



General data

POPULATION, 2023

5,946,952

PHYSICIANS / 1,000 INH, 2021

-

Socioeconomic data

COUNTRY INCOME LEVEL, 2022

High income

GDP PER CAPITA (US\$), 2023

68,453

HEALTH EXPENDITURE (% GDP), 2021

10.82

UNIVERSAL HEALTH COVERAGE, 2021

82



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ③ POLICIES
- ② RESEARCH
- ① USE OF ESSENTIAL MEDICINES
- ⑥ EDUCATION AND TRAINING
- ⑦ PROVISION OF PC

LEVEL OF DEVELOPMENT



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National Association: Danish Association for Palliative Medicine (DSPaM).

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Endorsed by National PC Association: Yes

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Denmark

F Provision of PC (Specialised Services)

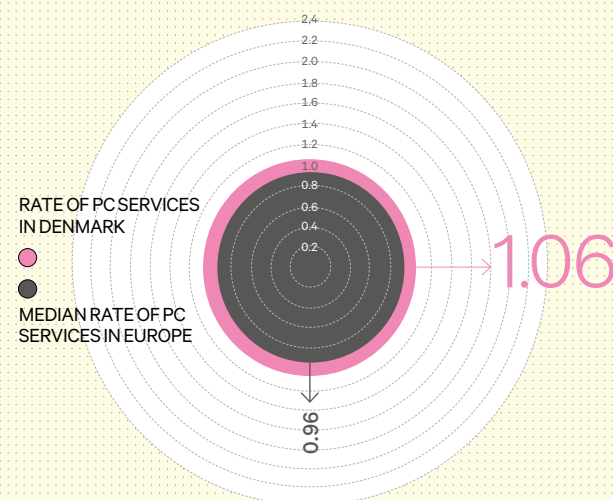
Total number of Specialised PC services

63

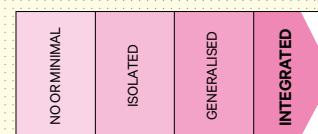
Rate of PC services per 100,000 inhabitants

1.06

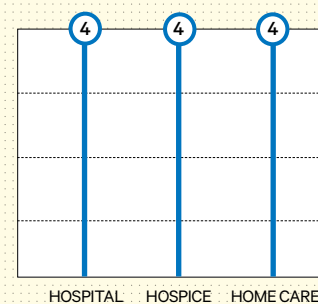
Denmark in the context of European region



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

7



Denmark

D Use of essential medicines

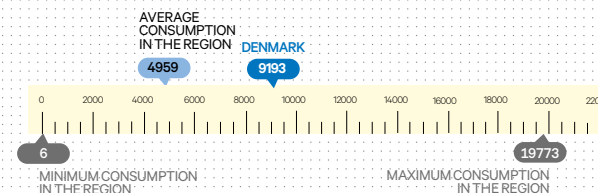


Opioids consumption (excluding methadone)

9,193

S-DDD/MILL INHABITANTS/DAY

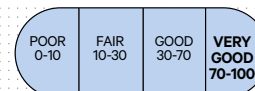
Denmark in the context of European region



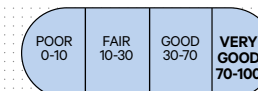
Overall availability of essential medicines for pain and PC at the primary level



IN URBAN AREAS %

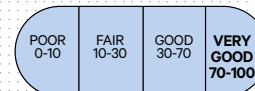


IN RURAL AREAS %

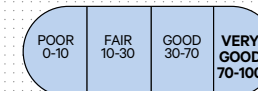


General availability of immediate-release oral morphine at the primary level

IN URBAN AREAS %

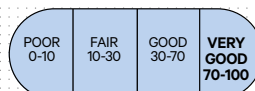


IN RURAL AREAS %

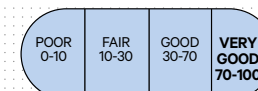


General availability of different opioids and in different formulations at the primary level

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



0/4

Nursing schools with mandatory PC teaching



0/24

PC Full Professors



6

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






EU Denmark

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 Denmark, there are a number of groups dedicated to promoting the rights of patients in need of palliative care such as REHPA, the National Knowledge Centre for Rehabilitation and Palliative Care; the Danish Cancer Society, The patient society for Heart Diseases, Hospice Forum Denmark: Forside - Hospice Forum Link, Danish Society for Palliative Medicine, Professional Society for Palliative Care Nurses, The Society of Hospice Managers. Besides, several medical societies have made statements or guidelines on palliative care: Danish Society for General Practice, the Danish Multidisciplinary Cancer Groups - Palliation), the Danish Cardiology Society, Danish Society for Respiratory Medicine, Danish Society for Nephrology, Danish Society for Oncological and Palliative Physiotherapy, the Danish Paediatric Society. Denmark is home to some Patient organisations: The Cancer Society, The Lung association, The heart association.
Ind2 Is there a national policy or guideline on advance directives or advance care planning?	 There is/are national policies or guidelines on living wills and/or on advanced directives.	Denmark has established guidelines for living wills and the use of life-sustaining treatment, but lacks a comprehensive national policy on ACP. Since January 2019, Danish citizens' right to create a 'living will' has been replaced by the right to complete a 'treatment will'. This legally binding document addresses three scenarios: 1st) When the patient is dying, 2nd) When the patient is so weakened by disease that recovery to self-sufficiency is impossible, and 3rd) When treatment would result in survival, but the doctor believes the consequences of the disease or treatment would cause severe suffering. The 'treatment will' is managed by the Danish Health Data Authority. While discussions about ACP are ongoing in medical and ethical circles, Denmark has yet to establish a national guideline.
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.	 Developed over 5 years ago.  Yes, there is a stand-alone national palliative care plan AND there is national palliative care law/legislation/ government decrees on PC.	A stand-alone national programme "Recommendations for palliative care", was published in 2017. Part of it was audited in 2020 by the National Audit Office of Denmark concerning the specialised level (not the generalist). In 2018, The Danish Board of Health published a 'Programme for Rehabilitation and Palliative Care in Cancer' in 2018 (<i>Forløbsprogramme for rehabilitering og palliation i forbindelse med kræft</i>) and, in 2020, the 5 Danish Regions (these administer the secondary sector and collaborate with the 96 municipalities administering the primary health care sector) published a position paper for development of palliative care, <i>Positionspapir for udvikling af den palliative indsats</i> . Furthermore, and, although is not a palliative care plan as such, the "Fifth National Cancer Plan" developed in 2025 presents palliative care objectives. Furthermore, Denmark has a general Health Care Law (Sundhedsloven), where access to treatment and care is in a section regarding 'terminal







EU Denmark

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.	treatment'. Legislation in relation to palliative care and end-of-life care lies in the 'Law for Health Care and in the 'Law for Social Services'. Regarding the existence of indicators, the 'Danish Palliative Database' receives reports from the specialised palliative care level in relation to patients referred to specialised palliative care. It measures the quality of specialised care, but not general palliative care.
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.	 Palliative care is included in the list of health services provided at the primary care level in the General Health Law.	The national health system has published <i>Recommendation for PC</i> in 2017 and <i>Course programme for Rehabilitation and PC</i> in 2018. However, the universal health care including primary health care is outsourced to the five Danish regions that each decide how to perform PC in the region.
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.	 There is no authority defined.  Does not have concrete functions or resources (budget, staff, etc.)	The Danish healthcare system lacks a dedicated unit or specific role exclusively focused on palliative care at the national level. Instead, the responsibility for overseeing palliative care services falls under the broader purview of the Minister of Health.



EU Denmark

<p>Ind6</p> <p>Existence of congresses or scientific meetings at the national level specifically related to PC.</p>	<p></p> <p>At least one national conference specifically dedicated to palliative care every year, with multidisciplinary attendance.</p>	<p>The Palliative Care Association holds yearly congresses and so does the Research Association for palliative care, that organise research meetings. There is also an annual one-day meeting for Danish Multidisciplinary Cancer Group for Palliative Care (DMCG-PAL).</p>
<p>Ind7.1</p> <p>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.</p>	<p></p> <p>Denotes an extensive number of articles published on this subject.</p>	<p>A great number of scientific articles have been published.</p>
<p>Ind7.2</p> <p>Inclusion of PC topics in national research calls.</p>	<p></p> <p>They do exist national research calls that do include palliative care topics (either scarce or more frequent).</p>	<p>There have been some national research calls on palliative care, the latest from the National Board of Health for vulnerable citizens in palliative care and also one by the “Palliative Care Research Unit Bispebjerg Hospital. Different patients’ organisations fund research and the Danish Board of Health occasionally host national research calls. Furthermore, the Danish Cancer Society have several calls each year and nearly once a year a palliative-related topic is one of the topics in the call.</p>
<p>Ind8</p> <p>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</p>		<div><div><div>9,193</div><div>S-DDD PER MILLION INHAB /DAY</div></div><div><div>COUNTRY VS REGION</div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>4959</div><div>DENMARK</div><div>9193</div><div>6</div><div>19773</div><div>MINIMUM CONSUMPTION</div><div>MAXIMUM CONSUMPTION</div></div></div></div> <p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</p>






EU Denmark

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.	 	Availability of essential medicines for pain and palliative care in the country at the primary level is very good both at urban and 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).	 	Immediate-release oral morphine (liquid or tablet) is generally available at the primary level, independently of rural or urban contexts.
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.	 	Availability of different opioids and in different formulations at the primary level is very good both at urban and rural areas.

EU Denmark

<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>0/4</p> <p>4/4</p> <p>0/24</p> <p>24/24</p> <p>6</p> <p>No</p>	<p></p> <p>None of the four medical schools have compulsory teaching in palliative care, although all medical schools have some palliative care teaching. Generally, this teaching is limited under five hours of specific teaching in palliative care, and in addition teaching within other issues such as pain. There are six professors: 1) Mette Raunkiær (nurse), 2) Mette Asbjørn Neergaard (doctor), 3) Hanne Irene Jensen (nurse), 4) Mogens Grønvold (doctor), 5) Gina Kurita (nurse), and 6) Ann-Dorthe Zwisler (doctor). Despite the publication in 2018 of the “Recommendations for Palliative care”, by the Danish health authorities, where it was recommended that all health care professionals were taught palliative care, there is no legislation forcing universities to implement such suggestions.</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>There is no process on specialisation for palliative care physicians but exists other type of professional training diplomas without official and national recognition.</p>	<p>The specialist training <i>Fagområde-specialists</i> is accredited by Danish Society for Palliative Medicine, but the board of health states that “‘Fagområder’ cannot gain approval or authorization by the Danish health authorities”. This does not differ from other fields as there are no officially recognised sub-specialties in Denmark. Danish Physicians were able to specialise if they took The Nordic Specialist Course in Palliative Medicine or another certified course, and recently Denmark established an own course for becoming specialised with an official certification. The Danish Association of Palliative Medicine launched a diploma for area of competence in PC, not recognised by the health authorities.</p>

EU Denmark

<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>Strong presence of free-standing hospices in all parts of the country.</p> <p></p> <p>Strong presence of home care teams in all parts of the country.</p>	<p>Denmark has 26 specialised palliative care teams for adults, 12 palliative care departments in hospitals, 19 hospices for adults, 5 palliative care teams for children - one in each of the five regions-, and two hospices for children. REHPA, The National Knowledge Centre for Rehabilitation and Palliative Care has made national mappings showing generalised and specialised palliative care: a) Mapping the generalist palliative care in hospitals (Kortlaegning-af-den-basale-palliative-indsats-paa-sygehuse-i-Danmark), b) Mapping the generalist palliative care in municipalities (Rehpa-kortlaegning-rapport), and c) Mapping the specialised palliative care in Denmark (Kortlaegning-af-den-specialiserede-palliative-indsats-i-DK-REHPA-rapport-2021).</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>0.96 DENMARK 1.05</p> <p>0 1 2 3 4 5 6</p> <p>MINIMUM RATE IN THE REGION</p> <p>3.68</p> <p>MAXIMUM RATE IN THE REGION</p> <p>63 ← 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>7 PPC TEAMS</p>	<p>There are seven paediatric palliative care units: two paediatric hospices (one in Seeland and one in Jutland), and one paediatric palliative care team in each of the five Danish regions.</p>