative care on this scale brings many challenges and we have been grateful for the encouragement, advice and critique of colleagues who, over the years, have taken an interest in our work.

For the present publication, the two key questionnaires (Facts Questionnaire and Eurobarometer Survey) have been significantly reworked, particularly in the light of the definitions proposed in the EAPC *White Paper on Standards and Norms for Hospice and Palliative Care*. Part 2 (European Journal of Palliative Care, 2010; 17(1): 22-33). We have included in the questionnaires a typology of services and a glossary of terms to guide those completing the documents, which were distributed to a network of palliative care experts and key persons in the second part of 2012. The Atlas presents the results of 46/53 (87%) countries that responded to both questionnaires.



The EAPC Task Force on the Development of Palliative Care in Europe: David Clark, Oana Donea, Carlos Centeno, Thomas Lynch and Javier Rocafort.

Inevitably, in an endeavour of this kind we continue to have to work with 'best estimates' and figures provided to us by in-country palliative care experts. We also give due weight to the opinions of palliative care leaders on current developments and 'hot topics'. For this edition of the ATLAS we have chosen the experts following nominations from individual National Associations (where these exist) and when not possible, we have made use of an extensive network of contacts based on previous studies and bibliographic searches.

In addition, during the early months of 2013, we subjected each draft 'country report' to verification and in-country peer review by external reviewers and in close contact with National Associations. A study of this kind has clear limitations, and these we continue to seek to overcome, but we are confident that, with these methods, we are offering the best available description of the situation of palliative care in Europe in 2012.

Because dissemination and impact are fundamental to a work of this kind, we have devised two different editions of the ATLAS. The EAPC ATLAS OF PALLIATIVE CARE IN EUROPE 2013 – FULL VERSION is available in electronic format only - with more than 400 pages and with extended country reports, a detailed section on methods and including the research instruments and glossary. This will be available from websites in the usual way, but we have also have created versions for electronic platforms accessible by smart phones and tablets. In contrast, the EAPC ATLAS OF PALLIATIVE CARE IN EUROPE 2013 – CARTOGRAPHIC EDITION is designed for both print format and electronic publication and we have developed this new edition with maps, tables and country reports of one page each, for quick consultation and for use in advocacy activities or reports for policy makers and healthcare providers.

Following on from this new edition of the ATLAS, we will develop our analyses in a series of further scientific papers and reports, concerned with ranking issues, trends in development, thematic aspects and case studies.

In exploring the extensive and varied dimensions of palliative care in the European context – and in working with others who share similar ambitions elsewhere (for example in Latin America) - we continue to have one goal. We seek to provide evidence in support of the wider improvement of palliative and end of life care across populations and jurisdictions, ensuring better access to appropriate care for all who require it - regardless of diagnosis, social group or geography.

We thank all of those who have collaborated in the collection of information or who have assisted in the production of this work. Any errors are those of the EAPC Task Force alone. We welcome comments, suggestions or corrections for further improvement, as the work of the Task Force continues.

**Since 2004, the Taskforce has produced a series of papers in scientific and professional journals and in 2007 it published the first EAPC ATLAS OF PALLIATIVE CARE IN EUROPE**

# Aims and objectives

The main aim of this study is to provide an updated, reliable and comprehensive analysis on the development of palliative care within each European country, in order to generate and disseminate an 'evidence base' of clear and accessible research-based information concerning the current provision of the discipline across the WHO European region.

It is hoped that this overview of palliative care provision, achievements and challenges will provide governments and policymakers with a new understanding of the development of programmes to promote palliative care within the WHO European region and that this will, in turn, have a positive impact upon providers of palliative care services in a direct, practical way through an improvement in the development of policy and practice and future service design.

The objectives of the project are:

- To provide a comprehensive analysis of the development of palliative care in the WHO European region in a manner relevant to the EAPC; to inter-governmental organisations and to national and regional governments.
- To explore the current organisation of hospice and palliative care in Europe considering political and social issues; healthcare policies, and the availability of palliative care resources countrywide.
- To facilitate access to information and communication between hospice and palliative care associations and societies that operate across the WHO European region.
- To aid the identification of key persons who have studied the development of hospice and palliative care in their own settings and who may provide country specific data to assist policy makers, planners and professional associations.
- To promote the development of palliative care across the WHO European region.

***The main aim of this study is to provide an updated, reliable and comprehensive analysis on the development of palliative care within each European country***

# Methods

## WORKING CONCEPT OF ‘PALLIATIVE CARE DEVELOPMENT’

The focus of this publication is on the development of palliative care in Europe.

Development in this context refers to processes, structures, policies and resources that support the delivery of palliative care.

The World Health Organisation (WHO) has defined palliative care and our purpose is to understand how it is being delivered, through designated specialist services but also through integrated approaches that incorporate palliative care into the mainstream of health and social care provision.

This working concept suggests that the number and range of specialized and non-specialized services, in combination with other quantitative and qualitative indicators, can indirectly estimate the development of palliative care at a national level.

The Latin American Association for Palliative Care (ALCP) recently developed a set of indicators to monitor palliative care in countries and regions that were developed following the World Health Organization (WHO) public health model. The authors acknowledge other indicators may be developed by each country or organization (for example, the categories constructed for the Worldwide Palliative Care Alliance global mapping of palliative care project).

## GROUP OF RESEARCHERS: THE TASK FORCE

The Task Force team members are from different countries and backgrounds and bring wide-ranging experience to the work (Table). Most have worked in the Task Force since 2003. For this edition of the Atlas a new member, Oana Donea, joined the team to provide a perspective from Eastern Europe including the sense checking of country reports from Central and Eastern Europe. The experience of Thomas Lynch from several other projects on the development of palliative care in countries of the Commonwealth of Independent States was of value in contacting professionals in those countries.

***For this edition of the Atlas a new member, Oana Donea, joined the team to provide a perspective from Eastern Europe including the sense checking of country reports from Central and Eastern Europe***

**Table 1.** Background and experiences of current members of the EAPC Task Force on the Development of Palliative Care in Europe.

RESEARCHER	COUNTRY	BACKGROUND	CURRENT PROJECTS
<b>Carlos Centeno</b>	Spain	Oncology and Palliative Medicine	Palliative Medicine Physician at the Clínica Universidad de Navarra  Associate Professor for Palliative Medicine in University of Navarra  Researcher at Institute for Culture and Society (ICS), University of Navarra
<b>Thomas Lynch</b>	United Kingdom Spain	International hospice and palliative care research	Researcher at International Observatory on End of Life Care, Lancaster University  Researcher at Institute for Culture and Society (ICS), University of Navarra  Researcher on several other projects on development of palliative care in Central and Eastern Europe and the Commonwealth of Independent States
<b>Oana Donea</b>	Romania	Oncology and Palliative Care	President of the Association for Mobile Palliative Care Services, Bucharest, Romania  Home care service physician and team director
<b>Javier Rocafort</b>	Spain	Family Medicine Hospital Management, Palliative Medicine	Palliative Medicine Physician and Medical Director of Laguna Hospice Hospital, Madrid
<b>David Clark</b>	United Kingdom	Medical Sociology, History, palliative care development worldwide	Director of the Dumfries Campus of University of Glasgow and Professor at the School of Interdisciplinary Studies, University of Glasgow, Dumfries



**CONCEPTUAL FRAMEWORK AND TYPOLOGY OF PALLIATIVE CARE**

The table below shows the conceptual framework that was used in the EAPC Atlas of Palliative Care in Europe. The table is based on different modes of provision of palliative care, classified by place of attendance and level of intervention. In the present study, only data is required that relates to specialist palliative care services (not the basic level of care provided by palliative care professionals working in traditional health care settings).

The definitions used in this conceptual framework are adapted from the EAPC 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). The exception to this is the definition for mixed palliative care support teams; there is no definition of this term in the EAPC White Paper, therefore the definition used is one compiled by the Task Force. A glossary of terms used was included in the questionnaires and is annexed at the end of full edition of the Atlas.

**The definitions used in this conceptual framework are adapted from the EAPC White Paper on Standards and Norms for Hospice and Palliative Care in Europe**

**Table 2.** Conceptual framework used in the EAPC Atlas of Palliative Care.

LOCATION WHERE PALLIATIVE CARE IS PROVIDED	RESOURCES AND SERVICES PROVIDING BASIC LEVEL OF PALLIATIVE CARE	SPECIALIZED PALLIATIVE CARE SERVICES			
	Basic level of palliative care	Specialized palliative care services or supportive palliative care services		Other specialized palliative care services	
Patient care in acute hospitals	General Hospital	Volunteer hospice team	Hospital palliative care support team	Mixed palliative care support team	Palliative care units in tertiary hospitals (acute, university or general hospitals)
Patient care (medium and long term) in places other than general hospitals	Nursing homes and other residential facilities				Palliative care units in hospitals or residential non-general hospitals
Patient care is provided at home	Assistance is provided by general or family physician and nurses in primary care teams		Home care support team (the family physician has primary responsibility for the patient)		Palliative care unit in an inpatient hospice  Day hospice or day-care center for palliative care  Home palliative care team (primary responsibility for patient within the palliative care team)

### COUNTRY 'EXPERTS' AND NATIONAL LEADERS IN PALLIATIVE CARE DEVELOPMENT

In 2011, the Task Force embarked upon a new programme of work to refine its original methods and to produce updated information on the status of palliative care in each European country. A letter was sent to the President of each National Palliative Care Association announcing the 2012 quantitative 'Facts Questionnaire' and qualitative 'Eurobarometer Survey' and asking them to nominate a 'key person' with extensive local knowledge of palliative care to complete the documents. The Task Force acknowledges the fact that there may be some methodological limitations with the use of 'experts' as a source of palliative care data collection (for example, inaccuracy or bias in responses); it was therefore decided to adopt a multiple informant methodology involving several representatives from different types of palliative care setting and multi-disciplinarity to complete the Facts Questionnaire and Eurobarometer Survey. Strict guidelines were followed and the relevant information is provided in this publication – how they were identified and recruited; design of the questionnaire and validation of the data provided (peer review).

If a country either had no National Palliative Care Association or the President of an association failed to respond to this request, 'key persons' were selected either through previous participation in the original Task Force project, personal recommendation from existing 'key persons' or other palliative care sources, or on the basis of being known to members of the Task Force whilst participating in other similar palliative care-related projects. The EAPC Head Office, the International Association of Hospice and Palliative Care (IAHPC), Help the Hospices (HTH) and the International Observatory on End of Life Care (IOELC) provided vital information in identifying national associations, local contacts, and key palliative care workers in each country and region.

In total, 89 'key persons' from 49 countries of the WHO European region were identified to complete the Facts Questionnaire and Eurobarometer Survey; in nine countries (18%), the same person was requested to complete both documents as they were either the only person that could be identified as being actively involved in palliative care or they were specifically chosen as the most suitable to complete both the Facts Questionnaire and Eurobarometer Survey by their National Palliative Care Association: 33 (37%) were either members of their National Palliative Care Association or recommended by them; 33 (37%) had previously participated in the original Task Force project; 11 (12%) were recommended by their National Palliative Care Association and had previously participated in the original Task Force project; and 11 (12%) were personal recommendations from existing 'key persons' or other palliative care sources, or selected on the basis of being known to members of the Task Force whilst participating in other similar palliative care-related projects.

In four countries of the 53 in the WHO European region, it was not possible to identify even one 'key person' working in palliative care due to either the small size of the country (Monaco and San Marino) or because it was a Commonwealth of Independent States country where establishing lines of communication proved to be especially difficult (Turkmenistan, Uzbekistan).

**89 'key persons' from 49 countries of the WHO European region were identified to complete the Facts Questionnaire and Eurobarometer Survey**

### QUANTITATIVE STUDY: FACTS QUESTIONNAIRE

The Facts Questionnaire collected 'factual' data on palliative care service provision in each European country; this quantitative survey is known as the 'Facts Questionnaire'. The initial Facts Questionnaire gathered data on the availability, organisation and delivery of palliative care: for example, the number and type of specific resources available; the number and type of professionals involved; the target population; the funding of services; and the accreditation of professionals. Combining data obtained through the Facts Questionnaire with other data on the state of palliative care enabled the production of an overall ranking system that facilitated a comparison of the development of the discipline between countries and regions.

The Facts Questionnaire was revised by the Task Force at a meeting of all members at Laguna Hospital in Madrid in 2011. The new format differs significantly from the original version; for example, the sections on 'Palliative Care Workforce Capacity', 'Palliative care Population' and 'Palliative Care Funding' in the original version have been completely removed as no data from those sections had been utilised within the compilation of publications. The 2011 version contains a 'conceptual framework' to be used as a point of reference for 'key persons' completing the questionnaire; this framework is based on different modes of provision of palliative care, and classified by place of attendance and level of intervention. In particular, there was an acknowledgement within the 2011 Facts Questionnaire that definitions of palliative care services may differ between countries and regions.

In this context, a new section on specialized palliative care services was developed based on the EAPC 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). There are also new sections on education and training, policy development, and the 'vitality' of palliative care in each country. Some questions relate to the work of other EAPC Task Forces (for example, EAPC Task Force on Education) and external authors were consulted to compile questions on specific palliative care issues (for example, geriatric palliative care). The lengthy process of amendment that the Facts Questionnaire had been subjected to constituted a form of 'internal piloting' and resulted in considerable improvement on the 2006 version.

In October 2011, a formal letter accompanied by the Facts Questionnaire was sent to the identified 'key persons', describing the work of the Task Force and inviting them to take part in the project. In addition to the four countries where no 'key person' could be identified, there were a further three countries where it had been possible to identify a potential 'key person' but they failed to respond to requests to complete the Facts Questionnaire (Bosnia-Herzegovina, Kyrgyzstan, Tajikistan). A total of 46/53 countries from the WHO European region therefore completed the 2012 EAPC Facts Questionnaire (87%). This compares to 44/52 European countries that completed the questionnaire in the previous project (85%).

### QUALITATIVE STUDY: EUROBAROMETER SURVEY

Qualitative information on the background situation of palliative care in each country has been generated by the Eurobarometer Survey. It is used to illuminate the socio-cultural context within which the quantitative data from the Facts Questionnaire is positioned. In the Eurobarometer Survey, the provision of palliative care is considered within the wider milieu of health care policy, as well as social, ethical and cultural factors. Central to the ability to improve access to palliative care in Europe is the ability to understand the barriers that prevent those who need palliative care from receiving it at all levels within healthcare and legislative systems; barriers to the development of palliative care in each country are critically examined from data gained within the Eurobarometer.

The initial Eurobarometer Survey had five main sections:

- Background questions (name, contact details, palliative care organisation, etc.);
- Questions on the current state of development of palliative care in each country (has improved; remained the same; got worse, etc.);
- Questions on barriers to, and opportunities for, the development of palliative care in each country (for example, availability of opioids; other issues relevant to the development of palliative care);
- Questions on policy (for example, national health policies; euthanasia and assisted suicide; Recommendations on Palliative Care from the Council of Europe (2003);
- Questions on the future of palliative care in each country.

The Task Force revised the Eurobarometer Survey in 2011 at a meeting of all members at Laguna Hospital in Madrid. There are new sections on essential medication for pain and symptom management, palliative care education and training initiatives, and the socio-cultural, ethical and moral issues surrounding palliative care. As palliative care is coming to be regarded as a human right, and access to palliative medication has been incorporated into a resolution of the United Nations Commission on Human Rights, the Eurobarometer also contains new questions to reflect growing interest in these issues.

In October 2011, a formal letter accompanied by the Eurobarometer Survey was sent to the identified 'key persons', describing the work of the Task Force and inviting them to take part in the project. In addition to the four countries where no 'key person' could be identified (Monaco, San Marino, Turkmenistan, Uzbekistan), there was another country where it had been possible to identify a potential 'key person' but they failed to respond to requests to complete the Eurobarometer Survey (Tajikistan). A total of 48/53 countries from the WHO European region therefore completed the 2012 EAPC Eurobarometer Survey (91%). This compares to 44/52 European countries that completed the survey in the previous project (85%). Unfortunately, although 48 countries completed the Eurobarometer Survey, Bosnia-Herzegovina and Kyrgyzstan failed to complete the Facts Questionnaire and a country report could not therefore be fully completed.

### PEER REVIEW PROCESS AND SENSE CHECKING

The Task Force determined that 'sense-checking' would be undertaken to confirm the accuracy of the Facts Questionnaire data. This was achieved by cross-checking with data from other projects that Task Force members have been involved with and utilising the vast palliative care experience and knowledge within the Task Force itself. However, it was also agreed that the completed EAPC Country Report (incorporating both the completed Facts Questionnaire and Eurobarometer Survey) should be sent to either the President of the National Association in a particular country (where a National Association exists), or to a second/third 'key person' for peer-review. This enhanced the reliability and credibility of both documents.

In Summer 2011, a letter was sent to the President of each National Palliative Care Association requesting a list of potential contacts that could be used to peer-review the completed documents. As with the Facts Questionnaire and Eurobarometer Survey, a multiple informant methodology was utilised involving several representatives from different types of palliative care setting and multi-disciplinarity. National Palliative Care Associations in 22/25 (88%) countries each provided details of three individuals that they felt were suitable to undertake the peer-review process of the completed country reports. Other sources for identifying individuals to complete the peer-review process were through previous participation in the original Task Force project, personal recommendation from existing 'key persons' or other palliative care sources, or on the basis of being known to members of the Task Force whilst participating in other similar palliative care-related projects. The EAPC Head Office in particular provided much assistance in identifying such individuals.

In total, 43/46 (93%) of the completed country reports were peer-reviewed by one to three autonomous 'key persons' from that particular country; three country reports could not be subjected to the peer-review process as there was only one person able to be identified as a 'key person' (the original respondent). Although there were a total of ten countries where only one 'key person' could be identified when the original Facts Questionnaire and Eurobarometer Survey were distributed, by the time of the peer-review process there was only Andorra, Estonia, and Montenegro where this was the case.

***The Task Force determined that 'sense-checking' would be undertaken to confirm the accuracy of the Facts Questionnaire data***

## BIBLIOGRAPHIC SELECTION

In 2006, the first edition of the Atlas of Palliative Care in Europe undertook a systematic review of articles on national development published in the ten-year period up to 2005; two main databases were used for this purpose - PUBMED and CINAHL. The review found more than 300 articles which were selected following a peer-review process and filtering by title and abstract. The review made it possible to witness the progress and changes in palliative care in each country. It also provided a detailed summary of the references, and permitted identification of key people who reported on the development of palliative care in those countries.

***A combined total of 3,430 new articles were considered for the period 2006 - 2012 in PUBMED and CINAHL databases***

In the current edition of the Atlas, the literature search and selection criteria were updated and broadened. A combined total of 3,430 new articles were considered for the period 2006 - 2012 in both databases, (PUBMED and CINAHL). The search criteria were: "Palliative medicine" (MeSH) OR "Palliative care" (MeSH) OR "Terminal care" (MeSH) AND "Country" (MeSH). Initially, eleven countries were found that had no results matching the specified criteria, 18 countries which results showed less than ten relevant articles, and 24 countries in which ten or more relevant articles were found. All these articles passed through a double filter (title and abstract selection by an expert in documentation management and a researcher of the Task Force). After this process of double filtering, 142 articles relating to the development of palliative care on a national level between 2006 and 2012 were discovered: 21 countries did not have any relevant articles; 23 countries had less than ten; and nine countries had ten or more relevant articles. In countries where there were less than ten relevant articles, articles from the previous project were selected. Eventually, a total of 213 bibliographic references were selected for inclusion in this edition of the Atlas.

## ADDITIONAL METHODS

In addition to the three original Task Force methods (Bibliography, Facts Questionnaire and Eurobarometer Survey), a further approach was added: an EAPC Survey from Head Office that provides information on:

- National Associations;
- Numbers of people attending EAPC Congresses;
- Numbers of people checking the EAPC website;
- Initiatives relating to World Hospice and Palliative Care Day;
- Numbers of people in the EAPC Database.

It was agreed that the additional methods should form part of a more comprehensive system of quality assurance and that the Task Force should seek to contextualise data contained within the Facts Questionnaire, by reference to other sources.

***A total of 213 bibliographic references have been included in this Atlas edition***

## CARTOGRAPHY

The cartography has been developed by the Geography Department of the University of Navarra, under the management of Professor Juan José Pons, who has been actively engaged in all Task Force meetings.

For the cartographic version of the Atlas, the digital covers 'World Countries' and 'World Cities' (DeLorme Publishing Company, Inc.) were obtained from the ArcGIS Website (under a Creative Commons license). In both cases, information was updated in October 2011 and the geographic coordinates system used was WGS 1984. The software used for map construction is the ArcGIS program (ESRI) version 10.0.

The choice of the Cartographic projection (in this case, pseudocylindric Times) is based on the criteria of making the most of the available space, so as to fully represent all countries correctly. Despite this, it has been impossible to avoid removing some of the biggest territories (Russia, Kazakhstan, Finland, etc) and, on some occasions there has been a need to introduce small cartographic licenses, such as amplified squares representing a value for the smallest countries (Andorra, Malta, Luxembourg). The representation scale is 1:25,000,000.

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 “reds” 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 Population Prospects: The 2010 Revision of United Nations for the year 2012”, and “World Bank” databases, with the clear criteria of finding the most accurate, updated and reliable data for the maximum number of countries of the WHO European region.



Part of the ATLANTES research team in a meeting about the Cartographic Edition in Pamplona.

**LIMITATIONS AND CONSTRAINTS**

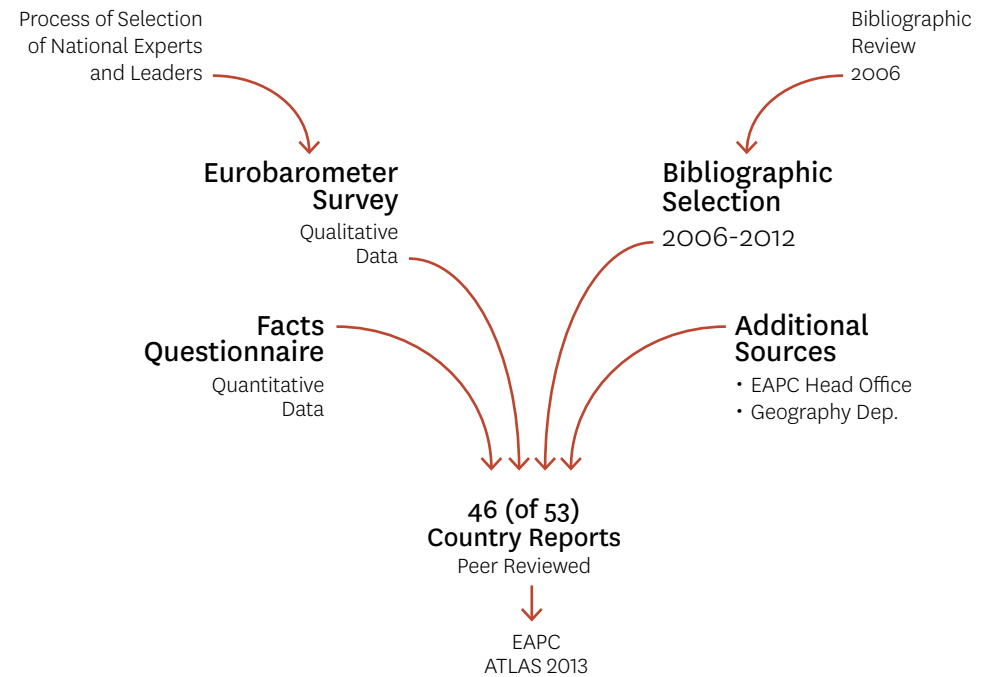
This work has built on lessons learned from the earlier Task Force studies. It addresses limitations and constraints associated with standardisation of terminology relating to hospice and palliative care services. It also addresses some of the unintended negative effects that may occur when benchmarking studies are undertaken. There may have been a failure to acknowledge the role of ‘human agency’ within the process of collecting the data – the fact that occasionally there could be the potential for data provided by a small number of ‘key persons’ to become ‘slightly exaggerated’, that there could be disagreement on data provided by two National Palliative Care Associations in the same country, or that there may be ‘competitive tendencies’ between neighbouring countries and regions.

The Task Force always aims to work with best estimations or exact figures from experts in the field of palliative care; leading opinions on important palliative care topics were also collected from ‘key persons’ in each respective country. We acknowledge, however, that although opinion leaders and palliative care ‘experts’ may have attempted to obtain the best information within each country, some of them could have failed in this aim. To overcome this methodological limitation, as detailed at length in the Method Section, for the current project we approached the experts after they were nominated by their National Palliative Care Association; if this was not possible, we used our extensive list of contacts from previous similar studies or information from the bibliographic search.

Also (in contrast to our previous project), after completion of the first version of the country report we adopted a broad peer review process throughout the first part of 2013, with at least one external reviewer working in close contact with each National Palliative Care Association.

In sum, although a study of this kind has clear limitations, we are convinced that, with the increased rigour that we have used, we are offering the best possible comparative information about the situation of palliative care in the WHO European region.

**Figure 1.** Methods and process of the Atlas survey.







## 2. Thematic Maps

## Socioeconomic context

Palliative care development and, more generally, the national health care systems of individual countries, appear to be closely correlated with the standards of living of a particular society. Generally speaking, a more productive economy results in a higher investment in overall health expenditure. The maps included in this ATLAS of Palliative Care in Europe, demonstrate a specific relationship in many countries between high Gross Domestic Product (GDP), Human Development Index (HDI) and indicators relating to health expenditure. Some countries score consistently high on all indicators (for example, United Kingdom, Sweden, and Iceland); other countries are often in low positions on these indicators (for example, countries of Central and Eastern Europe and Commonwealth of Independent States).

However, there are a number of exceptions to this situation; for example, the Republic of Moldova, Romania and Poland who, despite not having as high an economic level as the Western European countries previously mentioned, have achieved a good level of comparative palliative care development. Surprisingly, countries that appear well positioned in terms of Gross Domestic Product do not always achieve corresponding levels of development in palliative care or within their health care system in general.

In the final section of the Atlas entitled “Country Information”, general indicators relating to health and socio-economic development are provided for each country. A number of sources were utilised to obtain this data; they are fully described in the “Methods” section.

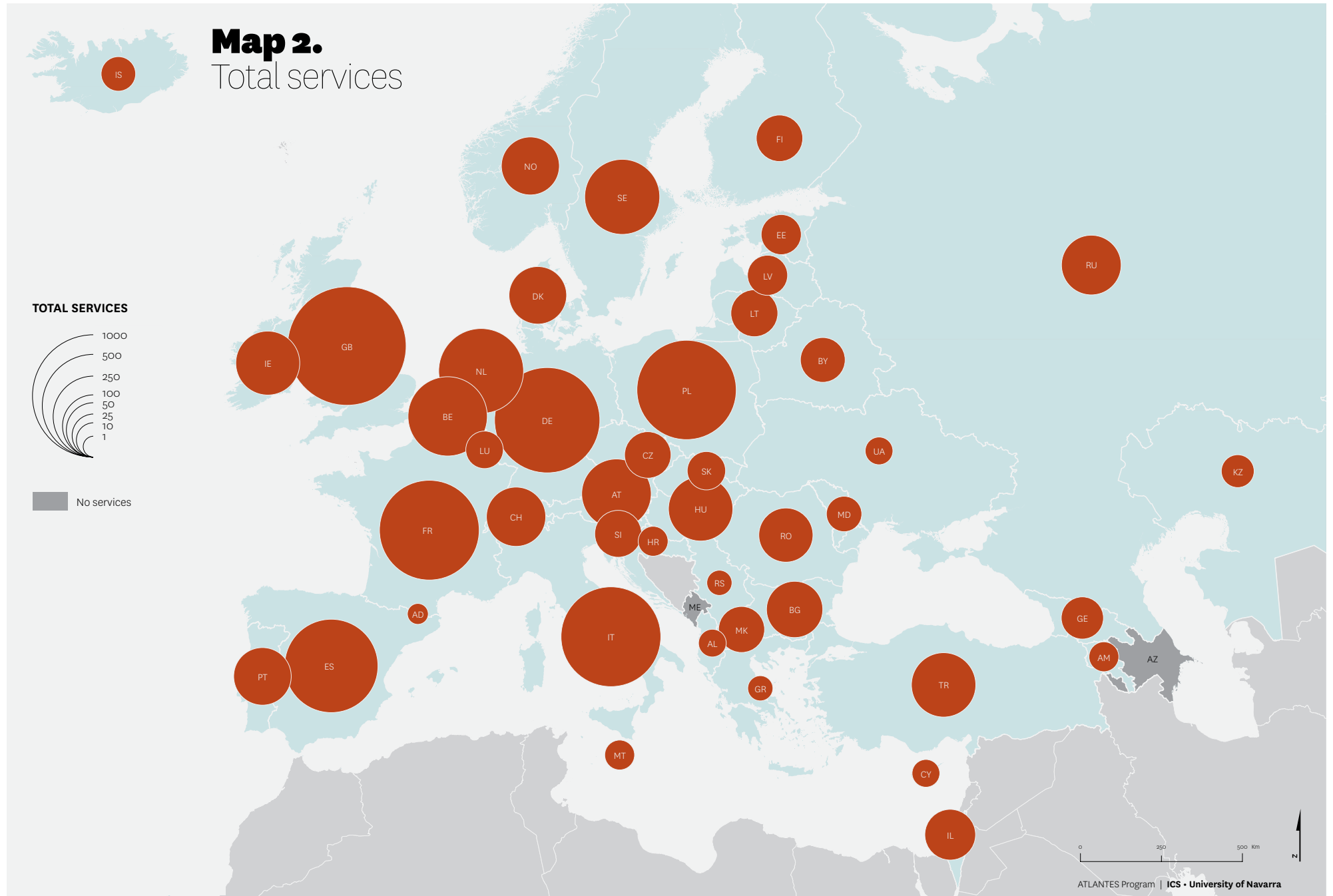


# Map 1. Key Map

**COUNTRIES**  
(that responded  
to the questionnaires)

- AL Albania
- AD Andorra
- AM Armenia
- AT Austria
- AZ Azerbaijan
- BY Belarus
- BE Belgium
- BG Bulgaria
- HR Croatia
- CY Cyprus
- CZ Czech Republic
- DK Denmark
- EE Estonia
- FI Finland
- FR France
- GE Georgia
- DE Germany
- GR Greece
- HU Hungary
- IS Iceland
- IE Ireland
- IL Israel
- IT Italy
- KZ Kazakhstan
- LV Latvia
- LT Lithuania
- LU Luxembourg
- MK Macedonia
- MT Malta
- MD Moldova
- ME Montenegro
- NL Netherlands
- NO Norway
- PL Poland
- PT Portugal
- RO Romania
- RU Russia
- RS Serbia
- SK Slovakia
- SI Slovenia
- ES Spain
- SE Sweden
- CH Switzerland
- TR Turkey
- UA Ukraine
- GB United Kingdom

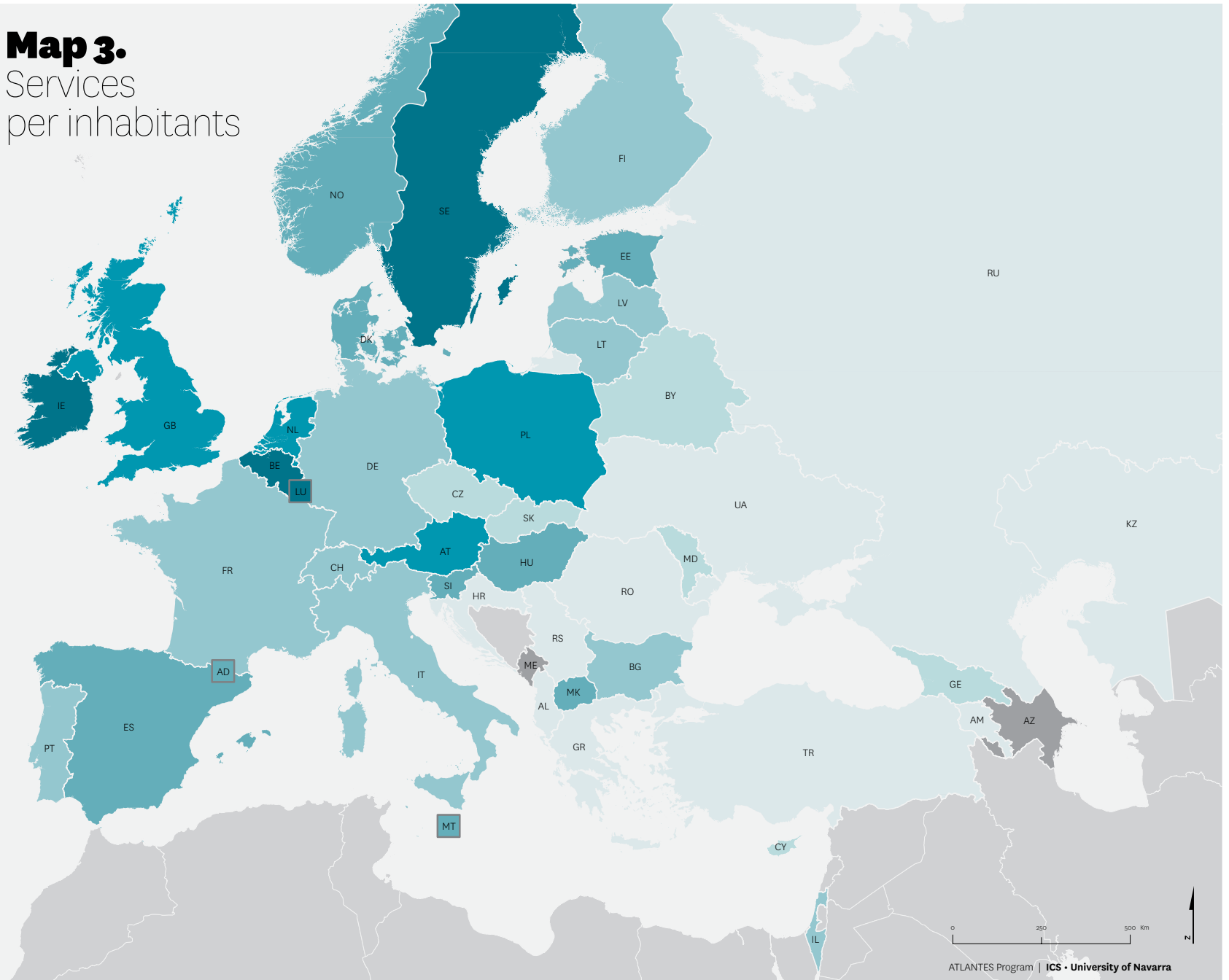






**Map 3.**  
Services  
per inhabitants

**TOTAL SERVICES  
PER MILLION  
INHABITANTS  
(adults)**

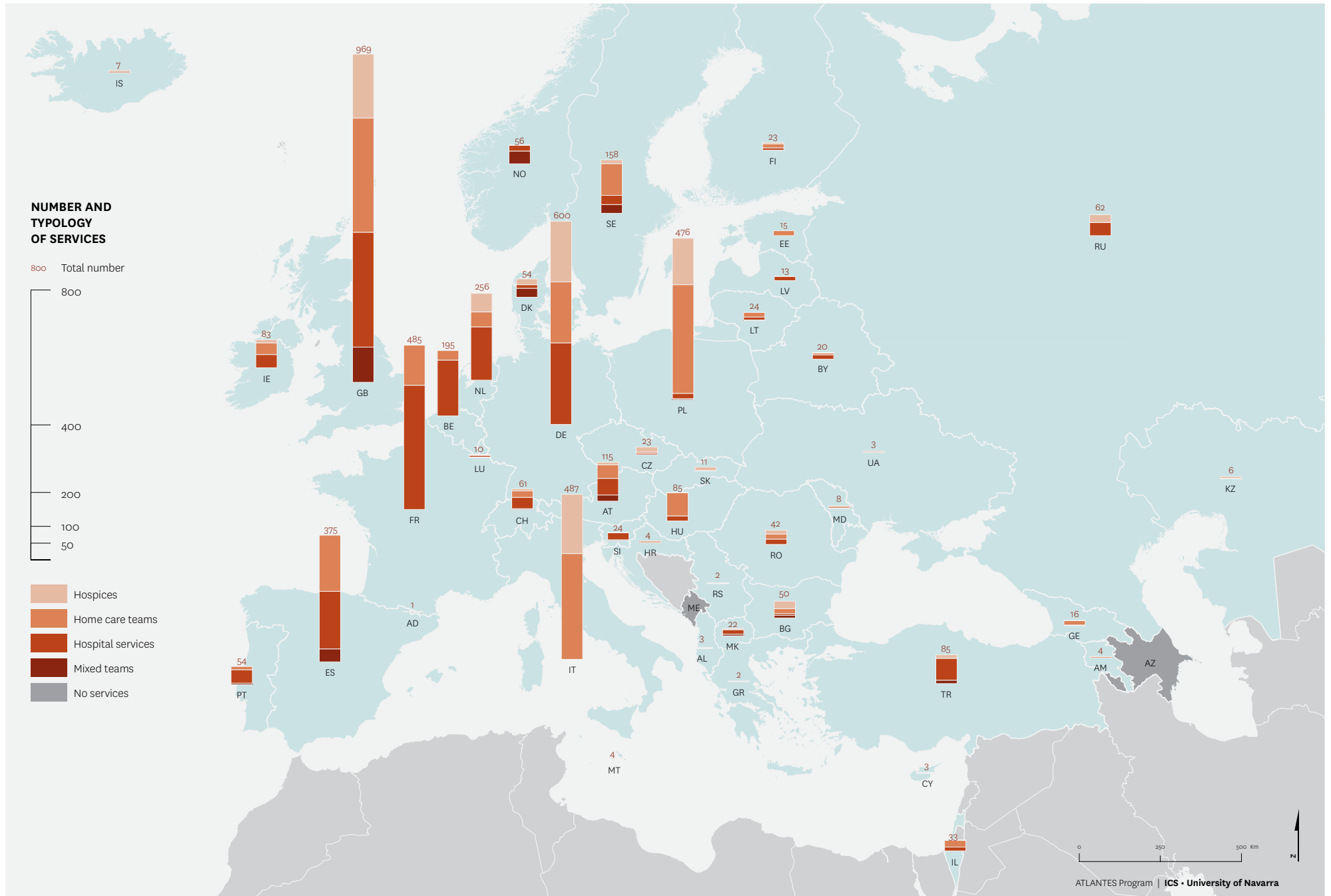


## Map 4.

PC services  
for adults

**Table 3.** Provision of specific PC resources in Europe

Country	Inpatient Hospices	Home Care teams	Hospital services	Mixed teams	Total services	Total per million inhabitants
ALBANIA	0	2	0	1	3	0.93
ANDORRA	0	0	1	0	1	11.43
ARMENIA	0	4	0	0	4	1.29
AUSTRIA	8	40	49	18	115	13.64
AZERBAIJAN	0	0	0	0	0	0.00
BELARUS	2	5	13	0	20	2.10
BELGIUM	2	28	165	0	195	18.08
BULGARIA	22	15	5	8	50	6.76
CROATIA	0	4	0	0	4	0.91
CYPRUS	1	2	0	0	3	2.66
CZECH REPUBLIC	15	4	4	0	23	2.18
DENMARK	17	0	11	26	54	9.66
ESTONIA	0	15	0	0	15	11.20
FINLAND	4	12	7	0	23	4.26
FRANCE	0	118	367	0	485	7.64
GEORGIA	1	13	2	0	16	3.72
GERMANY	179	180	241	0	600	7.32
GREECE	0	1	1	0	2	0.18
HUNGARY	1	69	15	0	85	8.54
ICELAND	0	4	3	0	7	21.32
IRELAND	9	35	39	0	83	18.12
ISRAEL	2	20	11	0	33	4.29
ITALY	175	312	0	0	487	7.99
KAZAKHSTAN	5	1	0	0	6	0.37
LATVIA	0	0	13	0	13	5.82
LITHUANIA	0	14	9	1	24	7.29
LUXEMBOURG	1	2.00	5	2	10	19.11
MALTA	0	1	2	1	4	9.54
MONTENEGRO	0	0	0	0	0	0.00
NETHERLANDS	55	44	157	0	256	15.32
NORWAY	0	1	17	38	56	11.29
POLAND	137	321	16	2	476	12.42
PORTUGAL	0	10	40	4	54	5.05
REPUBLIC OF MACEDONIA	3	1	13	5	22	10.64
REPUBLIC OF MOLDOVA	1	5	2	0	8	2.27
ROMANIA	11	15	16	0	42	1.96
RUSSIA	23	0	39	0	62	0.43
SERBIA	0	1	1	0	2	0.20
SLOVAKIA	10	0	1	0	11	2.01
SLOVENIA	1	0	21	2	24	11.76
SPAIN	1	166	170	38	375	8.02
SWEDEN	11	94	27	26	158	16.64
SWITZERLAND	6	19	33	3	61	7.89
TURKEY	10	0	65	10	85	1.14
UKRAINE	0	3	0	0	3	0.07
UNITED KINGDOM	189	337	339	104	969	15.43



## Map 5. Other resources for Palliative Care patients

### VOLUNTEER HOSPICE TEAM

A volunteer hospice team offers support and befriending to PC patients and their families in times of disease, pain, grief and bereavement. The Volunteer Hospice Team is part of a comprehensive support network and collaborates closely with other professional services in PC.

The volunteer hospice teams are vital in contributing to the psychosocial and emotional support of patients, relatives and professionals and foster the maintenance and improvement of patients' and carers' quality of life. The support persists beyond the patient's death and continues in the phase of bereavement. Volunteer hospice teams do not only provide an indispensable dimension of PC to patients and families, but also act as advocates of PC to the general public. In some countries, volunteers contribute to fund-raising, reception and administration duties and to the governance of the hospices as trustees.

**There should be one Volunteer Hospice Team available for 40,000 inhabitants (Nemeth C et al, 2004).**

### DAY HOSPICE

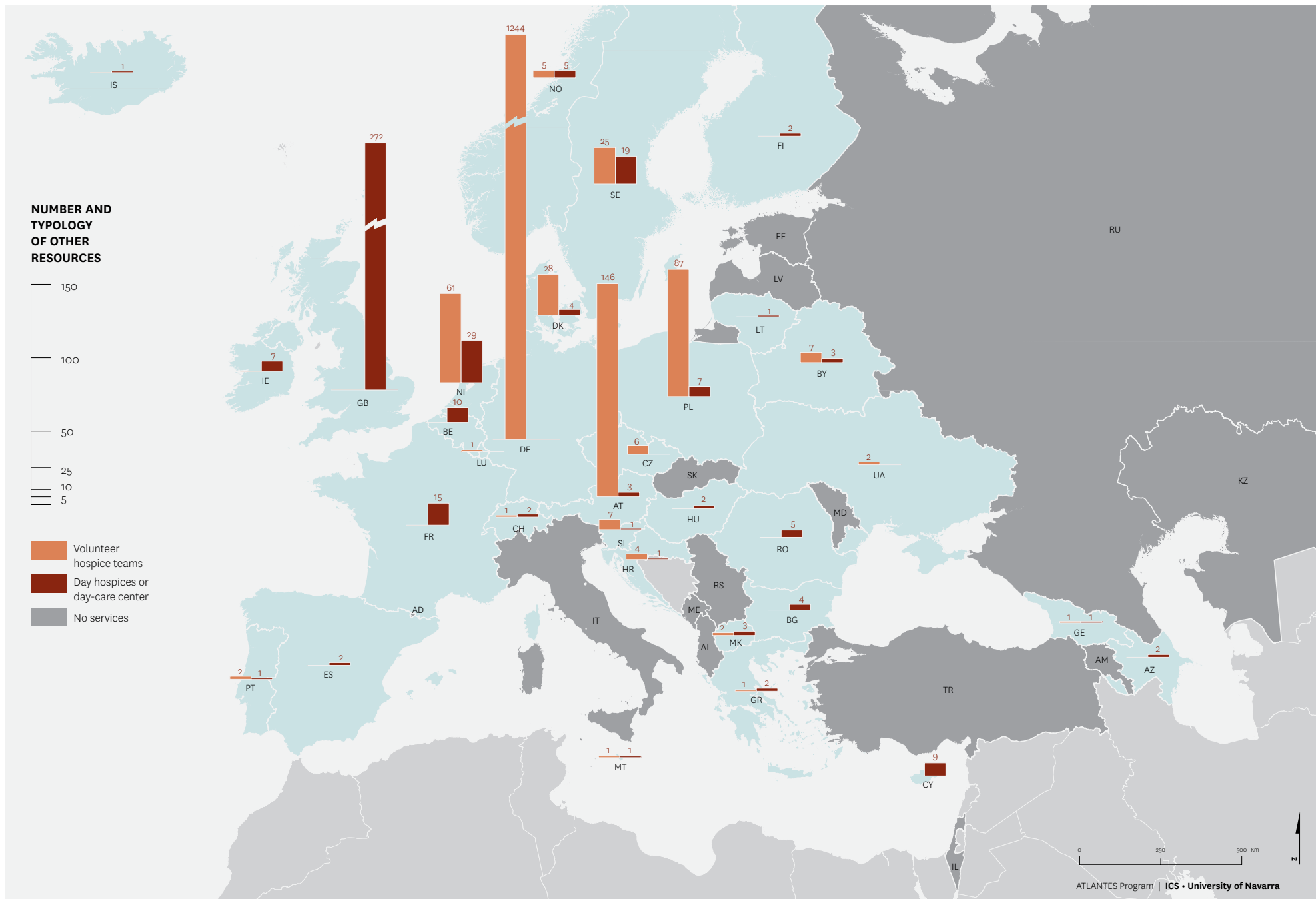
Day hospices or day-care centres are spaces in hospitals, hospices, PCUs or the community especially designed to promote recreational and therapeutic activities among PC patients.

Patients usually spend part of the day in the day-care centre, either each day or once weekly. Day hospices focus on creative living and social care, offering patients the opportunity to participate in various activities during the daytime outside their familiar surroundings. Formal medical consultations are not usually part of routine day-care, but in some day-care centres patients may have some treatments such as a blood transfusion or a course of chemotherapy, while at the centre. Central aims are social and therapeutic care, to avoid social isolation as well as to relieve the burden of care on relatives and carers.

Until now, day-care centres have been a characteristic feature of hospice and PC development in the UK, but are only sparsely available in other European countries. In consequence, a clear estimation of the need for day-care centres in European countries is lacking. It must be noted that, in many countries, day care centres are not regarded as an essential service and other models of PC delivery are offered.

**There should be a day hospice available for 150,000 inhabitants. National pilot projects should be established and evaluated to investigate the need for this type of service (Nemeth C et al, 2004).**

*This text has been extracted from "The EAPC White Paper on Standards and Norms for Hospice and PC in Europe. Part 2." (European Journal of PC 2010, 17(1): 22-33).*



## Map 6.

### Inpatient Hospices

An inpatient hospice admits patients in their last phase of life when treatment in a hospital is not necessary and care at home or in a nursing home is not possible. The central aims of an inpatient hospice are the alleviation of symptoms and achievement of the best possible quality of life until death as well as bereavement support. In many countries, the function of an inpatient hospice is similar to that of a PCU, whereas, in other countries, a clear distinction can be observed. In Germany, for example, patients will be admitted to a PCU for crisis intervention and to an inpatient hospice for end-of-life care. In some countries a hospice, in contrast to a PCU, is a free-standing service with end-of-life care as its main focus of work.

#### ABOUT ST CHRISTOPHER'S

In founding St Christopher's in 1967, Dame Cicely Saunders made an extraordinary contribution to alleviating human suffering. The hospice has been a centre of innovation and insight ever since St Christopher's Hospice exists to promote and provide skilled and compassionate PC of the highest quality.

Its vision is of a world in which all dying people and those close to them have access to appropriate care and support, when they need it, wherever they need it and whoever they are.

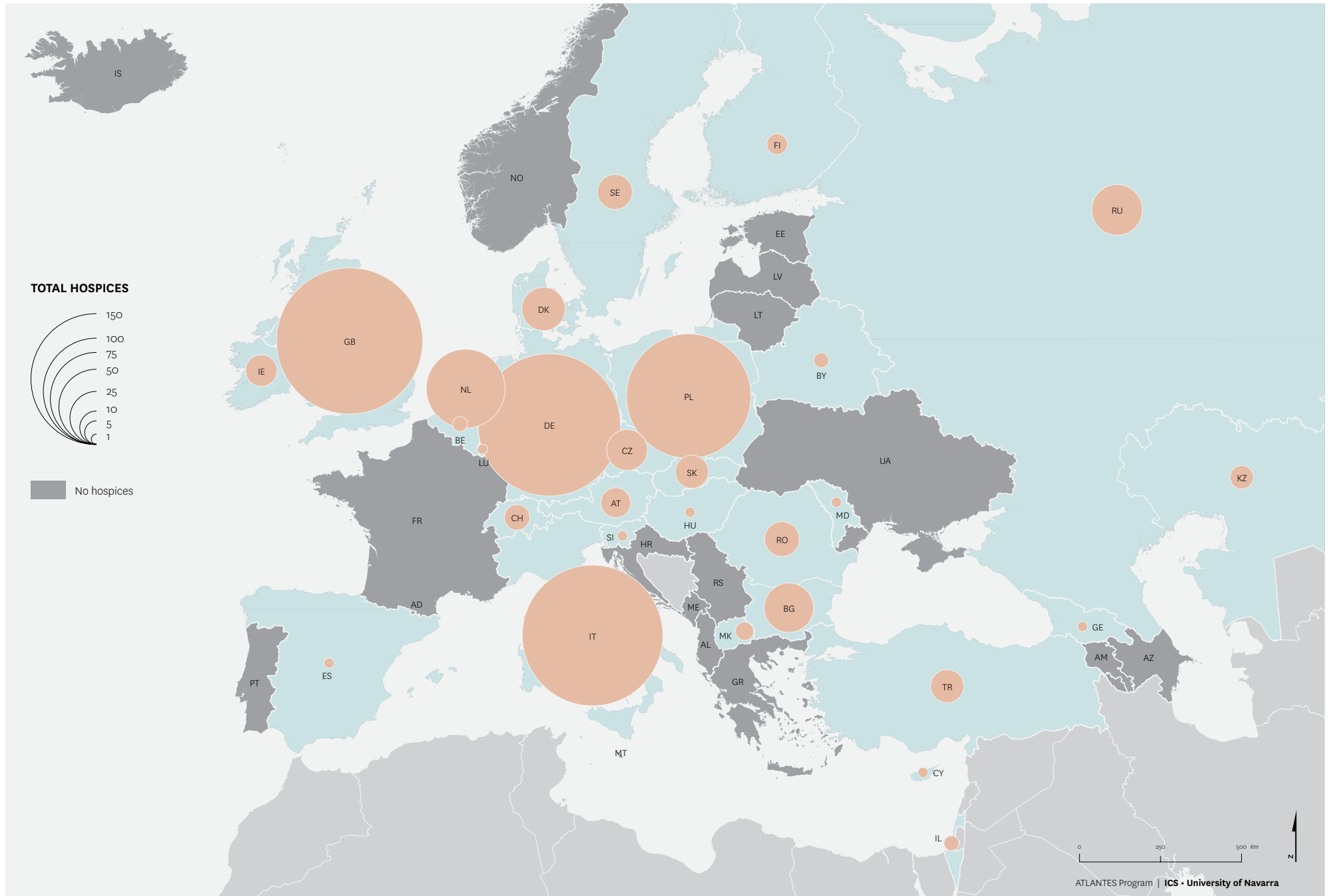


St Christopher's Hospice, Sydenham, South East London.

The hospice serves a diverse population of 1.5 million people in the London boroughs of Bromley, Croydon, Lambeth, Lewisham and Southwark, reaching some of England's most deprived areas. All the care is provided free of charge. St Christopher's is an adult hospice caring for patients from the age of 18 upwards.

St Christopher's care services are delivered in a range of settings including patients' own homes, our four inpatient wards and our Anniversary Centre. Our PC is delivered by coordinated teams of specialist doctors and nurses; physiotherapists and occupational therapists; social workers and welfare support workers and also includes adult bereavement services psychiatrist support; arts and complementary therapies; spiritual and religious care; and specialist support for bereaved children (This text has been extracted from <http://www.stchristophers.org.uk>).





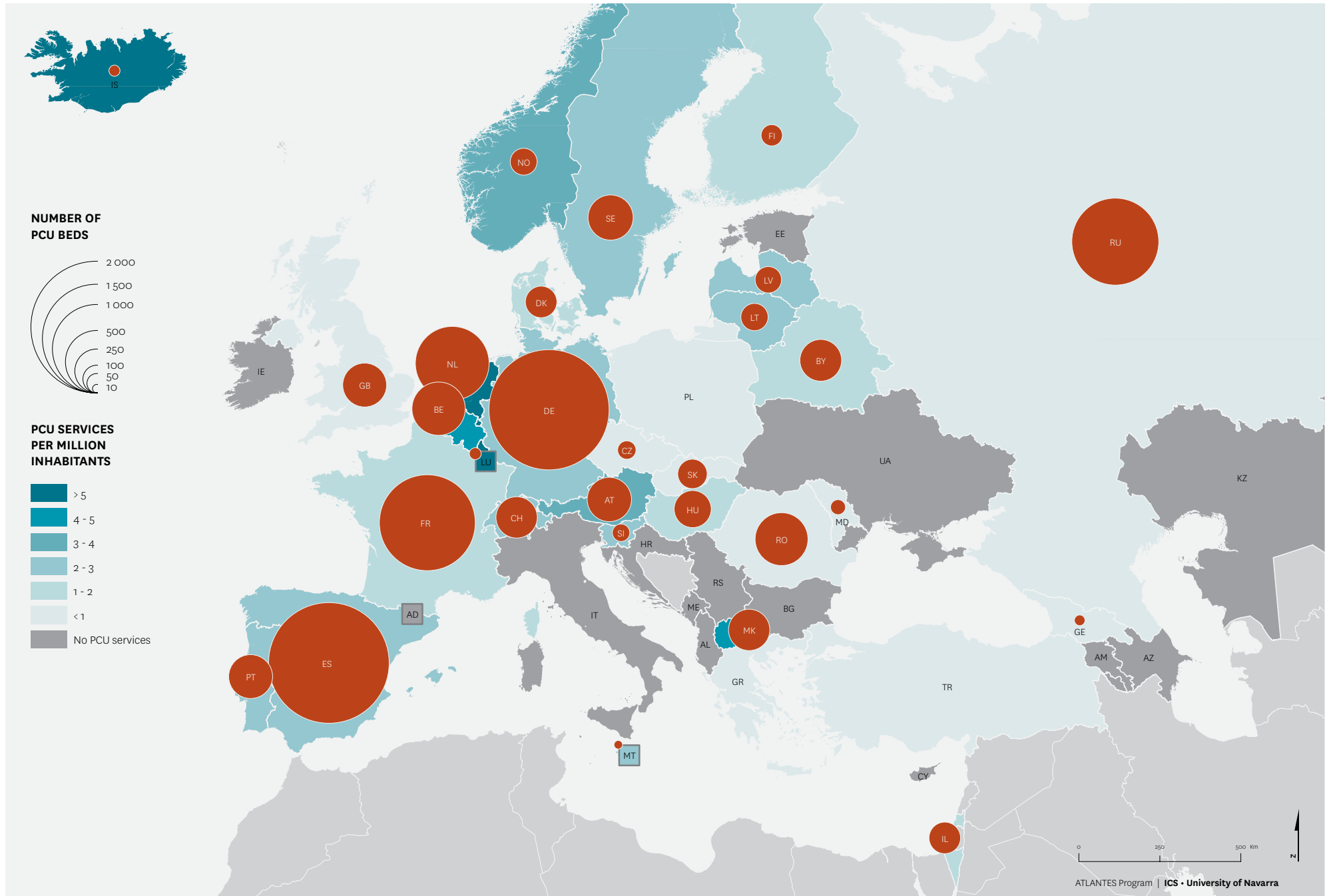
## Map 7.

### PC Units

PC units (PCUs) provide specialist inpatient care. A PC unit is a department specialised in the treatment and care of PC patients. It is usually a ward within, or adjacent to, a hospital, but it can also exist as a stand-alone service. In some countries, PC units will be regular units of hospitals, providing crisis intervention for patients with complex symptoms and problems, in other countries PCUs can also be freestanding institutions, providing end-of-life care for patients where home care is no longer possible. The aim of PC units is to alleviate disease- and therapy-related discomfort and, if possible, to stabilise the functional status of the patient and offer patient and carers psychological and social support in a way that allows for discharge or transfer to another care setting.

**It is estimated that 50 PC beds are needed for 1,000,000 inhabitants. With an optimal size of 8-12 beds per unit this would correspond to five PCUs per million inhabitants. Recent estimates have upgraded the number of PC and hospice beds needed to 80-100 beds per 1.000.000 inhabitants (Nemeth C et al, 2004).**

*This text has been extracted from "The EAPC White Paper on Standards and Norms for Hospice and PC in Europe. Part 2." (European Journal of PC 2010, 17(1): 22-33)*



## Map 8.

### Types of PC Units

For the purposes of this Atlas, PC units have been divided into two categories according to the place of attendance and level of intervention: PC units in tertiary hospitals (Acute, university or general hospitals) and PC units in hospitals or residential non-general hospitals.

- **PC units in tertiary hospitals:** PC units in tertiary hospitals (acute, university or general hospitals). Usually for the short-term treatment of patients with acute and/or complex symptoms. PC units provide specialist inpatient care. A PC unit is a department specialised in the treatment and care of PC patients. In some countries, PC units will be regular units of hospitals, providing crisis intervention for patients with complex symptoms and problems.

- **PC units in non-tertiary hospitals:** PC units in non-tertiary hospitals. Usually for the medium-term treatment of patients with less complex symptoms. In some countries, PC units can be freestanding institutions, providing end-of-life care for patients where home care is no longer possible. The aim of these PC units is to offer patient and carers social support in a way that allows for discharge or transfer to another care setting. These units may also provide support for appropriate patients cared for in care homes.



At the Laguna Care Center, Madrid (Spain), there are two PCUs and several other services such as a daycare centre, a nursing unit, a respite unit, rooms for the home care team and an education centre for healthcare professionals, relatives of patients and volunteers.



## Map 9.

### Hospital PC Support Teams

Hospital PC support teams provide specialist PC advice and support to other clinical staff, patients and their families and carers in the hospital environment. They offer formal and informal education, and liaison with other services in and out of the hospital. Hospital PC support teams are also known as hospital supportive care teams or hospital mobile teams. Hospital PC support teams in the first instance address support to healthcare professionals in hospital units and polyclinics not specialised in PC. One central aim of a hospital PC support team is the alleviation of multiple symptoms of PC patients on different hospital wards by mentoring the attending staff and by supporting the patients and their relatives. Furthermore, expertise in palliative medicine and PC shall be made available in the respective environments.

Support and education is offered on pain therapy, symptom control, holistic care and psychosocial support. This involves attending to patients on a variety of different wards and providing advice to other clinicians. However, decisions on and implementation of, therapies and interventions remain the responsibility of the attending medical staff. The hospital PC support team contributes at the request of medical and nursing staff, the admitted patient and his relatives. The team is supposed to act in close collaboration with other specialists.

The aims of a hospital PC support team are the improvement of care to foster discharge from an acute hospital unit and the facilitation of the transfer between inpatient and outpatient care. Measures taken by the team can be a well-directed transfer of patients to PC units or coordination between inpatient and outpatient care. Close cooperation with other services and the contribution to a sustainable PC network is an important function of a hospital PC support team. Within this context, additional tasks can be the provision of a hotline to give advice to medical and nursing staff on difficult palliative questions, or of regional education and training in selected topics of PC 6.

**A hospital PC support team should be affiliated to every PC unit and should be available for every hospital in case of need. There should be at least one team available for a hospital with 250 beds. It would be desirable to have a hospital PC support team associated with every PC unit. In case of need, such a team should be available for every hospital. However, in the majority of European countries, this model of support and care delivery is still is very poorly represented (Nemeth C et al, 2004).**

*This text has been extracted from "The EAPC White Paper on Standards and Norms for Hospice and PC in Europe. Part 2." (European Journal of PC 2010, 17(1): 22-33).*



## Map 10. Home Care Teams

Home PC teams provide specialised PC to patients who need it at home and support to their families and carers at the patient's home. They also provide specialist advice to general practitioners, family doctors and nurses caring for the patient at home.

The home PC team is a multiprofessional team that, in the first place, supports people at home or in a nursing home (for example relatives, medical staff, nurses, physiotherapists, relatives). It offers support with a graded approach. Most often, the home PC team has an advisory and mentoring function, and offers its expertise in pain therapy, symptom control, PC and psychosocial support. Advice and support by the home PC team can also be provided directly to the patient.

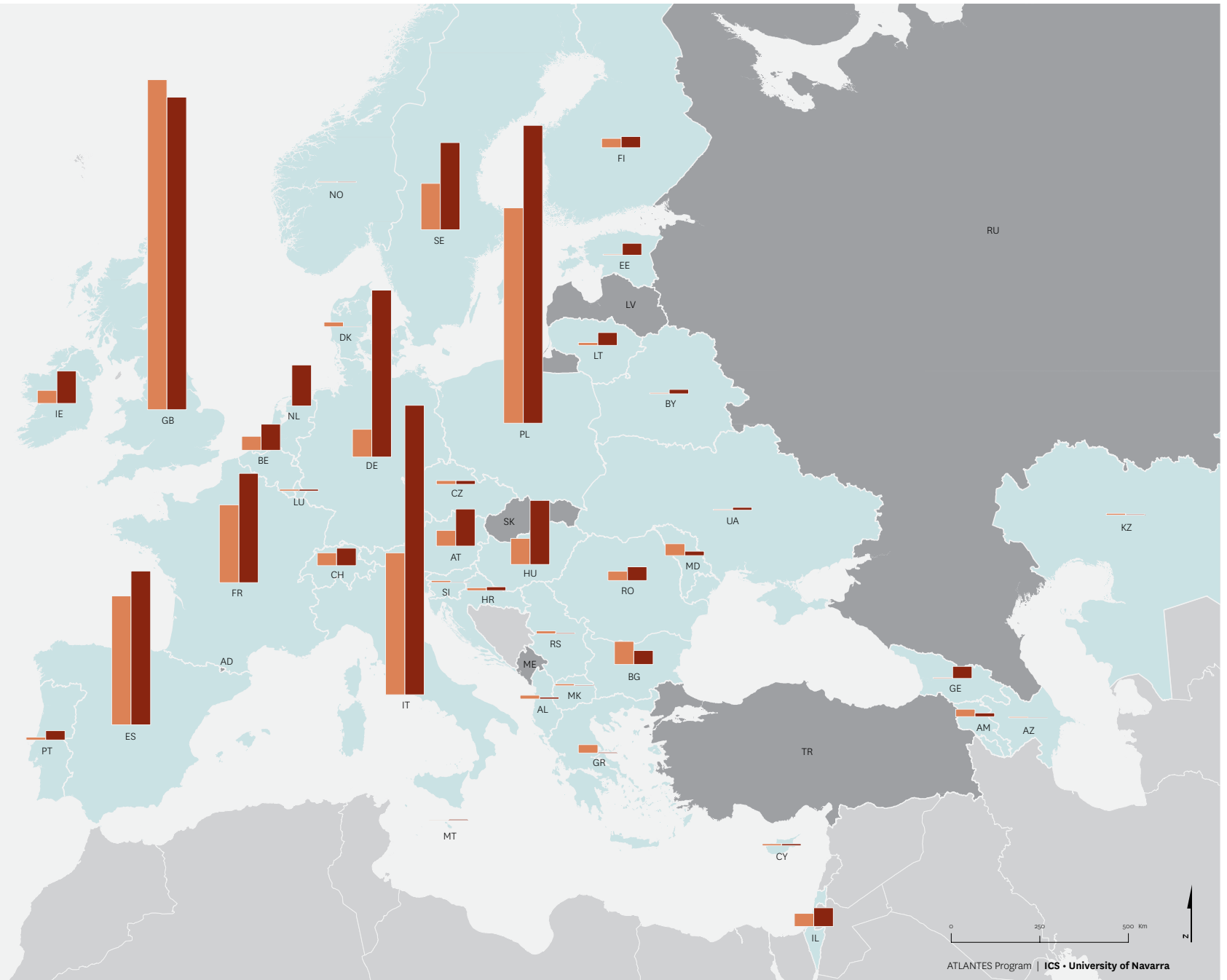
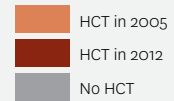
Less frequently the home PC team may provide 'hands-on' direct care in collaboration with the general practitioner and other primary care workers. In selected cases with highly complex symptoms and problems, the home PC team may take over treatment from the general practitioner and the nursing service and provide holistic PC. The mode of action also depends on the local model of care delivery and the level of involvement of primary carers. The home PC team also assists the transfer between hospital and home.

**There should be one home PC team available for 100,000 inhabitants. The team should be accessible 24 hours a day (Nemeth C et al, 2004).**

*This text has been extracted from "The EAPC White Paper on Standards and Norms for Hospice and PC in Europe. Part 2." (European Journal of PC 2010, 17(1): 22-33).*



**HOME CARE TEAMS  
COMPARISON  
2005-2012**



1. There is no information available for ANDORRA in 2005.  
 2. TURKMENISTAN, TAJIKISTAN, UZBEKISTAN, KYRGYZSTAN and BOSNIA&HERZEGOVINA reported data in 2005 study, but not in 2012.  
 3. The comparison between SERBIA and MONTENEGRO is an estimation, due to MONTENEGRO's independence (2006). In this map, the 2005 information has been assigned to SERBIA.

## Map 11.

### Mixed PC Support Teams

In the previous Atlas (2006), a new kind of service was identified: a mixed team of palliative care that operates as a support team in both the community and in hospitals. A mixed palliative care support team is composed of a multiprofessional team with at least one physician and one nurse with specialist palliative care training.

#### AN EXAMPLE OF MIXED PC SUPPORT TEAMS

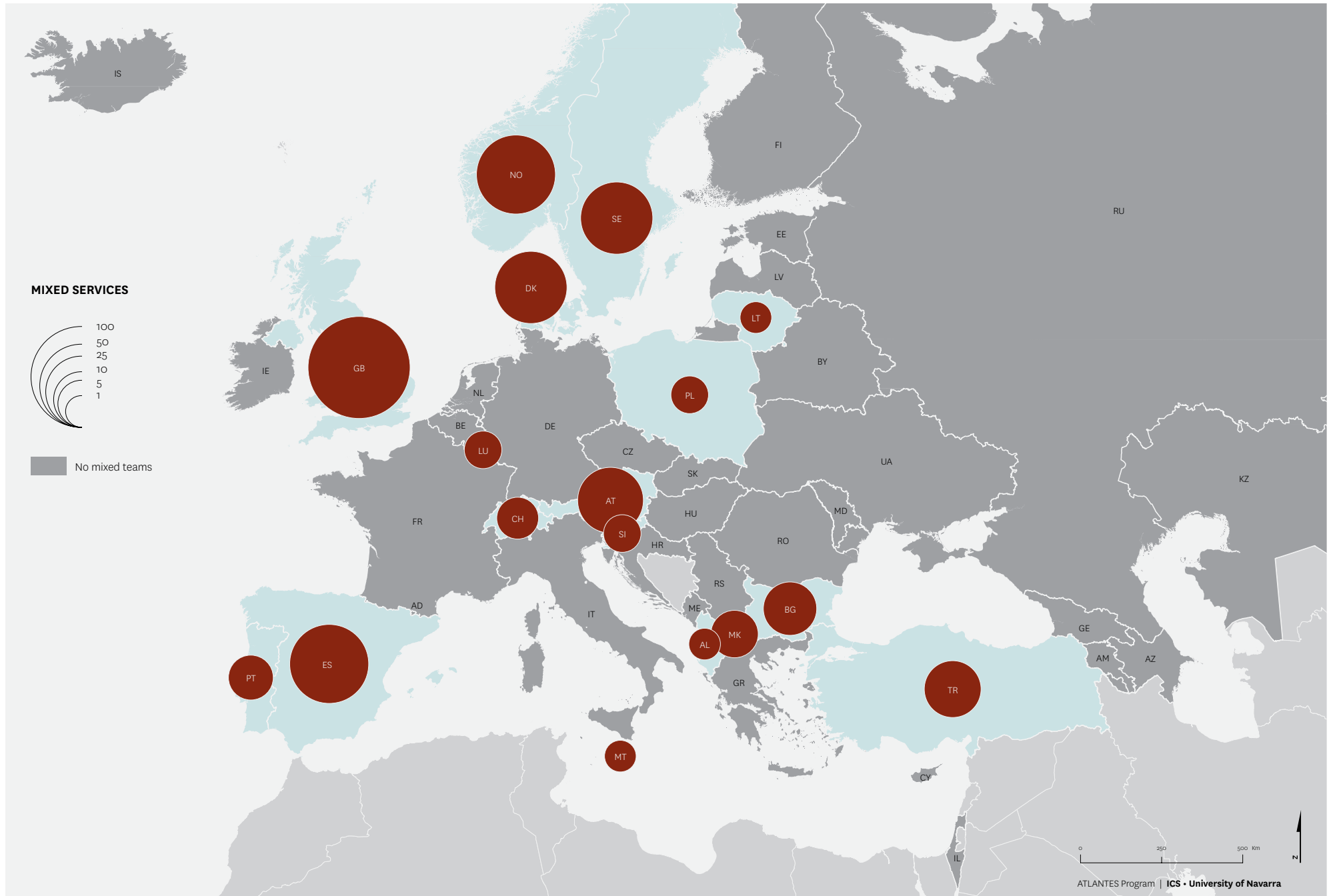
“Regional PC program in Extremadura (Spain): an effective public health care model in a sparsely populated region”

The Regional PC Program in Extremadura (RPCPEX) was created and fully integrated into the Public Health Care System in 2002. The local health care authorities of Extremadura (a large sparsely populated region in the west of Spain with 1,083,897 inhabitants) decided to guarantee PC as a basic right, offering maximum coverage, availability, and equity, functioning at all levels of assistance and based on the complexity of the case. The program provides full coverage of the region through a network of eight PC Teams under the direction of a regional coordinator.

The mobile teams work in acute hospitals and in the community. This paper describes the program, using qualitative and quantitative indicators of structure, process, and outcome. Qualitative indicators assess, among others, the performance of the regional network, including the outcomes of the quality, training, registry, treatment, and research groups. Quantitative indicators applied consisted of the number of professionals (1/26,436 inhabitants), number of patients (1,635/million inhabitants/year), number of activities/million inhabitants/year (6,183 hospital and 3,869 home visits; 1,863 consultations; 14,748 advising services; 11,539 coordination meetings; and 483 educational meetings), cost of care (2,242,000 Euros per year), and opioid consumption (494,654 daily defined doses/year). Four years after the planning process and three years after becoming operational, the RPCPEX offers an effective and efficient model integrated into the public health care system and is able to offer comprehensive coverage, availability, equity and networking among all the structures and levels of the program. Several structural and organizational tools were developed, which may be adopted by other programs within the scope of public health.

The provision of PC should not be conditioned by the patient's geographical location, his or her condition or disease or on the ability to pay, but on need alone. This model has successfully implemented PC in a region that offered many challenges, including limited resources and a disperse population in a geographically extensive region. These variables are also common in many rural areas in developing countries and the regional PC program offers a flexible approach that can be adapted to the needs and resources in different settings and countries in the world.

*Herrera E, Rocafort J, De Lima L, Bruera E, García-Peña F, Fernández-Vara G. 2007. “Regional PC program in Extremadura: an effective public health care model in a sparsely populated region”. J Pain Symptom Manage.;33(5):591-8.*

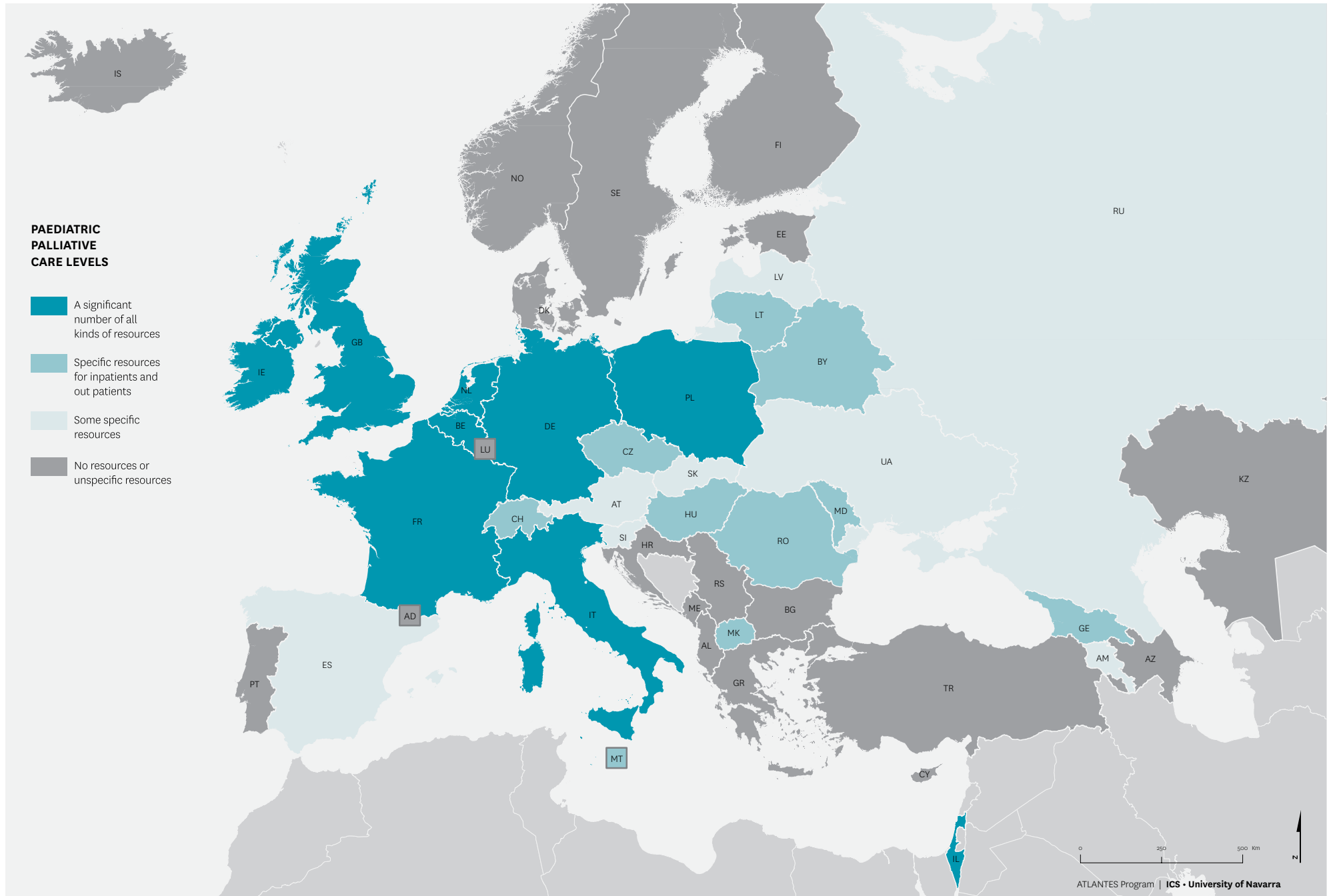


## Map 12.

### Palliative Care Services for Children

Table 4.

Country	Comments
ALBANIA	There is one home care paediatric team; there are two mixed paediatric care support teams and eight mixed paediatric beds available for day care services only.
ARMENIA	There is one home paediatric PC support team in Yerevan for 30 children funded since 2011 by Matra Foundation (Netherlands). There is also one mixed paediatric PC support team (although there are probably some other fragmented services provided by NGOs). There is only one paediatrician working in PC.
AUSTRIA	There are some paediatric volunteer hospice teams: two mobile paediatric PC teams and one paediatric hospital PC support team in St. Anna's Childrens Hospital. In 2012, a task force chaired by the Austrian Health Institute (Gesundheit Österreich – GÖG) and Hospice Austria developed a master plan for hospice and PC for children and young people in Austria, suggesting structures and defining quality of care.
BELARUS	There are seven paediatric volunteer hospice teams (three beds): there is one paediatric inpatient hospice (three beds) and one paediatric day hospice; there are seven paediatric home PC support teams.
BELGIUM	There are seven paediatric mixed PC support teams that are based in seven hospitals in Belgium (three French speaking and four Flemish speaking) that also provide home care – they are hospital-based paediatric home PC teams.
CZECH REPUBLIC	There is one paediatric hospital PC support team and two paediatric home PC support teams in the Czech Republic.
FRANCE	There are 22 paediatric PC support teams (including four home PC support teams) (one in each region) There are 185 PC beds in paediatric departments (essentially in tertiary hospitals)
GEORGIA	There are four paediatric home PC support teams; CPC is providing paediatric home-based PC in Tbilisi (3 teams) and Zugdidi (1 team). The National Cancer Centre of Georgia and CPC provide paediatric PC services.
GERMANY	There are 97 paediatric volunteer hospice teams, 26 paediatric home PC support teams, one paediatric PC unit in a tertiary hospital (eight beds), ten paediatric inpatient hospices (108 beds) and two adolescent hospices with eight beds (two further inpatient children's hospices are planned). The paediatric PC home teams are mainly based in a large hospital.
GREECE	There are six volunteer paediatric pain teams; two paediatric hospital pain teams; four paediatric home pain teams; two paediatric mixed pain teams; two paediatric pain units in tertiary hospitals; and two paediatric pain services in day care centres. There is also one paediatric inpatient pain service
HUNGARY	There are two paediatric inpatient hospices (nine beds); both hospices opened in 2011.
IRELAND	Ireland's first Consultant Paediatrician with a Special Interest in Paediatric Palliative Medicine was appointed in 2011, based at Our Lady's Children's Hospital Crumlin, Dublin. National policy provides for eight dedicated Children's PC Outreach Nurses to be in place by 2013. There is one children's hospice in Ireland – LauraLynn Ireland's Children's Hospice, Dublin – established 2011.
ISRAEL	There is one paediatric PC unit in a tertiary hospital; one paediatric inpatient hospice; and six paediatric hospital PC support teams. There is only one hospital with a purpose built paediatric hospice. However, that hospice no longer has a dedicated PC specialist. Other paediatric hospitals offer some form of PC home services.
ITALY	There are eight paediatric home PC support teams, and two paediatric inpatient hospices (six beds).
LATVIA	There is one paediatric hospital PC support team (outpatient setting - no beds) based in Riga; Anda Jansone is in charge of this team which has a number of full-time workers, including a social worker, a psychologist and a chaplain, that provide PC consultations for children and family members at home.
LITHUANIA	There are three paediatric home PC support teams, and two paediatric PC units in non-tertiary hospitals.
MALTA	There is one paediatric volunteer hospice team; one paediatric hospital PC support team (four beds); one paediatric home PC support team; and one paediatric PC unit in a tertiary hospital (four beds). Paediatric PC beds are part of the Oncology ward in the acute general hospital (there is only one acute general hospital in Malta).
NETHERLANDS	There are seven paediatric inpatient hospices and a small number of paediatric day hospices/day care centres (exact number unknown).
POLAND	All hospices for adults admit children in need - there is no limitation. There are 48 paediatric home PC support teams.
MACEDONIA	There is one paediatric volunteer hospice team (5 beds), one paediatric hospital PC support team (5 beds), and one paediatric PC unit in a tertiary hospital (5 beds).
MOLDOVA	There are two paediatric home PC support teams, one paediatric inpatient hospice (3 beds) and one paediatric day hospice.
ROMANIA	There is one paediatric hospital PC support team, five paediatric home PC support teams, three paediatric inpatient hospices (20 beds) and five paediatric day care centres.
RUSSIA	There are two paediatric home PC support teams and 6 paediatric inpatient units (38 beds+).
SLOVAKIA	There is one paediatric home PC support team (a regularly licensed health care provider). All the services provided are financed by external donors.
SLOVENIA	There is one paediatric hospital PC support team located in the tertiary centre in Ljubljana that offers a consultation service. There are specialist bereavement teams for children in Ljubljana and Maribor
SPAIN	There are two paediatric hospital PC support teams and three paediatric PC units in tertiary hospitals.
SWITZERLAND	There is one paediatric hospital PC support team, one paediatric home PC support team, one paediatric mixed PC support team and one paediatric PC unit in a tertiary hospital (six beds).
UKRAINE	There are not less than 100 paediatric hospital PC support teams throughout Ukraine (4,000 beds); there is one paediatric home PC support team.
UNITED KINGDOM	There are ten paediatric hospital PC support teams, 46 paediatric home PC support teams (39 providers), 241 paediatric PC units in tertiary hospitals, 42 paediatric inpatient hospice units (30 providers and 334 beds), and 31 paediatric day care services (24 providers).



# Map 13.

## National Associations

**Table 5.** National Association identified and year it was founded.

Country	Year	National Association
<b>CYPRUS</b>	1971	The Cyprus Anti-Cancer Society
	1986	The Cyprus Association of Cancer Patients and Friends
<b>UNITED KINGDOM</b>	1984	Help the Hospices
	2011	Together for Short Lives, Children's Hospices UK
	1991	The National Council for PC
	NK	Hospices Cymru
	1986	Association for Palliative Medicine of Great Britain and Ireland
<b>ITALY</b>	1986	The Italian Society of PC
	1999	The Italian Federation of PC
<b>SWITZERLAND</b>	1986	Swiss Association for PC
<b>BELGIUM</b>	1990	Flemish federation of PC
	1995	Walloon federation of PC
	1997	Pluralist federation from Brussels of palliative and continuing care
<b>DENMARK</b>	1990	The Danish Association for PC
	2009	The Danish Multidisciplinary Cancer Group for PC
<b>FRANCE</b>	1990	The French Society of Accompaniment and PC
<b>LUXEMBOURG</b>	1990	Association for PC OMEGA 90
	2011	Association for Palliative Medicine in Luxembourg
<b>GERMANY</b>	1992	German Hospice and Palliative Association
	1994	German Association for Palliative Medicine
<b>SPAIN</b>	1992	The Spanish Society for PC
	2007	Palliative without frontiers (Paliativos Sin Fronteras)
	NK	The National Association for Palliative Nursing
<b>AUSTRIA</b>	1993	Hospice Austria
	1998	The Austrian PC Association
<b>IRELAND</b>	1993	The Irish Association for PC
<b>POLAND</b>	1993	The Polish Association for PC
	2002	The Polish Society of Palliative Medicine
<b>FINLAND</b>	1995	The Finnish Association for PC
	2003	The Finnish Association for Palliative Medicine
<b>HUNGARY</b>	1995	The Hungarian Hospice Palliative Association
<b>LITHUANIA</b>	1995	The Lithuanian Palliative Medicine Association
<b>PORTUGAL</b>	1995	The Portuguese Association for PC
<b>LATVIA</b>	1996	The PC Association of Latvia
	1997	The Children's PC Society
<b>GREECE</b>	1997	The Hellenic Association of Pain Control and PC
	1997	The Hellenic Society for Palliative - Symptomatic Care for Cancer and non-Cancer Patients

\* Two countries have national associations of PC in development: Kazakhstan and Serbia.

\* Six countries have not reported any national association of PC: Andorra, Azerbaijan, Belarus, Estonia, Malta and Montenegro.

Country	Year	National Association
<b>ICELAND</b>	1997	The Life, Icelandic Association for PC
<b>SWEDEN</b>	1997	The Swedish Association for Palliative Medicine
	2004	The National Council for PC
<b>ROMANIA</b>	1998	The National Association for PC
	1998	The Romanian Society for Palliatology and Thanatology
<b>TURKEY</b>	1998	The Turkish Oncology Association, Subgroup for Supportive Care
	2007	The Turkish PC Association
<b>SLOVAKIA</b>	1999	The Slovak Association for Hospice and PC
<b>NORWAY</b>	2000	The Norwegian Association for Palliative Medicine
	2000	The Norwegian Association for PC
	2009	Yes to Ensuring Pain Relief in Children
	2009	Hospice Forum Norway
<b>BULGARIA</b>	2001	The Bulgarian Association for PC
<b>REP.OF MACEDONIA</b>	2001	The National Association for PC of Republic of Macedonia
<b>ALBANIA</b>	2002	Albanian PC Association
<b>NETHERLANDS</b>	2002	Agora, the National Center for PC
	2010	Palliactief (the national association of PC)
	2011	The Comprehensive Cancer Centers of the Netherlands
	2012	PalHAG, the general practitioners advisory group in PC
<b>ARMENIA</b>	2003	Armenian Pain Control & PC Association
	2009	Association Gayush
<b>REPUBLIC OF MOLDOVA</b>	2003	The National Society "Hospice-PC" of the Republic of Moldova
	2011	The National Association for PC
<b>CZECH REPUBLIC</b>	2005	The Association of Providers of Hospice and PC
	2009	The Czech Society for Palliative Medicine
<b>UKRAINE</b>	2007	The All-Ukrainian Association of PC
	2010	The Association of Palliative and Hospice Care
<b>CROATIA</b>	2009	The Croatian Association for Palliative Medicine
	2009	The Center for PC and Medicine
<b>GEORGIA</b>	2009	National Association for PC
<b>SLOVENIA</b>	2011	The Slovenian Palliative Medicine Society
<b>RUSSIA</b>	2012	The Russian Association for Palliative Medicine
	NK	Inter-regional Hospice Association (in St Petersburg)
	NK	A National Hospice Association (in Moscow)
<b>ISRAEL</b>	NK	Israel Palliative Medical Society.
	NK	"Tmicha" the Israel Association for PC



## Map 14.

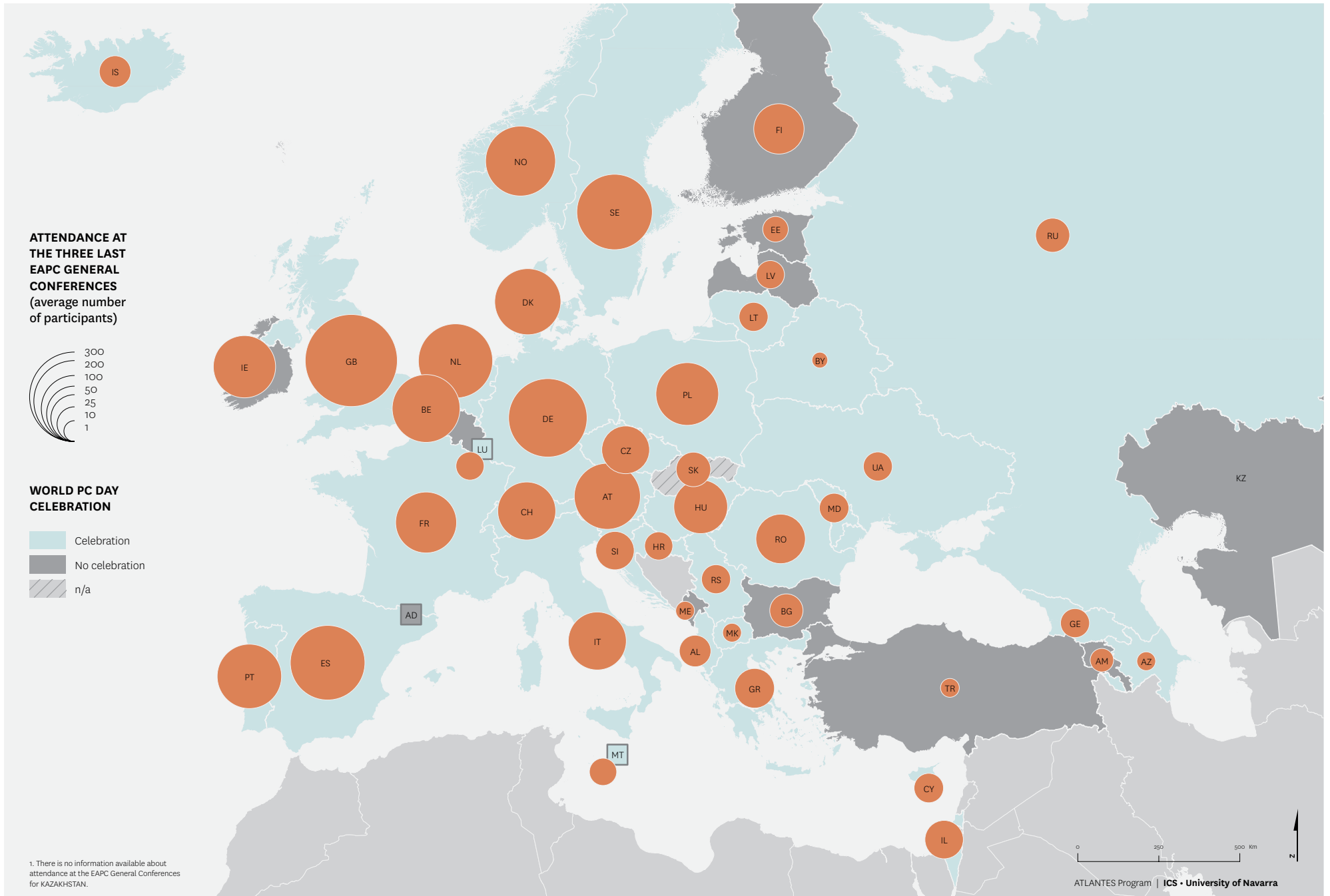
### Professional's activities

**Table 6.** Examples of palliative care professional's activities developed in the country

Country	Periodic National Conference	Scientific Journal	Research centers	Palliative care twinning (1)	World hospice day initiatives
ALBANIA	No	No	No	Yes	Yes
ANDORRA	No	No	No	No	No
ARMENIA	No	No	No	No	No
AUSTRIA	Yes	Yes	Yes	Yes	Yes
AZERBAIJAN	No	No	No	Yes	Yes
BELARUS	Yes	No	No	Yes	Yes
BELGIUM	Yes	Yes	Yes	No	No
BULGARIA	Yes	No	No	No	No
CROATIA	Yes	No	No	Yes	Yes
CYPRUS	Yes	No	No	No	Yes
CZECH REPUBLIC	Yes	Yes	No	No	Yes
DENMARK	Yes	Yes	Yes	No	Yes
ESTONIA	No	No	No	No	No
FINLAND	Yes	Yes	No	No	No
FRANCE	Yes	Yes	Yes	Yes	Yes
GEORGIA	Yes	No	Yes	No	Yes
GERMANY	Yes	Yes	Yes	No	Yes
GREECE	Yes	Yes	Yes	Yes	Yes
HUNGARY	Yes	Yes	Yes	Yes	Yes
ICELAND	No	No	No	No	Yes
IRELAND	Yes	No	Yes	Yes	No
ISRAEL	Yes	No	No	Yes	Yes
ITALY	Yes	Yes	Yes	Yes	Yes
KAZAKHSTAN	No	No	Yes	Yes	No
LATVIA	No	No	Yes	Yes	No
LITHUANIA	Yes	No	No	Yes	Yes
LUXEMBOURG	No	No	No	Yes	Yes
MALTA	Yes	No	No	Yes	Yes
MONTENEGRO	No	No	No	No	No
NETHERLANDS	Yes	Yes	Yes	Yes	Yes
NORWAY	Yes	Yes	Yes	Yes	Yes
POLAND	Yes	Yes	Yes	Yes	n/a
PORTUGAL	Yes	No	No	yes	Yes
REPUBLIC OF MACEDONIA	Yes	No	No	No	Yes
REPUBLIC OF MOLDOVA	Yes	No	No	Yes	Yes
ROMANIA	Yes	Yes	No	Yes	Yes
RUSSIA	Yes	Yes	No	No	Yes
SERBIA	No	No	No	No	Yes
SLOVAKIA	Yes	Yes	No	Yes	n/a
SLOVENIA	Yes	No	Yes	Yes	Yes
SPAIN	Yes	Yes	YES	Yes	yes
SWEDEN	Yes	n/a	Yes	Yes	Yes
SWITZERLAND	Yes	Yes	Yes	Yes	Yes
TURKEY	No	No	No	No	No
UKRAINE	Yes	No	Yes	Yes	Yes
UNITED KINGDOM	Yes	Yes	Yes	Yes	Yes

(1) The question exploring "twinning" was: Are there any hospice/palliative care institutional 'twinning' or partnership initiatives in your country at the present time?





## Map 15.

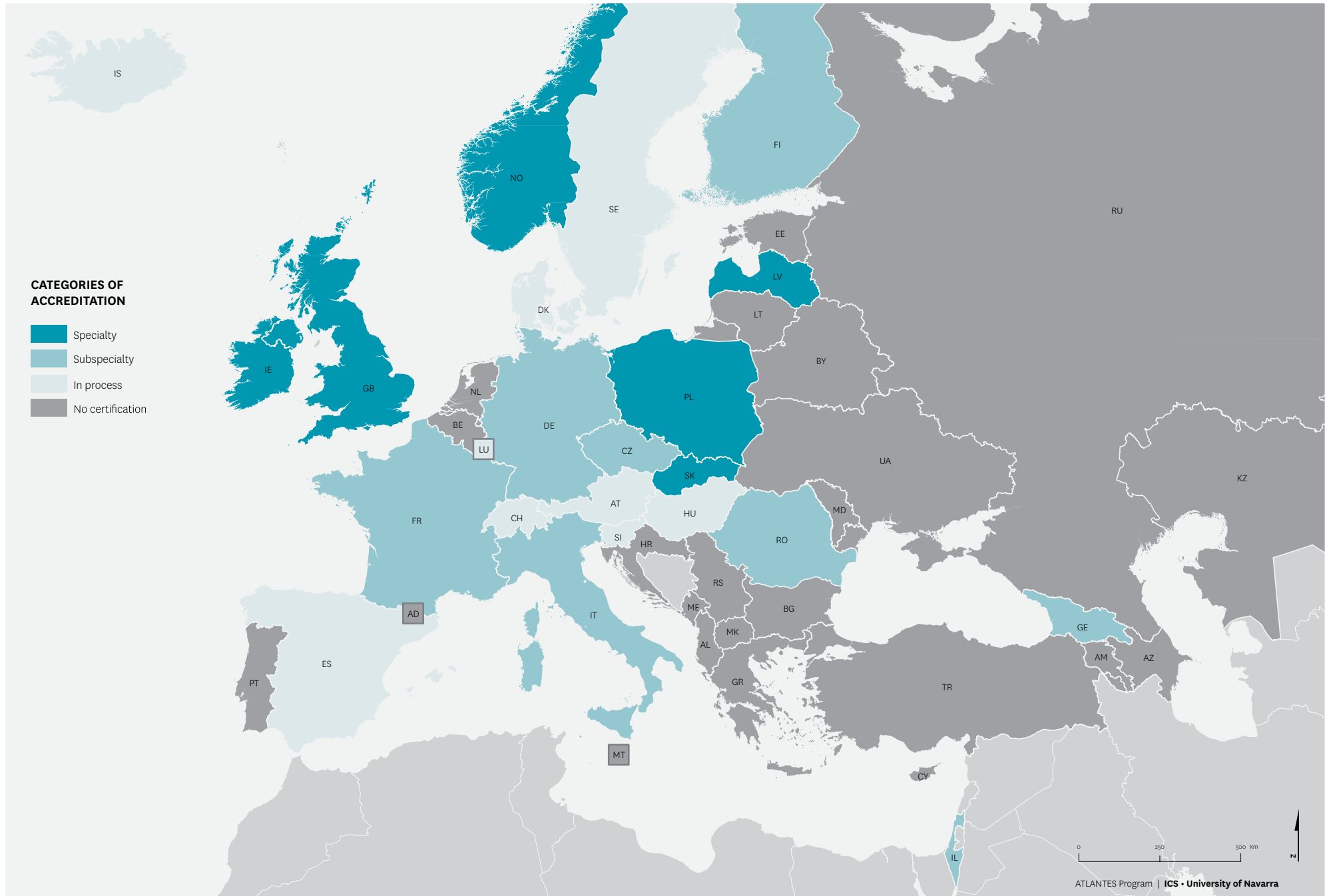
### Specialization in Palliative Medicine

**Table 7.** Programs on specialization for palliative medicine.

Country	Year	Certificate	Denomination	Comments
UK	1987	Specialty	Palliative Medicine	In the UK, the specialty of palliative medicine exists in which doctors are required to undertake four to five years of specialist training.
IRELAND	1995	Specialty	Palliative Medicine	The specialization takes four years of university training (to date 27 healthcare professionals have been accredited in Ireland).
POLAND	1999	Specialty	Palliative Medicine	Currently under review: there will be 2 possibilities: accreditation following training or directly after graduation - 5 years of specialization divided into two years of general education and then 3 years of specialization in Palliative Medicine.
ROMANIA	2000	Sub-specialty	Diploma of complementary studies in PC	Training consists of 18 months, including a 12-week course (eight weeks theoretical training and four weeks clinical practice).
CEZCH REPUBLIC	2004	Sub-specialty	Palliative Medicine	Rotation in clinical services provides accreditation in education of Palliative Medicine; this involves 20 days of theoretical courses within a twelve-month period. Accreditation commenced in Palliative Medicine and Pain Management (2004), and in Palliative Medicine (2011).
GERMANY	2006	Sub-specialty	Palliative Medicine	Content: 40 hr basic course in palliative care and; 12 months practical continuous training in a palliative care service, headed by a physician with certification for postgraduate medical training in palliative medicine. If physicians attend a [certified] 120 hour case seminar, the practical training may be shortened accordingly.
GEORGIA	2006	Sub-specialty	Palliative Care	Since 2006, Palliative Care has been afforded the status of sub-specialisation within the following disciplines: oncology, family medicine, geriatrics, internal medicine, neurology.
FRANCE	2007	Sub-specialty	Diplômes d'études spécialisées complémentaires de la Douleur et Médecine Palliative	Accreditation consists of two years training – six months studying pain management in a pain clinic and eighteen months in a palliative care unit.
FINLAND	2007	Sub-specialty	Specialist Competency in PM	The training includes 150 hours theory and 2 years clinical practice: there is also the Nordic Specialist Course in Palliative Medicine.
LATVIA	2009	Specialty	Specialist in PC	A minimum of one-year postgraduate training (theory and practice) is required to be accredited.
NORWAY	2011	Specialty	Palliative Medicine	The candidate needs to undertake two years full-time clinical work in palliative care and complete a two-year theoretical training course (Nordic Specialist Course in Palliative Medicine, 180 hours) to be approved in the formal competence field of Palliative Medicine. Clinical training must take place in an approved service.
ITALY	2012	Sub-specialty	Post-Specialty Master of Higher Education and Qualification in PC for specialist physicians	The Master's degree consists of 1500 hours classroom teaching and 1500 hours practical training (inpatient unit/hospice/home care/consultation).
ISRAEL	2012	Sub-specialty	Palliative Care	Palliative care was recognized as a clinical subspecialty for physicians by the National Medical Scientific Council in 2012.

## Notes:

- A further eight European countries with certification 'in process' were identified: Austria ("Diploma in Special PM"), Denmark ("Field of competence"), Spain ("Specific Capacitation Area"), and Hungary, Iceland, Slovenia, Sweden and Switzerland (sub-specialization) and Luxembourg.
- Other (non-European) countries with official certification for palliative medicine doctors are: USA, Australia, New Zealand, Canada (in review), Hong Kong, Singapore, Taiwan, Malaysia, Colombia, Venezuela and Costa Rica (personal communication of the EAPC Task Force on Physician Soecialization).
- For the purpose of this Atlas, we refer to the term 'Sub-specialty' as meaning a form of certification that requires special training following previous official certification as a "specialist" in a related field.
- An intensive study on the different processed of specialization in palliative medicine around the world is required by a specific EAPC Task Force.



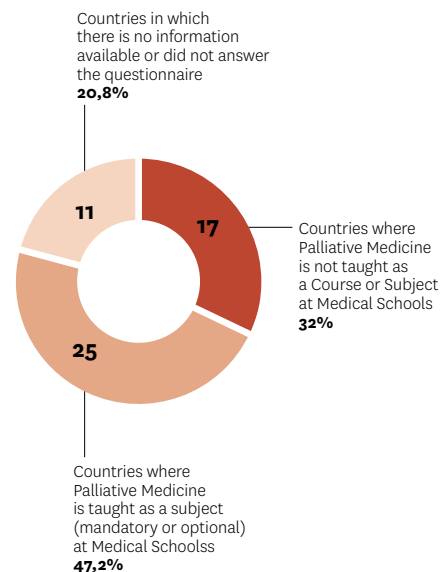
## Map 16.

### Palliative Care education in universities

**Table 8.** Palliative Medicine teaching (as a subject ) and Full Professors in Medical Schools.

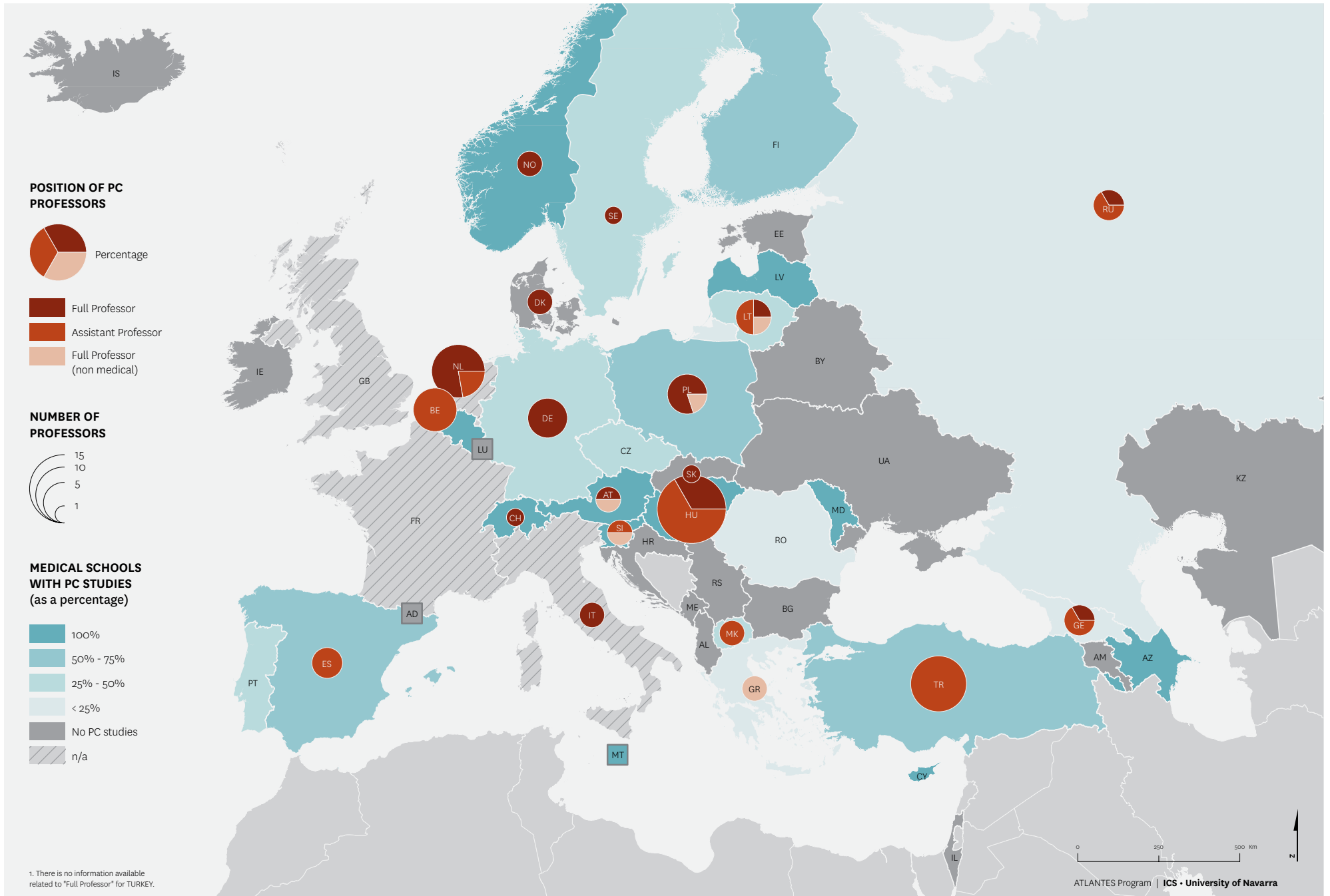
Country	Number of Medical Schools	Schools with PC as mandatory subject	Schools with PC as optional subject	No. of medical schools without any PC teaching (1)	Proportion of medical schools with some PC teaching	Full Professors in Faculties of Medicine
ITALY (2)	40	N/A	N/A	N/A	N/A	2
NETHERLANDS	28	N/A	N/A	N/A	N/A	7
DENMARK	4	0	0	4	0%	2
RUSSIA	88	0	5	83	6%	1
GREECE	7	1	0	6	14%	0
ROMANIA	11	2	0	9	18%	0
CZECH REPUBLIC	7	0	2	5	29%	0
PORTUGAL	7	0	2	5	29%	0
MACEDONIA	3	1	0	2	33%	1
GEORGIA	10	4	0	6	40%	1
GERMANY (3)	36	15	0	21	42%	5
SWEDEN	7	0	3	4	43%	1
LITHUANIA	9	2	2	5	44%	1
SPAIN	41	8	13	20	51%	0
FINLAND	5	2	1	2	60%	0
TURKEY	80	40	10	30	63%	N/A
POLAND	14	9	1	4	64%	4
AUSTRIA	4	3	1	0	100%	1
AZERBAIJAN	1	1	0	0	100%	0
BELGIUM	7	7	0	0	100%	0
CYPRUS	1	1	0	0	100%	0
FRANCE	N/A	N/A	N/A	0	100%	0
HUNGARY	4	0	4	0	100%	5
LATVIA	4	4	0	0	100%	0
MALTA	1	1	0	0	100%	0
MOLDOVA	6	5	1	0	100%	0
NORWAY	4	2	4	0	100%	2
SLOVENIA	2	0	2	0	100%	0
SWITZERLAND	5	5	0	0	100%	1
UNITED KINGDOM	31	N/A	N/A	N/A	100%	N/A

**Figure 2.** Palliative Medicine Teaching in European Medical Schools, 2012.



Notes:

- (1) An undetermined number of universities may include palliative medicine in other courses such as Oncology, Geriatric Medicine and others.
- (2) In March 2013 the Italian Conference of Presidents of Medicine and Surgery approved the inclusion of PC teaching in the undergraduate curriculum in Medicine and Surgery, not as an integrated course of PC but as a teaching “backbone”, a path that is to be developed over the twelve semesters on three successive levels of complexity.
- (3) German data may be subject to change provided that the majority of faculties introduce PC as a compulsory subject in the next few years as required by a new law (Ilse et al, 2012).



## Map 17.

### Health policy

**Table 9.** Main legislation in relation to PC.

Country	Year of first law	Identified laws
HUNGARY	1997	PC in the Health Care Act (1997); National PC Guidelines (2000, 2002, 2010); Minimum PC standards (2004); Financing Rules (NHIS, 2004, 2008); PC in National Health Council (2006-Present); PC in National Cancer Control Program (2006)
FRANCE	1999	1999: "Equal access to PC" ; Act , 2005: "Patients' rights and the end of life" ; Act, 2008: Department of Health's official instructions on the organisation of PC. ; 2010: Creation of a 'Family Allowance'
BELGIUM	2002	28-05-2002 concerning euthanasia; 14-06-2002. 22-08-2002 law about patient's rights.
SPAIN	2002	Ley 41/2002, de 14 de noviembre. Autonomía del paciente y documentación clínica; Ley 16/2003, de 28 de mayo. Cohesión y calidad del Sistema Nacional de Salud
CROATIA	2003	Narodne Novine in 2003 (Act 81, 2003)
SLOVAKIA	2004	Act No 576/2004 of Statute, about health care, services associated with providing health care and about change and amendment of some acts; Act No 577/2004 of Statute, about health insurance and health services; (see more in the Full edition)
AUSTRIA	2006	Law "Living Wills" (Patientenverfügungsgesetz); Law relating to "family hospice leave" (Familienhospizkarenz)
GERMANY	2007	SGB V (Social Security Code; §§ 37 b and 132 d); 2009 – Palliative Medicine to be mandatory
GREECE	2007	Specific Ministerial Decree referring to the prerequisites for building and organizing hospices in Greece.,
LITHUANIA	2007	Minister of Health, Order no. V-14, 11January, 2007; (Order no. V469); 2008; Order no. V470; 2008; Order no. V702; 2009; Order no. V1101; 2009; Document "Development of Outpatient, PC, and Nursing Services, and Optimization of Inpatient Services", 2010
POLAND	2007	The Act of August 24th, 2007; Regulation of Ministry of Health (29th August 2009).
REPUBLIC OF MACEDONIA	2007	General health care legislation. The National Strategy for PC was adopted by the Government of Republic of Macedonia in 2007.
REPUBLIC OF MOLDOVA	2008	Order nr. 234 (2008) - Development of PC service in the Republic of Moldova; Order nr. 154 (2009) - Organisation of PC services; Order nr. 875 (2010) - Cost approval of an assisted case in medical PC provided in hospital/hospice for 2011; Order nr. (2010) - Approval of the National Standards in PC; Order nr. 244 (2011) (see more in the Full edition)
SLOVENIA	2008	The Law on Patients' Rights (2008)
LATVIA	2009	The State Oncology Programme
LUXEMBOURG	2009	Loi relative aux soins palliatifs, à la directive anticipée et à l'accompagnement en fin de vie (16.03.2009) (see more in the Full edition)
DENMARK	2010	Sundhedsloven LBK. Nr. 913 af 13.07.2010; Law on Social Services (LBK. Nr. 904 af 18.08.2011)
ITALY	2010	National Italian Law N.38, 2010.
PORTUGAL	2012	The National PC Program (2012).
AZERBAIJAN	NK	"AIDS Law" and "Law on Social Services"
BELARUS	NK	PC amendments to the Public Health Code.
BULGARIA	NK	Law on Healthcare Institutions
GEORGIA	NK	"Law of Healthcare", "Law of medical activity" and "Law of Patient's Rights"
IRELAND	NK	"PC in Ireland" within the national healthcare system
KAZAKHSTAN	NK	The National Health Care Code.
NETHERLANDS	NK	General legislation that states every person in the Netherlands has the right to receive adequate healthcare
NORWAY	NK	PC is integrated into mainstream health care
RUSSIA	NK	Cancer and HIV/AIDS laws .
ISRAEL	2013	The National Health Law , Ministry of Health paper delineating provision of PC

\* In addition to these countries, another seven are reported to have legislation in process at this time. These countries are: Albania, Armenia, Czech Republic, Montenegro, Switzerland, Turkey and Ukraine.



## Map 18.

### Palliative Care Indicators on Use of Medication

**Table 10.** Strong opioids (1) consumption per population (2).

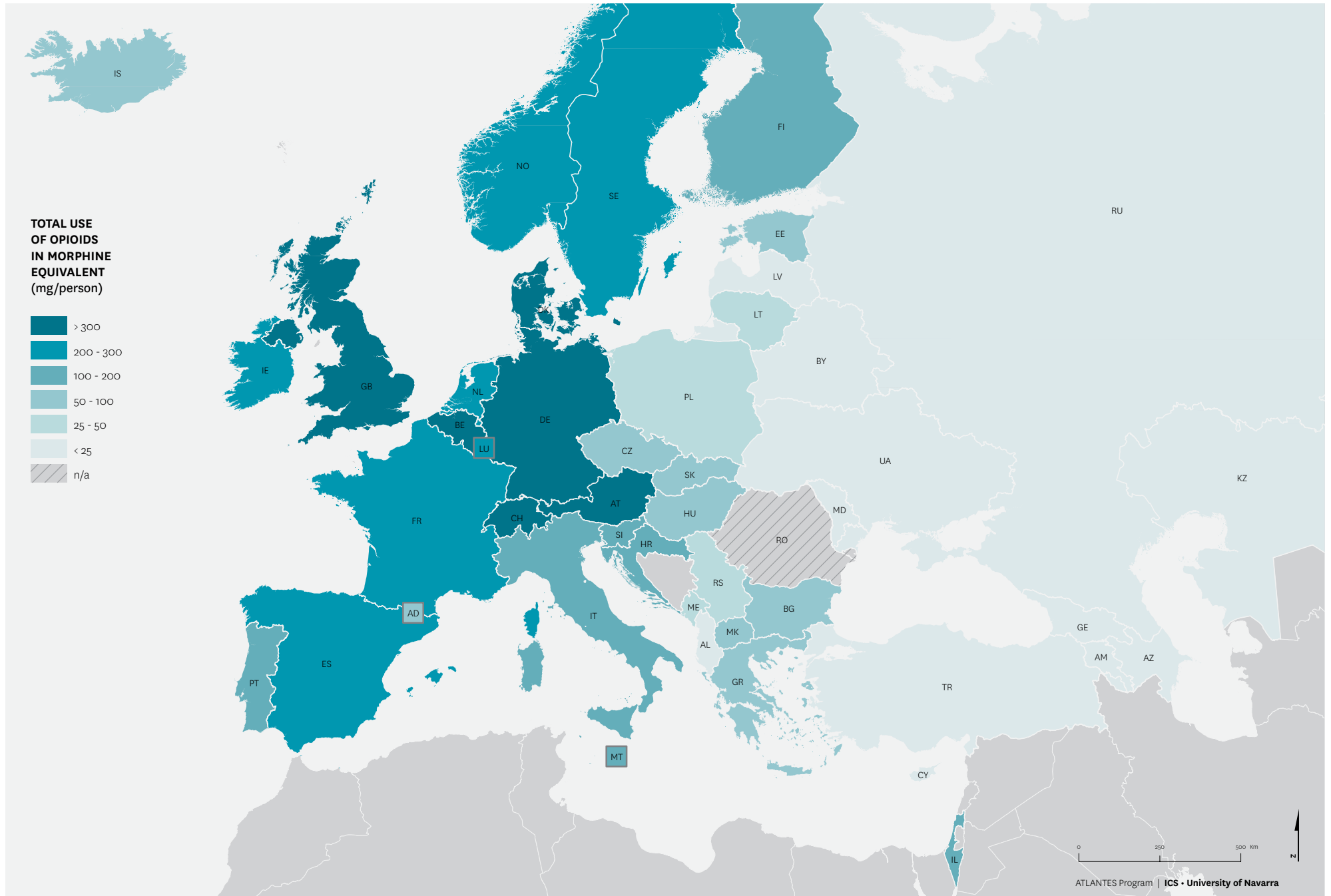
Country	Strong opioid consumption (3) per inhabitant per year (expressed in morphine equivalence)	Country	Strong opioid consumption (3) per inhabitant per year (expressed in morphine equivalence)
AUSTRIA	382.82	CROATIA	40.45
GERMANY	331.44	PORTUGAL	30.16
DENMARK	280.75	POLAND	28.7
SWITZERLAND	242.98	SERBIA	24.24
BELGIUM	199.79	LITHUANIA	22.94
SPAIN	184.33	MONTENEGRO	22.28
NORWAY	175.88	LATVIA	16.09
SWEDEN	170.1	ESTONIA	14.93
FRANCE	159.71	TURKEY	10.99
FINLAND	153.7	MALTA	10.01
UNITED KINGDOM	140.22	BULGARIA	9.79
LUXEMBOURG	125.63	CYPRUS	9.6
IRELAND	114.33	BELARUS	4.08
NETHERLANDS	102.16	GEORGIA	2.17
SLOVENIA	98.53	REP. OF MOLDOVA	1.76
GREECE	75.86	ALBANIA	1.72
ISRAEL	75.3	RUSSIAN FEDERATION	1.6
CZECH REPUBLIC	70.95	UKRAINE	1.31
SLOVAKIA	62.91	ARMENIA	0.77
ITALY	62.84	REP. MACEDONIA	0.71
HUNGARY	62.47	KAZAKHSTAN	0.58
ICELAND	54.24	AZERBAIJAN	0.23
ANDORRA	42.74	AVERAGE	80.55

(1) Including: morphine, oxycodone, hydromorphone and fentanyl. Excluding pethidine and methadone.

(2) Modified by De Lima L, Perez-Castells M, Berenguel M, Monti C, Aguilar A, Ahumada M, Ramirez L, Torres-Vigil I, Vargas Y, Herrera E. (2013). ALCP Palliative Care Indicators (First edition). Houston: IAHPIC Press. The indicator of ALCP proposes to include methadone because it is one of the main opioids for pain control used in Latin America. For the purposes of the European Atlas we have excluded it considering only other main opioids.

(3) Data on opioid consumption provided by Pain and Policy Studies Group, University of Wisconsin, year 2012 ([www.painpolicy.wisc.edu](http://www.painpolicy.wisc.edu)).







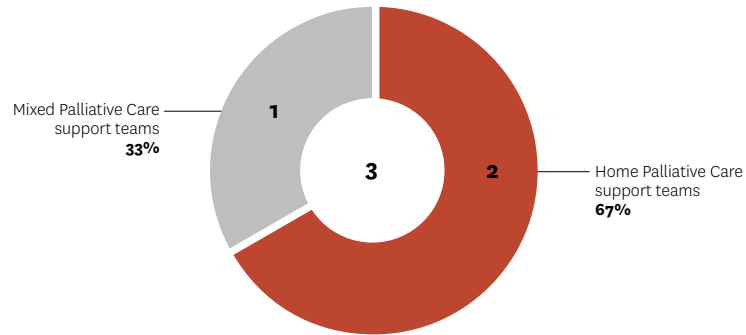


### **3. Country Information**

# Albania



## PALLIATIVE CARE SERVICES (2012)



## OTHER RESOURCES

- Volunteer hospice teams ..... 0
- Day Hospices ..... 0
- Palliative care beds (ratio per million inhab.) ..... 0 (0)
- Palliative Care for children: **None or unspecific resources**

## PC IN MEDICAL SCHOOLS

- Mandatory subject ..... 0
  - Optional subject ..... 0
  - No PC subject ..... 2
  - Full Professors ..... 0
  - Assistant Professors ..... 0
  - Professors in other Schools ... 0
- No PC subject **100%**

## SOCIO-ECONOMIC DATA

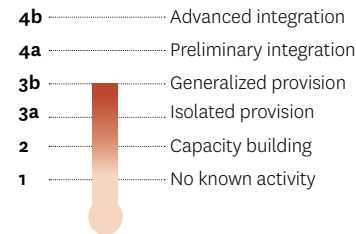
<b>Population 2012</b> 3227373	<b>Physicians per 1000 inhab.</b> 1.153	<b>Human Development Index 2012</b> 0.749
<b>Density 2012</b> 112.3	<b>Health expenditure per capita, PPP, 2010</b> 577	<b>Human Development Index Ranking Position 2012</b> 70
<b>Surface</b> 28748	<b>Health expenditure, total (% of Gross), 2010</b> 6.5	
<b>Gross Domestic Product per capita, 2011</b> 7861		

## KEY DATA ON PC DEVELOPMENT

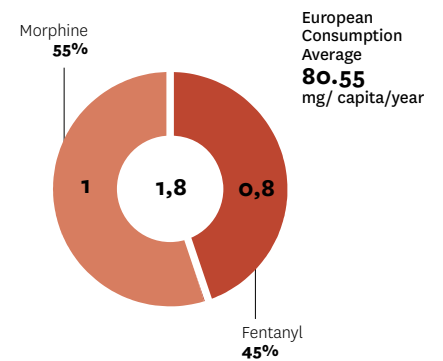
- Legislation on PC
- Official National Strategy
- National Association
- National Conference
- Scientific Journal
- Research Centers
- PC Twinning
- World PC Day initiatives
- 5 Participants at EAPC Conference
- Status of Palliative Medicine: **No certification**

## LEVEL OF DEVELOPMENT

Estimation Lynch et al., 2012



## STRONG OPIOID CONSUMPTION 2010 (ME MG/ CAPITA/YEAR)



**2010** National Standards for Palliative Care are approved by the Ministry of Health, an Action Plan is developed and the Second National Palliative Care conference is held.

**2011** The National Palliative Care Working Group is established to develop palliative care strategy as part of the national cancer strategy.

**2011** The National Strategic Plan for Palliative Care is developed and there is legal and economic analysis of palliative care.

## MOST RECENT REFERENCES

- **Ryder Albania Association.** "Training and Education Courses on Palliative Care with multidisciplinary staff working in Primary Health Care Service and with family members of the patients under assistance of Ryder Albania Association (RAA)".
- **Winslow M.** 1999. "Opening Up. A first glimpse of life and death in Albania". *Wellcome News*, 19, Q2.

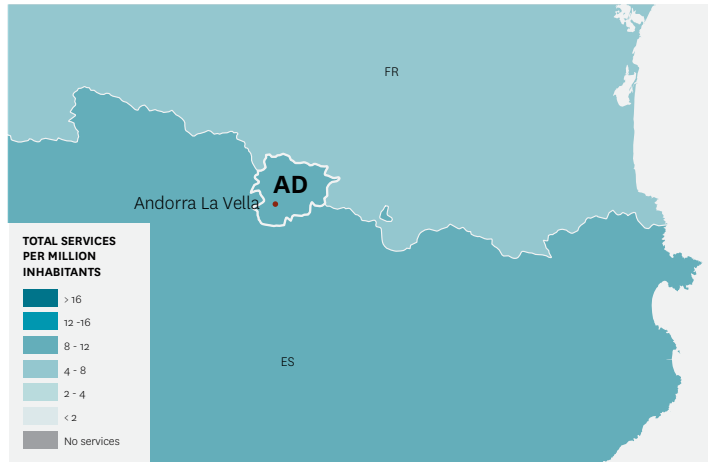
## ASSOCIATION/ INSTITUTION

- **Family Healthcare Association** (*Kujdesi Shendetesor Familjar - Qendra e Kujdesit Paliativ Korce*). Mary Potter Palliative Care Centre "Rr" Nene Tereza", Lgj. 3, mbi Senatoriumin, Korçë, Albania | T/F: 00 355 82252711
- **Albania Association of Palliative Care** (*Shoqata Shqiptare e Kujdesit Paliativ*) Rr. Aleksander Goga, P.505, Durres, Albania | T/F: 00 355 52 230609

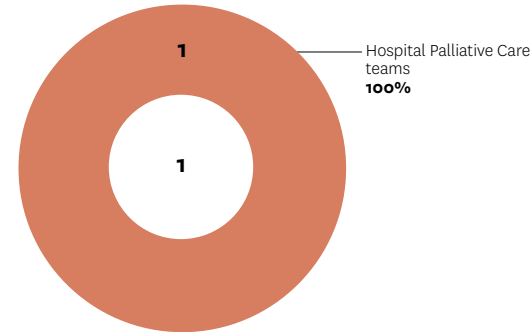
## More information on Palliative Care in Albania

EAPC Atlas of Palliative Care in Europe 2013 - Full Edition

# Andorra



## PALLIATIVE CARE SERVICES (2012)



## OTHER RESOURCES

- Volunteer hospice teams ..... 0
- Day Hospices ..... 0
- Palliative care beds (ratio per million inhab.) ..... **10 (114.3)**
- Palliative Care for children: **None or unspecific resources**

## PC IN MEDICAL SCHOOLS

- Mandatory subject ..... 0
- Optional subject ..... 0
- No PC subject ..... 0
- Full Professors ..... 0
- Assistant Professors ..... 0
- Professors in other Schools ..... 0

## SOCIO-ECONOMIC DATA

**Population 2012**  
87518

**Density 2012**  
187.0

**Surface**  
468

**Gross Domestic Product per capita, 2011**  
No data

**Physicians per 1000 inhab.**  
3.912

**Health expenditure per capita, PPP, 2010**  
3255

**Health expenditure, total (% of Gross), 2010**  
7.5

**Human Development Index 2012**  
0.846

**Human Development Index Ranking Position 2012**  
33

## KEY DATA ON PC DEVELOPMENT

- Legislation on PC
- Official National Strategy
- National Association
- National Conference
- Scientific Journal
- Research Centers
- PC Twinning
- World PC Day initiatives
- Participants at EAPC Conference
- Status of Palliative Medicine:

**No certification**

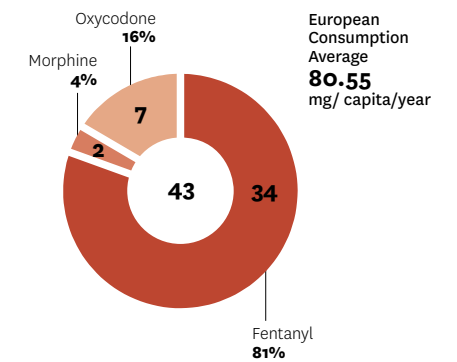
## LEVEL OF DEVELOPMENT

Estimation Lynch et al, 2012

- 4b** ..... Advanced integration
- 4a** ..... Preliminary integration
- 3b** ..... Generalized provision
- 3a** ..... Isolated provision
- 2** ..... Capacity building
- 1** ..... No known activity



## STRONG OPIOID CONSUMPTION 2010 (ME MG/ CAPITA/YEAR)



## MILESTONES

**2007** There has been an increased sensibility to the issue of palliative care since 2007.

**2008** A number of community healthcare professionals receive training in palliative care and there is a fluent training relationship with the palliative care unit at the Catalanian Institute of Oncology in Spain.

**2009** The Minister of Health receives formal advice and consultation from the QUALY Study Centre of Hospitalet, Barcelona, Spain.

## MOST RECENT REFERENCES

There are no known publications at this time.

## ASSOCIATION/ INSTITUTION

**Palliative Care Functional Unit, Hospital Nostra Senyora de Meritxell** (*Unitat Funcional Interdisciplinàr Socio sanitàari (UFISS) de Cures Palliatives, Hospital Nostra Senyora de Meritxell*).  
Av. Fiter i Rosell, 1-13. AD700 Escaldes - Engordany Andorra  
T/F: + 376 871000, Extension 3256

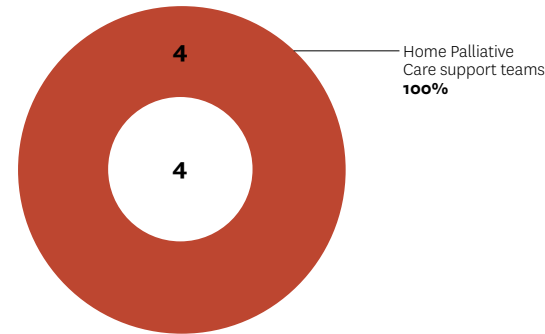
## More information on Palliative Care in Andorra

EAPC Atlas of Palliative Care in Europe 2013 - Full Edition

# Armenia



## PALLIATIVE CARE SERVICES (2012)



## OTHER RESOURCES

Volunteer hospice teams ..... 0  
 Day Hospices ..... 0  
 Palliative care beds (ratio per million inhab.) ..... 0 (0)  
 Palliative Care for children: **Some specific resources**

## PC IN MEDICAL SCHOOLS

Mandatory subject ..... 0  
 Optional subject ..... 0  
 No PC subject ..... 3  
 Full Professors ..... 0  
 Assistant Professors ..... 0  
 Professors in other Schools ... 0

No PC subject  
**100%**

## SOCIO-ECONOMIC DATA

**Population 2012**  
3108972

**Density 2012**  
104.3

**Surface**  
29800

**Gross Domestic Product per capita, 2011**  
5112

**Physicians per 1000 inhab.**  
3.762

**Health expenditure per capita, PPP, 2010**  
239

**Health expenditure, total (% of Gross), 2010**  
4.4

**Human Development Index 2012**  
0.729

**Human Development Index Ranking Position 2012**  
87

## KEY DATA ON PC DEVELOPMENT

- Legislation on PC
- Official National Strategy
- National Association
- National Conference
- Scientific Journal
- Research Centers
- PC Twinning
- World PC Day initiatives
- 2 Participants at EAPC Conference
- Status of Palliative Medicine:

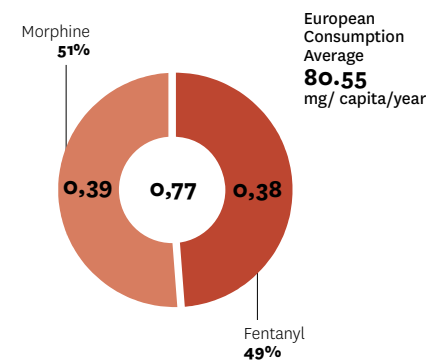
**No certification**

## LEVEL OF DEVELOPMENT

Estimation Lynch et al., 2012

- 4b ..... Advanced integration
- 4a ..... Preliminary integration
- 3b ..... Generalized provision
- 3a ..... Isolated provision
- 2 ..... Capacity building
- 1 ..... No known activity

## STRONG OPIOID CONSUMPTION 2010 (ME MG/ CAPITA/YEAR)



## MILESTONES

**2009** Palliative care is officially recognized as a form of medical care.

**2011** Palliative care is included in the list of medical specialties; a teaching centre in palliative care opens.

**2012** Draft standards of palliative care are published: the Ministry of Health plan to open a 10-bed palliative care department in the National Oncology Centre.

## MOST RECENT REFERENCES

• **Elverson J.** 2008. Palliative care resources in Armenia. European Journal of Palliative Care; 15(1): 47-8.

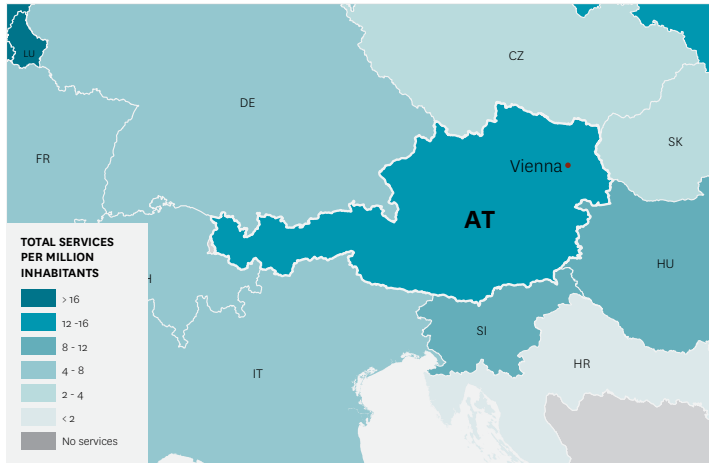
## ASSOCIATION/ INSTITUTION

**Armenian Pain Control and Palliative Care Association (APC&PCA)** (*Hakacavain ev paliativ khnamqi asociacia*)  
 27 Khorenatsi str. apt 85, Yerevan, Armenia 0010 | T/F: 374 91/599898

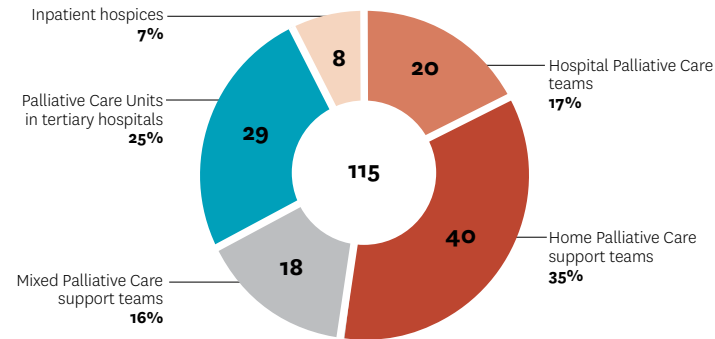
## More information on Palliative Care in Armenia

EAPC Atlas of Palliative Care in Europe 2013 - Full Edition

# Austria



## PALLIATIVE CARE SERVICES (2012)



## OTHER RESOURCES

Volunteer hospice teams .....146  
 Day Hospices .....3  
 Palliative care beds (ratio per million inhab.) .....322 (38.2)  
 Palliative Care for children: **Some specific resources**

## PC IN MEDICAL SCHOOLS

Category	Count	Percentage
Mandatory subject	3	75%
Optional subject	1	
No PC subject	0	
Full Professors	1	
Assistant Professors	0	
Professors in other Schools	1	25%

## SOCIO-ECONOMIC DATA

**Population 2012**  
8428915

**Density 2012**  
100.5

**Surface**  
83858

**Gross Domestic Product per capita, 2011**  
36139

**Physicians per 1000 inhab.**  
4.853

**Health expenditure per capita, PPP, 2010**  
4388

**Health expenditure, total (% of Gross), 2010**  
11.0

**Human Development Index 2012**  
0.895

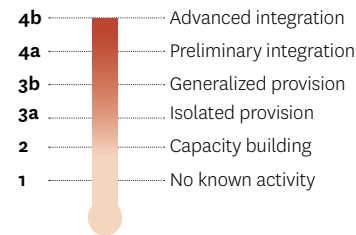
**Human Development Index Ranking Position 2012**  
18

## KEY DATA ON PC DEVELOPMENT

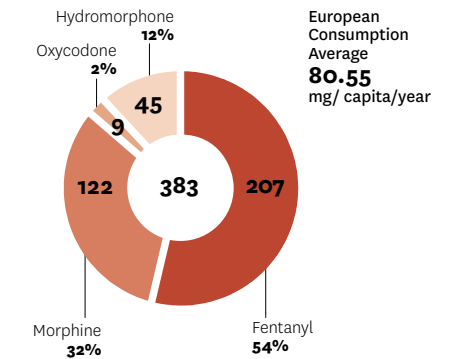
- Legislation on PC
- Official National Strategy
- National Association
- National Conference
- Scientific Journal
- Research Centers
- PC Twinning
- World PC Day initiatives
- 100 Participants at EAPC Conference
- Status of Palliative Medicine: **In process (Sub-specialty)**

## LEVEL OF DEVELOPMENT

Estimation Lynch et al, 2012



## STRONG OPIOID CONSUMPTION 2010 (ME MG/ CAPITA/YEAR)



## MILESTONES

**2009** The Austrian advisory board for Hospice and Palliative Care in Nursing Homes is founded; palliative care is provided in eight nursing homes in Lower Austria.

**2010** Palliative care is provided in six nursing homes in Styria; Hospice Austria initiates the development of a curriculum in Palliative Geriatrics.

**2012** A task force chaired by the Austrian Health Institute and Hospice Austria develop a master plan for hospice and palliative care for children and young people in Austria; palliative care standards are revised.

## MOST RECENT REFERENCES

- **Leena Peltari and Anna H Pissarek.** March-April 2013. "Hospiz Österreich: advancing end-of-life care in Austria". European Journal of Palliative Care, Volume 20 Number 2.
- **Watzke, Herbert.** November-december 2010. "European insight. Palliative care in Austria: slow start, but great progress since". European Journal of Palliative Care; 17 (6): 306-8.
- **Lipman AG.** 2010. "Risks and Benefits of Opioid Availability... United Nations Commission on Narcotic Drugs". Journal of Pain & Palliative Care Pharmacotherapy; 24 (3): 198-9.

## ASSOCIATION/ INSTITUTION

- **Hospice Austria - national organization of hospice and palliative care institutions** (Hospiz Österreich - Dachverband von Palliativ- und Hospizeinrichtungen)  
 Argentinierstr. 2/3, 1040 Vienna, Austria, Europe. T/F: 0043 (0)1 803 98 68/ 0043 (0)1 803 25 80
- **Austrian Association of Palliative Care** (Österreichische Palliativ Gesellschaft (OPG))  
 Universitätsklinik fuer Innere Medizin I, Waehringer Guertel 18-20 A1090 Wien  
 T/F: 43 1 40400 4455

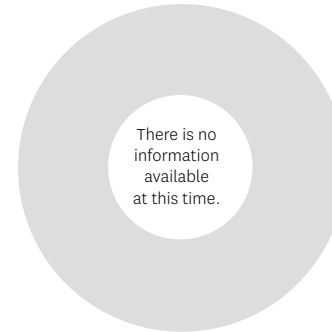
## More information on Palliative Care in Austria

EAPC Atlas of Palliative Care in Europe 2013 - Full Edition

# Azerbaijan



## PALLIATIVE CARE SERVICES (2012)



## OTHER RESOURCES

Volunteer hospice teams ..... 0  
 Day Hospices ..... 2  
 Palliative care beds (ratio per million inhab.) ..... 0 (0)  
 Palliative Care for children: **None or unspecified resources**

## PC IN MEDICAL SCHOOLS

Mandatory subject ..... 1  
 Optional subject ..... 0  
 No PC subject ..... 0  
 Full Professors ..... 0  
 Assistant Professors ..... 0  
 Professors in other Schools ... 0

**Mandatory subject 100%**

## SOCIO-ECONOMIC DATA

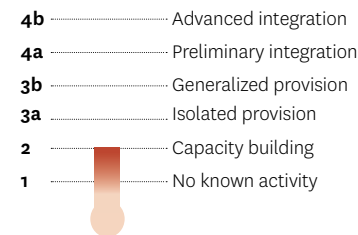
<b>Population 2012</b> 9421233	<b>Physicians per 1000 inhab.</b> 3.782	<b>Human Development Index 2012</b> 0.734
<b>Density 2012</b> 108.8	<b>Health expenditure per capita, PPP, 2010</b> 579	<b>Human Development Index Ranking Position 2012</b> 82
<b>Surface</b> 86600	<b>Health expenditure, total (% of Gross), 2010</b> 5.9	
<b>Gross Domestic Product per capita, 2011</b> 8890		

## KEY DATA ON PC DEVELOPMENT

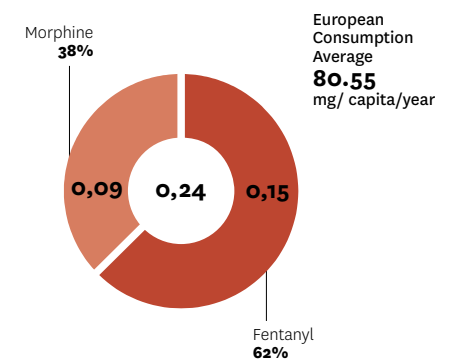
- Legislation on PC
  - Official National Strategy
  - National Association
  - National Conference
  - Scientific Journal
  - Research Centers
  - PC Twinning
  - World PC Day initiatives
  - 1 Participant at EAPC Conference
  - Status of Palliative Medicine:
- No certification**

## LEVEL OF DEVELOPMENT

Estimation Lynch et al., 2012



## STRONG OPIOID CONSUMPTION 2010 (ME MG/ CAPITA/YEAR)



**MILESTONES** 2007 A palliative care needs assessment for Azerbaijan is conducted.

2010 Palliative care becomes a part of the university pre- and post-diploma curricula of physicians, social workers and psychologists; the concept of palliative care is included into the Law of Azerbaijan Republic on Social Services.

2012 The Sumqayit Cancer Clinic opens.

## MOST RECENT REFERENCES

**Petroleum section. Pennzoil Caspian.** Bringing Hospices to Azerbaijan. Azerbaijan International. Spring 2001.

## ASSOCIATION/ INSTITUTION

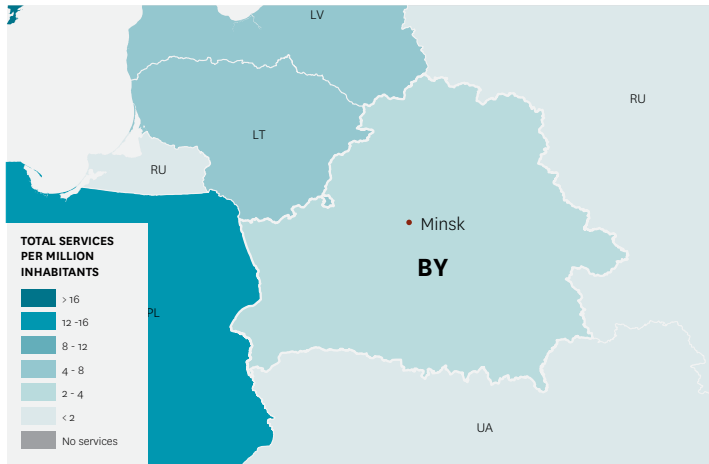
**NGO "Hippocrates"**  
 80, Azadlig str., app.10, Baku, Azerbaijan, AZ 1007 | T/F: 994 50 236 00 77

## More information on Palliative Care in Azerbaijan

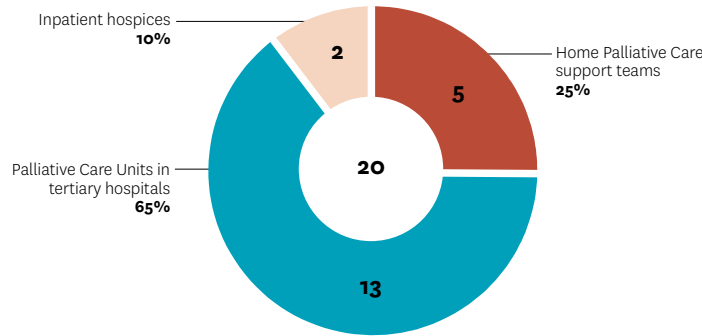
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# Belarus



## PALLIATIVE CARE SERVICES (2012)



## OTHER RESOURCES

Volunteer hospice teams ..... 7  
 Day Hospices ..... 3  
 Palliative care beds (ratio per million inhab.) ..... **282 (29.6)**  
 Palliative Care for children: **Specific resources for inpatients and out patients**

## PC IN MEDICAL SCHOOLS

Mandatory subject ..... 0  
 Optional subject ..... 0  
 No PC subject ..... 4  
 Full Professors ..... 0  
 Assistant Professors ..... 0  
 Professors in other Schools ... 0

**No PC subject 100%**

## SOCIO-ECONOMIC DATA

**Population 2012**  
9527498

**Density 2012**  
45.9

**Surface**  
207598

**Gross Domestic Product per capita, 2011**  
13191

**Physicians per 1000 inhab.**  
5.178

**Health expenditure per capita, PPP, 2010**  
786

**Health expenditure, total (% of Gross), 2010**  
5.6

**Human Development Index 2012**  
0.793

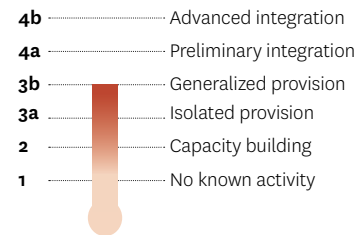
**Human Development Index Ranking Position 2012**  
50

## KEY DATA ON PC DEVELOPMENT

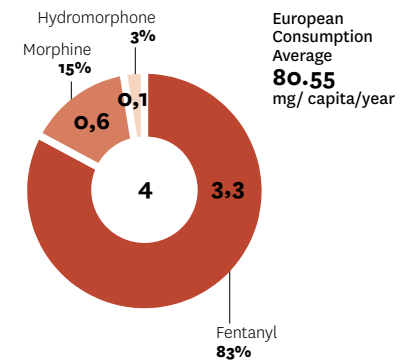
- Legislation on PC
- Official National Strategy
- National Association
- National Conference
- Scientific Journal
- Research Centers
- PC Twinning
- World PC Day initiatives
- Participants at EAPC Conference
- Status of Palliative Medicine: **No certification**

## LEVEL OF DEVELOPMENT

Estimation Lynch et al, 2012



## STRONG OPIOID CONSUMPTION 2010 (ME MG/ CAPITA/YEAR)



## MILESTONES

**2010** A number of decrees relating to palliative care are passed by the Ministry of Health of the Republic of Belarus.

**2011** A number of further decrees relating to palliative care are passed by the Ministry of Health of the Republic of Belarus.

**2012** The organisation of palliative care is discussed at the Ministry of Health and the concept of palliative care for adults is adopted.

## MOST RECENT REFERENCES

- Costello J, Gorchakova A. 2004. "Palliative care for children in the Republic of Belarus". Int J Palliat Nurs; 10(4):197-200.
- Dangel T. 1999. "Belarussian viewpoint. The Belarus Children's Hospice". Eur J Palliat Care; 6(1):28-30.
- Becker R. July 2006. "The legacy of Chernobyl: palliative services making a difference in Belarus". Int J Palliat Nurs; 12(7):318-9.

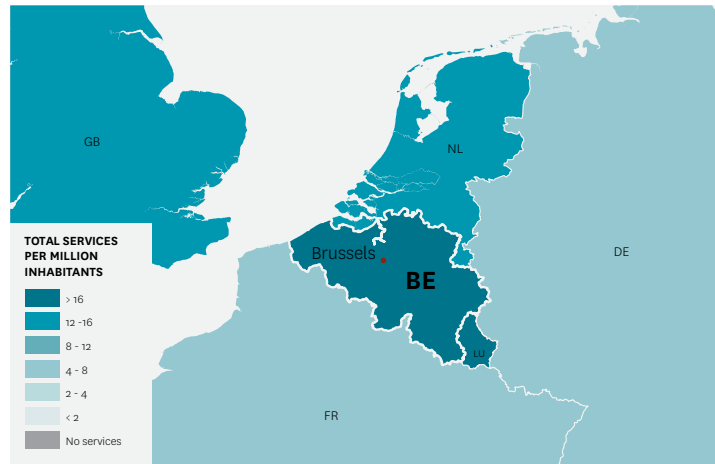
## ASSOCIATION/ INSTITUTION

**Non-Governmental charity organization "Belarusian Children's Hospice", The Belarusian Medical Academy of Post-Graduate Education, The National Resource Centre of Children's Palliative Care.** (Белорусский детский хоспис)  
 Berezovaya Roscha str.100a, Borovlyany 223053, Minsk Region, Belarus  
 T/F: 375 17 505 27 45 (47)/ 375 17 548 48 40

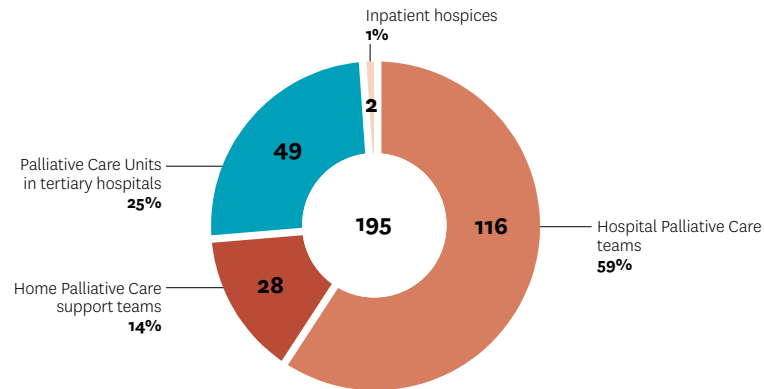
## More information on Palliative Care in Belarus

EAPC Atlas of Palliative Care in Europe 2013 - Full Edition

# Belgium



## PALLIATIVE CARE SERVICES (2012)



## OTHER RESOURCES

Volunteer hospice teams ..... 0  
 Day Hospices ..... 10  
 Palliative care beds (ratio per million inhab.) ..... 379 (35.1)  
 Palliative Care for children: **A significant number of all kind of resources**

## PC IN MEDICAL SCHOOLS

Mandatory subject ..... 7  
 Optional subject ..... 0  
 No PC subject ..... 0  
 Full Professors ..... 0  
 Assistant Professors ..... 6  
 Professors in other Schools ..N/A

**Mandatory subject 100%**

## SOCIO-ECONOMIC DATA

**Population 2012**  
10787788

**Density 2012**  
353.4

**Surface**  
30528

**Gross Domestic Product per capita, 2011**  
33127

**Physicians per 1000 inhab.**  
3.013

**Health expenditure per capita, PPP, 2010**  
4025

**Health expenditure, total (% of Gross), 2010**  
10.7

**Human Development Index 2012**  
0.897

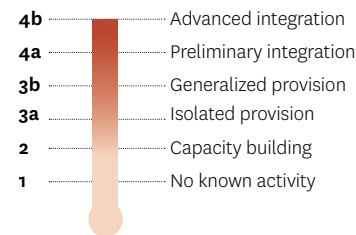
**Human Development Index Ranking Position 2012**  
17

## KEY DATA ON PC DEVELOPMENT

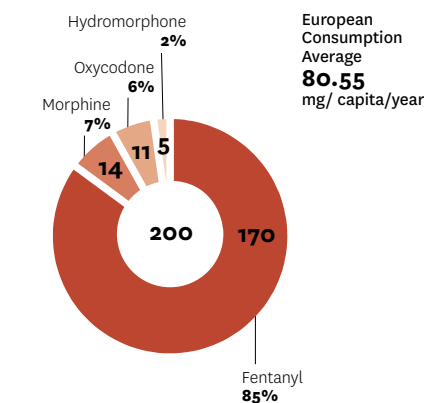
- Legislation on PC
  - Official National Strategy
  - National Association
  - National Conference
  - Scientific Journal
  - Research Centers
  - PC Twinning
  - World PC Day initiatives
  - 110 Participants at EAPC Conference
  - Status of Palliative Medicine:
- No certification**

## LEVEL OF DEVELOPMENT

Estimation Lynch et al, 2012



## STRONG OPIOID CONSUMPTION 2010 (ME MG/ CAPITA/YEAR)



## MILESTONES

**2007** Adjustment to the financing of palliative care in hospitals is published; the development of palliative care units in hospitals is an important element.

**2008** A federal commission of palliative care is established which evaluates needs in relation to palliative care at regular intervals and the quality of the actions taken to meet these needs; the National Cancer Plan is published. Postgraduate courses of palliative care for nurses and physicians are developed at some universities.

**2009** The Belgian Health Care Knowledge Centre studies the situation of palliative patients in Belgium (in close collaboration with the three federations of palliative care and university teams).

## MOST RECENT REFERENCES

- **Bossuyt N, Van den Block L, Cohen J, Meeussen K, Bilsen J, Echteld M, Deliëns L, Van Casteren V.** October 2011. "Is individual educational level related to end-of-life care use? Results from a nationwide retrospective cohort study in Belgium". *J Palliat Med.* ;14(10):1135-41.
- **Pype P; Stes A; Wens J; Van den Eynden B; Deveugele M.** February 2012. "The landscape of postgraduate education in palliative care for general practitioners: results of a nationwide survey in Flanders, Belgium". *Patient Education & Counseling*; 86 (2): 220-5.
- **Cohen J; Houttekier D; Chambaere K; Bilsen J; Deliëns L.** December 2011. "The use of palliative care services associated with better dying circumstances. Results from an epidemiological population-based study in the Brussels metropolitan region". *Journal of Pain & Symptom Management*; 42 (6): 839-51

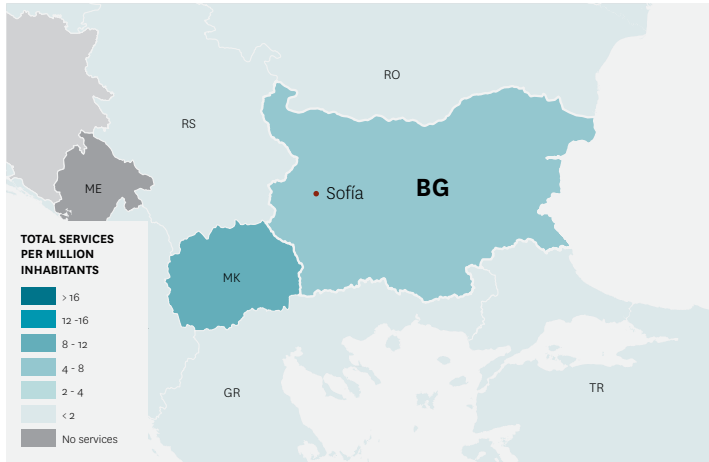
## ASSOCIATION/ INSTITUTION

**Federation Palliative Care – Flanders**  
 (Federatie Palliatieve Zorg Vlaanderen (FPZV))  
 Toekomststraat 36 1800 Vilvoorde Belgium  
 T/F: (0) 255 30 48

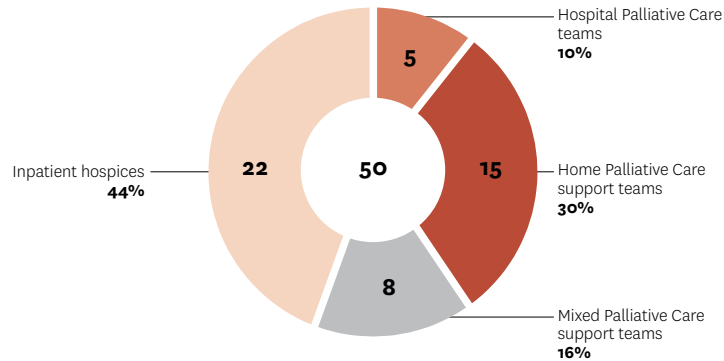
## More information on Palliative Care in Belgium

EAPC Atlas of Palliative Care in Europe 2013 - Full Edition

# Bulgaria



## PALLIATIVE CARE SERVICES (2012)



## OTHER RESOURCES

Volunteer hospice teams	0
Day Hospices	4
Palliative care beds (ratio per million inhab.)	N/A
Palliative Care for children:	None resources or unspecific resources

## PC IN MEDICAL SCHOOLS

Mandatory subject	0	No PC subject 100%
Optional subject	0	
No PC subject	5	
Full Professors	0	
Assistant Professors	0	
Professors in other Schools	0	

## SOCIO-ECONOMIC DATA

**Population 2012**  
7397873

**Density 2012**  
66.7

**Surface**  
110913

**Gross Domestic Product per capita, 2011**  
11793

**Physicians per 1000 inhab.**  
3.73

**Health expenditure per capita, PPP, 2010**  
947

**Health expenditure, total (% of Gross), 2010**  
6.9

**Human Development Index 2012**  
0.782

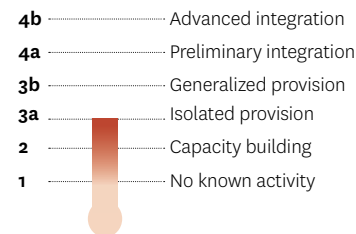
**Human Development Index Ranking Position 2012**  
57

## KEY DATA ON PC DEVELOPMENT

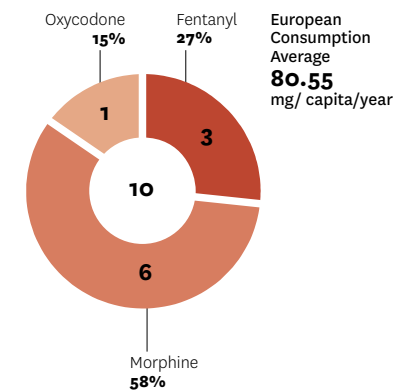
- Legislation on PC
- Official National Strategy
- National Association
- National Conference
- Scientific Journal
- Research Centers
- PC Twinning
- World PC Day initiatives
- 6 Participants at EAPC Conference
- Status of Palliative Medicine: **No certification**

## LEVEL OF DEVELOPMENT

Estimation Lynch et al, 2012



## STRONG OPIOID CONSUMPTION 2010 (ME MG/ CAPITA/YEAR)



## MILESTONES

**2010** In the Law of the Medical Institutions the former regional cancer hospitals are transformed into nine Comprehensive Cancer Centres that are obliged to perform palliative care and symptom control for cancer patients.

**2010** Under the same legislation, hospices are now fully recognized as medical institutions (not as social ones) and this change allows the National Health Insurance Fund to recognize hospices as partners.

**2011** The National Law of Health states that each patient with an "incurable disease" has the right to palliative care and adequate symptom control; there are newly-developed palliative care teams in some hospitals.

## MOST RECENT REFERENCES

Gancheva A. 1994. "National reports Europe: Bulgaria". Eur J Palliat Care;1(2):N1.

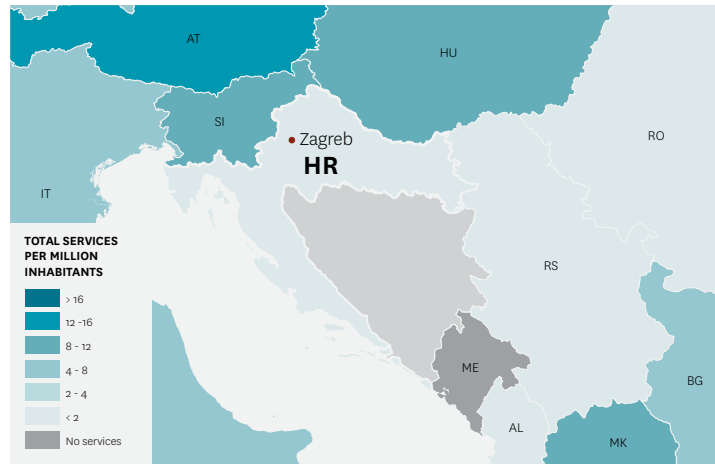
## ASSOCIATION/ INSTITUTION

**Bulgarian Association of Palliative care (BAPC) (Българска Асоциация по палиативни грижи)**  
Palliative care department, Comprehensive Cancer Centre – Vratsa boulevard "Vtori Juni" 68  
3000 Vratsa Bulgaria | T/F: 359 887218740/ 359 92669134

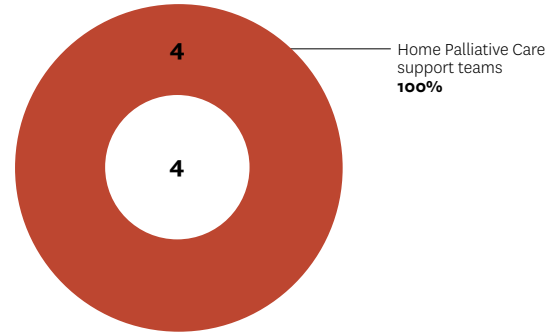
## More information on Palliative Care in Bulgaria

EAPC Atlas of Palliative Care in Europe 2013 - Full Edition

# Croatia



## PALLIATIVE CARE SERVICES (2012)



## OTHER RESOURCES

Volunteer hospice teams ..... 4  
 Day Hospices ..... 1  
 Palliative care beds (ratio per million inhab.) ..... 0 (0)  
 Palliative Care for children: **None or unspecific resources**

## PC IN MEDICAL SCHOOLS

Mandatory subject ..... 0  
 Optional subject ..... 0  
 No PC subject ..... 10  
 Full Professors ..... 0  
 Assistant Professors ..... 0  
 Professors in other Schools ... 0

No PC subject  
100%

## SOCIO-ECONOMIC DATA

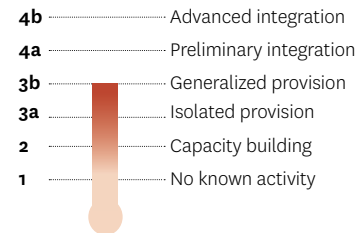
<b>Population 2012</b> 4387376	<b>Physicians per 1000 inhab.</b> 2.601	<b>Human Development Index 2012</b> 0.805
<b>Density 2012</b> 77.6	<b>Health expenditure per capita, PPP, 2010</b> 1514	<b>Human Development Index Ranking Position 2012</b> 47
<b>Surface</b> 56538	<b>Health expenditure, total (% of Gross), 2010</b> 7.8	
<b>Gross Domestic Product per capita, 2011</b> 15954		

## KEY DATA ON PC DEVELOPMENT

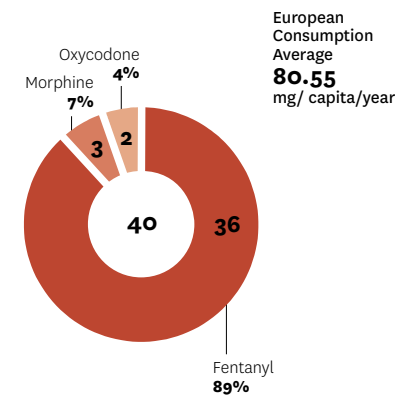
- Legislation on PC
  - Official National Strategy
  - National Association
  - National Conference
  - Scientific Journal
  - Research Centers
  - PC Twinning
  - World PC Day initiatives
  - 3 Participants at EAPC Conference
  - Status of Palliative Medicine:
- No certification**

## LEVEL OF DEVELOPMENT

Estimation Lynch et al., 2012



## STRONG OPIOID CONSUMPTION 2010 (ME MG/ CAPITA/YEAR)



**MILESTONES** 2008 New mobile palliative care teams are established.

2012 A new hospice is built and equipped in Rijeka.

2012 A mobile palliative care team is established in Zagreb.

## MOST RECENT REFERENCES

- Đorđević V, Braš M, Milunović V, Brajković L, Stevanović R, Polašek O. February 2011. "The founding of the Centre for Palliative Medicine, Medical Ethics and Communication Skills: a new step toward the development of patient-oriented medicine in Croatia". *Croat Med J*; 52(1):87-8.
- Brkljacić M, Mavrinac M, Sorta-Bilajac I, Bunjevac I, Cengić T, Golubović V, Sustić A. June 2009. "An increasing older population dictates the need to organise palliative care and establish hospices". *Coll Antropol*;33(2):473-80.
- Oliver D, Murtagh F, Jusic A. 2005. "Palliative care in Croatia - an international collaboration". *Eur J Palliat Care*;12(3):127-129.

## ASSOCIATION/ INSTITUTION

- **Dom zdravlja Primorsko-Goranske županije, Project**  
Croatia, Rijeka, Ive Marinkovića 11 | T/F: 385 51323168/ 385 51323224
- **Croatian association of hospice friends (Hrvatska udruga prijatelja hospicija)**  
Hirčeva 1 10000 Zagreb Croatia | T/F: 00385 1 2344835/2344836

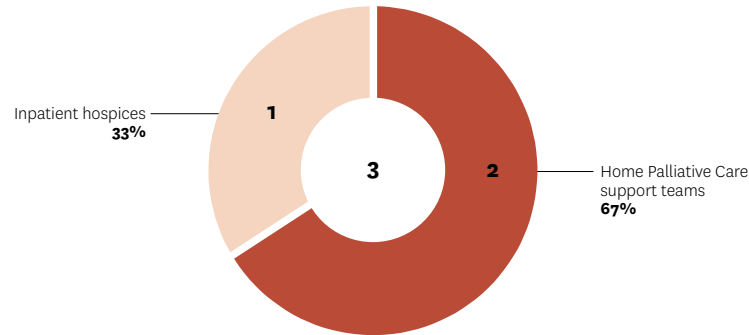
## More information on Palliative Care in Croatia

EAPC Atlas of Palliative Care in Europe 2013 - Full Edition

# Cyprus



## PALLIATIVE CARE SERVICES (2012)



## OTHER RESOURCES

Volunteer hospice teams ..... 0  
 Day Hospices ..... 9  
 Palliative care beds (ratio per million inhab.) ..... 15 (13-3)  
 Palliative Care for children: **None or unspecific resources**

## PC IN MEDICAL SCHOOLS

Mandatory subject ..... 1  
 Optional subject ..... 0  
 No PC subject ..... 0  
 Full Professors ..... 0  
 Assistant Professors ..... 0  
 Professors in other Schools ... 0

**Mandatory subject 100%**

## SOCIO-ECONOMIC DATA

**Population 2012**  
1129166

**Density 2012**  
122.1

**Surface**  
9251

**Gross Domestic Product per capita, 2011**  
26046

**Physicians per 1000 inhab.**  
2.584

**Health expenditure per capita, PPP, 2010**  
1842

**Health expenditure, total (% of Gross), 2010**  
6.0

**Human Development Index 2012**  
0.848

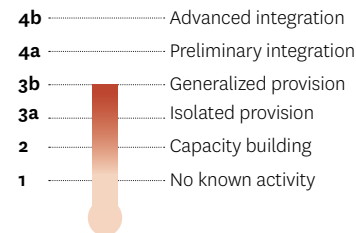
**Human Development Index Ranking Position 2012**  
31

## KEY DATA ON PC DEVELOPMENT

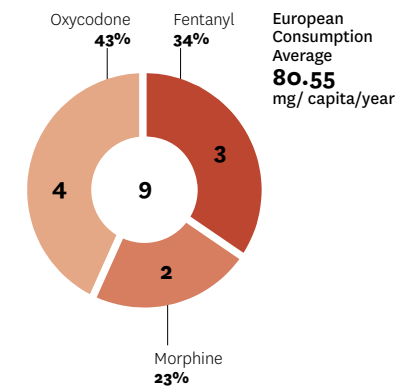
- Legislation on PC
  - Official National Strategy
  - National Association
  - National Conference
  - Scientific Journal
  - Research Centers
  - PC Twinning
  - World PC Day initiatives
  - 4 Participants at EAPC Conference
  - Status of Palliative Medicine:
- No certification**

## LEVEL OF DEVELOPMENT

Estimation Lynch et al, 2012



## STRONG OPIOID CONSUMPTION 2010 (ME MG/ CAPITA/YEAR)



## MILESTONES

**2006** Oxycodone becomes available to purchase for the first time in a private pharmacy in Cyprus.

**2011** Work commences on the Cancer Control Plan (it contains a section dedicated to palliative care).

**2011** Dr Frank Ferris and his team from San Diego Hospice are invited to come to Cyprus by the government; a four-day course on paediatric palliative care is provided by the Middle East Cancer Consortium (MECC).

## MOST RECENT REFERENCES

- Costello J, Christoforou C. 2001. "Palliative care in a Mediterranean culture: a review of services in the Republic of Cyprus". *Int J Palliat Nurs*; 7(6):286-9.
- Malas S. April 2011. "The current status of palliative care in Cyprus: has it improved in the last years?". *J Pediatr Hematol Oncol*; 33 Suppl 1:S47-51.

## ASSOCIATION/ INSTITUTION

**The Cyprus Association of Cancer Patients and Friends (PASYKAF)**  
 (ΠΑΓΚΥΠΡΙΟΣ ΣΥΝΔΕΣΜΟΣ ΚΑΡΚΙΝΟΠΑΘΩΝ ΚΑΙ ΦΙΛΩΝ (ΠΑΣΥΚΑΦ))  
 12-14 Photinou Pana St, 1045, Nicosia | T/F: 357 97770020/ 357 24660856

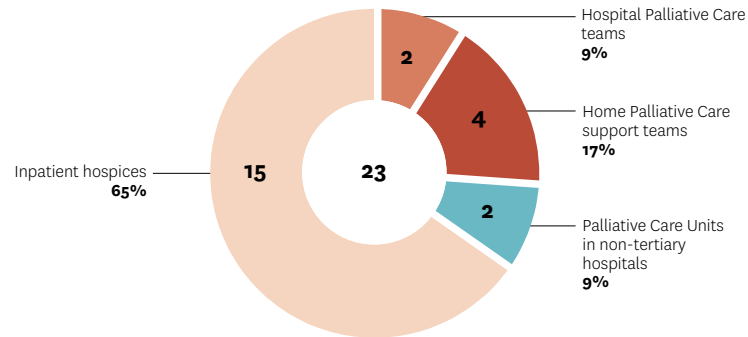
## More information on Palliative Care in Cyprus

EAPC Atlas of Palliative Care in Europe 2013 - Full Edition

# Czech Republic



## PALLIATIVE CARE SERVICES (2012)



## OTHER RESOURCES

Volunteer hospice teams ..... **6**  
 Day Hospices ..... **0**  
 Palliative care beds (ratio per million inhab.) .... **430 (40.7)**  
 Palliative Care for children: **Specific resources for inpatients and out patients**

## PC IN MEDICAL SCHOOLS

Mandatory subject ..... **0**  
 Optional subject ..... **2**  
 No PC subject ..... **5**  
 Full Professors ..... **0**  
 Assistant Professors ..... **0**  
 Professors in other Schools ... **0**

Optional **29%**  
 Whitout PC **71%**

## SOCIO-ECONOMIC DATA

**Population 2012**  
10565678

**Density 2012**  
134.0

**Surface**  
78866

**Gross Domestic Product per capita, 2011**  
24011

**Physicians per 1000 inhab.**  
3.672

**Health expenditure per capita, PPP, 2010**  
1885

**Health expenditure, total (% of Gross), 2010**  
7.9

**Human Development Index 2012**  
0.873

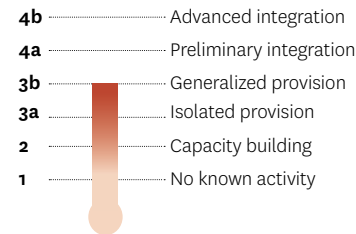
**Human Development Index Ranking Position 2012**  
28

## KEY DATA ON PC DEVELOPMENT

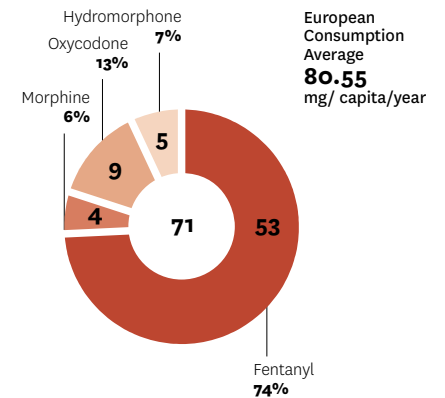
- Legislation on PC
- Official National Strategy
- National Association
- National Conference
- Scientific Journal
- Research Centers
- PC Twinning
- World PC Day initiatives
- 27** Participants at EAPC Conference
- Status of Palliative Medicine: **Sub-specialty**

## LEVEL OF DEVELOPMENT

Estimation Lynch et al, 2012



## STRONG OPIOID CONSUMPTION 2010 (ME MG/ CAPITA/YEAR)



## MILESTONES

**2009** The Czech Society for Palliative Medicine is formed; palliative medicine becomes a part of specialist training for future medical oncologists and GPs and an optional course in three medical schools in the Czech Republic.

**2011** An online directory of palliative care services is launched; palliative care is recognised as a distinct medical subspecialty; accreditation in Palliative Medicine commences; the National Strategy for Palliative Care is developed.

**2012** The National Health Insurance Company provides reimbursement for home-based palliative care.

## MOST RECENT REFERENCES

- **Svecová K.** September 2009. "A description and comparison of palliative care services in the United Kingdom and Czech Republic". *Int J Palliat Nurs*; 15(9):422, 424, 426 passim.
- **Fürst CJ; de Lima L; Prall D; Radbruch L.** January 2009. "An update on the Budapest Commitments". *European Journal of Palliative Care*; 16 (1): 22-5.

## ASSOCIATION/ INSTITUTION

**Czech Society for Palliative Medicine** (Česká společnost paliativní medicíny ČLS JEP)  
 Clinic of supportive and palliative oncology.  
 Masaryk Memorial Cancer Institute  
 Žlutý kopec 7, 656 53 Brno, Czech Republic | T/F: 420 543136209

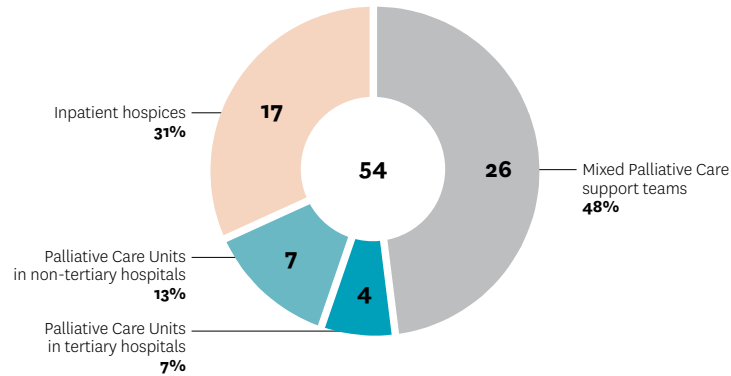
## More information on Palliative Care in Czech Republic

EAPC Atlas of Palliative Care in Europe 2013 - Full Edition

# Denmark



## PALLIATIVE CARE SERVICES (2012)



## OTHER RESOURCES

Volunteer hospice teams ..... **28**  
 Day Hospices ..... **4**  
 Palliative care beds (ratio per million inhab.) .... **629 (112.5)**  
 Palliative Care for children: **None or unspecific resources**

## PC IN MEDICAL SCHOOLS

Mandatory subject ..... **0**  
 Optional subject ..... **0**  
 No PC subject ..... **4**  
 Full Professors ..... **2**  
 Assistant Professors ..... **0**  
 Professors in other Schools ... **0**

**No PC subject 100%**

## SOCIO-ECONOMIC DATA

**Population 2012**  
5592738

**Density 2012**  
129.8

**Surface**  
43094

**Gross Domestic Product per capita, 2011**  
32582

**Physicians per 1000 inhab.**  
3.424

**Health expenditure per capita, PPP, 2010**  
4537

**Health expenditure, total (% of Gross), 2010**  
11.4

**Human Development Index 2012**  
0.901

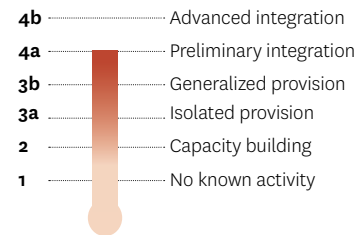
**Human Development Index Ranking Position 2012**  
15

## KEY DATA ON PC DEVELOPMENT

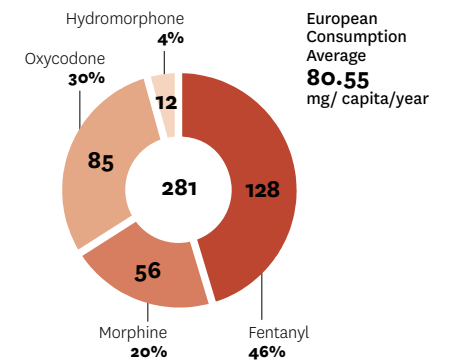
- Legislation on PC
- Official National Strategy
- National Association
- National Conference
- Scientific Journal
- Research Centers
- PC Twinning
- World PC Day initiatives
- 100** Participants at EAPC Conference
- Status of Palliative Medicine: **In process (Sub-specialty)**

## LEVEL OF DEVELOPMENT

Estimation Lynch et al, 2012



## STRONG OPIOID CONSUMPTION 2010 (ME MG/ CAPITA/YEAR)



## MILESTONES

**2010** The National Cancer Plan (2010) has an increased emphasis on palliative care.

**2011** National Recommendations for Palliative Care in Denmark are produced by the National Board of Health.

**2012** The Danish Knowledge Centre for Palliative Care is funded by the Government (previously it was privately funded).

## MOST RECENT REFERENCES

- **RaunkiÅr M**; Timm H. December 2010. "Development of palliative care in nursing homes: evaluation of a Danish project". *International Journal of Palliative Nursing*; 16 (12): 613-20.
- **Raunkiaer M**. April 2008. "Development of palliative care in Denmark during the period 1985-2001 and notion of a 'good death'". *Sygeplejersken / Danish Journal of Nursing*; 108(7): 58-69.
- **Smyth, Dion**. May 2012. "Politics and palliative care: Denmark". *International Journal of Palliative Nursing*; 18 (5): 258.

## ASSOCIATION/ INSTITUTION

**Danish Knowledge Centre for Palliative care (PAVI)** (*Palliativt Videncenter* ([www.pavi.dk](http://www.pavi.dk)))  
 Strandboulevarden 47B, 1. Floor, DK - 2100 Copenhagen Ø, Denmark  
 T/F: 00 45 - 30 38 23 00 (mobile phone)

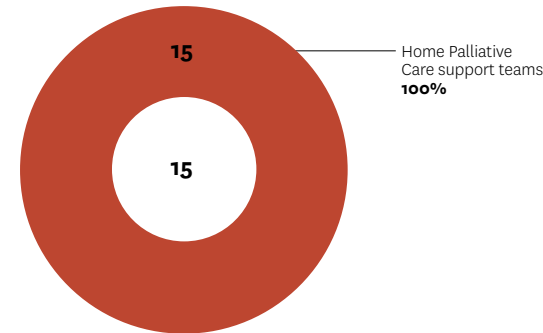
## More information on Palliative Care in Denmark

EAPC Atlas of Palliative Care in Europe 2013 - Full Edition

# Estonia



## PALLIATIVE CARE SERVICES (2012)



## OTHER RESOURCES

Volunteer hospice teams ..... 0  
 Day Hospices ..... 0  
 Palliative care beds (ratio per million inhab.) ..... 0 (0)  
 Palliative Care for children: **None or unspecific resources**

## PC IN MEDICAL SCHOOLS

Mandatory subject ..... 0  
 Optional subject ..... 0  
 No PC subject ..... 1  
 Full Professors ..... 0  
 Assistant Professors ..... 0  
 Professors in other Schools ... 0

No PC subject  
**100%**

## SOCIO-ECONOMIC DATA

**Population 2012**  
1339762

**Density 2012**  
29.7

**Surface**  
45101

**Gross Domestic Product per capita, 2011**  
18129

**Physicians per 1000 inhab.**  
3.334

**Health expenditure per capita, PPP, 2010**  
1294

**Health expenditure, total (% of Gross), 2010**  
6.0

**Human Development Index 2012**  
0.846

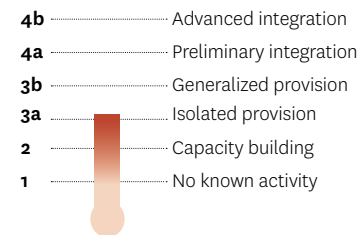
**Human Development Index Ranking Position 2012**  
33

## KEY DATA ON PC DEVELOPMENT

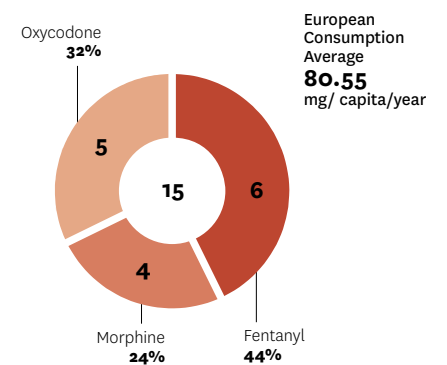
- Legislation on PC
  - Official National Strategy
  - National Association
  - National Conference
  - Scientific Journal
  - Research Centers
  - PC Twinning
  - World PC Day initiatives
  - 2 Participants at EAPC Conference
  - Status of Palliative Medicine:
- No certification**

## LEVEL OF DEVELOPMENT

Estimation Lynch et al., 2012



## STRONG OPIOID CONSUMPTION 2010 (ME MG/ CAPITA/YEAR)



## MILESTONES

**2001** Since 2001, fifteen teams have worked across Estonia, one in every county. This is the only home care program in Estonia specialized for advanced cancer patients.

The palliative home care services in Estonia are publicly funded and free of charge for the patient. The funds are received from the Sick Fund.

**2012** About 1000 advanced cancer patients use the palliative home care services every year; however, the actual need is at least twice as large.

## MOST RECENT REFERENCES

- **Kiik R, Sirotkina R.** 2006. "Hospice - the ideology and perspectives in Estonia". *Int Nurs Rev*; 53(2):136-42.
- **Suija K, Suija K.** April 2012. "Palliative home care for cancer patients in Estonia". *J Pain Symptom Manage*; 43(4):e4-5.

## ASSOCIATION/ INSTITUTION

**Tartu University Hospital** (*Tartu Ülikooli Kliinikum*)  
 6 Lunini str Tartu Estonia 51014 | T/F: 372 7319580

## More information on Palliative Care in Estonia

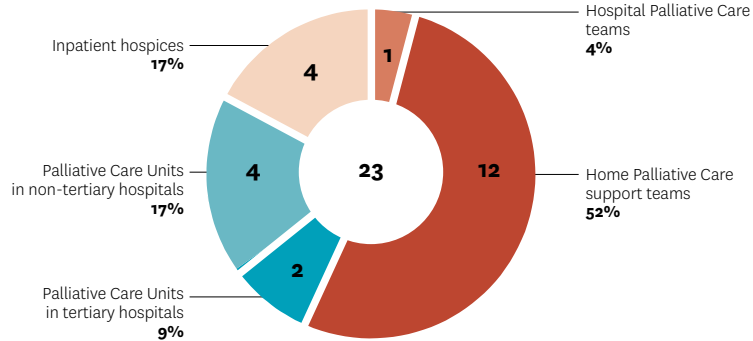
EAPC Atlas of Palliative Care in Europe 2013 - Full Edition



# Finland



## PALLIATIVE CARE SERVICES (2012)



## OTHER RESOURCES

Volunteer hospice teams ..... 0  
 Day Hospices ..... 2  
 Palliative care beds (ratio per million inhab.) ... 140 (25.9)  
 Palliative Care for children: **None or unspecific resources**

## PC IN MEDICAL SCHOOLS

Mandatory subject ..... 2  
 Optional subject ..... 1  
 No PC subject ..... 2  
 Full Professors ..... 0  
 Assistant Professors ..... 0  
 Professors in other Schools ... 0

**40%** Mandatory  
**20%** Optional  
**40%** No PC

## SOCIO-ECONOMIC DATA

**Population 2012**  
5402627

**Density 2012**  
16.0

**Surface**  
338150

**Gross Domestic Product per capita, 2011**  
32027

**Physicians per 1000 inhab.**  
2.905

**Health expenditure per capita, PPP, 2010**  
3281

**Health expenditure, total (% of Gross), 2010**  
9.0

**Human Development Index 2012**  
0.892

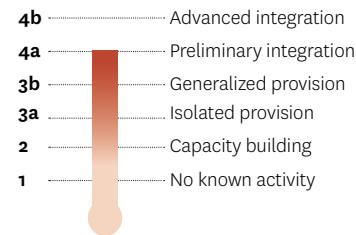
**Human Development Index Ranking Position 2012**  
21

## KEY DATA ON PC DEVELOPMENT

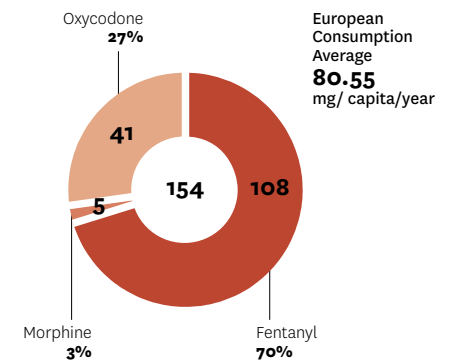
- Legislation on PC
- Official National Strategy
- National Association
- National Conference
- Scientific Journal
- Research Centers
- PC Twinning
- World PC Day initiatives
- 33 Participants at EAPC Conference
- Status of Palliative Medicine: Sub-specialty

## LEVEL OF DEVELOPMENT

Estimation Lynch et al, 2012



## STRONG OPIOID CONSUMPTION 2010 (ME MG/ CAPITA/YEAR)



## MILESTONES

**2007** Palliative medicine gains specialty status and a national two-year long program for specializing in palliative medicine begins.

**2008** National guidelines on providing care for patients at the end-of-life are produced.

**2012** National guidelines on providing care for patients at the end-of-life are updated.

## MOST RECENT REFERENCES

- **Kaasalainen V, Vainio A.** Ali-Melkkilä T. 1997. "Developments in the treatment of cancer pain in Finland: the third nation-wide survey". *Pain*; 70(2-3):175-83."
- **Tasmuth T, Saarto T, Kalso E.** 2006. "How palliative care of cancer patients is organised between a University Hospital and primary care in Finland". *Acta Oncologica*; 45 (3): 325-31.
- **Vainio A.** 1990. "Palliative care in Finland". *Palliat Med*;4:225-227.

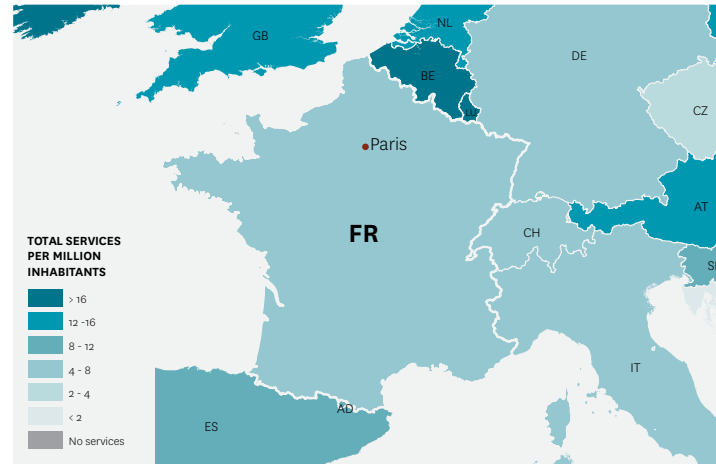
## ASSOCIATION/ INSTITUTION

**The Finnish Association for Palliative Care** (*Suomen palliatiivisen lääketieteen yhdistys (SPLY)*)  
 Huuhkajantie 3, 48220 Kotka | T/F: 358 442231322

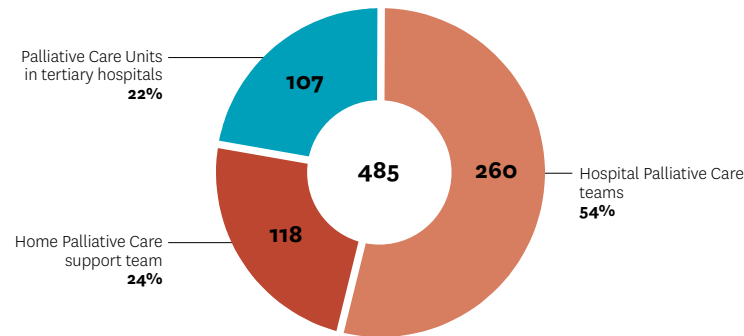
## More information on Palliative Care in Finland

EAPC Atlas of Palliative Care in Europe 2013 - Full Edition

# France



## PALLIATIVE CARE SERVICES (2012)



## OTHER RESOURCES

Volunteer hospice teams ..... 0  
 Day Hospices ..... 15  
 Palliative care beds (ratio per million inhab.) .... **1176 (18.5)**  
 Palliative Care for children: **A significant number of all kind of resources**

## PC IN MEDICAL SCHOOLS

Mandatory subject ..... **N/A**  
 Optional subject ..... **N/A**  
 No PC subject ..... **N/A**  
 Full Professors ..... **N/A**  
 Assistant Professors ..... **N/A**  
 Professors in other Schools ..... **N/A**

## SOCIO-ECONOMIC DATA

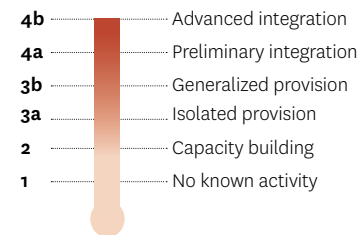
<b>Population 2012</b> 63457777	<b>Physicians per 1000 inhab.</b> 3.447	<b>Human Development Index 2012</b> 0.893
<b>Density 2012</b> 115.1	<b>Health expenditure per capita, PPP, 2010</b> 4021	<b>Human Development Index Ranking Position 2012</b> 20
<b>Surface</b> 551500	<b>Health expenditure, total (% of Gross), 2010</b> 11.9	
<b>Gross Domestic Product per capita, 2011</b> 29819		

## KEY DATA ON PC DEVELOPMENT

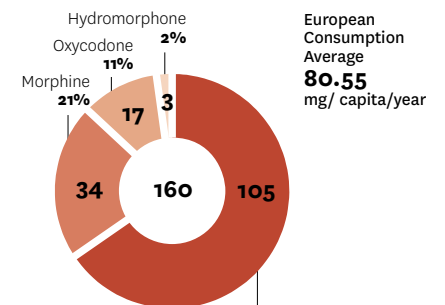
- Legislation on PC
- Official National Strategy
- National Association
- National Conference
- Scientific Journal
- Research Centers
- PC Twinning
- World PC Day initiatives
- 72 Participants at EAPC Conference
- Status of Palliative Medicine: **Sub-specialty**

## LEVEL OF DEVELOPMENT

Estimation Lynch et al, 2012



## STRONG OPIOID CONSUMPTION 2010 (ME MG/ CAPITA/YEAR)



**2008** The Third National Strategy for the development of palliative care in all settings is published.

**2010** A National Strategy for the Development of Palliative Care is produced; the French National Observatory on End-of-Life Care is established; an online directory of palliative care services is published; a 'Family Allowance' for the carers of dying patients is created.

**2013** A "Master of Palliative Medicine" course is created.

## MOST RECENT REFERENCES

- **Doré-Pautonnier D, Baussant-Crenn C, Frattini MO, Mino JC, Rennesson M.** September 2011. "[The main missions of the National Palliative Care Resource Centre]". Soins; (758):52-3
- **Nectoux M.** September 2011. "[The National Observatory on End of Life Care, progress for palliative care]". Soins; (758):50-1.
- **Lacour F, Hérisson B.** September 2011. "[Role and missions of the French Society of Support and Palliative Care]". Soins; (758):47-9.

## ASSOCIATION/ INSTITUTION

**French Society of Accompaniment and Palliative Care**  
 (Société Française d'Accompagnement et de Soins Palliatifs (SFAP))  
 106 avenue Emile Zola, 75015 PARIS  
 T/F: 33 145754386/ 33 145789020

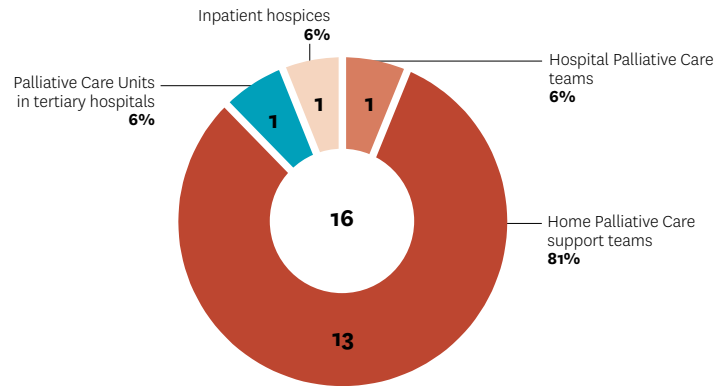
## More information on Palliative Care in France

EAPC Atlas of Palliative Care in Europe 2013 - Full Edition

# Georgia



## PALLIATIVE CARE SERVICES (2012)



## OTHER RESOURCES

Volunteer hospice teams .....1  
 Day Hospices .....1  
 Palliative care beds (ratio per million inhab.) ..... **39 (9-1)**  
 Palliative Care for children: **Specific resources for inpatients and out patients**

## PC IN MEDICAL SCHOOLS

Mandatory subject	1	Mandatory	10%
Optional subject	1	Optional	10%
No PC subject	8	No PC	80%
Full Professors	1		
Assistant Professors	2		
Professors in other Schools	0		

## SOCIO-ECONOMIC DATA

**Population 2012**  
4304363

**Density 2012**  
61.8

**Surface**  
69700

**Gross Domestic Product per capita, 2011**  
4826

**Physicians per 1000 inhab.**  
4.762

**Health expenditure per capita, PPP, 2010**  
522

**Health expenditure, total (% of Gross), 2010**  
10.1

**Human Development Index 2012**  
0.745

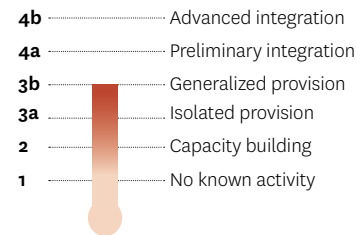
**Human Development Index Ranking Position 2012**  
72

## KEY DATA ON PC DEVELOPMENT

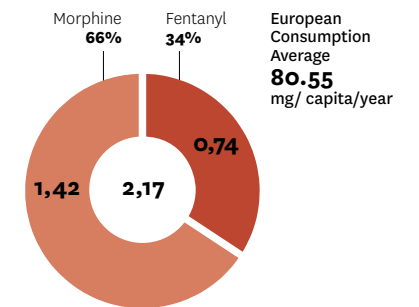
- Legislation on PC
- Official National Strategy
- National Association
- National Conference
- Scientific Journal
- Research Centers
- PC Twinning
- World PC Day initiatives
- 4 Participants at EAPC Conference
- Status of Palliative Medicine: **Sub-specialty**

## LEVEL OF DEVELOPMENT

Estimation Lynch et al, 2012



## STRONG OPIOID CONSUMPTION 2010 (ME MG/ CAPITA/YEAR)



## MILESTONES

**2008** The Minister of Labor, Health and Social Affairs (MOLHSA) issues four normative orders approving "Instructions for Palliative Care" and liberalizing opioid prescription and availability.

**2010** A joint declaration of the Georgian National Association of Palliative Care (GNAPC), the Georgian Medical Association and medical students is prepared and signed – the declaration encourages the Government to integrate palliative care into the Georgian National Healthcare System;

**2010** The Georgian National Program for Palliative Care Action Plan (2011-2015) is approved by the Healthcare and Social Issues Committee of the Parliament of Georgia.

## MOST RECENT REFERENCES

- **Kordzaia, Dimitri.** 2011. "Making the Case for Palliative Care in Developing Countries: The Republic of Georgia". Journal of Palliative Medicine; 14 (5): 539-41.
- **Rukhadze T, Kordzaia D.** 2011. "Perspective in supportive care--practical experiences in Georgia". J Pediatr Hematol Oncol; 33 Suppl 2: S159-61.

## ASSOCIATION/ INSTITUTION

**Georgian National Association for Palliative Care (GNAPC)**  
 (ზაღიარბიური მზრუნველობის საქართველოს ეროვნული ასოციაცია)  
 2 Chiaureli St., Tbilisi 0159 Georgia | T: +995 32 2 540823 Mobile: +995 599 433345

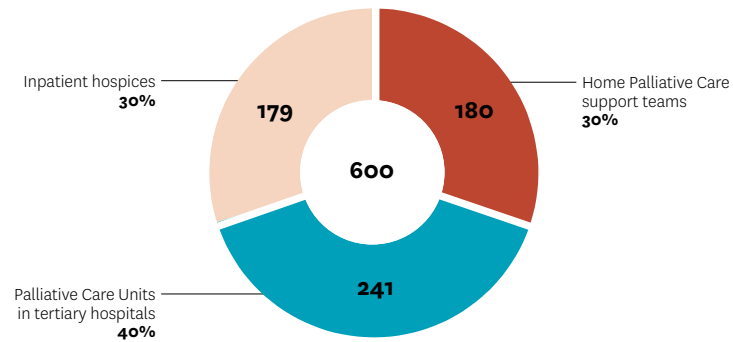
## More information on Palliative Care in Georgia

EAPC Atlas of Palliative Care in Europe 2013 - Full Edition

# Germany



## PALLIATIVE CARE SERVICES (2012)



## OTHER RESOURCES

Volunteer hospice teams ..... **1244**  
 Day Hospices ..... **0**  
 Palliative care beds (ratio per million inhab.) ... **3572 (43.6)**  
 Palliative Care for children: **A significant number of all kind of resources**

## PC IN MEDICAL SCHOOLS

Mandatory subject ..... **15** █ Mandatory **42%**  
 Optional subject ..... **0**  
 No PC subject ..... **21** █ No PC **58%**  
 Full Professors ..... **5**  
 Assistant Professors ..... **0**  
 Professors in other Schools ... **0**

## SOCIO-ECONOMIC DATA

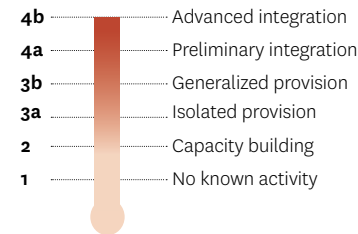
<b>Population 2012</b> 81990837	<b>Physicians per 1000 inhab.</b> 3.601	<b>Human Development Index 2012</b> 0.920
<b>Density 2012</b> 229.7	<b>Health expenditure per capita, PPP, 2010</b> 4332	<b>Human Development Index Ranking Position 2012</b> 5
<b>Surface</b> 357022	<b>Health expenditure, total (% of Gross), 2010</b> 11.6	
<b>Gross Domestic Product per capita, 2011</b> 34603		

## KEY DATA ON PC DEVELOPMENT

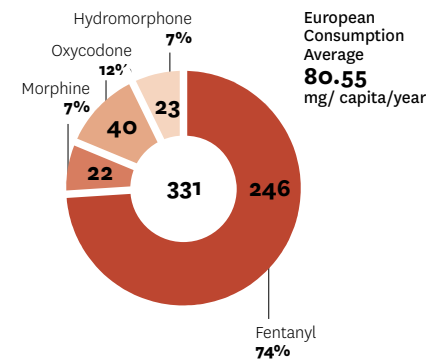
- Legislation on PC
- Official National Strategy
- National Association
- National Conference
- Scientific Journal
- Research Centers
- PC Twinning
- World PC Day initiatives
- 197** Participants at EAPC Conference
- Status of Palliative Medicine: **Sub-specialty**

## LEVEL OF DEVELOPMENT

Estimation Lynch et al, 2012



## STRONG OPIOID CONSUMPTION 2010 (ME MG/ CAPITA/YEAR)



## MILESTONES

**2009** A Federal law stating that patients have a right to specialist palliative care at home is introduced; a new law introducing mandatory palliative care training for medical students is passed.

**2011** The Charter for the Severely Ill or Dying is published.

**2012** A new law is passed that allows specialist palliative home care physicians to dispense opioids for a patient during out-of-office hours, if a near on-call pharmacy does not have the appropriate medication available.

## MOST RECENT REFERENCES

- **Dietz I, Elsner F, Schiessl C, Borasio GD.** 2011. "The Munich Declaration - Key points for the establishment the teaching in the new cross-disciplinary area 13: palliative medicine at German faculties". *GMS Z Med Ausbild*; 28(4):Doc51.
- **Smyth D.** October 2011. "Politics and palliative care: Germany". *Int J Palliat Nurs*; 17(10):515-Unknown.
- **Ostgathe C, Alt-Epping B, Golla H, Gaertner J, Lindena G, Radbruch L, Voltz R:** Hospice and Palliative Care Evaluation (HOPE) Working Group. March 2011. "Non-cancer patients in specialized palliative care in Germany: what are the problems?". *Palliat Med*; 25(2):148-52

## ASSOCIATION/ INSTITUTION

**German Association for Palliative Medicine**  
 (Deutsche Gesellschaft für Palliativmedizin)  
 Department of Palliative Medicine, University Hospital Bonn,  
 Sigmund Freud Str. 25, 53127 Bonn | T/F:+49-228-287 13495

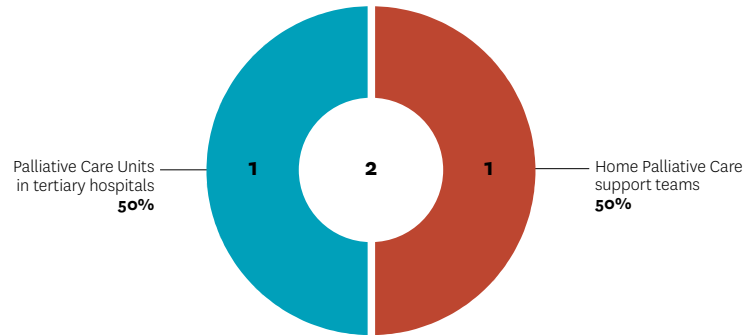
## More information on Palliative Care in Germany

EAPC Atlas of Palliative Care in Europe 2013 - Full Edition

# Greece



## PALLIATIVE CARE SERVICES (2012)



## OTHER RESOURCES

Volunteer hospice teams .....	1
Day Hospices .....	2
Palliative care beds (ratio per million inhab.) .....	0 (o)
Palliative Care for children: <b>Unspecific resources</b>	

## PC IN MEDICAL SCHOOLS

Mandatory subject .....	1	Mandatory <b>14%</b>
Optional subject .....	0	
No PC subject .....	6	No PC <b>86%</b>
Full Professors .....	0	
Assistant Professors .....	0	
Professors in other Schools .....	2	

## SOCIO-ECONOMIC DATA

**Population 2012**  
11418878

**Density 2012**  
86.5

**Surface**  
131957

**Gross Domestic Product per capita, 2011**  
22301

**Physicians per 1000 inhab.**  
6.167

**Health expenditure per capita, PPP, 2010**  
2853

**Health expenditure, total (% of Gross), 2010**  
10.2

**Human Development Index 2012**  
0.860

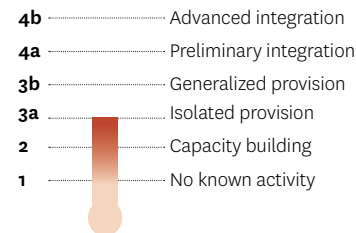
**Human Development Index Ranking Position 2012**  
29

## KEY DATA ON PC DEVELOPMENT

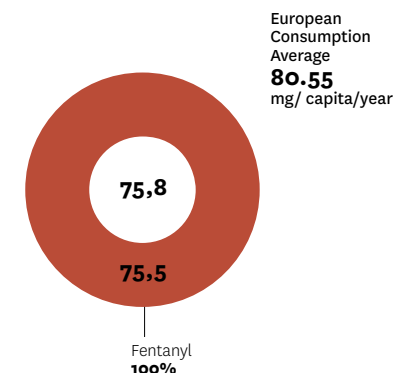
- Legislation on PC
  - Official National Strategy
  - National Association
  - National Conference
  - Scientific Journal
  - Research Centers
  - PC Twinning
  - World PC Day initiatives
  - 13** Participants at EAPC Conference
  - Status of Palliative Medicine:
- No certification**

## LEVEL OF DEVELOPMENT

Estimation Lynch et al, 2012



## STRONG OPIOID CONSUMPTION 2010 (ME MG/ CAPITA/YEAR)



## MILESTONES

**2007** Important legislative changes relating to opioids and pain centres are passed.

**2008** Important legislative changes relating to hospices are passed.

**2011** A National Plan against Cancer (2011-2013) is produced.

## MOST RECENT REFERENCES

- **Smyth, Dion.** February 2012. "Politics and palliative care: Greece". *International Journal of Palliative Nursing*; 18 (2): 102.
- **Vadalouca A.** September-october 2009. "HSPSCNCP: foster palliative care and pain management in Greece". *European Journal of Palliative Care*; 16 (5): 256-8.
- **Efstathiou N, Ameen J.** Coll AM. April 2007. "Healthcare providers' priorities for cancer care: A Delphi study in Greece". *Eur J Oncol Nurs*; 11(2):141-50.

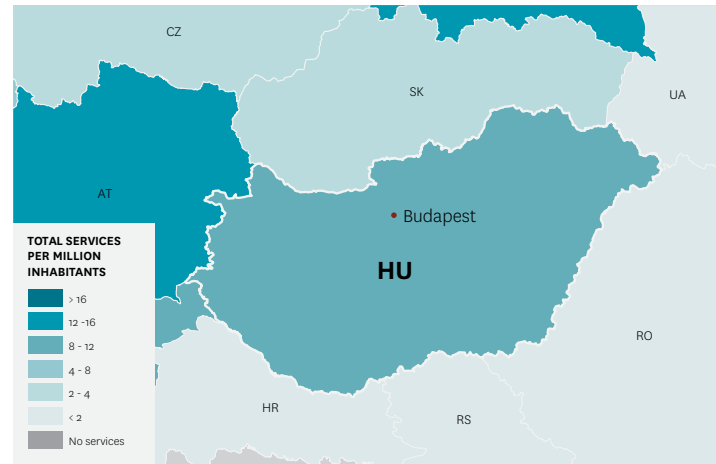
## ASSOCIATION/ INSTITUTION

**Hellenic Society for Palliative - Symptomatic Care for Cancer and non-Cancer Patients**  
(Ελληνική Εταιρεία Παρηγορητικής - Συμπτωματικής Φροντίδας Καρκινοπαθών και μη Ασθενών)  
Address: 4 Smolensky str. Athens 114 72 Greece | T/F: +30 210 6457878 / +30 210 3610488

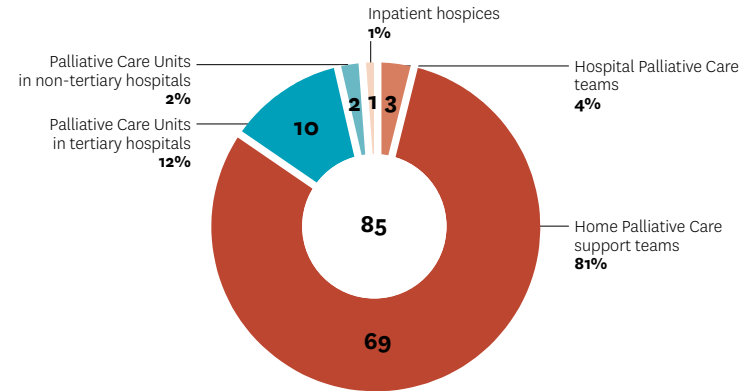
## More information on Palliative Care in Greece

EAPC Atlas of Palliative Care in Europe 2013 - Full Edition

# Hungary



## PALLIATIVE CARE SERVICES (2012)



## OTHER RESOURCES

Volunteer hospice teams	0
Day Hospices	2
Palliative care beds (ratio per million inhab.)	187 (18.8)
Palliative Care for children:	<b>Specific resources for inpatients and out patients</b>

## PC IN MEDICAL SCHOOLS

Mandatory subject	0	Optional subject 100%
Optional subject	4	
No PC subject	0	
Full Professors	5	
Assistant Professors	10	
Professors in other Schools	0	

## SOCIO-ECONOMIC DATA

**Population 2012**  
9949589

**Density 2012**  
106.9

**Surface**  
93032

**Gross Domestic Product per capita, 2011**  
17295

**Physicians per 1000 inhab.**  
3.031

**Health expenditure per capita, PPP, 2010**  
1469

**Health expenditure, total (% of Gross), 2010**  
7.3

**Human Development Index 2012**  
0.831

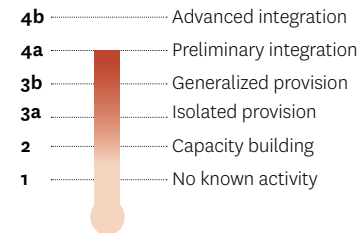
**Human Development Index Ranking Position 2012**  
37

## KEY DATA ON PC DEVELOPMENT

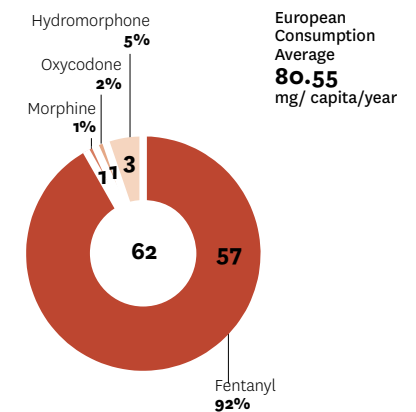
- Legislation on PC
- Official National Strategy
- National Association
- National Conference
- Scientific Journal
- Research Centers
- PC Twinning
- World PC Day initiatives
- 43 Participants at EAPC Conference
- Status of Palliative Medicine: **In process (Sub-specialty)**

## LEVEL OF DEVELOPMENT

Estimation Lynch et al., 2012



## STRONG OPIOID CONSUMPTION 2010 (ME MG/ CAPITA/YEAR)



## MILESTONES

**2010** The third version of the National Palliative Care Standards - Professional Guidelines of Palliative Care of Terminally Ill Cancer Patients (edited by the Ministry of Health) is published; recommendations are made by the National Health Council about palliative care development.

**2011** Two paediatric inpatient hospices are opened; printed and online catalogues of palliative care services are published.

**2012** A Sub-specialty in palliative care is prepared, supported by the Hungarian College of Oncology.

## MOST RECENT REFERENCES

- **Csikos A.** Albanese T, Busa C, Nagy L, Radwany S. October 2008. "Hungarians' perspectives on end-of-life care". J Palliat Med; 11(8):1083-7.
- **Muszbec K.** May 2007. "Enhancing Hungarian palliative care delivery". J Pain Symptom Manage; 33(5):605-9.
- **Hegedus K.** March-April 2010. "HPPA: the rise of Hungarian hospice and palliative care". European Journal of Palliative Care; 17 (2): 98-100.

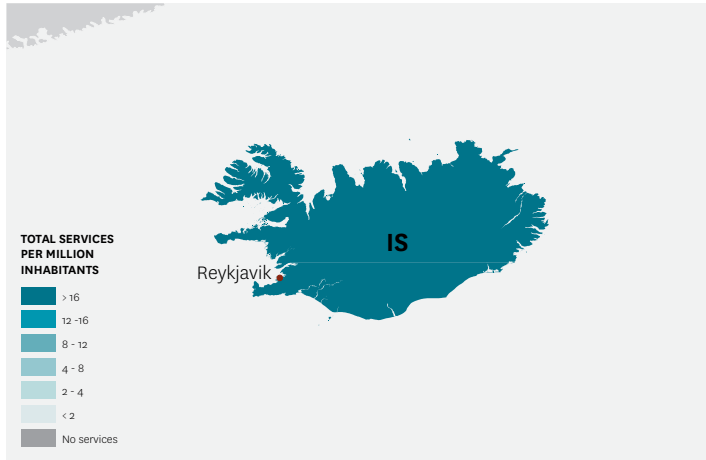
## ASSOCIATION/ INSTITUTION

**Hungarian Hospice Palliative Association (Magyar Hospice Palliativ Egyesület)**  
Semmelweis University, 1089 Budapest, Nagyvarad ter 4. Hungary  
T/F: 362 05313799

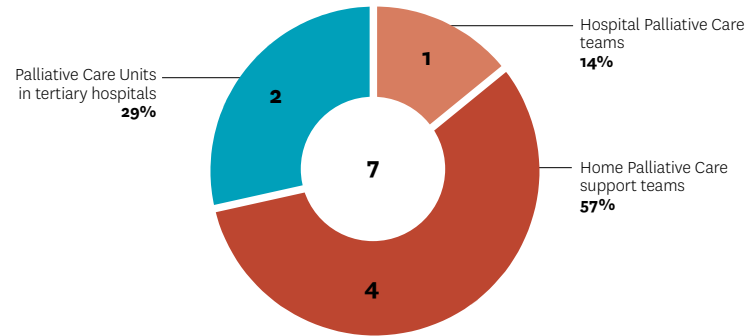
## More information on Palliative Care in Hungary

EAPC Atlas of Palliative Care in Europe 2013 - Full Edition

# Iceland



## PALLIATIVE CARE SERVICES (2012)



## OTHER RESOURCES

Volunteer hospice teams ..... 0  
 Day Hospices ..... 1  
 Palliative care beds (ratio per million inhab.) ..... 17 (517.8)  
 Palliative Care for children: **None or unspecific resources**

## PC IN MEDICAL SCHOOLS

Mandatory subject ..... 0  
 Optional subject ..... 0  
 No PC subject ..... 1  
 Full Professors ..... 0  
 Assistant Professors ..... 0  
 Professors in other Schools ... 0

No PC subject **100%**

## SOCIO-ECONOMIC DATA

**Population 2012**  
328290

**Density 2012**  
3.2

**Surface**  
103009

**Gross Domestic Product per capita, 2011**  
33516

**Physicians per 1000 inhab.**  
3.733

**Health expenditure per capita, PPP, 2010**  
3279

**Health expenditure, total (% of Gross), 2010**  
9.4

**Human Development Index 2012**  
0.906

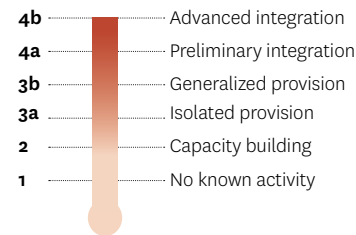
**Human Development Index Ranking Position 2012**  
13

## KEY DATA ON PC DEVELOPMENT

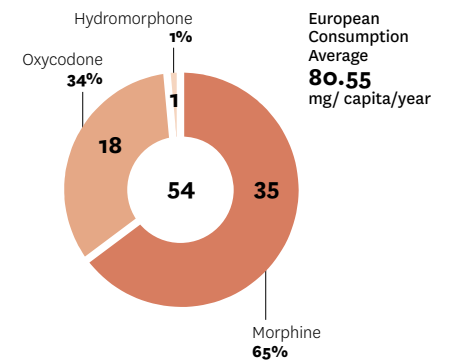
- Legislation on PC
- Official National Strategy
- National Association
- National Conference
- Scientific Journal
- Research Centers
- PC Twinning
- World PC Day initiatives
- 5 Participants at EAPC Conference
- Status of Palliative Medicine: **In process (Sub-specialty)**

## LEVEL OF DEVELOPMENT

Estimation Lynch et al, 2012



## STRONG OPIOID CONSUMPTION 2010 (ME MG/ CAPITA/YEAR)



## MILESTONES

**2009** The online Clinical Guideline on Palliative Care at the National University Hospital (NUH) and Directorate of Health is adopted with permission from the Institute for Clinical Symptom Improvements.

**2011** The Palliative Care Unit (PCU) at the NUH becomes the Centre of Excellence for the Liverpool Care Pathway (LCP) in Iceland. LCP becomes integrated into all clinical wards at the NUH (except the Children's Hospital) together with most nursing homes in the Reykjavik metropolitan area.

**2012** The Palliative Care Units in two tertiary hospitals are merged into one.

## MOST RECENT REFERENCES

- Haugen DF, Vejlgard T. 2008. "The Nordic Specialist Course in Palliative Medicine: evaluation and experiences from the first course 2003-2005". *Palliat Med*; 22(3):256-63.
- Emilsdóttir AL, Gústafsdóttir M. August 2011. "End of life in an Icelandic nursing home: an ethnographic study". *International Journal of Palliative Nursing*; 17 (8): 405-11.

## ASSOCIATION/ INSTITUTION

**The Palliative Care Unit, The National University Hospital, Reykjavik, Iceland**  
 (Líknaardeild Landspítala í Kópavogi)  
 The Palliative Care Unit, The National University Hospital, Kópavogsgærði 10, 200 Kópavogur, Iceland | T/F: +354 5431000, direct 543 6337/ +354 543 6601

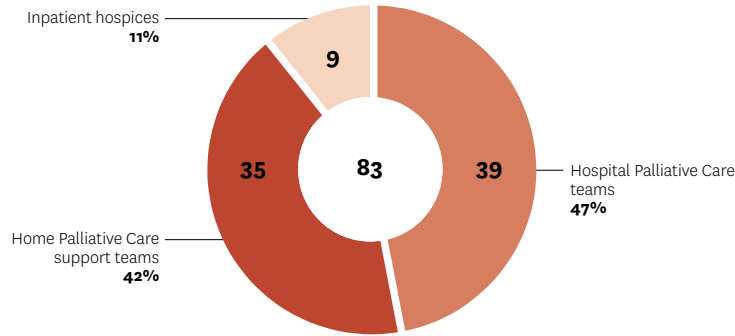
## More information on Palliative Care in Iceland

EAPC Atlas of Palliative Care in Europe 2013 - Full Edition

# Ireland



## PALLIATIVE CARE SERVICES (2012)



## OTHER RESOURCES

Volunteer hospice teams ..... 0  
 Day Hospices ..... 7  
 Palliative care beds (ratio per million inhab.) ..... 156 (34.1)  
 Palliative Care for children: **A significant number of all kind of resources**

## PC IN MEDICAL SCHOOLS

Mandatory subject ..... 0  
 Optional subject ..... 0  
 No PC subject ..... 6  
 Full Professors ..... 1  
 Assistant Professors ..... 0  
 Professors in other Schools ... 1

No PC subject **100%**

## SOCIO-ECONOMIC DATA

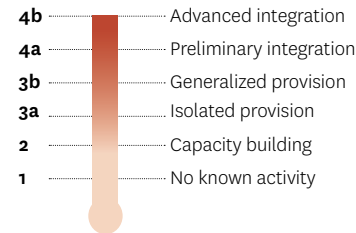
<b>Population 2012</b> 4579498	<b>Physicians per 1000 inhab.</b> 3.173	<b>Human Development Index 2012</b> 0.916
<b>Density 2012</b> 65.2	<b>Health expenditure per capita, PPP, 2010</b> 3704	<b>Human Development Index Ranking Position 2012</b> 7
<b>Surface</b> 70273	<b>Health expenditure, total (% of Gross), 2010</b> 9.2	
<b>Gross Domestic Product per capita, 2011</b> 36145		

## KEY DATA ON PC DEVELOPMENT

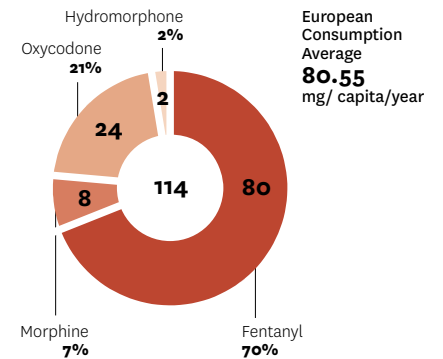
- Legislation on PC
- Official National Strategy
- National Association
- National Conference
- Scientific Journal
- Research Centers
- PC Twinning
- World PC Day initiatives
- 77 Participants at EAPC Conference
- Status of Palliative Medicine: **Specialty**

## LEVEL OF DEVELOPMENT

Estimation Lynch et al, 2012



## STRONG OPIOID CONSUMPTION 2010 (ME MG/ CAPITA/YEAR)



## MILESTONES

**2010** The Palliative Care Programme is established within the Health Service Executive (HSE) Clinical Strategy and Programmes Directorate.

**2010** The All Ireland Institute of Hospice and Palliative Care and the HSE National Development Committee for Children's Palliative Care are established.

**2012** The HSE Integrated Services Directorate (ISD) and the HSE Palliative Care Programme establish a collaborative partnership; the HSE Palliative Care Competence Framework is developed.

## MOST RECENT REFERENCES

- **Hill, Katie; Coyne, Imelda.** March 2012. "Palliative care nursing for children in the UK and Ireland". *British Journal of Nursing*; 21 (5): 276-81.
- **Murray E.** January 2011. "Maximizing palliative care provision in economic downturns". *Int J Palliat Nurs*; 17(1):4, 6
- **Smyth, Dion.** May 2011. "Politics and palliative care: Ireland". *International Journal of Palliative Nursing*; 17 (5): 257.

## ASSOCIATION/ INSTITUTION

**Irish Association for Palliative Care (IAPC)**  
 Coleraine House  
 Coleraine Street, Dublin 7, Ireland | T: +353 1 873 4735

## More information on Palliative Care in Ireland

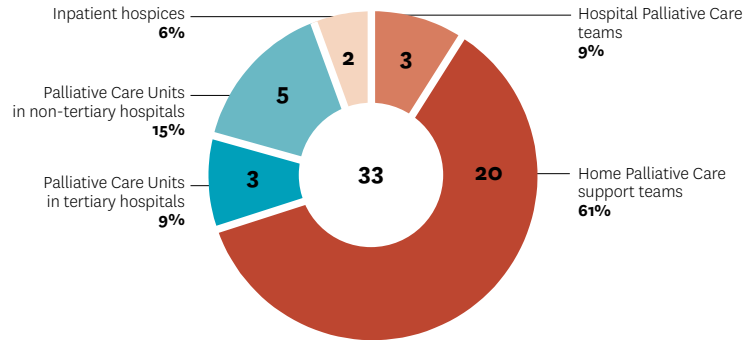
EAPC Atlas of Palliative Care in Europe 2013 - Full Edition



# Israel



## PALLIATIVE CARE SERVICES (2012)



## OTHER RESOURCES

Volunteer hospice teams ..... 0  
 Day Hospices ..... 0  
 Palliative care beds (ratio per million inhab.) ..... **177 (230.0)**  
 Palliative Care for children: **A significant number of all kind of resources**

## PC IN MEDICAL SCHOOLS

Mandatory subject ..... N/A  
 Optional subject ..... N/A  
 No PC subject ..... N/A  
 Full Professors ..... N/A  
 Assistant Professors ..... N/A  
 Professors in other Schools ..... N/A

## SOCIO-ECONOMIC DATA

**Population 2012**  
7694670

**Density 2012**  
347.5

**Surface**  
22145

**Gross Domestic Product per capita, 2011**  
26720

**Physicians per 1000 inhab.**  
3.65

**Health expenditure per capita, PPP, 2010**  
2186

**Health expenditure, total (% of Gross), 2010**  
7.6

**Human Development Index 2012**  
0.900

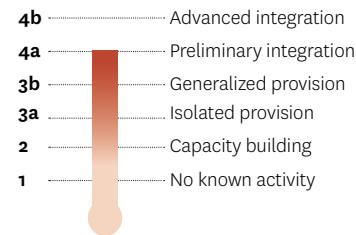
**Human Development Index Ranking Position 2012**  
16

## KEY DATA ON PC DEVELOPMENT

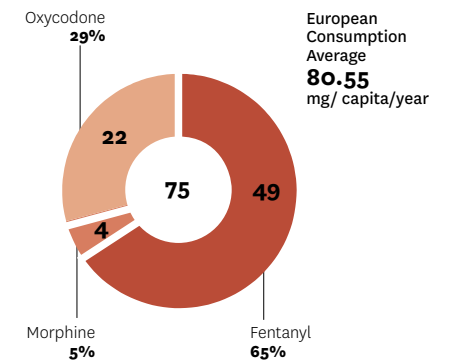
- Legislation on PC
- Official National Strategy
- National Association
- National Conference
- Scientific Journal
- Research Centers
- PC Twinning
- World PC Day initiatives
- 11** Participants at EAPC Conference
- Status of Palliative Medicine: **Sub-specialty**

## LEVEL OF DEVELOPMENT

Estimation Lynch et al, 2012



## STRONG OPIOID CONSUMPTION 2010 (ME MG/ CAPITA/YEAR)



## MILESTONES

**2009** A Commission is created by the MOH on the organization of palliative care services requesting hospitals and sickness funds to provide palliative care in every hospital and nursing home and at home; Tel Aviv University introduces in VI year an elective two-week rotation in Tel HaShomer Palliative Care Department.

**2010** A private home care initiative is established in conjunction with the Ministry of Health (MOH).

**2013** A commission is created by the Ministry of Health to develop palliative care in nursing homes.

## MOST RECENT REFERENCES

- **Livneh J.** October 2011. "Development of palliative care in Israel and the rising status of the clinical nurse specialist". *J Pediatr Hematol Oncol*; 33 Suppl 2:S157-8.
- **Ben-Arush MW.** April 2011. "Current status of palliative care in Israel: a pediatric oncologist's perspective". *J Pediatr Hematol Oncol*; 33 Suppl 1:S56-9.
- **Jotkowitz AB, Glick S.** 2009 (winter). "The Israeli terminally ill patient law of 2005". *J Palliat Care*; 25(4):284-8.

## ASSOCIATION/ INSTITUTION

**Israel Palliative Medicine Society (IPMS)**  
 Palliative Care Department "Beit Friedman"  
 Chaim Sheba Medical Center, Israel | T/F: 972 3 530 5068

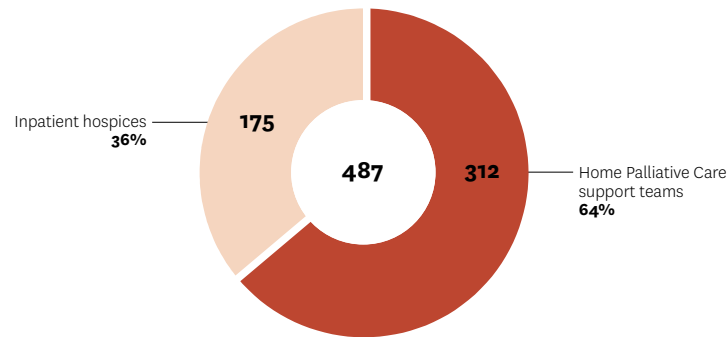
## More information on Palliative Care in Israel

EAPC Atlas of Palliative Care in Europe 2013 - Full Edition

# Italy



## PALLIATIVE CARE SERVICES (2012)



## OTHER RESOURCES

- Volunteer hospice teams ..... 0
- Day Hospices ..... 0
- Palliative care beds (ratio per million inhab.) .... **1991 (32.7)**
- Palliative Care for children: **A significant number of all kind of resources**

## PC IN MEDICAL SCHOOLS

- Mandatory subject ..... **N/A**
- Optional subject ..... **N/A**
- No PC subject ..... **N/A**
- Full Professors ..... **2**
- Assistant Professors ..... **0**
- Professors in other Schools ..... **0**

## SOCIO-ECONOMIC DATA

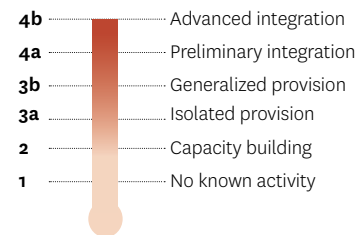
<b>Population 2012</b> 60964145	<b>Physicians per 1000 inhab.</b> 3.486	<b>Human Development Index 2012</b> 0.881
<b>Density 2012</b> 202.3	<b>Health expenditure per capita, PPP, 2010</b> 3022	<b>Human Development Index Ranking Position 2012</b> 25
<b>Surface</b> 301318	<b>Health expenditure, total (% of Gross), 2010</b> 9.5	
<b>Gross Domestic Product per capita, 2011</b> 27072		

## KEY DATA ON PC DEVELOPMENT

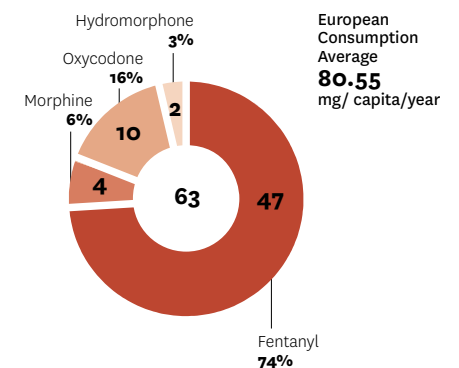
- Legislation on PC
- Official National Strategy
- National Association
- National Conference
- Scientific Journal
- Research Centers
- PC Twinning
- World PC Day initiatives
- 60** Participants at EAPC Conference
- Status of Palliative Medicine: **Subspecialty**

## LEVEL OF DEVELOPMENT

Estimation Lynch et al, 2012



## STRONG OPIOID CONSUMPTION 2010 (ME MG/ CAPITA/YEAR)



## MILESTONES

**2010** The Italian Parliament approves the first National Law of Palliative Care establishing palliative care as a fundamental right for all Italian people; all local health services have the duty to implement palliative care networks to guarantee this right.

**2011** The Italian Society of Palliative Care (in collaboration with scientific societies and patient associations), produce a consensus document about palliative care for patients with ALS.

**2012** Subsequent official agreements between national government and regions define the guidelines for the development and organization of regional and local palliative care networks.

## MOST RECENT REFERENCES

- Smyth D. November 2011. "Politics and palliative care: Italy". *Int J Palliat Nurs*; 17(11):570.
- Benini F, Fabris M, Pace DS, Vernò V, Negro V, De Conno F, Orzalesi MM. 2011. "Awareness, understanding and attitudes of Italians regarding palliative care". *Ann Ist Super Sanita*; 47(3):253-9.
- Cevoli S, Cortelli P. May 2011. "Italian Law 'measures to guarantee the access to palliative and pain treatments': rebound on headaches' management". *Neurol Sci*; 32 Suppl 1:S77-9.

## ASSOCIATION/ INSTITUTION

**Italian Society for Palliative Care (Società Italiana di Cure Palliative (SICP))**  
**Federazione Italiana Cure Palliative (FCP)**  
 Società Italiana di Cure Palliative · Via Privata Nino Bonnet 2, 20154 Milano (Italy)  
 T/F: +39 02 29002975/+39 02 6261140

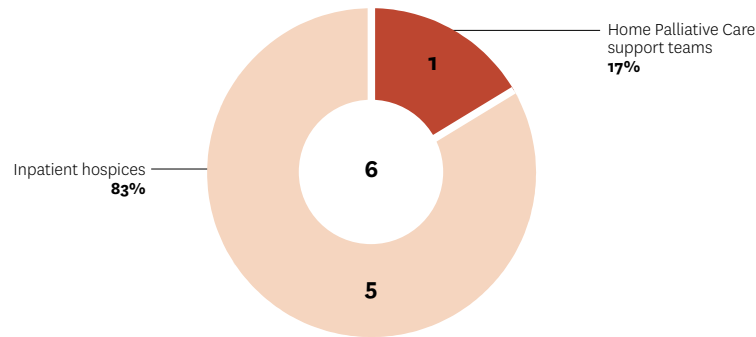
## More information on Palliative Care in Italy

EAPC Atlas of Palliative Care in Europe 2013 - Full Edition

# Kazakhstan



## PALLIATIVE CARE SERVICES (2012)



## OTHER RESOURCES

Volunteer hospice teams ..... 0  
 Day Hospices ..... 0  
 Palliative care beds (ratio per million inhab.) ..... **240 (14.7)**  
 Palliative Care for children: **None or unspecific resources**

## PC IN MEDICAL SCHOOLS

Mandatory subject ..... 0  
 Optional subject ..... 0  
 No PC subject ..... 6  
 Full Professors ..... 0  
 Assistant Professors ..... 0  
 Professors in other Schools ... 0

No PC subject **100%**

## SOCIO-ECONOMIC DATA

**Population 2012**  
16381297

**Density 2012**  
6.0

**Surface**  
2724767

**Gross Domestic Product per capita, 2011**  
11568

**Physicians per 1000 inhab.**  
4.099

**Health expenditure per capita, PPP, 2010**  
541

**Health expenditure, total (% of Gross), 2010**  
4.3

**Human Development Index 2012**  
0.754

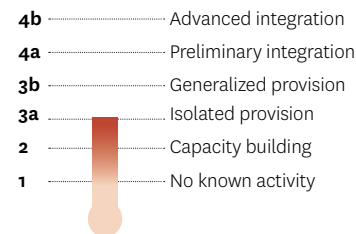
**Human Development Index Ranking Position 2012**  
69

## KEY DATA ON PC DEVELOPMENT

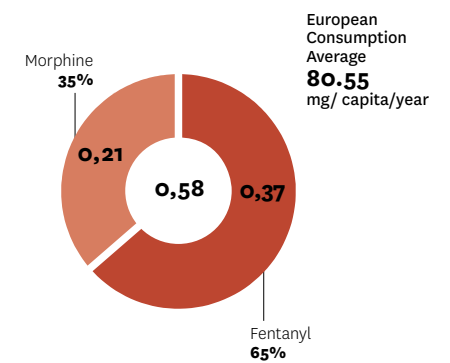
- Legislation on PC
- Official National Strategy
- National Association
- National Conference
- Scientific Journal
- Research Centers
- PC Twinning
- World PC Day initiatives
- N/A** Participants at EAPC Conference
- Status of Palliative Medicine:  
**No certification**

## LEVEL OF DEVELOPMENT

Estimation Lynch et al, 2012



## STRONG OPIOID CONSUMPTION 2010 (ME MG/ CAPITA/YEAR)



## MILESTONES

**2009** A number of legislative acts in Kazakhstan are adopted. For example: the Code of the Republic of Kazakhstan "On health of people and healthcare system" article 52: palliative care and nursing care.

**2011** The government includes the strategy of development of palliative care into the National Programme for Health Development (2011- 2015).

**2011** The first republican scientific-practical conference on the development of palliative medicine in Kazakhstan is held; a resolution is adopted for submission to the Ministry of Health for the postgraduate training of specialists in palliative medicine.

## MOST RECENT REFERENCES

There are no known publications at this time.

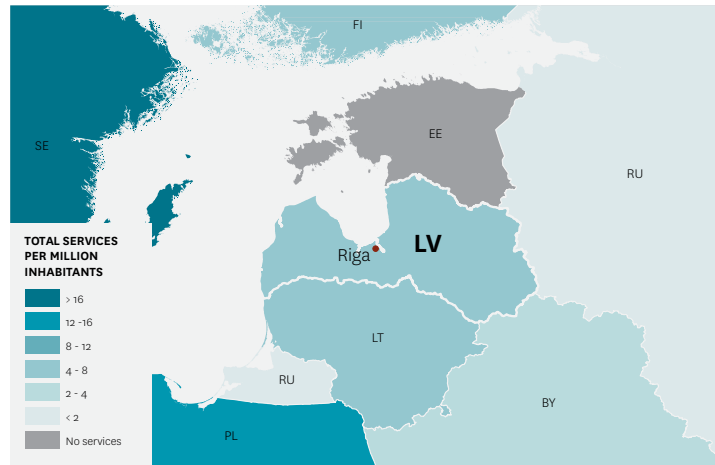
## ASSOCIATION/ INSTITUTION

**NGO "Credo"**  
 Karaganda State Medical University  
 Erubaev str bldg 34 office 422. Karaganda 100008 Kazakhstan | T/F: +7(7212)423183

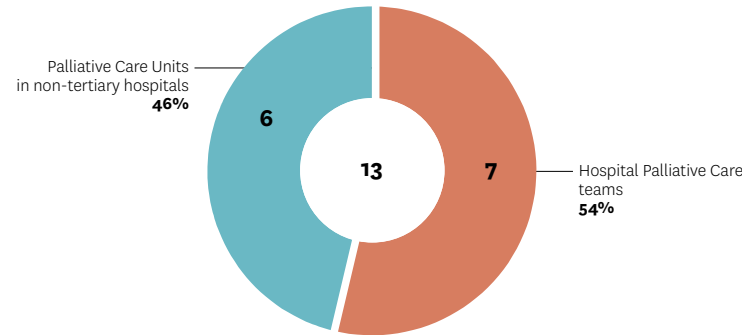
## More information on Palliative Care in Kazakshtan

EAPC Atlas of Palliative Care in Europe 2013 - Full Edition

# Latvia



## PALLIATIVE CARE SERVICES (2012)



## OTHER RESOURCES

- Volunteer hospice teams ..... 0
- Day Hospices ..... 0
- Palliative care beds (ratio per million inhab.) ..... **91 (40.7)**
- Palliative Care for children: **Some specific resources**

## PC IN MEDICAL SCHOOLS

- Mandatory subject ..... **4**
  - Optional subject ..... 0
  - No PC subject ..... 0
  - Full Professors ..... 0
  - Assistant Professors ..... 0
  - Professors in other Schools ... 0
- Mandatory subject **100%**

## SOCIO-ECONOMIC DATA

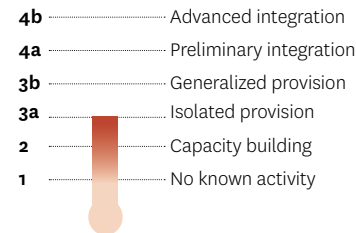
<b>Population 2012</b> 2234572	<b>Physicians per 1000 inhab.</b> 2.988	<b>Human Development Index 2012</b> 0.814
<b>Density 2012</b> 34.6	<b>Health expenditure per capita, PPP, 2010</b> 1093	<b>Human Development Index Ranking Position 2012</b> 44
<b>Surface</b> 64600	<b>Health expenditure, total (% of Gross), 2010</b> 6.7	
<b>Gross Domestic Product per capita, 2011</b> 13773		

## KEY DATA ON PC DEVELOPMENT

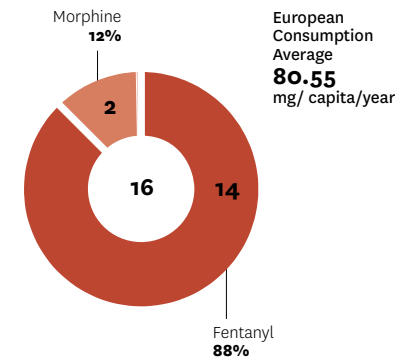
- Legislation on PC
- Official National Strategy
- National Association
- National Conference
- Scientific Journal
- Research Centers
- PC Twinning
- World PC Day initiatives
- 3** Participants at EAPC Conference
- Status of Palliative Medicine: **Specialty**

## LEVEL OF DEVELOPMENT

Estimation Lynch et al., 2012



## STRONG OPIOID CONSUMPTION 2010 (ME MG/ CAPITA/YEAR)



## MILESTONES

**2009** Palliative care is included as a Chapter of the State Oncology Programme (2009-2015) and approved by the Cabinet of Ministers of Latvia.

**2009** Palliative care is approved as a medical subspecialty by the Cabinet of Ministers of Latvia.

**2011** The European Social Fund (ESF) programme in Latvia includes the first professional teaching in palliative care that focuses on non-oncological diseases.

## MOST RECENT REFERENCES

- **Hare A, Gorchakova A.** 2004. "The growth of palliative care for children in Latvia". *Eur J Palliat Care*; 11(3):116-8.
- **Pakarinen K.** 1995. "Latvia. Starting palliative care". *Eur J Palliat Care*; 2(2):2.

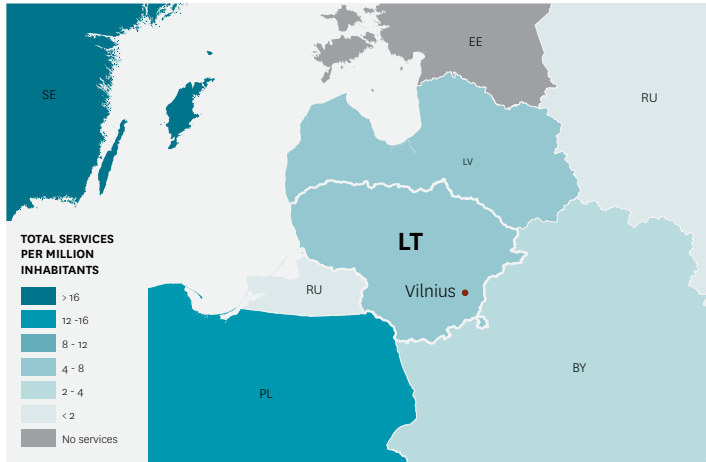
## ASSOCIATION/ INSTITUTION

**Palliative Care Association of Latvia**  
4 Hippocrates Str., Riga, LV 1079 | T/F: 371 29469365

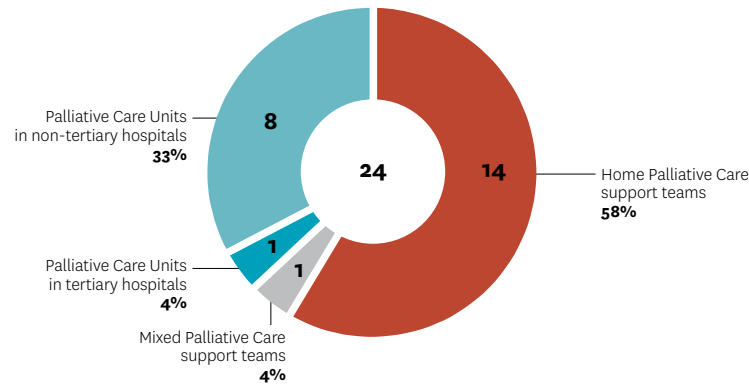
## More information on Palliative Care in Latvia

EAPC Atlas of Palliative Care in Europe 2013 - Full Edition

# Lithuania



## PALLIATIVE CARE SERVICES (2012)



## OTHER RESOURCES

Volunteer hospice teams	0
Day Hospices	1
Palliative care beds (ratio per million inhab.)	96 (29.2)
Palliative Care for children: <b>Specific resources for inpatients and out patients</b>	

## PC IN MEDICAL SCHOOLS

Mandatory subject	2	Mandatory	22%
Optional subject	2	Optional	22%
No PC subject	5	No PC	55%
Full Professors	1		
Assistant Professors	2		
Professors in other Schools	1		

## SOCIO-ECONOMIC DATA

**Population 2012**  
3292454

**Density 2012**  
50.4

**Surface**  
65301

**Gross Domestic Product per capita, 2011**  
16877

**Physicians per 1000 inhab.**  
3.614

**Health expenditure per capita, PPP, 2010**  
1299

**Health expenditure, total (% of Gross), 2010**  
7.0

**Human Development Index 2012**  
0.818

**Human Development Index Ranking Position 2012**  
41

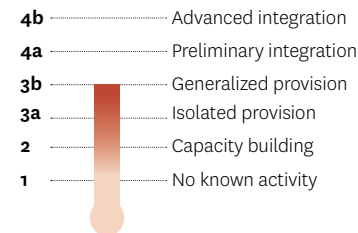
## KEY DATA ON PC DEVELOPMENT

- Legislation on PC
- Official National Strategy
- National Association
- National Conference
- Scientific Journal
- Research Centers
- PC Twinning
- World PC Day initiatives
- 4 Participants at EAPC Conference
- Status of Palliative Medicine:

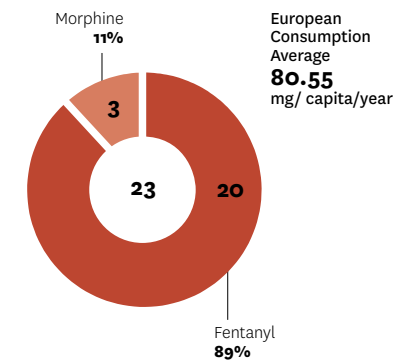
**Other accreditation**

## LEVEL OF DEVELOPMENT

Estimation Lynch et al, 2012



## STRONG OPIOID CONSUMPTION 2010 (ME MG/ CAPITA/YEAR)



## MILESTONES

**2007** The Ministry of Health issues the Order on the Inventory for Requirements of Palliative Care Services for Adults and Children; palliative care is legitimated as a separate field of medicine and must also be provided to 'non-cancer' patients.

**2007** The Minister of Health issues an Order concerning licenses for the importation of narcotic and/ or psychotropic substances for personal treatment needs.

**2008** The Ministry of Health issues an Order on the Base Price Approval for Palliative Care Services for Adults and Children.

## MOST RECENT REFERENCES

**Seskevicius A.** 2002. "Lithuania: status of cancer pain and palliative care". J Pain Symptom Manage ; 24(2):205-7."

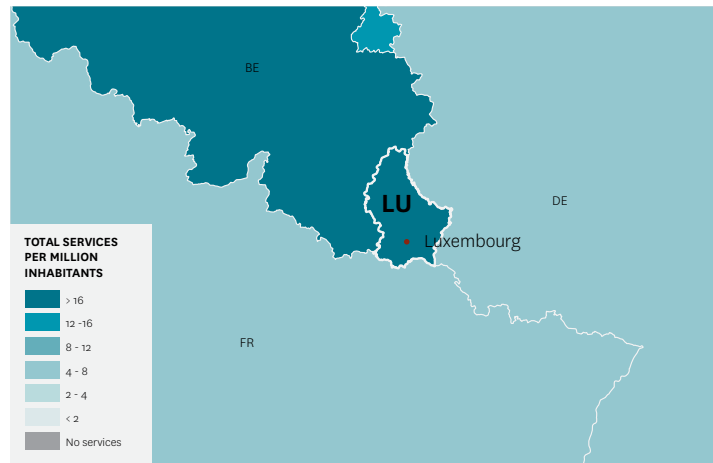
## ASSOCIATION/ INSTITUTION

**Palliative Medicine Association of Lithuania** (*Lietuvos paliatyviosios medicinos draugija*)  
A. Mickevičiaus str. 9, LT – 44307, Kaunas, Lithuania | T/F: 370 (37) 326280/ 370 (37) 220733

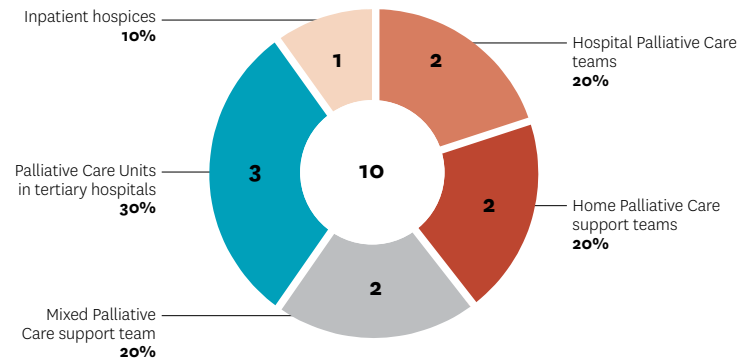
## More information on Palliative Care in Lithuania

EAPC Atlas of Palliative Care in Europe 2013 - Full Edition

# Luxembourg



## PALLIATIVE CARE SERVICES (2012)



## OTHER RESOURCES

Volunteer hospice teams ..... 1  
 Day Hospices ..... 0  
 Palliative care beds (ratio per million inhab.) ..... 34 (65.0)  
 Palliative Care for children: **None or unspecific resources**

## PC IN MEDICAL SCHOOLS

Mandatory subject ..... 0  
 Optional subject ..... 0  
 No PC subject ..... 0  
 Full Professors ..... 0  
 Assistant Professors ..... 0  
 Professors in other Schools ..... 0

## SOCIO-ECONOMIC DATA

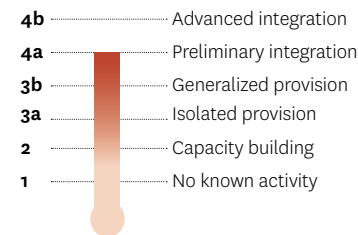
<b>Population 2012</b> 523362	<b>Physicians per 1000 inhab.</b> 2.766	<b>Human Development Index 2012</b> 0.875
<b>Density 2012</b> 202.4	<b>Health expenditure per capita, PPP, 2010</b> 6743	<b>Human Development Index Ranking Position 2012</b> 26
<b>Surface</b> 2586	<b>Health expenditure, total (% of Gross), 2010</b> 7.8	
<b>Gross Domestic Product per capita, 2011</b> 68460		

## KEY DATA ON PC DEVELOPMENT

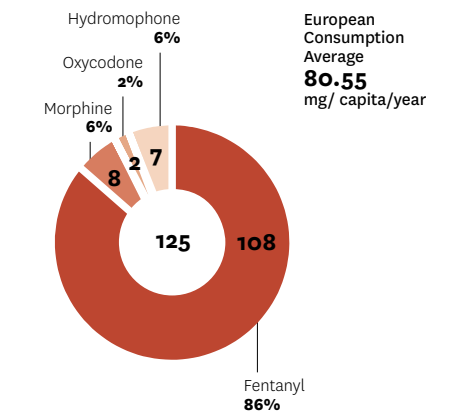
- Legislation on PC
- Official National Strategy
- National Association
- National Conference
- Scientific Journal
- Research Centers
- PC Twinning
- World PC Day initiatives
- 3 Participants at EAPC Conference
- Status of Palliative Medicine: **In process**

## LEVEL OF DEVELOPMENT

Estimation Lynch et al, 2012



## STRONG OPIOID CONSUMPTION 2010 (ME MG/ CAPITA/YEAR)



## MILESTONES

**2009** The law on palliative care, living wills and time allocated to accompany a parent at the end of life is passed.

**2010** Omega 90 opens the first hospice in Luxembourg (15 beds).

**2012** The Luxembourg Association of Palliative Care Physicians is created. A palliative care initiative is developed by Omega 90 involving hospitals, care homes and home care services; the aim is to discuss palliative care problems and suggest solutions to the Ministry of Health and the Ministry of Family.

## MOST RECENT REFERENCES

There are no known publications at this time.

## ASSOCIATION/ INSTITUTION

**Omega 90**  
 138, rue Adolphe Fischer, L-1521 Luxembourg | T/F: 352 297789-53

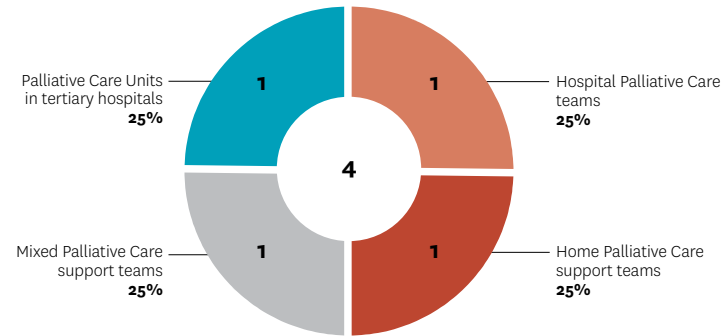
## More information on Palliative Care in Luxembourg

EAPC Atlas of Palliative Care in Europe 2013 - Full Edition

# Malta



## PALLIATIVE CARE SERVICES (2012)



## OTHER RESOURCES

Volunteer hospice teams .....1  
 Day Hospices .....1  
 Palliative care beds (ratio per million inhab.) .....10 (23.9)  
 Palliative Care for children: **Specific resources for inpatients and out patients**

## PC IN MEDICAL SCHOOLS

Mandatory subject .....1  
 Optional subject .....0  
 No PC subject .....0  
 Full Professors .....0  
 Assistant Professors .....0  
 Professors in other Schools ...0

**Mandatory subject 100%**

## SOCIO-ECONOMIC DATA

**Population 2012**  
419212

**Density 2012**  
1326.6

**Surface**  
316

**Gross Domestic Product per capita, 2011**  
23007

**Physicians per 1000 inhab.**  
3.112

**Health expenditure per capita, PPP, 2010**  
2261

**Health expenditure, total (% of Gross), 2010**  
8.6

**Human Development Index 2012**  
0.847

**Human Development Index Ranking Position 2012**  
32

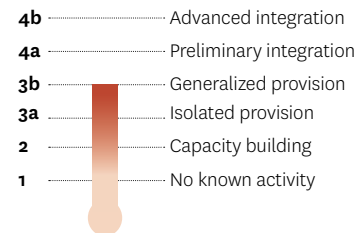
## KEY DATA ON PC DEVELOPMENT

- Legislation on PC
- Official National Strategy
- National Association
- National Conference
- Scientific Journal
- Research Centers
- PC Twinning
- World PC Day initiatives
- 3 Participants at EAPC Conference
- Status of Palliative Medicine:

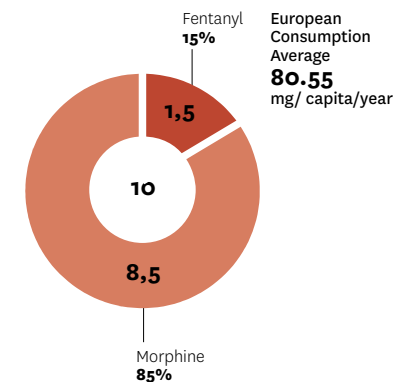
**No certification**

## LEVEL OF DEVELOPMENT

Estimation Lynch et al, 2012



## STRONG OPIOID CONSUMPTION 2010 (ME MG/ CAPITA/YEAR)



## MILESTONES

**2006** Hospice Malta adopts the 2006 WHO directives to provide end-of-life care for all patients.

**2007** The National Cancer Control Strategy mentions increasing the number of palliative care services.

**2009** Hospice Malta begins to provide palliative care to patients in the community with heart failure and respiratory diseases.

## MOST RECENT REFERENCES

- **Naudi T.** 2002. "Global perspective. Family support: a summer holiday programme for Maltese children". *Palliat Med*; 16(2):159-61.
- **Jacqueline H Watts and Jurgen Abela.** March-April 2011. "European insight: Malta Hospice Movement: palliative care in a tightly knit community". *European Journal of Palliative Care*, Volume 18 Number 2, 97-99.

## ASSOCIATION/ INSTITUTION

### Hospice Malta

39, Good Shepherd Avenue, Balzan BZN 1623, Malta | T/F: 00 356 21440085

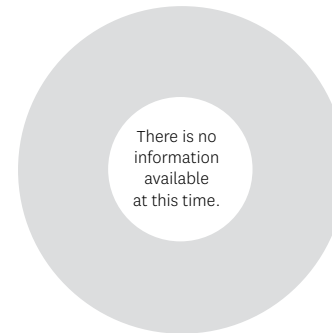
## More information on Palliative Care in Malta

EAPC Atlas of Palliative Care in Europe 2013 - Full Edition

# Montenegro



## PALLIATIVE CARE SERVICES (2012)



## OTHER RESOURCES

- Volunteer hospice teams ..... 0
- Day Hospices ..... 0
- Palliative care beds (ratio per million inhab.) ..... 0 (0)
- Palliative Care for children: **None or unspecific resources**

## PC IN MEDICAL SCHOOLS

- Mandatory subject ..... 0
  - Optional subject ..... 0
  - No PC subject ..... 2
  - Full Professors ..... 0
  - Assistant Professors ..... 0
  - Professors in other Schools ... 0
- No PC subject  
**100%**

## SOCIO-ECONOMIC DATA

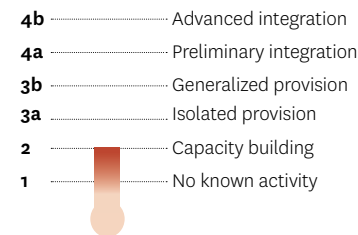
<b>Population 2012</b> 632796	<b>Physicians per 1000 inhab.</b> 2.099	<b>Human Development Index 2012</b> 0.791
<b>Density 2012</b> 45.8	<b>Health expenditure per capita, PPP, 2010</b> 1155	<b>Human Development Index Ranking Position 2012</b> 52
<b>Surface</b> 13812	<b>Health expenditure, total (% of Gross), 2010</b> 9.1	
<b>Gross Domestic Product per capita, 2011</b> 10469		

## KEY DATA ON PC DEVELOPMENT

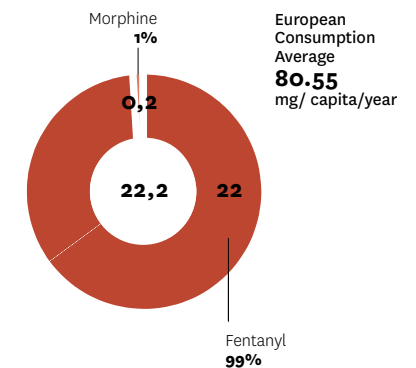
- Legislation on PC
  - Official National Strategy
  - National Association
  - National Conference
  - Scientific Journal
  - Research Centers
  - PC Twinning
  - World PC Day initiatives
  - 1 Participant at EAPC Conference
  - Status of Palliative Medicine:
- No certification**

## LEVEL OF DEVELOPMENT

Estimation Lynch et al, 2012



## STRONG OPIOID CONSUMPTION 2010 (ME MG/ CAPITA/YEAR)



## MILESTONES

**2010** The Master Plan of Health Care Development stipulates that special attention will be given to the establishment of palliative care.

**2011** The strategy for optimization of secondary and tertiary health care levels within the National Action Plan states that palliative care will be applied to the treatment and care of patients with chronic diseases and those in the terminal stage.

**2011** The National Action Plan also states that palliative care should be implemented within standard care rather than as a "special service", and must become an integral part of the Montenegrin healthcare system (at all levels and across all specialties).

## MOST RECENT REFERENCES

There are no known publications at this time.

## ASSOCIATION/ INSTITUTION

**Clinical Center of Montenegro, Oncology Clinic**  
81000 Podgorica, Montenegro | T/F: +382 69011876

## More information on Palliative Care in Montenegro

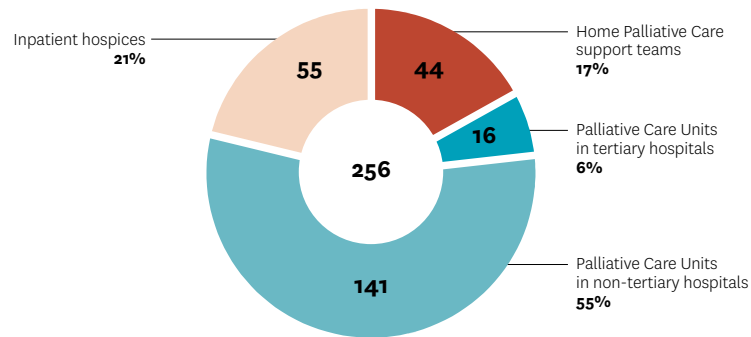
EAPC Atlas of Palliative Care in Europe 2013 - Full Edition



# Netherlands



## PALLIATIVE CARE SERVICES (2012)



## OTHER RESOURCES

Volunteer hospice teams .....	61
Day Hospices .....	29
Palliative care beds (ratio per million inhab.) .....	1226 (73.4)
Palliative Care for children: <b>A significant number of all kind of resources</b>	

## PC IN MEDICAL SCHOOLS

Mandatory subject .....	N/A
Optional subject .....	N/A
No PC subject .....	N/A
Full Professors .....	7
Assistant Professors .....	2
Professors in other Schools .....	0

## SOCIO-ECONOMIC DATA

**Population 2012**  
16714228

**Density 2012**  
402.5

**Surface**  
41528

**Gross Domestic Product per capita, 2011**  
37112

**Physicians per 1000 inhab.**  
2.859

**Health expenditure per capita, PPP, 2010**  
5038

**Health expenditure, total (% of Gross), 2010**  
11.9

**Human Development Index 2012**  
0.921

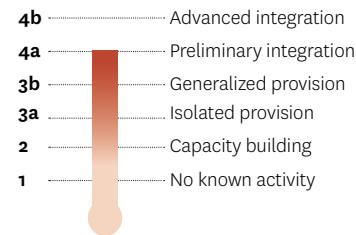
**Human Development Index Ranking Position 2012**  
4

## KEY DATA ON PC DEVELOPMENT

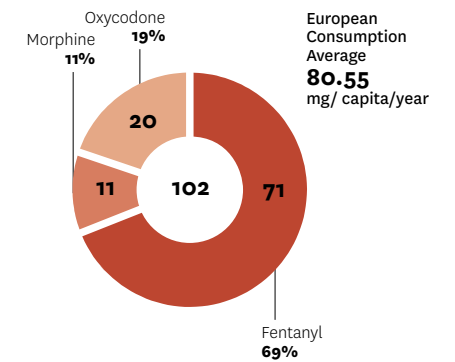
- Legislation on PC
- Official National Strategy
- National Association
- National Conference
- Scientific Journal
- Research Centers
- PC Twinning
- World PC Day initiatives
- 157 Participants at EAPC Conference
- Status of Palliative Medicine: **No certification**

## LEVEL OF DEVELOPMENT

Estimation Lynch et al, 2012



## STRONG OPIOID CONSUMPTION 2010 (ME MG/ CAPITA/YEAR)



## MILESTONES

**2006** The Ministry of Health launches the action plan for palliative care: Installation Platform Palliative Care (2006-2011).

**2010** Palliatief (the national association of palliative care), is formed as the scientific association for professionals in palliative care in the Netherlands.

**2011** Eight of nine Comprehensive Cancer Centers merge to become *Comprehensive Cancer Center - the Netherlands*.

## MOST RECENT REFERENCES

- **Borgsteede SD, Rhodius CA, De Smet PA, Pasman HR, Onwuteaka-Philipsen BD, Rurup ML**. January 2011. "The use of opioids at the end of life: knowledge level of pharmacists and cooperation with physicians". *Eur J Clin Pharmacol*; 67(1):79-89. Epub 2010 Sep 19.
- **Jansen WJ, Perez RG, Zuurmond WW, Loer SA**. March 2011. "Networks for palliative care in the Netherlands: the pioneer phase beyond?". *J Palliat Med*; 14(3):266-7.
- **Hesselink BAM; Pasman HRW; van der Wal G; Soethout MBM; Onwuteaka-Philipsen BD**. April 2010. "Education on end-of-life care in the medical curriculum: students' opinions and knowledge". *Journal of Palliative Medicine*, 2010 Apr; 13 (4): 381-7.

## ASSOCIATION/ INSTITUTION

**Palliatief, the Dutch Association for Professional Palliative Care**  
Palliatief, Groeneweg 21B, 3981 CK Bunnik | T/F: +31 (0) 30 6575 256

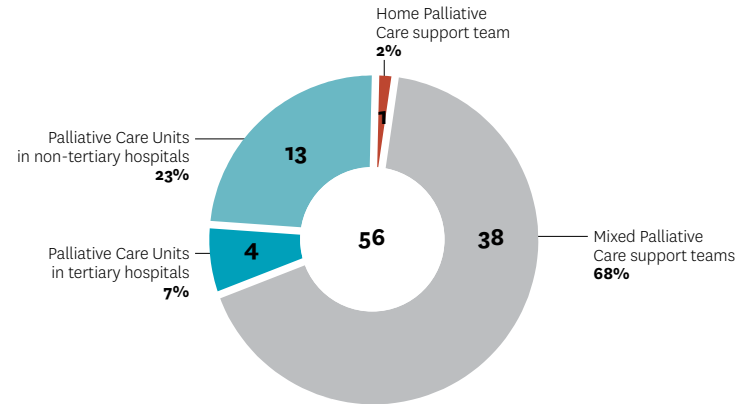
## More information on Palliative Care in Netherlands

EAPC Atlas of Palliative Care in Europe 2013 - Full Edition

# Norway



## PALLIATIVE CARE SERVICES (2012)



## OTHER RESOURCES

Volunteer hospice teams	5
Day Hospices	5
Palliative care beds (ratio per million inhab.)	95 (19.2)
Palliative Care for children:	None or unspecific resources

## PC IN MEDICAL SCHOOLS

Mandatory subject	2	Mandatory	33%
Optional subject	4	Optional	66%
No PC subject	0		
Full Professors	2		
Assistant Professors	0		
Professors in other Schools	0		

## SOCIO-ECONOMIC DATA

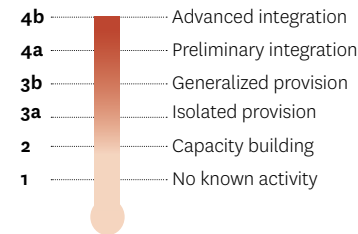
<b>Population 2012</b> 4960482	<b>Physicians per 1000 inhab.</b> 4.159	<b>Human Development Index 2012</b> 0.955
<b>Density 2012</b> 12.9	<b>Health expenditure per capita, PPP, 2010</b> 5426	<b>Human Development Index Ranking Position 2012</b> 1
<b>Surface</b> 385160	<b>Health expenditure, total (% of Gross), 2010</b> 9.5	
<b>Gross Domestic Product per capita, 2011</b> 46982		

## KEY DATA ON PC DEVELOPMENT

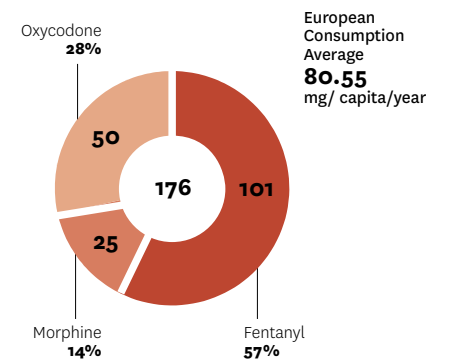
- Legislation on PC
- Official National Strategy
- National Association
- National Conference
- Scientific Journal
- Research Centers
- PC Twinning
- World PC Day initiatives
- 123 Participants at EAPC Conference
- Status of Palliative Medicine: **Specialty**

## LEVEL OF DEVELOPMENT

Estimation Lynch et al, 2012



## STRONG OPIOID CONSUMPTION 2010 (ME MG/ CAPITA/YEAR)



**MILESTONES** 2009 Standards of palliative care are published.

2010 The National Plan/Strategy of Palliative Care is published.

2011 Palliative Medicine becomes a Sub-specialty.

## MOST RECENT REFERENCES

- Hunstad, Ingunn; Svindseth, Marit Foelsvik. August 2011. "Challenges in home-based palliative care in Norway: a qualitative study of spouses' experiences". *International Journal of Palliative Nursing*; 17 (8): 398-404.
- Smyth, Dion. June 2012. "Politics and palliative care: Norway". *International Journal of Palliative Nursing*; 18 (6): 310.
- Fredheim OM, Log T, Olsen W, Skurtveit S, Sagen Ø, Borchgrevink PC. June 2010. "Prescriptions of opioids to children and adolescents; a study from a national prescription database in Norway". *Paediatr Anaesth*; 20(6):537-44.

## ASSOCIATION/ INSTITUTION

**Palliative Association of Norway (Norsk palliative forening)**  
Noras Hage 4, N-1550 Hølen, Norway | T/F: +47 982 07 607/Fax n/a

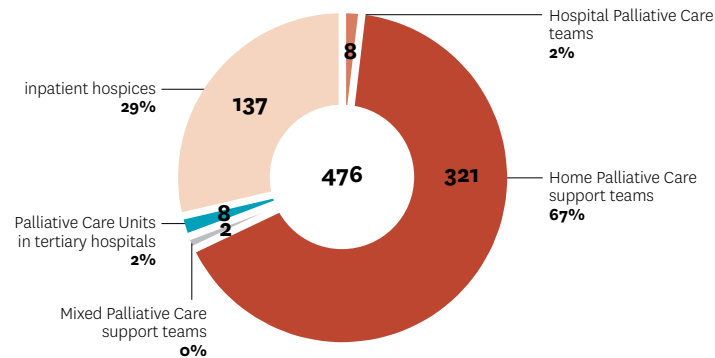
## More information on Palliative Care in Norway

EAPC Atlas of Palliative Care in Europe 2013 - Full Edition

# Poland



## PALLIATIVE CARE SERVICES (2012)



## OTHER RESOURCES

Volunteer hospice teams ..... **87**  
 Day Hospices ..... **7**  
 Palliative care beds (ratio per million inhab.) ..... **2232 (58.3)**  
 Palliative Care for children: **A significant number of all kind of resources**

## PC IN MEDICAL SCHOOLS

Mandatory subject	8	Mandatory 57%
Optional subject	1	
No PC subject	5	Optional 7%
Full Professors	4	
Assistant Professors	0	
Professors in other Schools	1	
		No PC 35%

## SOCIO-ECONOMIC DATA

**Population 2012**  
38317090

**Density 2012**  
118.5

**Surface**  
323250

**Gross Domestic Product per capita, 2011**  
18087

**Physicians per 1000 inhab.**  
2.157

**Health expenditure per capita, PPP, 2010**  
1476

**Health expenditure, total (% of Gross), 2010**  
7.5

**Human Development Index 2012**  
0.821

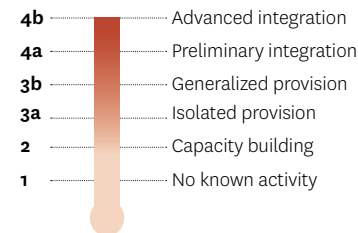
**Human Development Index Ranking Position 2012**  
39

## KEY DATA ON PC DEVELOPMENT

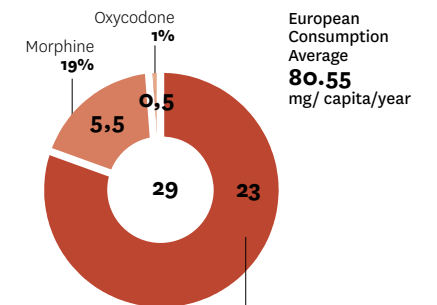
- Legislation on PC
- Official National Strategy
- National Association
- National Conference
- Scientific Journal
- Research Centers
- PC Twinning
- World PC Day initiatives
- 81** Participants at EAPC Conference
- Status of Palliative Medicine: **Specialty**

## LEVEL OF DEVELOPMENT

Estimation Lynch et al, 2012



## STRONG OPIOID CONSUMPTION 2010 (ME MG/ CAPITA/YEAR)



## MILESTONES

**2006** Palliative care services begin to be provided for patients with heart failure, respiratory disorders, wounds and bedsores; the number of centres eligible to provide postgraduate palliative care education courses increases.

**2009** The Ministry of Health passes an Order regarding guaranteed services in hospice and palliative care and the legal role of hospice and palliative care in the national health care system.

**2009** A scientific journal on palliative medicine is published.

## MOST RECENT REFERENCES

- **Leppert W; Luczak J.** March-April 2007. "A holistic approach to palliative care in Poland". *European Journal of Palliative Care*; 14 (2): 80-3.
- **Hess-Wiktor K.** September-October 2009. "What does it mean to be a hospice volunteer in Poland?". *European Journal of Palliative Care*; 16 (5): 249-51.
- **Esther Schmidlin.** March-April 2013. "Hospice and palliative care in Poland – current challenges and solutions". *European Journal of Palliative Care*, Volume 20 Number 2, p 92-94.

## ASSOCIATION/ INSTITUTION

**Polish Society of Palliative Medicine (PTMP)**  
 (Polskie Towarzystwo Medycyny Paliatywnej PTMP)  
 Palliative Medicine Unit  
 Chair of Oncology, Medical University, Lodz  
 93-510 Łódź st. Ciołkowskiego 2. Poland  
 T/F: +48 42637 90 24

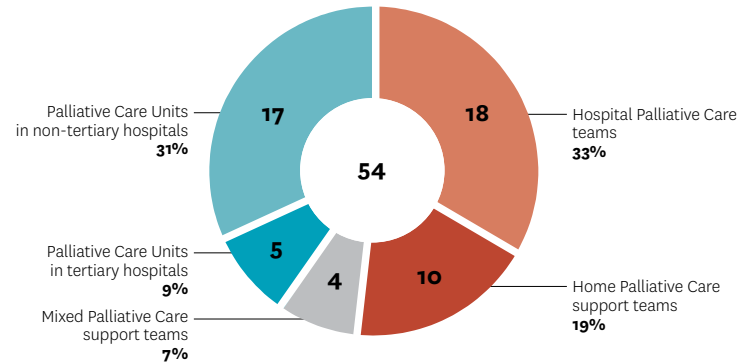
## More information on Palliative Care in Poland

EAPC Atlas of Palliative Care in Europe 2013 - Full Edition

# Portugal



## PALLIATIVE CARE SERVICES (2012)



## OTHER RESOURCES

Volunteer hospice teams ..... **2**  
 Day Hospices ..... **1**  
 Palliative care beds (ratio per million inhab.) .... **250 (23.4)**  
 Palliative Care for children: **None or unspecific resources**

## PC IN MEDICAL SCHOOLS

Mandatory subject ..... **0**  
 Optional subject ..... **2**  
 No PC subject ..... **5**  
 Full Professors ..... **0**  
 Assistant Professors ..... **0**  
 Professors in other Schools ... **0**

Optional **28%**  
 Without **71%**

## SOCIO-ECONOMIC DATA

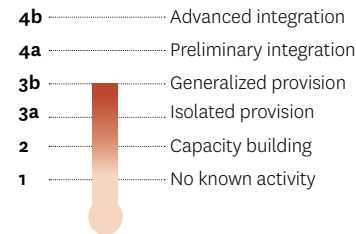
<b>Population 2012</b> 10699333	<b>Physicians per 1000 inhab.</b> 3.868	<b>Human Development Index 2012</b> 0.816
<b>Density 2012</b> 116.3	<b>Health expenditure per capita, PPP, 2010</b> 2818	<b>Human Development Index Ranking Position 2012</b> 43
<b>Surface</b> 91982	<b>Health expenditure, total (% of Gross), 2010</b> 11.0	
<b>Gross Domestic Product per capita, 2011</b> 21304		

## KEY DATA ON PC DEVELOPMENT

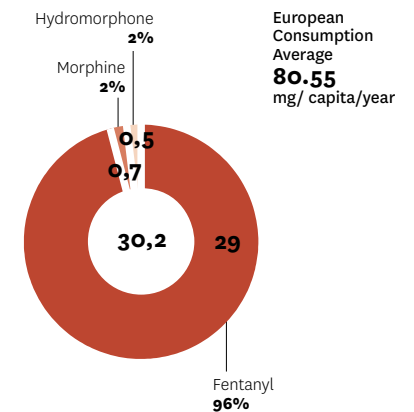
- Legislation on PC
- Official National Strategy
- National Association
- National Conference
- Scientific Journal
- Research Centers
- PC Twinning
- World PC Day initiatives
- 90** Participants at EAPC Conference
- Status of Palliative Medicine: **No certification**

## LEVEL OF DEVELOPMENT

Estimation Lynch et al, 2012



## STRONG OPIOID CONSUMPTION 2010 (ME MG/ CAPITA/YEAR)



## MILESTONES

**2011** The EAPC Congress in Lisbon increases the visibility of the National Association of Palliative Care.

**2012** The Law on Palliative Care establishes the National Network for Palliative Care.

**2012** Funding is provided from a private foundation for a Chair in Palliative Medicine at the University of Lisbon.

## MOST RECENT REFERENCES

- **Blair, Alison.** May-June 2012. "Pioneering private palliative care in Portugal". *European Journal of Palliative Care*; 19 (3): 146-8.
- **Neto, Isabel Galrica; Marques, Antonio Lourenco; Goncalves, Edna; Salazar, Helena; Capelas, Manuel Luis; Tavares, Jose Miguel; Sapeta, Ana Paula.** November-December, 2010. "Palliative care development is well under way in Portugal". *European Journal of Palliative Care*; 17 (6): 278-81.
- **Gonçalves JF, Alvarenga M, Silva A.** 2003. "The last 48 hours of life in a portuguese palliative care unit: does it differ from else where?". *Journal of Palliative Medicine*; 6(6):895-900.

## ASSOCIATION/ INSTITUTION

**Portuguese Association for Palliative Care**  
 (Associação Portuguesa de Cuidados Paliativos)  
 Rua Laura Ayres, Torre 1, 2º D, Torres da Bela Vista,  
 2660-293 Santo António dos Cavaleiros  
 T/F: 35 1918110522

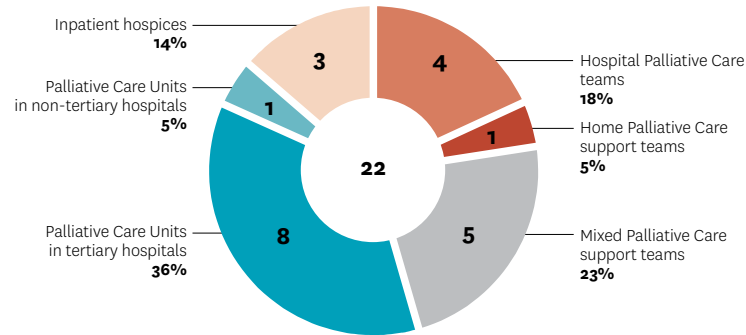
## More information on Palliative Care in Portugal

EAPC Atlas of Palliative Care in Europe 2013 - Full Edition

# Republic of Macedonia



## PALLIATIVE CARE SERVICES (2012)



## OTHER RESOURCES

Volunteer hospice teams .....	2
Day Hospices .....	3
Palliative care beds (ratio per million inhab.) ....	645 (312.1)
Palliative Care for children: <b>Specific resources for inpatients and outpatients</b>	

## PC IN MEDICAL SCHOOLS

Mandatory subject .....	1	Mandatory 33%
Optional subject .....	0	
No PC subject .....	2	No PC 66%
Full Professors .....	1	
Assistant Professors .....	2	
Professors in other Schools ...	0	

## SOCIO-ECONOMIC DATA

**Population 2012**  
2066785

**Density 2012**  
80.4

**Surface**  
25713

**Gross Domestic Product per capita, 2011**  
9451

**Physicians per 1000 inhab.**  
2.627

**Health expenditure per capita, PPP, 2010**  
791

**Health expenditure, total (% of Gross), 2010**  
7.1

**Human Development Index 2012**  
0.740

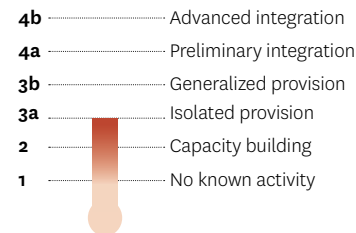
**Human Development Index Ranking Position 2012**  
78

## KEY DATA ON PC DEVELOPMENT

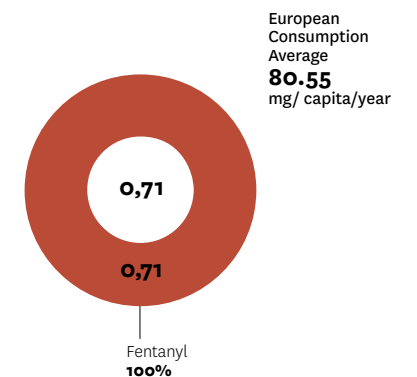
- Legislation on PC
- Official National Strategy
- National Association
- National Conference
- Scientific Journal
- Research Centers
- PC Twinning
- World PC Day initiatives
- 1 Participant at EAPC Conference
- Status of Palliative Medicine: **No certification**

## LEVEL OF DEVELOPMENT

Estimation Lynch et al, 2012



## STRONG OPIOID CONSUMPTION 2010 (ME MG/ CAPITA/YEAR)



## MILESTONES

**2006** The experience exchange between "Sue Ryder" and "Soros" Foundation on palliative care education and training contributes to the development of the discipline in Macedonia.

**2007** The National Strategy for Palliative Care is adopted by the Government of Republic of Macedonia.

**2008** An analysis of the situation of palliative care in the Republic of Macedonia is undertaken.

## MOST RECENT REFERENCES

There are no known publications at this time.

## ASSOCIATION/ INSTITUTION

### National Association for Palliative Care, Macedonia

(Zdruzenie za Paliativna zastita pri Makedonsko lekarsko drustvo, Skopje, Republic Makedonija)  
bldv. "Partizanski Odredi" 155/2/21, 1000 Skopje, Macedonia | T/F: +389 70 221 712

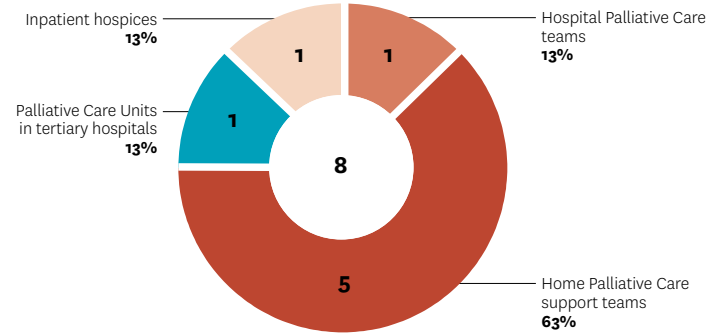
## More information on Palliative Care in Republic of Macedonia

EAPC Atlas of Palliative Care in Europe 2013 - Full Edition

# Republic of Moldova



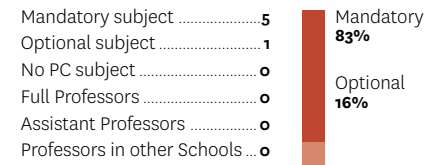
## PALLIATIVE CARE SERVICES (2012)



## OTHER RESOURCES

- Volunteer hospice teams ..... 0
- Day Hospices ..... 0
- Palliative care beds (ratio per million inhab.) ..... **42 (11.9)**
- Palliative Care for children: **Specific resources for inpatients and out patients**

## PC IN MEDICAL SCHOOLS



## SOCIO-ECONOMIC DATA

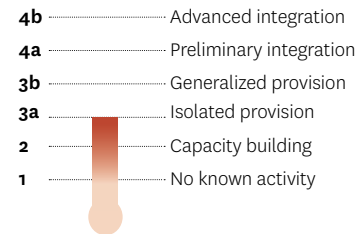
<b>Population 2012</b> 3519266	<b>Physicians per 1000 inhab.</b> 2.677	<b>Human Development Index 2012</b> 0.660
<b>Density 2012</b> 104.0	<b>Health expenditure per capita, PPP, 2010</b> 360	<b>Human Development Index Ranking Position 2012</b> 113
<b>Surface</b> 33851	<b>Health expenditure, total (% of Gross), 2010</b> 11.7	
<b>Gross Domestic Product per capita, 2011</b> 2975		

## KEY DATA ON PC DEVELOPMENT

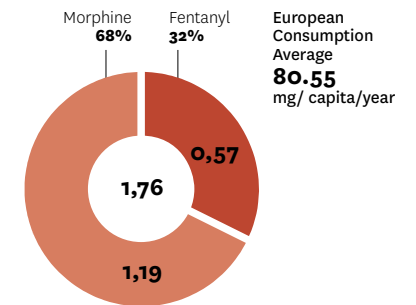
- Legislation on PC
- Official National Strategy
- National Association
- National Conference
- Scientific Journal
- Research Centers
- PC Twinning
- World PC Day initiatives
- 4 Participants at EAPC Conference
- Status of Palliative Medicine: **No certification**

## LEVEL OF DEVELOPMENT

Estimation Lynch et al., 2012



## STRONG OPIOID CONSUMPTION 2010 (ME MG/ CAPITA/YEAR)



## MILESTONES

**2009** Palliative care services commence in Taraclia.

**2010** Palliative care services commence in Cimislia and Ocnita.

**2011** The palliative care inpatient unit in the tertiary hospital in Chisinau is opened; the National Association for Palliative Care is formed.

## MOST RECENT REFERENCES

- Mosoiu, Daniela.** January-February 2011. "European insight. Developing palliative care in Moldova: a top-down approach". *European Journal of Palliative Care*; 18 (1): 46-9.
- Kellehear A. et al.** 2012. Family care of the dying in the Republic of Moldova: a qualitative study. *J. Palliat Care* (28(2)): 69-74.

## ASSOCIATION/ INSTITUTION

**Hospice Palliative Care Society**  
(Societatea Natională "Hospice-Îngrijiri Palliative" a Republicii Moldova)  
MD-2025, Chisinau, 20 N. Testemitanu str., office 301 | T/F: (+373 22) 72-84-69

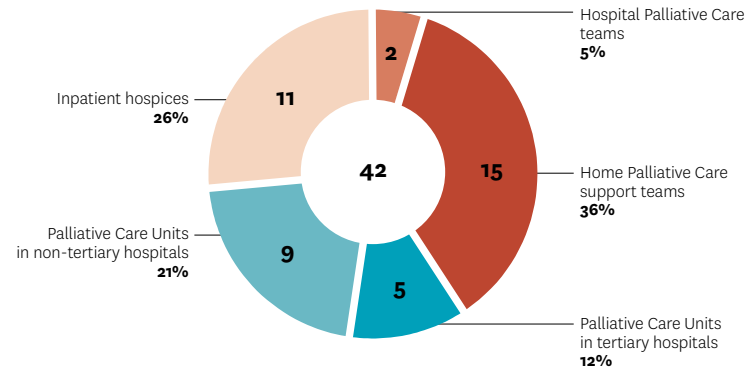
## More information on Palliative Care in Republic of Moldova

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# Romania



## PALLIATIVE CARE SERVICES (2012)



## OTHER RESOURCES

Volunteer hospice teams ..... 0  
 Day Hospices ..... 5  
 Palliative care beds (ratio per million inhab.) ..... **496 (23.2)**  
 Palliative Care for children: **Specific resources for inpatients and out patients**

## PC IN MEDICAL SCHOOLS

Mandatory subject ..... 2 **Mandatory 18%**  
 Optional subject ..... 0  
 No PC subject ..... 9  
 Full Professors ..... 0  
 Assistant Professors ..... 0  
 Professors in other Schools ... 0 **No PC 81%**

## SOCIO-ECONOMIC DATA

**Population 2012**  
21387517

**Density 2012**  
89.7

**Surface**  
238391

**Gross Domestic Product per capita, 2011**  
10905

**Physicians per 1000 inhab.**  
2.269

**Health expenditure per capita, PPP, 2010**  
811

**Health expenditure, total (% of Gross), 2010**  
5.6

**Human Development Index 2012**  
0.786

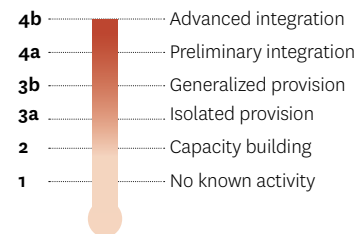
**Human Development Index Ranking Position 2012**  
56

## KEY DATA ON PC DEVELOPMENT

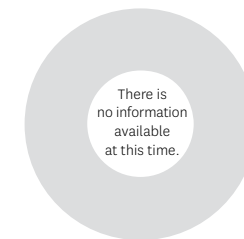
- Legislation on PC
- Official National Strategy
- National Association
- National Conference
- Scientific Journal
- Research Centers
- PC Twinning
- World PC Day initiatives
- 31 Participants at EAPC Conference
- Status of Palliative Medicine: **Sub-specialty**

## LEVEL OF DEVELOPMENT

Estimation Lynch et al, 2012



## STRONG OPIOID CONSUMPTION 2010 (ME MG/ CAPITA/YEAR)



European Consumption Average  
**80.55**  
mg/ capita/year

## MILESTONES

**2007** The first inpatient unit in a public hospital opens with reimbursement for palliative care admissions; the National Coalition of Palliative Care Providers is created under the umbrella of the National Association.

**2008** The Health Budget Monitoring costing project commences; a partnership is established to develop national strategy between the National Coalition of Palliative Care Providers, the Ministry of Health and Hospice Casa Sperantei.

**2010** Home care services are acknowledged in funding schemes; the first Master's degree program in palliative care is launched.

## MOST RECENT REFERENCES

- **Landon A; Mosoiu D.** February 2010. "Hospice 'casa sperantei' - pioneering palliative home care services in Romania". *Progress in Palliative Care*; 18 (1): 23-6.
- **Birtar D.** November-December 2007. "National viewpoint. An update on paediatric palliative care in Romania". *European Journal of Palliative Care*; 14 (6): 256-9.
- **Donea O.** 2013. "Palliative care in Romania: Between poor resources and poor management". *Progress in Palliative Care*, VOL. 21 NO. 1.

## ASSOCIATION/ INSTITUTION

**Romanian National Association for Palliative Care, Hospice Casa Sperantei, Brasov, Romania** (*Asociatia Nationala de Ingrijiri Palliative (ANIP)*)  
 17A Sitei, St, 500074, Brasov, Romania | T/F: 40-268-474 405/ 40-268 474 467

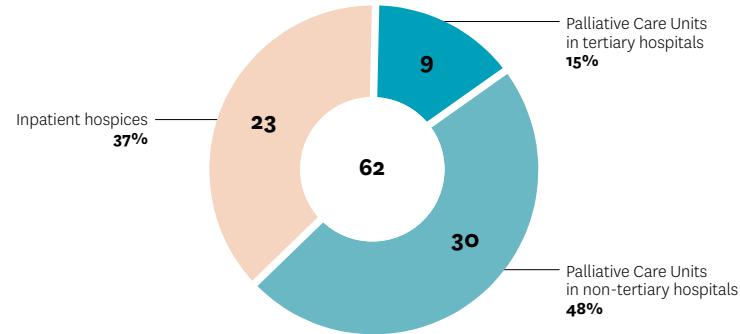
## More information on Palliative Care in Romania

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# Russia



## PALLIATIVE CARE SERVICES (2012)



## OTHER RESOURCES

- Volunteer hospice teams ..... 0
- Day Hospices ..... 0
- Palliative care beds (ratio per million inhab.) ... **1763 (12.4)**
- Palliative Care for children: **Some specific resources**

## PC IN MEDICAL SCHOOLS

Mandatory subject	0	Optional	6%
Optional subject	5	Without	94%
No PC subject	83		
Full Professors	1		
Assistant Professors	0		
Professors in other Schools	0		

## SOCIO-ECONOMIC DATA

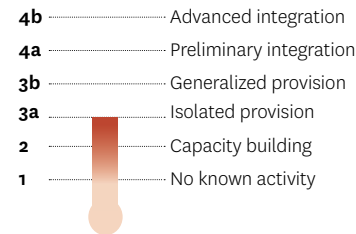
<b>Population 2012</b> 142703181	<b>Physicians per 1000 inhab.</b> 4.3089	<b>Human Development Index 2012</b> 0.788
<b>Density 2012</b> 8.4	<b>Health expenditure per capita, PPP, 2010</b> 998	<b>Human Development Index Ranking Position 2012</b> 55
<b>Surface</b> 17075886	<b>Health expenditure, total (% of Gross), 2010</b> 5.1	
<b>Gross Domestic Product per capita, 2011</b> 14821		

## KEY DATA ON PC DEVELOPMENT

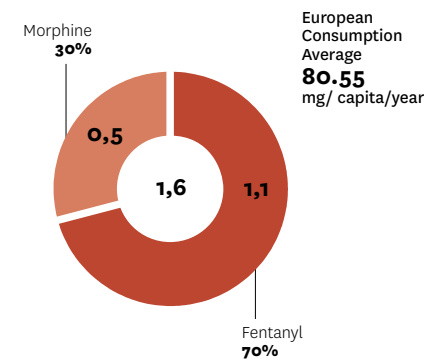
- Legislation on PC
  - Official National Strategy
  - National Association
  - National Conference
  - Scientific Journal
  - Research Centers
  - PC Twinning
  - World PC Day initiatives
  - 7 Participants at EAPC Conference
  - Status of Palliative Medicine:
- No certification**

## LEVEL OF DEVELOPMENT

Estimation Lynch et al., 2012



## STRONG OPIOID CONSUMPTION 2010 (ME MG/ CAPITA/YEAR)



## MILESTONES

**2009** The National Cancer Control Program regulates palliative care for cancer patients.

**2011** Palliative care is approved as a 'separate type' of medical care alongside primary medical care, emergency medical aid and specialised medical care by the new Federal Bill on Health in Russia.

**2012** Federal palliative care guidelines for adults and children (including people living with HIV/AIDS) are developed by the Ministry of Health; the Russian Association for Palliative Medicine is formed.

## MOST RECENT REFERENCES

- Matzo M; Kenner C; Boykova M; Jurkevich I.** September-October 2007. "End-of-life nursing education in the Russian Federation". *Journal of Hospice & Palliative Nursing*; 9 (5): 246-55.
- Smyth, D. 2011.** "Politics and palliative care: Russia". *International Journal of Palliative Nursing*; 17 (6): 310.

## ASSOCIATION/ INSTITUTION

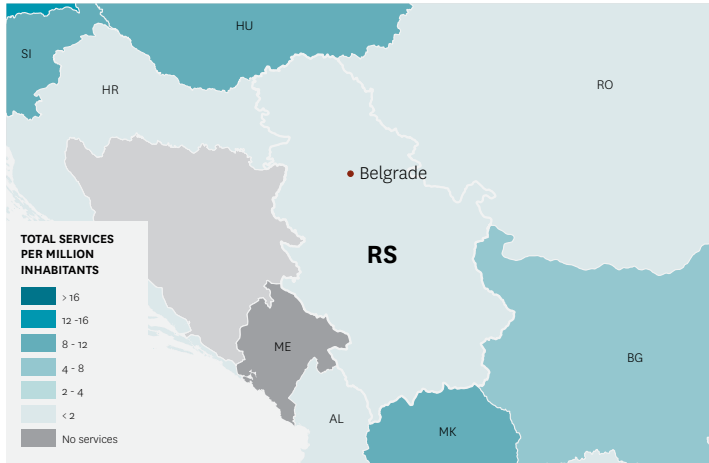
**Kemerovo Regional Hospice**  
ul. Khalturina, 7, Kemerovo, 650068 Russia  
T/F: N/A

## More information on Palliative Care in Russia

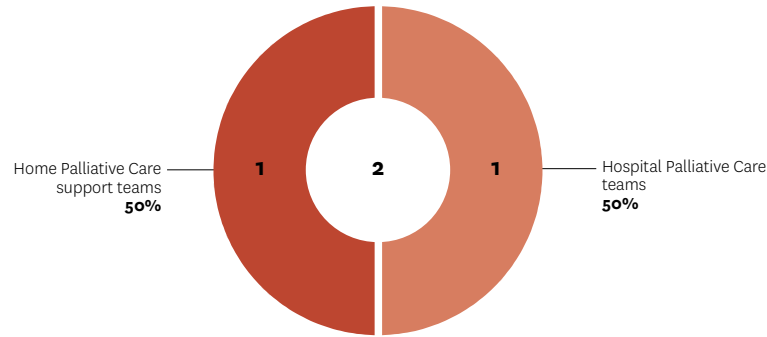
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# Serbia



## PALLIATIVE CARE SERVICES (2012)



## OTHER RESOURCES

- Volunteer hospice teams ..... ○
- Day Hospices ..... ○
- Palliative care beds (ratio per million inhab.) ..... ○ (○)
- Palliative Care for children: **None or unspecific resources**

## PC IN MEDICAL SCHOOLS

- Mandatory subject ..... ○
  - Optional subject ..... ○
  - No PC subject ..... 4
  - Full Professors ..... ○
  - Assistant Professors ..... ○
  - Professors in other Schools ... ○
- No PC subject **100%**

## SOCIO-ECONOMIC DATA

**Population 2012**  
9846582

**Density 2012**  
111.4

**Surface**  
88361

**Gross Domestic Product per capita, 2011**  
9830

**Physicians per 1000 inhab.**  
2.112

**Health expenditure per capita, PPP, 2010**  
1169

**Health expenditure, total (% of Gross), 2010**  
10.4

**Human Development Index 2012**  
0.769

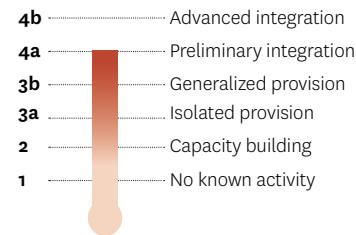
**Human Development Index Ranking Position 2012**  
64

## KEY DATA ON PC DEVELOPMENT

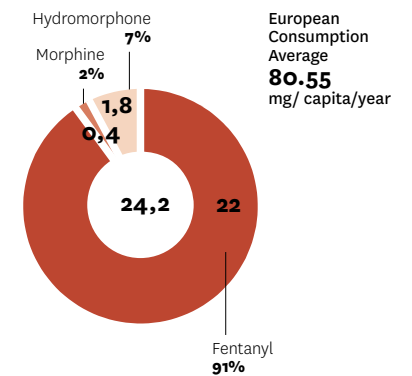
- Legislation on PC
- Official National Strategy
- National Association
- National Conference
- Scientific Journal
- Research Centers
- PC Twinning
- World PC Day initiatives
- 4 Participants at EAPC Conference
- Status of Palliative Medicine: **No certification**

## LEVEL OF DEVELOPMENT

Estimation Lynch et al, 2012



## STRONG OPIOID CONSUMPTION 2010 (ME MG/ CAPITA/YEAR)



## MILESTONES

**2009** The Strategy for Palliative Care is adopted by the Serbian government as part of the wider strategy "Serbia against cancer".

**2010** The Ministry of Health fund courses on palliative care for some professionals employed at the primary healthcare level.

**2011** The European Union project "Development of Palliative Care Services in the Republic of Serbia" (2011-2014) commences.

## MOST RECENT REFERENCES

**Bosnjak S, Maurer MA, Ryan KM, Leon MX, Madiye G.** 2011. "Improving the availability and accessibility of opioids for the treatment of pain: the International Pain Policy Fellowship". *Support Care Cancer*; 19(8):1239-47.

## ASSOCIATION/ INSTITUTION

**Centre for Palliative Care and Palliative Medicine "BELhospice"**  
Belgrade, Dalmatinska 72-74  
T/F: 381 113343311

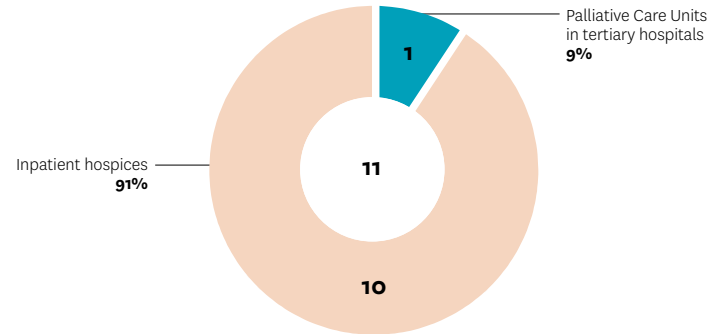
## More information on Palliative Care in Serbia

EAPC Atlas of Palliative Care in Europe 2013 - Full Edition

# Slovakia



## PALLIATIVE CARE SERVICES (2012)



## OTHER RESOURCES

Volunteer hospice teams ..... 0  
 Day Hospices ..... 0  
 Palliative care beds (ratio per million inhab.) ..... **277 (50.5)**  
 Palliative Care for children: **Some specific resources**

## PC IN MEDICAL SCHOOLS

Mandatory subject ..... 0  
 Optional subject ..... 0  
 No PC subject ..... 4  
 Full Professors ..... 1  
 Assistant Professors ..... 0  
 Professors in other Schools ... 0

No PC subject **100%**

## SOCIO-ECONOMIC DATA

**Population 2012**  
5480332

**Density 2012**  
111.8

**Surface**  
49033

**Gross Domestic Product per capita, 2011**  
20757

**Physicians per 1000 inhab.**  
3

**Health expenditure per capita, PPP, 2010**  
2060

**Health expenditure, total (% of Gross), 2010**  
8.8

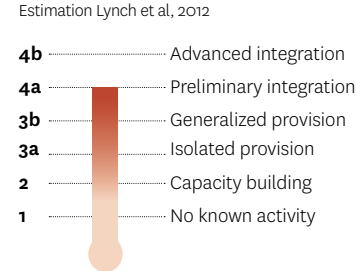
**Human Development Index 2012**  
0.840

**Human Development Index Ranking Position 2012**  
35

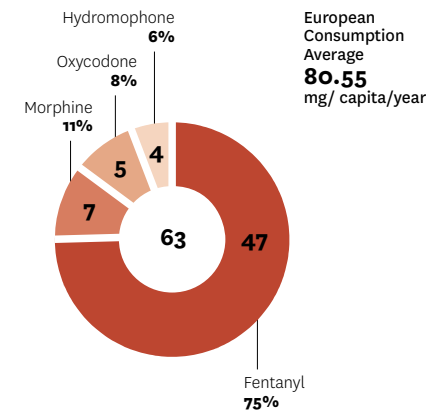
## KEY DATA ON PC DEVELOPMENT

- Legislation on PC
- Official National Strategy
- National Association
- National Conference
- Scientific Journal
- Research Centers
- PC Twinning
- World PC Day initiatives
- 8 Participants at EAPC Conference
- Status of Palliative Medicine: **Specialty**

## LEVEL OF DEVELOPMENT



## STRONG OPIOID CONSUMPTION 2010 (ME MG/ CAPITA/YEAR)



## MILESTONES

**2006** Palliative Medicine is recognized as a medical specialisation by the Ministry of Health.

**2008** A specialized medical journal commences publication in the Slovak and Czech languages; a Chair of Palliative Medicine is established at Slovak Medical University in Bratislava.

**2012** Four doctors complete a specialist course in palliative medicine at Slovak Medical University; the Bjørnstjerne Bjørnson Institute of Palliative Care is established in Martin as part of the Institute of Nursing at the Jesenius Faculty of Medicine.

## MOST RECENT REFERENCES

**Krizanová K.** 2002. "Slovakia: cancer pain management and palliative care". *J Pain Symptom Manage*; 24(2):231-2."

## ASSOCIATION/ INSTITUTION

**Department of Palliative Medicine of Clinic of Clinical Oncology, National Oncology Institute, Bratislava, Slovakia**  
 (Oddelenie paliatívnej medicíny Onkologickej kliniky Národného onkologického ústavu v Bratislave, Slovenská republika)  
 Studenohorská 89, 84103 Bratislava, Slovakia | T/F: 421 903271611

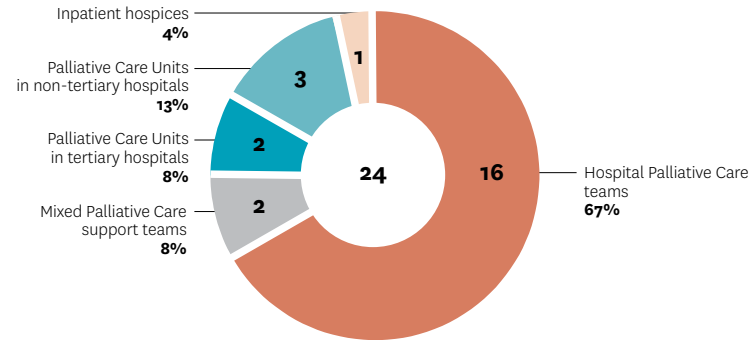
## More information on Palliative Care in Slovakia

EAPC Atlas of Palliative Care in Europe 2013 - Full Edition

# Slovenia



## PALLIATIVE CARE SERVICES (2012)



## OTHER RESOURCES

Volunteer hospice teams ..... 7  
 Day Hospices ..... 1  
 Palliative care beds (ratio per million inhab.) ..... 64 (31.4)  
 Palliative Care for children: **Some specific resources**

## PC IN MEDICAL SCHOOLS

Mandatory subject ..... 0  
 Optional subject ..... 2  
 No PC subject ..... 0  
 Full Professors ..... 0  
 Assistant Professors ..... 1  
 Professors in other Schools .... 1

Optional subject **100%**

## SOCIO-ECONOMIC DATA

**Population 2012**  
2040057

**Density 2012**  
100.7

**Surface**  
20256

**Gross Domestic Product per capita, 2011**  
24967

**Physicians per 1000 inhab.**  
2.506

**Health expenditure per capita, PPP, 2010**  
2552

**Health expenditure, total (% of Gross), 2010**  
9.4

**Human Development Index 2012**  
0.892

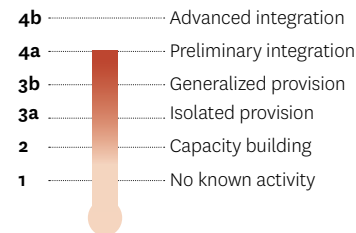
**Human Development Index Ranking Position 2012**  
21

## KEY DATA ON PC DEVELOPMENT

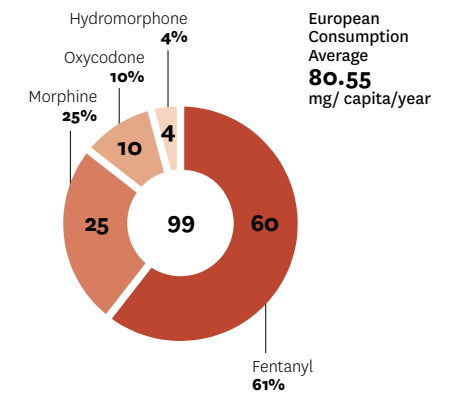
- Legislation on PC
- Official National Strategy
- National Association
- National Conference
- Scientific Journal
- Research Centers
- PC Twinning
- World PC Day initiatives
- 11 Participants at EAPC Conference
- Status of Palliative Medicine: **In process (Sub-specialty)**

## LEVEL OF DEVELOPMENT

Estimation Lynch et al, 2012



## STRONG OPIOID CONSUMPTION 2010 (ME MG/ CAPITA/YEAR)



## MILESTONES

**2009** A pilot project at the Ministry of Health *Organized Implementation of Palliative Care in Three Slovene Regions (2009 - 2010)* details the organization of palliative care at all levels of the Slovenian health care system; European Society of Medical Oncology Certification for Excellence in Medical Oncology and Palliative Care is granted to the Oncology Institute Ljubljana.

**2010** European Society of Medical Oncology Certification for Excellence in Medical Oncology and Palliative Care is granted to the University Clinic Golnik.

**2011** The Slovene Palliative Medicine Society is established.

## MOST RECENT REFERENCES

Lunder U, Cerv B. 2002. "Slovenia: status of palliative care and pain relief". *J Pain Symptom Manage*; 24(2):233-5.

## ASSOCIATION/ INSTITUTION

**Slovene Palliative Medicine Society, General Hospital Jesenice**  
 Titova 117, 4270 Jesenice/Blejska 10, SI-4248 Lesce  
 T/F: 863 1886344

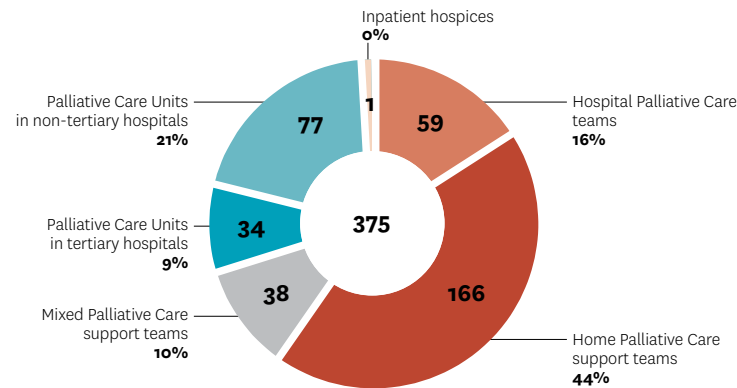
## More information on Palliative Care in Slovenia

EAPC Atlas of Palliative Care in Europe 2013 - Full Edition

# Spain



## PALLIATIVE CARE SERVICES (2012)



## OTHER RESOURCES

Volunteer hospice teams	0
Day Hospices	2
Palliative care beds (ratio per million inhab.)	1875 (40.1)
Palliative Care for children:	Some specific resources

## PC IN MEDICAL SCHOOLS

Mandatory subject	8	Mandatory	19%
Optional subject	13	Optional	32%
No PC subject	20	Without	49%
Full Professors	0		
Assistant Professors	3		
Professors in other Schools	0		

## SOCIO-ECONOMIC DATA

### Population 2012

46771596

### Density 2012

92.4

### Surface

505994

### Gross Domestic Product per capita, 2011

26917

### Physicians per 1000 inhab.

3.957

### Health expenditure per capita, PPP, 2010

3027

### Health expenditure, total (% of Gross), 2010

9.5

### Human Development Index 2012

0.885

### Human Development Index Ranking Position 2012

23

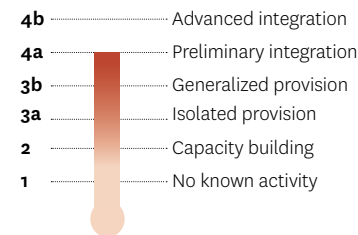
## KEY DATA ON PC DEVELOPMENT

- Legislation on PC
- Official National Strategy
- National Association
- National Conference
- Scientific Journal
- Research Centers
- PC Twinning
- World PC Day initiatives
- 161 Participants at EAPC Conference
- Status of Palliative Medicine:

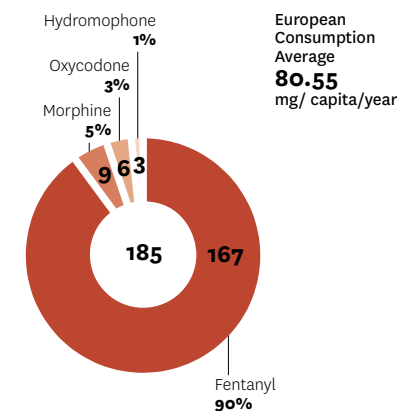
In process (Sub-specialty)

## LEVEL OF DEVELOPMENT

Estimation Lynch et al, 2012



## STRONG OPIOID CONSUMPTION 2010 (ME MG/ CAPITA/YEAR)



## MILESTONES

**2007** The Ministry of Health launches the Palliative Care Strategy in the National Health Service, a strong commitment to palliative care by regional governments that focuses on promoting accessibility and equity to high quality palliative care across the country.

**2007** Following the publication of this document, many regional Ministers of Health launch Regional Palliative Care Plans and new palliative care services are developed within regional health services across the country.

**2007** The National Health System Strategy for Palliative Care (2007) defines a number of objectives related to education and training.

## MOST RECENT REFERENCES

- Smyth, Dion. January 2012. "Politics and palliative care: Spain". International Journal of Palliative Nursing; 18 (1): 58.
- Espinosa J, Gómez-Batiste X, Picaza JM, Limón E. October 2010. "[Specialist palliative care home care support teams in Spain]". Med Clin (Barc); 135(10):470-5.
- García del Pozo J, Carvajal A, Viloria JM, Velasco A, García del Pozo V. April 2008. "Trends in the consumption of opioid analgesics in Spain. Higher increases as fentanyl replaces morphine". Eur J Clin Pharmacol; 64(4):411-5.

## ASSOCIATION/ INSTITUTION

**Spanish Association for Palliative Care (SECPAL)**  
**(Sociedad Española de Cuidados Paliativos - SECPAL)**  
 Sociedad Española de Cuidados Paliativos - SECPAL;  
 Paseo de La Habana, 9-11. 28036 Madrid  
 T/F: (+34) 91 298 61 87/ (+34) 91 563 97 10

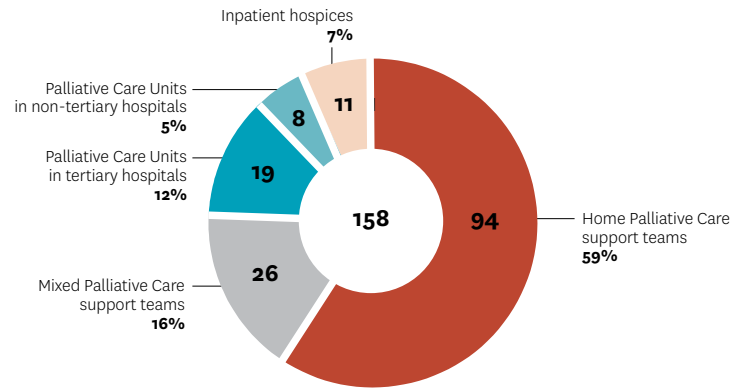
## More information on Palliative Care in Spain

EAPC Atlas of Palliative Care in Europe 2013 - Full Edition

# Sweden



## PALLIATIVE CARE SERVICES (2012)



## OTHER RESOURCES

Volunteer hospice teams ..... **25**  
 Day Hospices ..... **19**  
 Palliative care beds (ratio per million inhab.) ..... **510 (53-7)**  
 Palliative Care for children: **None or unspecific resources**

## PC IN MEDICAL SCHOOLS

Mandatory subject ..... **0**  
 Optional subject ..... **3**  
 No PC subject ..... **4**  
 Full Professors ..... **1**  
 Assistant Professors ..... **0**  
 Professors in other Schools ... **0**

Optional **43%**  
 No PC **57%**

## SOCIO-ECONOMIC DATA

**Population 2012**  
9495392

**Density 2012**  
21.1

**Surface**  
449955

**Gross Domestic Product per capita, 2011**  
35170

**Physicians per 1000 inhab.**  
3.77

**Health expenditure per capita, PPP, 2010**  
3757

**Health expenditure, total (% of Gross), 2010**  
9.6

**Human Development Index 2012**  
0.916

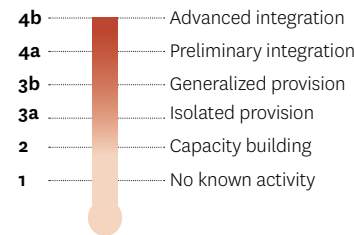
**Human Development Index Ranking Position 2012**  
7

## KEY DATA ON PC DEVELOPMENT

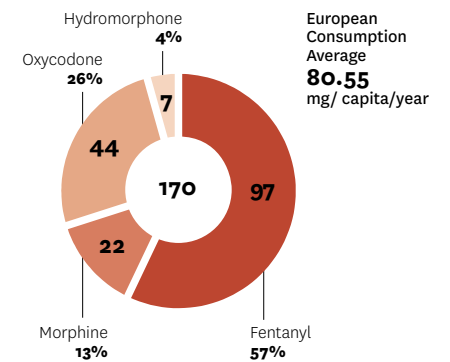
- Legislation on PC
- Official National Strategy
- National Association
- National Conference
- Scientific Journal
- Research Centers
- PC Twinning
- World PC Day initiatives
- 167** Participants at EAPC Conference
- Status of Palliative Medicine: **In process**

## LEVEL OF DEVELOPMENT

Estimation Lynch et al, 2012



## STRONG OPIOID CONSUMPTION 2010 (ME MG/ CAPITA/YEAR)



## MILESTONES

**2006** The Diploma in Palliative Medicine is accredited by the Swedish Association for Palliative Medicine.

**2012** National guidelines for palliative care are published.

**2013** Palliative Medicine is due to become a medical sub-specialty.

## MOST RECENT REFERENCES

- **Smyth, Dion.** April 2012. "Politics and palliative care: Sweden". *International Journal of Palliative Nursing*; 18 (4): 206.
- **Todoulos Et.** May-June 2010. "Sweden: the SFPM battles to make palliative care a medical specialty". *European Journal of Palliative Care*; 17 (3): 152-4.
- **Furst CJ.** November 2010. "Perspectives on palliative care: Sweden". *Support Care Cancer*; 8(6):441-3.

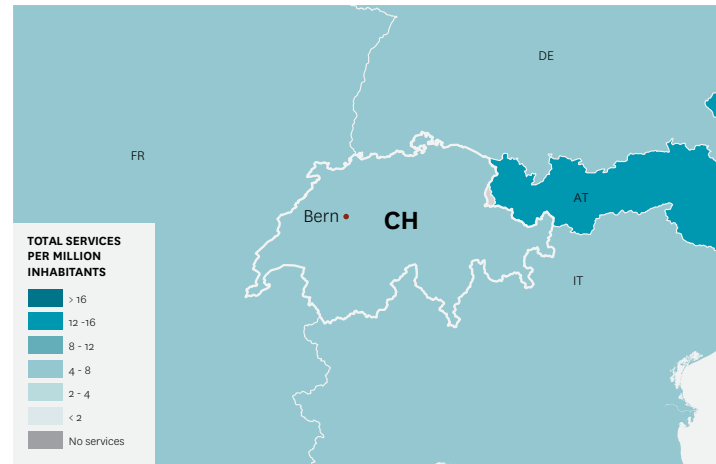
## ASSOCIATION/ INSTITUTION

**The National Council for Palliative Care (NRPV)**  
 Stockholms Sjukhem, Box 12230, 102 26 Stockholm | T/F: 46 86171200

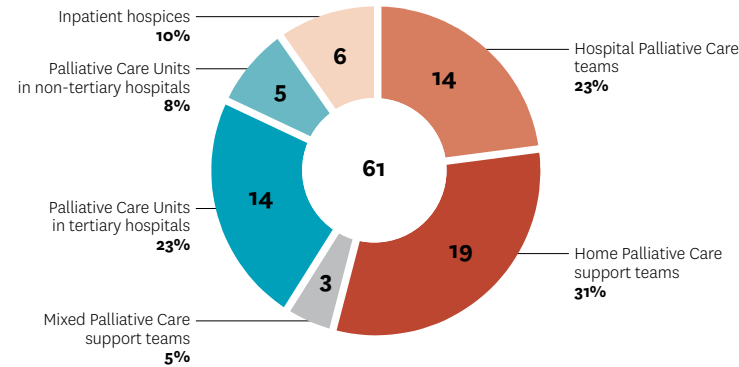
## More information on Palliative Care in Sweden

EAPC Atlas of Palliative Care in Europe 2013 - Full Edition

# Switzerland



## PALLIATIVE CARE SERVICES (2012)



## OTHER RESOURCES

Volunteer hospice teams	1
Day Hospices	2
Palliative care beds (ratio per million inhab.)	276 (35.7)
Palliative Care for children: <b>Specific resources for inpatients and out patients</b>	

## PC IN MEDICAL SCHOOLS

Mandatory subject	5	Mandatory subject 100%
Optional subject	0	
No PC subject	0	
Full Professors	1	
Assistant Professors	0	
Professors in other Schools	0	

## SOCIO-ECONOMIC DATA

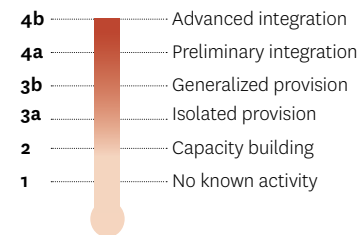
<b>Population 2012</b> 7733709	<b>Physicians per 1000 inhab.</b> 4.07	<b>Human Development Index 2012</b> 0.913
<b>Density 2012</b> 187.3	<b>Health expenditure per capita, PPP, 2010</b> 5394	<b>Human Development Index Ranking Position 2012</b> 9
<b>Surface</b> 41284	<b>Health expenditure, total (% of Gross), 2010</b> 11.5	
<b>Gross Domestic Product per capita, 2011</b> 39412		

## KEY DATA ON PC DEVELOPMENT

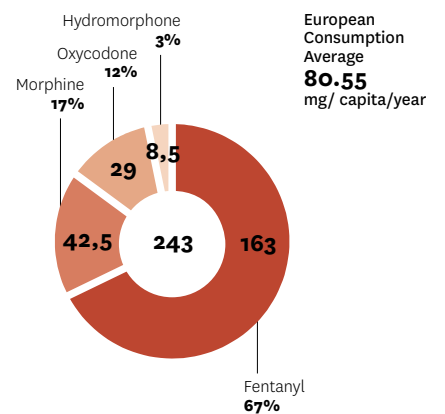
- Legislation on PC
- Official National Strategy
- National Association
- National Conference
- Scientific Journal
- Research Centers
- PC Twinning
- World PC Day initiatives
- 59 Participants at EAPC Conference
- Status of Palliative Medicine: **In process (Sub-specialty)**

## LEVEL OF DEVELOPMENT

Estimation Lynch et al, 2012



## STRONG OPIOID CONSUMPTION 2010 (ME MG/ CAPITA/YEAR)



## MILESTONES

**2008** The Head of the Federal Department of Home Affairs (FDHA) commissions the Federal Office for Public Health (FOPH) to clarify the palliative care situation in Switzerland.

**2009** A report is prepared on the need for action in the field of palliative care in Switzerland.

**2010** Based on this report and further studies the "National Strategy for Palliative Care 2010-2012" is launched.

## MOST RECENT REFERENCES

- **Inglin S, Hornung R, Bergstraesser E.** August 2011. "Palliative care for children and adolescents in Switzerland: a needs analysis across three diagnostic groups". *Eur J Pediatr*; 170(8):1031-8.
- **Fuchs C.** January-February 2010. "Switzerland: palliative ch is taking a giant step forward". *European Journal of Palliative Care*; 17 (1): 46-8.
- **Manson C.** Feb 4-10, 2009, "Good palliative care offers alternative to Zurich clinic". *Nursing Standard*; 23 (22): 33.

## ASSOCIATION/ INSTITUTION

**Swiss Association for Palliative Care**  
(*Palliative ch, Schweizerische Gesellschaft für palliative Medizin, Pflege und Begleitung*)  
Spital Affoltern, Sonnenbergstrasse 27,  
CH 8910 Affoltern am Albis | T/F: +41 44 714 29 31

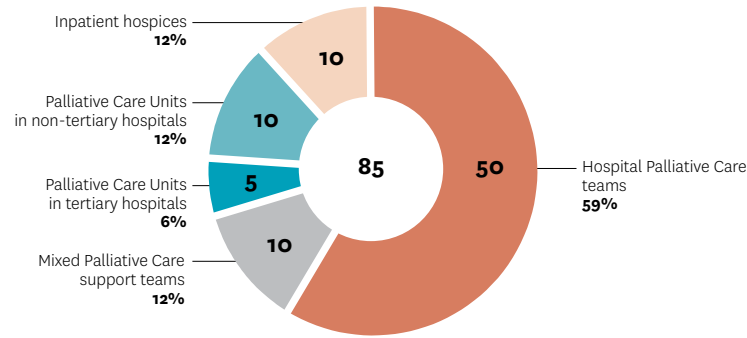
## More information on Palliative Care in Switzerland

EAPC Atlas of Palliative Care in Europe 2013 - Full Edition

# Turkey



## PALLIATIVE CARE SERVICES (2012)



## OTHER RESOURCES

Volunteer hospice teams ..... 0  
 Day Hospices ..... 0  
 Palliative care beds (ratio per million inhab.) ..... N/A  
 Palliative Care for children: **None or unspecific resources**

## PC IN MEDICAL SCHOOLS

Mandatory subject ..... 40  
 Optional subject ..... 10  
 No PC subject ..... 30  
 Full Professors ..... N/A  
 Assistant Professors ..... 10  
 Professors in other Schools ... 0

**50%** Mandatory  
**12%** Optional  
**38%** No PC

## SOCIO-ECONOMIC DATA

**Population 2012**  
74508771

**Density 2012**  
95.1

**Surface**  
783561

**Gross Domestic Product per capita, 2011**  
13468

**Physicians per 1000 inhab.**  
1.538

**Health expenditure per capita, PPP, 2010**  
1029

**Health expenditure, total (% of Gross), 2010**  
6.7

**Human Development Index 2012**  
0.722

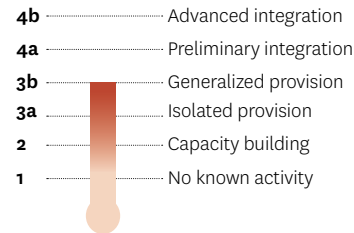
**Human Development Index Ranking Position 2012**  
90

## KEY DATA ON PC DEVELOPMENT

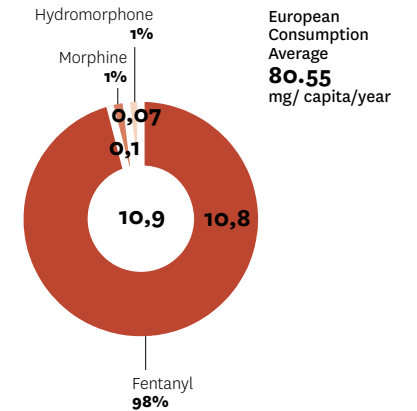
- Legislation on PC
- Official National Strategy
- National Association
- National Conference
- Scientific Journal
- Research Centers
- PC Twinning
- World PC Day initiatives
- 1 Participant at EAPC Conference
- Status of Palliative Medicine: **No certification**

## LEVEL OF DEVELOPMENT

Estimation Lynch et al, 2012



## STRONG OPIOID CONSUMPTION 2010 (ME MG/ CAPITA/YEAR)



## MILESTONES

**2006** Hospice and palliative care education is included in the curriculum of the School of Medicine.

**2013** The National Palliative Care Plan is due to be launched.

**2013** Hacettepe Oncology Institute will commence "Train the Trainer" courses which will be followed by local training of healthcare professionals (certified by the Ministry of Health).

## MOST RECENT REFERENCES

- **Komurcu S.** April 2011. "Current status of palliative care in Turkey". *J Pediatr Hematol Oncol*; 33 Suppl 1:S78-80.
- **Kinay M.** April 2011. "Capacity building on new palliative care services". *J Pediatr Hematol Oncol*; 33 Suppl 1:S77.
- **Mutafoglu K;** DEU Palliative Care Strategy Group. April 2011. "A palliative care initiative in Dokuz Eylul University Hospital". *J Pediatr Hematol Oncol*; 33 Suppl 1:S73-6.

## ASSOCIATION/ INSTITUTION

**Turkish Oncology Group Subgroup for Supportive Care in Cancer**  
 (Türk Onkoloji Grubu Destek Tedaviler Çalışma Grubu)  
 Bayındır Hospital, Medical Oncology Section, Sogutozu, Ankara, Turkey  
 T/F: 90 5325944702/90 3122845001

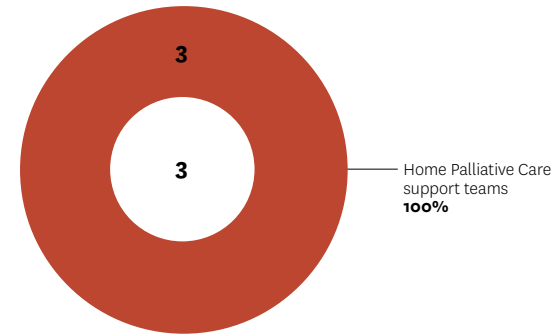
## More information on Palliative Care in Turkey

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# Ukraine



## PALLIATIVE CARE SERVICES (2012)



## OTHER RESOURCES

Volunteer hospice teams .....	2
Day Hospices .....	0
Palliative care beds (ratio per million inhab.) .....	0 (0)
Palliative Care for children: <b>Some specific resources</b>	

## PC IN MEDICAL SCHOOLS

Mandatory subject .....	0
Optional subject .....	0
No PC subject .....	0
Full Professors .....	0
Assistant Professors .....	0
Professors in other Schools .....	0

## SOCIO-ECONOMIC DATA

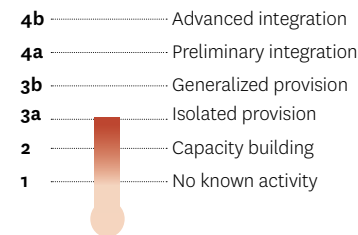
<b>Population 2012</b> 44940268	<b>Physicians per 1000 inhab.</b> 3.246	<b>Human Development Index 2012</b> 0.740
<b>Density 2012</b> 74.4	<b>Health expenditure per capita, PPP, 2010</b> 519	<b>Human Development Index Ranking Position 2012</b> 78
<b>Surface</b> 603703	<b>Health expenditure, total (% of Gross), 2010</b> 7.7	
<b>Gross Domestic Product per capita, 2011</b> 6365		

## KEY DATA ON PC DEVELOPMENT

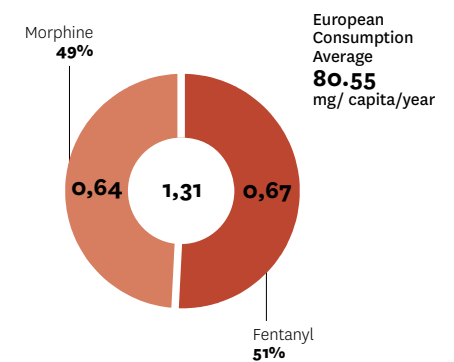
- Legislation on PC
- Official National Strategy
- National Association
- National Conference
- Scientific Journal
- Research Centers
- PC Twinning
- World PC Day initiatives
- 4 Participants at EAPC Conference
- Status of Palliative Medicine:  
**No certification**

## LEVEL OF DEVELOPMENT

Estimation Lynch et al, 2012



## STRONG OPIOID CONSUMPTION 2010 (ME MG/ CAPITA/YEAR)



**MILESTONES** **2008** The Coordinating Council for Palliative and Hospice Care in Ukraine is created; the Institute of Palliative and Hospice Medicine is established by the Ministry of Health.

**2011** The Law of Ukraine "On Amendments to the Basic Laws of Ukraine about public health to improve health care provision" is adopted by the Parliament of Ukraine.

**2011** The non-governmental organization "All-Ukrainian League on Palliative and Hospice Care" is created.

## MOST RECENT REFERENCES

- Gumley V. 1996. "The Ukraine". *Hospice Bulletin*; 3(2).
- Volkovinsky K. 1997. "Ukraine". *Eur J Palliat Care*; 4(2):N1-2.
- Lukas Radbruch. July-August 2011. "European insight: Access to opioids in Ukraine: an international meeting in Kiev". *European Journal of Palliative Care*, Volume 18 Number 4.

## ASSOCIATION/ INSTITUTION

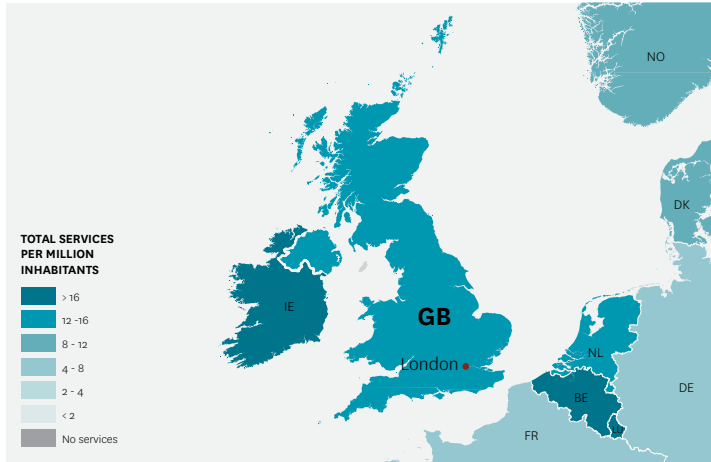
- **Association of Palliative and Hospice Care** (Асоціація паліативної та хоспісної допомоги)  
04060, Kyiv-60, Tschusewa, 24, of. 11 | T/F: 097 14 17 456
- **All-Ukrainian League on Palliative and Hospice Care** (Всеукраїнська Асоціація паліативної та хоспісної допомоги)  
55 A, Gonchara str., Kyiv, Ukraine, 0100 | T/F: (044) 239-72-43

## More information on Palliative Care in Ukraine

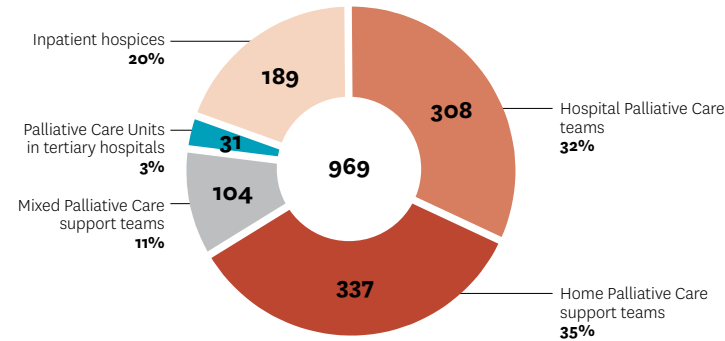
EAPC Atlas of Palliative Care in Europe 2013 - Full Edition



# United Kingdom



## PALLIATIVE CARE SERVICES (2012)



## OTHER RESOURCES

Volunteer hospice teams ..... 0  
 Day Hospices ..... 272  
 Palliative care beds (ratio per million inhab.) ..... 3156 (50.3)  
 Palliative Care for children: **A significant number of all kind of resources**

## PC IN MEDICAL SCHOOLS

Mandatory subject ..... N/A  
 Optional subject ..... N/A  
 No PC subject ..... N/A  
 Full Professors ..... N/A  
 Assistant Professors ..... N/A  
 Professors in other Schools ..... N/A

## SOCIO-ECONOMIC DATA

**Population 2012**  
62798099

**Density 2012**  
258.5

**Surface**  
242900

**Gross Domestic Product per capita, 2011**  
32863

**Physicians per 1000 inhab.**  
2.743

**Health expenditure per capita, PPP, 2010**  
3480

**Health expenditure, total (% of Gross), 2010**  
9.6

**Human Development Index 2012**  
0.875

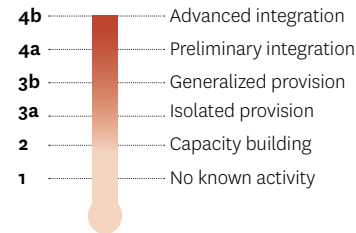
**Human Development Index Ranking Position 2012**  
26

## KEY DATA ON PC DEVELOPMENT

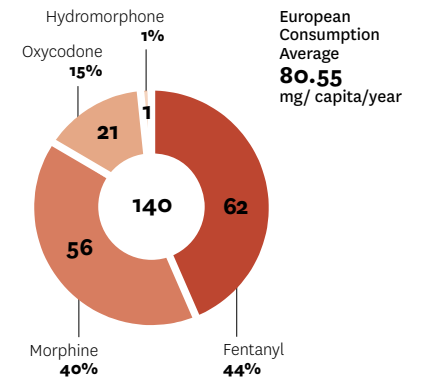
- Legislation on PC
- Official National Strategy
- National Association
- National Conference
- Scientific Journal
- Research Centers
- PC Twinning
- World PC Day initiatives
- 374 Participants at EAPC Conference
- Status of Palliative Medicine: **Specialty**

## LEVEL OF DEVELOPMENT

Estimation Lynch et al, 2012



## STRONG OPIOID CONSUMPTION 2010 (ME MG/ CAPITA/YEAR)



## MILESTONES

**2008** The End of Life Care Strategy is published in England; the Living and Dying Well Action Plan for Palliative and End of Life Care is published in Scotland; the All Wales Palliative Care Planning Group Report is published.

**2010** The Living and Dying Matters Strategy is published in Northern Ireland.

**2012** The Coalition Government announces a £60 million Capital Grants Fund to be released over two years.

## MOST RECENT REFERENCES

- Hill K, Coyne I. March 2012. "Palliative care nursing for children in the UK and Ireland". *Br J Nurs*; 21(5):276-81.
- Gomes B, Calanzani N, Higginson IJ. March 2012. "Reversal of the British trends in place of death: time series analysis 2004-2010". *Palliat Med*; 26(2):102-7.
- Mayor S. July 2010. "UK is ranked top out of 40 countries on quality of death thanks to hospice network". *BMJ*; 341:c3836.

## ASSOCIATION/ INSTITUTION

- © 2010 Association for Palliative Medicine of Great Britain and Ireland  
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- The National Council for Palliative Care  
The Fitzpatrick Building, 188-194 York Way, London, N7 9AS
- Help the Hospices  
Hospice House, 34-44 Britannia Street, London, WC1X 9JG

## More information on Palliative Care in United Kingdom

EAPC Atlas of Palliative Care in Europe 2013 - Full Edition





