



General data

POPULATION, 2023

5,583,911

PHYSICIANS / 1,000 INH, 2021

4.38

Socioeconomic data

COUNTRY INCOME LEVEL, 2022

High income

GDP PER CAPITA (US\$), 2023

52,925

HEALTH EXPENDITURE (% GDP), 2021

10.25

UNIVERSAL HEALTH COVERAGE, 2021

86



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: Finnish Association for Palliative Medicine.

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Endorsed by National PC Association: Yes

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Finland

F Provision of PC (Specialised Services)

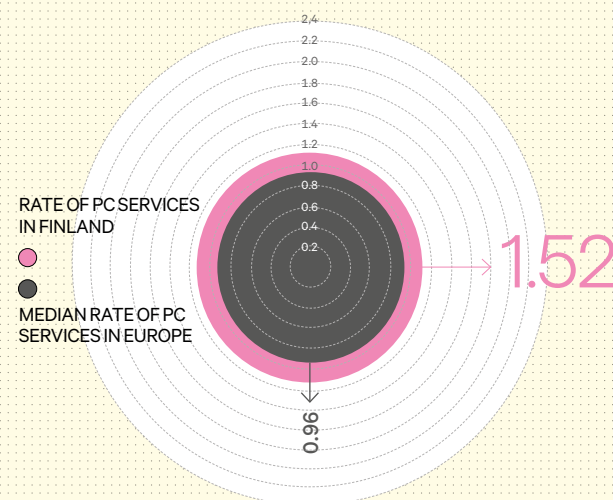
Total number of Specialised PC services

85

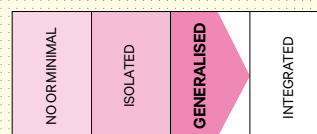
Rate of PC services per 100,000 inhabitants

1.52

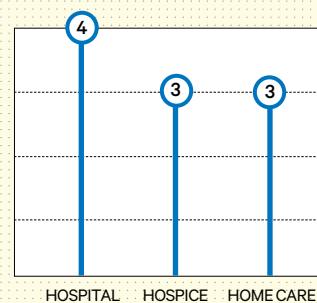
Finland in the context of European region



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

2



Finland

D Use of essential medicines

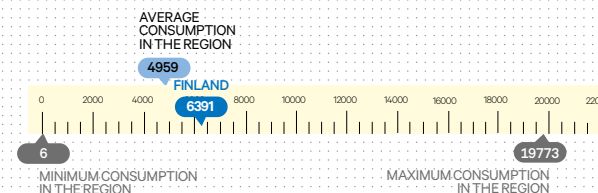


Opioids consumption (excluding methadone)

6,391

S-DDD/MILL INHABITANTS/DAY

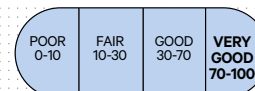
Finland in the context of European region



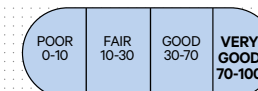
Overall availability of essential medicines for pain and PC at the primary level



IN URBAN AREAS %

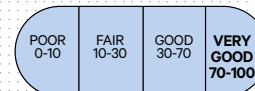


IN RURAL AREAS %

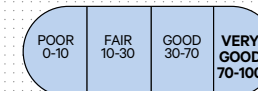


General availability of immediate-release oral morphine at the primary level

IN URBAN AREAS %

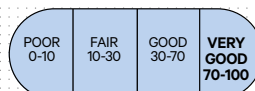


IN RURAL AREAS %

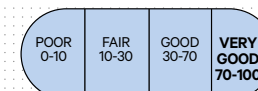


General availability of different opioids and in different formulations at the primary level

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



5/5

Nursing schools with mandatory PC teaching



20/20

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






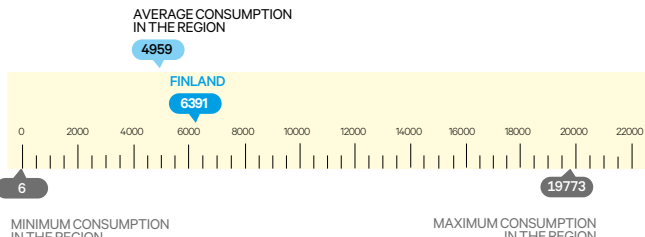
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<p>Ind1</p> <p>Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.</p>	<p> 4</p> <p>Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.).</p>	<p>In Finland, there are several groups dedicated to promoting the rights of patients in need of palliative care, as well as supporting their caregivers and disease survivors. These include two national professional palliative care associations: 1st) <i>Suomen palliatiivisen lääketieteen yhdistys</i> (Palliative Care Association for Palliative Medicine - Physicians), and 2nd) <i>Suomen Palliatiivisen Hoidon Yhdistys ry</i> (Palliative Care Association for Palliative Care - Multi-disciplinary). Additionally, there are regional associations focused on patient and caregiver support, including: 1st) the Support Association for Palliative Care in Helsinki, which provides assistance to patients and their families, and 2nd) <i>the Lounais-Suomen saattohoitosäätiö</i> (Southwest Finland Palliative Care Foundation), which also supports palliative care efforts in the region. These organisations work to ensure better palliative care access and advocate for the rights of those in need of such care in Finland.</p>
<p>Ind2</p> <p>Is there a national policy or guideline on advance directives or advance care planning?</p>	<p> 4</p> <p>There is a national policy on advance care planning.</p>	<p>The principles and guidelines for the role of surrogate decision-makers, as well as the meaning and function of living wills, are outlined by the Finnish Institute for Health and Welfare. These guidelines are supported by legal principles set forth in Finnish law. Furthermore, the principles of advance care planning are incorporated into the recommendations of the Ministry of Social Affairs and Health, as well as the National Quality Recommendation for Palliative Care and End-of-Life Care (<i>Palliatiivisen hoidon ja saattohoidon kansallinen laatusuositus</i>) issued by the Finnish Institute for Health and Welfare. These frameworks aim to ensure that patients' preferences and rights are respected in palliative and end-of-life care settings.</p>
<p>Ind3</p> <p>3.1. There is a current national PC plan, programme, policy, or strategy.</p> <p>3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.</p>	<p> 3</p> <p>Actualized in last 5 years, but not actively evaluated or audited.</p> <p> 3</p> <p>There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.</p>	<p>Finland has several frameworks and recommendations in place related to palliative care, though there is no official national body tasked with evaluating the implementation or progress of these recommendations, nor is there specific legislation for palliative care. Key documents and initiatives include: 1st) Recommendations for Palliative Care Services by the Ministry of Health (<i>Suositus palliatiivisen hoidon palveluiden tuottamisesta ja laadun parantamisesta Suomessa</i>); 2nd) Recommendation for the Provision and Quality Improvement of Palliative Care Services (<i>Palliatiivisen hoidon asiantuntijaryhmän loppuraportti</i>); 3rd) Recommendations for Quality Indicators in Palliative Care by the Finnish Institute for Health and Welfare (<i>Palliatiivisen hoidon ja saattohoidon kansallinen laatusuositus</i>); 4th) Palliative Care in the Cancer Plan (<i>Sosiaali- ja terveystieteiden tutkimuskeskus 2010:6</i>); 5th) Inclusion in the Common Agreement on Healthcare Services (<i>Yhtenäiset kiireettömän hoidon</i></p>







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<p>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</p>	<p> 2</p> <p>The indicators to monitor and evaluate progress with clear targets exist but have not been yet implemented.</p>	<p><i>perusteet 2019 - Valto 2019</i> (Unified Principles for Non-Urgent Care 2019 - Valto); and 6th) Decree of the Government on the division of labor in specialised care and the centralization of certain tasks 1242/2022 (<i>Valtioneuvoston asetus erikoissairaanhoidon työnjaosta ja eräiden tehtävien keskittämisestä 1242/2022</i>). While these frameworks and recommendations guide palliative care practices and policy, there is currently no designated national body overseeing their implementation or evaluating their progress, and there is no specific national law governing palliative care in Finland.</p>
<p>Ind4</p> <p>PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.</p>	<p> 1</p> <p>Not at all.</p>	<p>Although palliative care is not explicitly included in the healthcare law, it is incorporated into the common agreement outlining the services that must be provided by healthcare services: <i>Yhtenäiset kiireettömän hoidon perusteet 2019 - Valto</i> (Unified Criteria for Non-Urgent Care 2019 - Valto). Palliative care services are also listed in the Uniform criteria for access to non-emergency care, as set by the Ministry of Social Affairs and Health. This ensures that palliative care is recognised as a necessary component of the healthcare services offered in Finland.</p>
<p>Ind5</p> <p>5.1. Is there a national authority for palliative care within the government or the Ministry of Health?</p> <p>5.2. The national authority has concrete functions, budget and staff.</p>	<p> 2</p> <p>The authority for palliative care is defined but only at the political level (without a coordinating entity defined)</p> <p> 1</p> <p>Does not have concrete functions or resources (budget, staff, etc.)</p>	<p>The Finnish Institute for Health and Welfare (THL) plays a role in the development of palliative care policies and guidelines in Finland, but it does not have a dedicated coordination role, resources, or a specific budget or staff allocated exclusively to palliative care.</p>



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Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC.	 At least one national conference specifically dedicated to palliative care every year, with multidisciplinary attendance.	In Finland, there is an annual national congress organized by the Finnish Association for Palliative Medicine, which focuses specifically on palliative care and it is only for physicians. Besides, an annual multidisciplinary national congress is organized by the Finnish Association for Palliative care and, in addition, multidisciplinary national congresses are held every two years in Tampere and Oulu, further supporting the exchange of knowledge and developments in palliative care at the national level.
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.	 Represents a considerable amount of articles published.	
Ind7.2 Inclusion of PC topics in national research calls.	 They do exist national research calls that do include palliative care topics (either scarce or more frequent).	In Finland, there are certain funding calls, such as those from foundations, that include topics related to palliative care. However, there are no research funding calls specifically directed exclusively towards palliative care.
Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.		<div data-bbox="706 1514 866 1577">6,391</div> <div data-bbox="706 1587 866 1629">S-DDD PER MILLION INHAB /DAY</div> <div data-bbox="914 1514 1181 1629">Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</div> <div data-bbox="706 1667 878 1688">COUNTRY VS REGION</div> <div data-bbox="706 1703 1308 1925">  <p>MINIMUM CONSUMPTION IN THE REGION</p> <p>MAXIMUM CONSUMPTION IN THE REGION</p> </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.	 	Essential medications are available in all health care facilities in Finland.
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 is widely available in all health care facilities in Finland.
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.	 	Different opioids and in different formulations are widely available across all health care facilities in Finland.

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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>5/5</p> <p>0/5</p> <p>20/20</p> <p>0/20</p> <p>4</p> <p>No</p>	<p></p> <p>All five medical schools incorporate compulsory education on palliative care within their programs. Three of these schools have a full professor in charge of the subject, one has both a full professor and a clinical teacher, and one school has only a clinical teacher. The education is integrated and stands alone, following the national curriculum recommendation titled <i>Palliativisen lääketieteen perusopetus: Suositus opetussuunnitelmasta yliopistojen lääketieteellisissä tiedekunnissa - Trepo</i> (Basic Education in Palliative Medicine: Curriculum Recommendation for Medical Faculties in Universities). All 20 nursing schools in Finland follow the national competence framework for nurses, which mandates that palliative care competencies and content be included in their curricula. Although research on the specific amounts and teaching hours of palliative care education has not been conducted, palliative care education is a mandatory component of nursing education. While there are four full professors in palliative medicine, there is no formal legislation specifically governing palliative care education. However, the national recommendations for the curricula of palliative medicine at medical schools are provided in the Recommendation on the provision and improvement of palliative care services in Finland by the Ministry of Social Affairs and Health.</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 kind of diplomas with official recognition (i.e., certification of the professional category or of the job position of palliative care physician).</p>	<p>In Finland, specialist-level training in palliative medicine leads to a Certification of special competence in palliative medicine, which is awarded by the Finnish Medical Association. This education includes two years of clinical training in palliative medicine. One year of this training must be completed in a specialised PC unit that has been granted permission to offer this education, with oversight from the Finnish Association for Palliative Medicine. Additionally, the training requires 124 hours of theoretical education, culminating in a written exam.</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>Are part of most/all hospitals in some form.</p> <p></p> <p>Found in many parts of the country.</p> <p></p> <p>Found in many parts of the country.</p>	<p>Specialised palliative care services are provided across the vast majority of Finland, with 85 services available (1.52 per 100,000 inhabitants). These services include palliative care outpatient units, in-hospital consultation teams, palliative care wards, hospices, and hospital-at-home teams. However, there are still some gaps in rural areas. Consultation teams are available in all large hospitals, including all university hospitals and central hospitals within the 21 counties of Finland. Inpatient specialised palliative care is primarily arranged through palliative care and end-of-life care wards, which offer services similar to those of hospices, in addition to the four dedicated hospices in the country. Specialised palliative care at home is organized through hospital-at-home units. The criteria for these services are outlined in the Recommendation on the Provision and Improvement of Palliative Care Services in Finland by the Ministry of Social Affairs and Health. While hospital-at-home services are increasingly available nationwide, some gaps still remain in certain areas.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>0.96 FINLAND 1.52</p> <p>0 MINIMUM RATE IN THE REGION 3.68 MAXIMUM RATE IN THE REGION</p> <p>85 ← 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>2 PPC TEAMS</p>	<p>In Finland, there are two specialised palliative care teams for children, but their resources are limited, and are not available throughout the country. These specialised pediatric palliative care teams are located in two of the five university hospitals. One of them has a home care team. Additionally, one or two university hospitals have some palliative care services for children, but they are under-resourced. As a result, access to comprehensive specialised pediatric palliative care is not evenly distributed.</p>