



General data

POPULATION, 2023

9,131,761

PHYSICIANS / 1,000 INH, 2021

5.43

Socioeconomic data

COUNTRY INCOME LEVEL, 2022

High income

GDP PER CAPITA (US\$), 2023

56,033

HEALTH EXPENDITURE (% GDP), 2021

12.1

UNIVERSAL HEALTH COVERAGE, 2021

85



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- (A) EMPOWERMENT OF PEOPLE AND COMMUNITIES
- (B) POLICIES
- (C) RESEARCH
- (D) USE OF ESSENTIAL MEDICINES
- (E) EDUCATION AND TRAINING
- (F) PROVISION OF PC

LEVEL OF DEVELOPMENT



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National Association: Hospiz Österreich, Austrian Palliative Association

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Report validated by consultants: Yes

Endorsed by National PC Association: Yes

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Austria

F Provision of PC (Specialised Services)

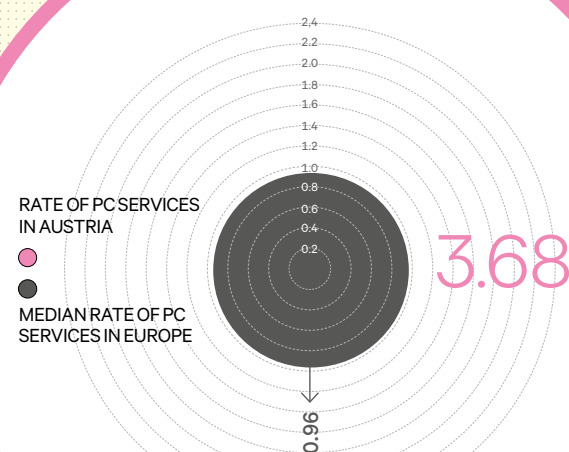
Total number of Specialised PC services

336

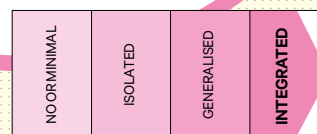
Rate of PC services per 100,000 inhabitants

3.68

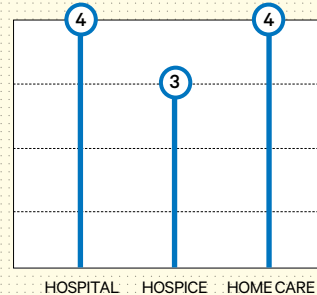
Austria in the context of European region



Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION



TOTAL NUMBER

38



Austria

D Use of essential medicines

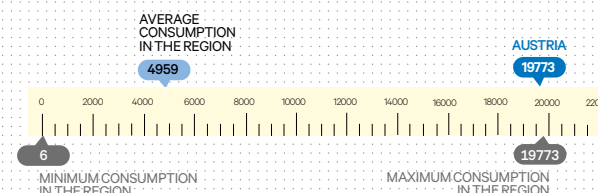


Opioids consumption (excluding methadone)

19,773

S-DDD/MILL INHABITANTS/DAY

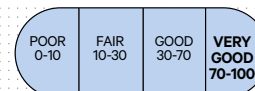
Austria in the context of European region



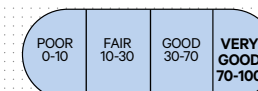
Overall availability of essential medicines for pain and PC at the primary level



IN URBAN AREAS %

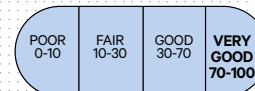


IN RURAL AREAS %

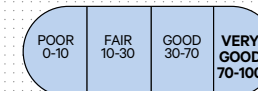


General availability of immediate-release oral morphine at the primary level

IN URBAN AREAS %

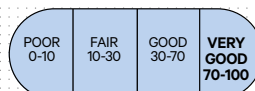


IN RURAL AREAS %

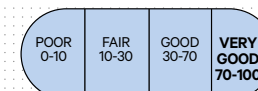


General availability of different opioids and in different formulations at the primary level

IN URBAN AREAS %



IN RURAL AREAS %



C Research

PC-related research articles



Inclusion of PC topics in National Research Calls



Existence of PC congresses or scientific meetings



E Education & Training

Medical schools with mandatory PC teaching



8/8

Nursing schools with mandatory PC teaching



80/80

PC Full Professors



4

Recognition of PC specialty



B Policies

National PC plan or strategy



Responsible authority for PC in the Ministry of Health



Inclusion of PC in the basic health package at the primary care level



A Empowerment of people and communities







Groups promoting the rights of PC patients







Advanced care planning-related policies



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Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.	 Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.)	In Austria, there are two national associations: 1) Hospice Austria (<i>Hospiz Österreich</i>), the umbrella organisation of Hospice and Palliative Care organisations and institutions, and 2) the Austrian Palliative Care Association, which is the scientific and professional organisation. Both organisations focus on patients' needs and act towards the goal that every person living and dying in Austria has access to hospice and palliative care. Additional organisations who foster and advocate patients' rights regarding hospice and palliative care: a) Austrian Medical Association, interest group for family caregivers; and b) The Austrian National Public Health Institute; the institution responsible for researching and planning public healthcare in Austria, that acts as the national competence and funding centre for the promotion of health. Within this organisation Palliative Care is well promoted and liaises with Hospice Austria.
Ind2 Is there a national policy or guideline on advance directives or advance care planning?	 There is a national policy on advance care planning.	The VSD Vorsorgedialog® is a legal instrument for the advance care planning process. This process is especially designed for people living in care homes or those who want to die in their own homes. Additional to the VSD Vorsorgedialog® process there exist specific other advance directive documents: Patientenverfügung; Vorsorgevollmacht, and other legal instruments for advance care planning like the 'living wills' and the 'power of attorney'.
Ind3 3.1. There is a current national PC plan, programme, policy, or strategy. 3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.	 Actualized in last 5 years, and actively evaluated or audited.  Yes, there is a stand-alone national palliative care plan AND there is national palliative care law/legislation/ government decrees on PC.	Within the Austrian Health Structural Plan (by the federal ministry for Social Affairs, Health, Care and Consumer Protection) the Specialised Hospice and Palliative Care Provision and its evaluation is defined. Additionally in 2022, the National Hospice and Palliative Care Financing Law (<i>Bundesgesetz über die Einrichtung eines Hospiz- und Palliativfonds - Hospiz- und Palliativfondsgesetz</i>); defined financing and, according to the law, the new quality criteria and indicators regarding hospice and palliative care institutions and staff education. The Austrian National Public Health Institute (<i>Gesundheit Österreich GmbH, GÖG</i>) monitors and evaluates the progress on behalf of the federal ministry for Social Affairs, Health, Care and Consumer Protection.

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3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	 The Indicators to monitor and evaluate progress are currently implemented.	
Ind4 PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.	 Included in the essential list of services recognised by a government decree or law but not in the General Health Law.	Palliative care is included in the essential list of services recognised by a government decree or law.
Ind5 5.1. Is there a national authority for palliative care within the government or the Ministry of Health? 5.2. The national authority has concrete functions, budget and staff.	 The coordinating entity for palliative care is a well-defined and has a good structure (scientific & technical).  There are concrete functions, staff and budget.	Based on the Hospice and Palliative Care Fund Act, which entered into force as from 1 January 2022, the federal government supports the provinces in the implementation of an Austria-wide, needs-based hospice and palliative care offer, organized according to uniform criteria.



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Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC.	<div><div></div><div></div><div></div><div>4</div></div> <p>At least one national conference specifically dedicated to palliative care every year.</p>	Several national study days and conferences take place in Austria such as the Multidisciplinary National Palliative Care Conference by the Austria Palliative care association (biannual; including paediatric hospice palliative care), the Multidisciplinary national study day of HOSPICE AUSTRIA (annual, including paediatric hospice and palliative care; the National hospice volunteers Symposium by HOSPICE AUSTRIA (annual) and the National Multidisciplinary Paediatric Hospice and Palliative Care Network conference (annual).
Ind7:1 Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.	<div><div></div><div></div><div>3</div><div></div></div> <p>Represents a considerable amount of articles published.</p>	
Ind7:2 Inclusion of PC topics in national research calls.	<div><div></div><div>2</div><div></div><div></div></div> <p>Although there are national research calls, no PC topics are ever included.</p>	The Hospice and Palliative Fund Act (<i>Hospiz- und Palliativfondsgesetz</i>) promotes Palliative Care in the form of special-purpose grants and funds education and training initiatives but not research.
Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.		<div><div>19,773</div><div>S-DDD PER MILLION INHAB /DAY</div></div> <p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</p> <p>COUNTRY VS REGION</p> <div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>4959</div><div>AUSTRIA</div><div>19773</div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>6</div><div>MAXIMUM CONSUMPTION IN THE REGION</div><div>22000</div></div>



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Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines.	<div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div>	The availability of pain and palliative care medications as defined in the WHO Model List of Essential is generally very good across health facilities at the primary care level in urban areas, similarly to rural areas.
Ind10:1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).	<div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div>	The availability of immediate-release oral morphine is generally very good across health facilities at the primary care level in urban areas, similarly to rural areas, across Austria.
Ind10:2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations.	<div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div>	General availability of different opioids and in different formulations is generally very good at the primary level either at urban and rural contexts.

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<p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11. 5. PC Full Professors</p> <p>11. 6. Legislation/ regulations concerning PC education</p>	<p>8/8</p> <p>0/8</p> <p>80/80</p> <p>0/80</p> <p>4</p> <p>Yes</p>	<p></p> <p>Six universities had mandatory palliative care teaching. At another university, there was already a voluntary course that was recently to be introduced on a mandatory basis in the next years. At another university, the degree programme in human medicine was still so new that in the summer semester of 2023, for the first time, a cohort would reach the clinical section in which palliative care was to be integrated on a mandatory basis. All eight universities were expected to offer mandatory palliative care courses in the near future. There are three full professors (Stefan Lorenzl, Eva Masel, Rudolf Likar), and, the fourth professorship, was recently announced in Tirol although the position is still vacant to date. Some legislation, Spezialisierung Palliativpflege, regulates palliative care education in the country.</p>
<p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p>	<p></p> <p>Yes, palliative medicine is a speciality or subspeciality (another denomination equivalent) recognised by competent national authorities.</p>	<p>Palliative medicine is a sub-specialty since 2017 and is included in the list of specialisations (Spezialisierung: https://www.aerztekammer.at/)</p>

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<p>Ind13</p> <p>13.1. There is a system of specialised PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.</p> <p>13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>13.4. HOME CARE teams (specialised in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p>	<p></p> <p>Integrated provision: Specialised palliative care services or teams are systematically provided.</p> <p></p> <p>Are part of most/all hospitals in some form.</p> <p></p> <p>Found in many parts of the country.</p> <p></p> <p>Strong presence of home care teams in all parts of the country.</p>	<p>There are 336 specialised palliative care services; 296 specialised adult and 38 for children. The diverse adult teams are distributed as follows: 176 teams (sometimes including volunteer hospice teams), 57 home care teams, 18 inpatient hospices and 45 palliative care units. Per regions, Vorarlberg has 10 services, Tirol 41, Salzburg 21, Karnten 35, Steiermark 50, Oberösterreich 36, Niederösterreich 68, Burgenland 8, and Vienna 27. Austria has a system for specialised hospice and palliative care provision that also counts on day hospices and volunteer hospice palliative care teams that do operate across the country. These day hospices and Volunteer hospice teams are legally part of the Austrian specialised Hospice and Palliative Care services and, with those included, the number would increase up to the 400 specialised palliative care services. Furthermore, recently, some new three services were founded in Austria.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>0.96</p> <p>AUSTRIA 3.67</p> <p>3.68</p> <p>MINIMUM RATE IN THE REGION</p> <p>MAXIMUM RATE IN THE REGION</p> <p>336</p> <p>← SPECIALISED PALLIATIVE CARE SERVICES</p>
<p>Ind14</p> <p>14.1. There is a system of specialised PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p>	<p></p> <p>Integrated provision: Specialised palliative care services or teams for children are systematically provided.</p> <p>38</p> <p>PPC TEAMS</p>	<p>They exist 38 specialised palliative care services for children (https://www.kinder-hospiz.at/fachwelt/paediatrische-hospiz-und-palliativversorgung/abgestuftes-versorgungskonzept/)</p>