



General data

POPULATION, 2023

10,864,042

PHYSICIANS / 1,000 INH, 2021

4.25

Socioeconomic data

COUNTRY INCOME LEVEL, 2022

High income

GDP PER CAPITA (US\$), 2023

31,591

HEALTH EXPENDITURE (% GDP), 2021

9.48

UNIVERSAL HEALTH COVERAGE, 2021

84



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ③ POLICIES
- ② RESEARCH
- ① USE OF ESSENTIAL MEDICINES
- ⑤ EDUCATION AND TRAINING
- ⑥ PROVISION OF PC

LEVEL OF DEVELOPMENT



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National Association: Czech Society for Palliative Medicine.

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Endorsed by National PC Association: Yes

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F Provision of PC (Specialised Services)

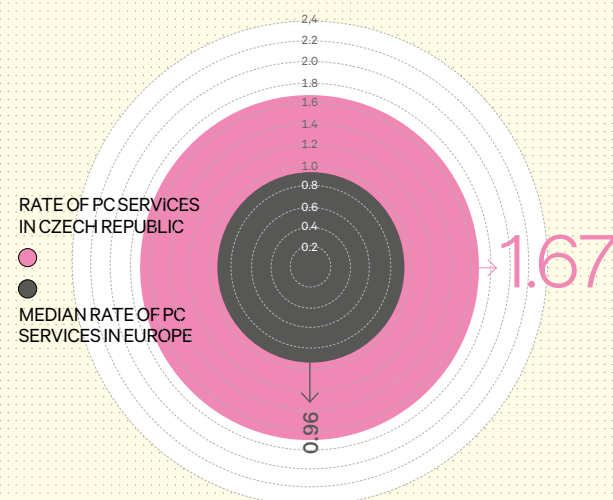
Total number of Specialised PC services

182

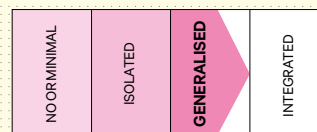
Rate of PC services per 100,000 inhabitants

1.67

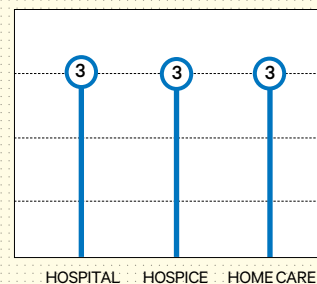
Czech Republic in the context of European region



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

13



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D Use of essential medicines

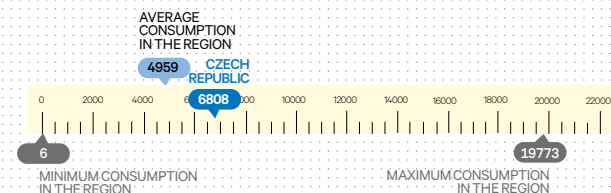


Opioids consumption (excluding methadone)

6,808

S-DDD/MILL INHABITANTS/DAY

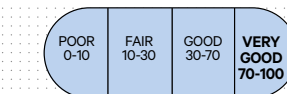
Czech Republic in the context of European region



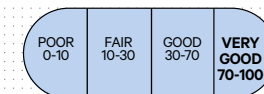
Overall availability of essential medicines for pain and PC at the primary level



IN URBAN AREAS %

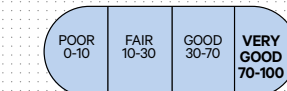


IN RURAL AREAS %

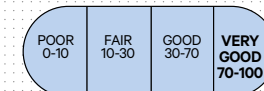


General availability of immediate-release oral morphine at the primary level

IN URBAN AREAS %

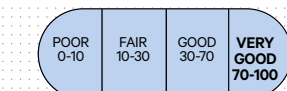


IN RURAL AREAS %

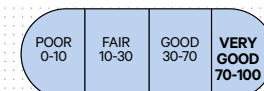


General availability of different opioids and in different formulations at the primary level

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



7/8

Nursing schools with mandatory PC teaching



7/14

PC Full Professors



0

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 the Czech Republic, the Czech Society of Palliative Medicine (CSPM) acts as a guarantor of expertise in palliative care for the medical and non-medical professions. The Mobile Hospice Forum is an umbrella organisation advocating the interests of home hospices. The Hospice and Palliative Care Association represents and advocates for the interests of inpatient hospices. Furthermore, several foundations systematically support the development of palliative care in the Czech Republic. An ongoing project of the Ministry of Health, in cooperation with CSPM and other actors, aims to define a strategy for the development of palliative care in the Czech Republic by 2040. Another relevant group is the Centre for Palliative Care, established in 2014.
Ind2 Is there a national policy or guideline on advance directives or advance care planning?	 There is/are national policies or guidelines on surrogate decision-makers.	Several national policies for surrogate decision making exist: a) Guiding statement of the Czech Medical Chamber on decision-making on limitation of care for patients in intensive care settings (2011) (outdated, does not respect patient autonomy, giving broad powers to the medical team); b) Conception of Care for Children and Adolescents with Serious Life-Limiting and Life-Threatening Diagnoses and their Families (2021) (strategic document by the CSPM and 20 other medical professional societies for the development of paediatric PC); c) Consensus recommendations for the care of terminal patients in emergency medicine settings (joint statement by the CSPM and the Czech Society of Emergency Medicine) (2022); and d) Opinion of the Section of Paediatric Palliative Medicine of the Czech Paediatric Society of the Czech Society of Paediatrics on palliative sedation (2024).
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, but not actively evaluated or audited.  There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.	Palliative care is included within the National Cancer Plan 2030, under specific objective 2.2 'Ensure the availability of all forms of palliative care'. Amongst sub-objectives: 2.2.1: Establishment of the National Strategy for Palliative and End-of-Life Care MoH, MoLSA, regions, relevant societies of the CzMA JEP, providers of health and social services, health insurance companies, patient organisations, NGOs. The development of palliative care is described in considerable detail in the National Cancer Care Plan 2030. It contains indicators and a framework timeline for the implementation of specific steps. However, it applies exclusively to cancer patients, which is a significant limitation. As of 2024, the Ministry of Health is in the process of preparing a National Strategy for the Development of Palliative Care by 2040 and there are indicators in the national plan to monitor and evaluate progress, with measurable targets Level 2. In its chapter on palliative care, the National Cancer Care Plan

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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 exist but have not been yet implemented.	defines the capacity and availability of specific palliative care services in Cancer centres (e.g. palliative medicine outpatient clinics, palliative care concierge teams in hospitals, etc.). However, there are no precise deadlines by which the network of facilities should be operational.
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 a component of medical and nursing services covered by public health insurance in the Czech Republic. Specific forms of specialised palliative care, including inpatient hospices, home hospice services, palliative medicine outpatient clinics, and palliative care consultation teams, are subject to legal regulations. These regulations stipulate minimum staffing requirements and technical equipment standards. The services provided by these palliative care specialists are covered under the national health insurance scheme, ensuring accessibility for patients in need.
Ind5 5.1. Is there a national authority for palliative care within the government or the Ministry of Health?	 There is no authority defined.	While there is no specific department for palliative care, at the Ministry of Health, palliative care topics are dealt with by the General Department of Health Care and there has been a long standing and good working relationship between the ministry of health and Czech Society for Palliative Medicine. Reimbursement for palliative care in the Czech Republic is defined each year in the so-called government reimbursement decree, which defines the method and amount of reimbursement for individual forms of palliative care. At the regional level, palliative care working groups with representatives of the state administration, experts and providers have been set up in some of the Czech Republic's regions (14 administrative units, each with a population of 0.5-1.5 million) to systematically develop palliative care at the regional level and to build a network of providers.
5.2. The national authority has concrete functions, budget and staff.	 Does not have concrete functions or resources (budget, staff, etc.)	

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<div>Ind6</div> <div>Existence of congresses or scientific meetings at the national level specifically related to PC.</div>	<div><div><div></div><div></div><div></div><div>4</div></div><div>At least one national conference specifically dedicated to palliative care every year, with multidisciplinary attendance.</div></div>	<div>For the past 15 years, the Czech Society of Palliative Medicine has organized an annual National Palliative Medicine Conference. This two-day multidisciplinary professional event attracts approximately 700 attendees from various healthcare disciplines. Additionally, for the last decade, a National Multidisciplinary Conference on Pediatric Palliative Care has been held annually. These conferences serve as crucial platforms for knowledge exchange, professional development, and networking in the field of palliative care.</div>
<div>Ind7.1</div> <div>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></div><div>3</div><div></div></div><div>Represents a considerable amount of articles published.</div></div>	<div>Over the last five years, over 50 articles with participation of Czech authors on palliative and end-of-life care have been published in international peer-reviewed journals. Since 2021, the peer-reviewed journal <i>Paliativní medicína</i> has been published regularly four times a year and, furthermore, the centre for palliative care has a list of published papers on prognosis, patient's autonomy, etcetera.</div>
<div>Ind7.2</div> <div>Inclusion of PC topics in national research calls.</div>	<div><div><div></div><div></div><div>3</div><div></div></div><div>They do exist national research calls that do include palliative care topics (either scarce or more frequent).</div></div>	<div>One of the key national research agencies, the Czech Health Research Council, has a specific PC related subtopic in their main annual research grant scheme, including three key areas: effective organisation of health care services for patients in PC; competencies of healthcare professionals in communication and ethics; and innovations in symptom management in PC. These have been used to fund several research projects in the last 10 years on topics such as early integration, end-of-life decision-making in hospitals, patient communication; etcetera.</div>
<div>Ind8</div> <div>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</div>	<div><div>6,808</div><div>S-DDD PER MILLION INHAB / DAY</div></div>	<div><div>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</div><div>COUNTRY VS REGION</div><div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>4959</div><div>CZECH REPUBLIC</div><div>6808</div></div><div><div>0200040006000800010000120001400016000180002000022000</div><div>6</div><div>19773</div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>MAXIMUM CONSUMPTION IN THE REGION</div></div></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>	<p>The Czech Republic boasts excellent availability of both weak and strong opioids. All licensed physicians, regardless of their specialty, are authorized to prescribe a wide range of opioid medications. This includes weak opioids such as codeine and tramadol, as well as strong opioids like morphine, oxycodone, hydromorphone, fentanyl transdermal patches, and buprenorphine transdermal systems. Notably, over 90% of the cost of these medications is covered by health insurance, ensuring broad access for patients requiring pain management and palliative care.</p>
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>	<p>Immediate-release (IR) morphine is readily available in the Czech Republic in various formulations, including tablets and oral drops for oral administration, as well as ampoules for parenteral use. The accessibility of oral dosage forms is excellent. While parenteral morphine is also widely available, its storage and dispensing are subject to certain administrative requirements, which may discourage some physicians from utilizing it. A subset of general practitioners and outpatient specialists exhibit reluctance in prescribing morphine IR, stemming from unfounded concerns about addiction and misuse, or simply due to insufficient training in its practical application.</p>
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>	<p>The availability of weak and strong opioids is very good in the Czech Republic. Doctors of all specialties are authorized to prescribe weak opioids (codeine, tramadol) and strong opioids (morphine, oxycodone, hydromorphone, fentanyl TDS and buprenorphine TTS) and these drugs are more than 90% covered by health insurance. The prescription of methadone and tapentadol is restricted to certain medical specialties (including palliative medicine).</p>






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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>7/8</p> <p>8/8</p> <p>7/14</p> <p>N/A</p> <p>0</p> <p>N/A</p>	<p></p> <p>Palliative care education in the Czech Republic is well-integrated into medical and nursing curricula. Seven out of eight medical schools include a compulsory undergraduate course in Palliative Care/Medicine, ranging from 12-25 hours. This includes all five Charles University medical faculties, Masaryk University in Brno, and the University of Ostrava (starting 2025/2026). Palacky University in Olomouc integrates palliative care modules within other compulsory subjects. Additionally, several medical schools offer optional palliative care courses. Nursing education in palliative care is provided at both secondary and tertiary levels, with approximately half of the institutions offering training. University-level programmes typically include some compulsory palliative care education. While there is no full professor in palliative medicine, the First Medical School at Charles University in Prague has a Department of Palliative Medicine led by an Associate Professor. The Czech Society for Palliative Medicine has recently developed a competency-based profile for undergraduate medical programmes in palliative care, in collaboration with seven of the eight medical schools 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>Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognised by competent national authorities.</p>	<p>Palliative medicine is recognised by law as a subspecialty for physicians and its required training lasts twelve months.</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>Generalised provision: Exists in many parts of the country but with some gaps.</p> <p></p> <p>In a growing number of private hospitals.</p> <p></p> <p>Found in many parts of the country.</p> <p></p> <p>Found in many parts of the country.</p>	<p>There are 182 specialised services, representing 1,67 services per 100,000 inhabitants. Of those, 117 services are in hospitals (5 inpatient units of palliative care in hospitals (“hospice in hospital”), 73 outpatient clinics and 39 specialist palliative care consultation teams); 18 inpatient hospices; and 49 home services, most of which are organized within Forum mobilních hospiců, an umbrella organisation for community hospice care.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>0.96</p> <p>1.67</p> <p>3.68</p> <p>0</p> <p>MINIMUM RATE IN THE REGION</p> <p>MAXIMUM RATE IN THE REGION</p> <p>182</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>Isolated provision: palliative care specialised services or teams for children exist but only in some geographic areas.</p> <p>13</p> <p>PPC TEAMS</p>	<p>The Czech Republic has established a pediatric palliative care infrastructure. This includes four hospital-based specialist palliative care teams, some of which care to both adult and pediatric populations. Additionally, there is one dedicated inpatient hospice facility for children and, complementing these services, there are eight mobile specialised palliative care teams, also known as home hospices, which possess medical and nursing expertise specifically in pediatric palliative care.</p>