



General data

POPULATION, 2023

68,287,487

PHYSICIANS / 1,000 INH, 2021

3.34

Socioeconomic data

COUNTRY INCOME LEVEL, 2022

High income

GDP PER CAPITA (US\$), 2023

44,690

HEALTH EXPENDITURE (% GDP), 2021

12.30

UNIVERSAL HEALTH COVERAGE, 2021

85



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

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

LEVEL OF DEVELOPMENT



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National Association: Société Française d'Accompagnement et des Soins Palliatifs; Plateforme nationale sur la fin de vie.

Data collected: October 2024–March 2025

Report validated by consultants: Yes

Endorsed by National PC Association: Yes

France

F Provision of PC (Specialised Services)

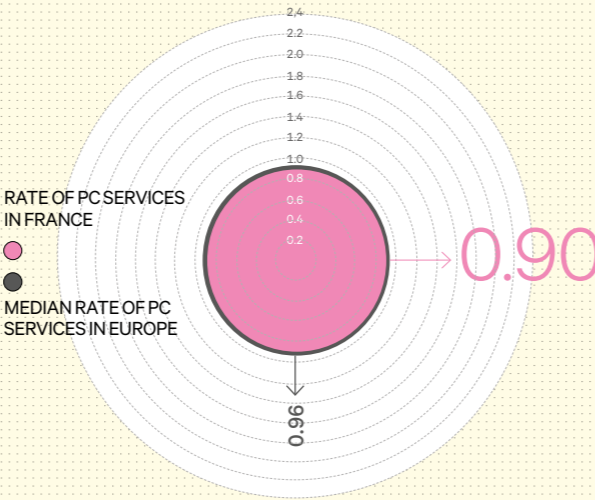
Total number of Specialised PC services

615

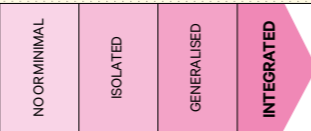
Rate of PC services per 100,000 inhabitants

0.90

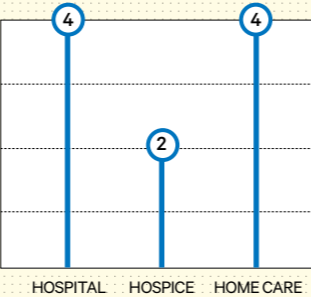
France in the context of European region



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

23



France

D Use of essential medicines

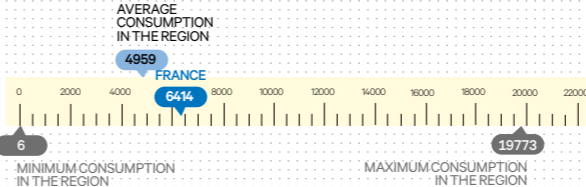


Opioids consumption (excluding methadone)

6,414

S-DDD/MILL INHABITANTS/DAY

France in the context of European region



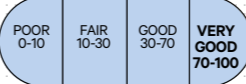
Overall availability of essential medicines for pain and PC at the primary level



IN URBAN AREAS %

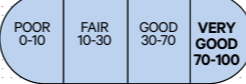


IN RURAL AREAS %

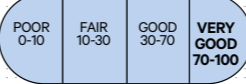


General availability of immediate-release oral morphine at the primary level

IN URBAN AREAS %

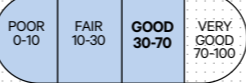


IN RURAL AREAS %

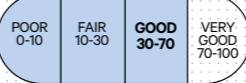


General availability of different opioids and in different formulations at the primary level

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



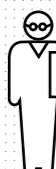
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Nursing schools with mandatory PC teaching



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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



EU France

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.).	There exist regional groups informing the public about rights and PC referents in health departments: “France Assos Santé” (representing health care system users), associations specialised in bereavement, and the French Centre of Palliative Care and End-of Life. The “Cellules d’Animation Régionales” are responsible for communication between the PC structures and citizens, professionals, and volunteers. These “cells” are competent in developing culture of PC, training of professionals, rights of citizens, and good practices. Recently, the organisation “Derniers secours” began an awareness and training campaign for citizens. The “Espaces de Réflexion Éthique Régionaux”, reporting to the Regional Health Agencies are responsible for developing an ethical culture among professionals and the general public. The “Société Française d’Accompagnement et de Soins Palliatifs” contributes to the dissemination of PC through campaigns.
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.	There is a national policy on surrogate decision-makers and advance directives, but not yet a policy on ACP. It is mentioned in the national PC programme 2021-24 yet without a deadline. Surrogate decision-makers exists in the law as the “personne de confiance”: a trusted person to make medical decisions on behalf of patients if they are no longer capable. Law n° 2016-87 created rights for patients at the end of life, giving the option to refuse or limit medical treatments, and if prognosis is life-threatening in the short term, to receive deep and continuous sedation until death. The 10-year strategy for end of life and supportive care aims to develop and implement ACP as it proposes to structure a personal plan of a anticipation for all patient with advanced disease, included in the ‘personalized accompagnement project’.
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.	The latest national plan for the development of palliative and end-of-life care covered the period 2021-2024 and a ten-year strategy for supportive care was launched this year (2024-2034). The 2021–2024 National Plan aims to improve the accessibility, quality, and understanding of palliative care and end-of-life support across France. It is structured around four main objectives, with targeted actions to address gaps and shortcomings in the current system. After 3 years of deployment, all the actions of the plan have been initiated. The majority of them have been completed. These objectives and actions include: 1. Increase Access to Palliative Care, 2. Enhance Education and Training, 3. Raise Public Awareness, 4. Support Research and Innovation. €80.4 million was allocated.

EU France

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.	 Palliative care is included in the list of health services provided at the primary care level in the General Health Law.	PC is one of the priority services and its importance is recognised by law in the context of supporting people at the end of their lives and alleviating the suffering from serious illnesses. Legal context includes 1st) Law of June 9, 1999, 2nd) National plan for the development of PC (several, the most recent, 2021-2024), and 3rd) the Law Claeys-Leonetti (2016). Services and priorities in the health system highlight a) accessibility: PC must be available both in hospital and at home, through mobile teams or specialised units; b) Training: Training of health professionals in PC is encouraged to meet growing needs, and 3rd) Territorial equality: One of the priority objectives is to reduce regional disparities. Despite this recognition, challenges remain in terms of funding, human resources and equitable access. As far as out-of-pocket expenses are concerned, the French health insurance system reimburses 90% of the cost of palliative care, and 100% if the patient has a long-term illness.
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.	In France, there are several national structures dedicated to PC and end-of-life support within the MoH under the coordination of the General Directorate for Health Care Provision. The main actors and systems are: 1st) the National plan for the development of PC (regularly implemented by the MoH and, following the last plan, a national PC strategy was launched (2024-2034); 2nd) the National Centre for PC and End-of-Life (public authority in coordinating and disseminating good practices, attached to the MoH and acting to promote access, inform citizens and health professionals and promote training); 3rd) High Authority of Health (not specifically dedicated to PC, but regularly publishing recommendations on medical practices, including on supporting patients at the end of life); and 4th) French National Platform for End-of-Life Research (developing and disseminating research in the field of end-of-life and PC).

EU France

<p>Ind6</p> <p>Existence of congresses or scientific meetings at the national level specifically related to PC.</p>	<p>●●●●4</p> <p>At least one national conference specifically dedicated to palliative care every year, with multidisciplinary attendance.</p>	<p>The Société Française d'Accompagnement et de Soins Palliatifs is an active "learned society" dedicated to the progress of PC in all its scientific and medical dimensions. It has been organizing a national congress every year since 1991. Over the last years, the national congress has been attended by over 2500 health-care professionals and volunteers from all regions and French speaking countries. In addition, several adjacent institutions have organized numerous scientific meetings dealing with PC: the Société Française de Cardiologie, Société Française d'Etude et du traitement de la Douleur, Société Française Gériatrie et de Gériontologie, Société Française d'Anesthésie et de Réanimation, Association Française des Soins Oncologiques de Support, Institut National du Cancer, Société Française de Soins Palliatifs Pédiatriques, etcetera.</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>●●●3●</p> <p>Represents a considerable amount of articles published.</p>	<p>A bibliometric study conducted by INIST-CNRS 2010-2021 reported more than 3200 articles. Furthermore, scientific literature suggests France as one of the top 15 publishers, also in perinatal care, one of the most cited countries, in palliative care-related publications.</p>
<p>Ind7:2</p> <p>Inclusion of PC topics in national research calls.</p>	<p>●●●3●</p> <p>They do exist national research calls that do include palliative care topics.</p>	<p>The French Platform for Research on End of Life aims to structure and disseminate French research about end-of-life and PC. Closely linked to its work, a priority research programme about PC and end-of-life will start next year for 10 years. It is designed to enable the implementation of relevant PC research, supportive and end-of-life care initiatives. The Agency of Health Research launched an interdisciplinary research programme on the end of life.</p>
<p>Ind8</p> <p>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</p>	<p>6,414</p> <p>S-DDD PER MILLION INHAB /DAY</p> <p>COUNTRY VS REGION</p> <p>AVERAGE CONSUMPTION IN THE REGION</p> <p>4959</p> <p>FRANCE 6414</p> <p>0 2000 4000 6000 8000 10000 12000 14000 16000 18000 20000 22000</p> <p>6 19773</p> <p>MINIMUM CONSUMPTION IN THE REGION</p> <p>MAXIMUM CONSUMPTION IN THE REGION</p>	<p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</p>

EU France

<p>Ind9</p> <p>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.</p> <p>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.</p>	<p>●●●●4</p> <p>●●●●4</p>	<p>This medication is fully accessible everywhere. Even home-based care is freely available for patients in palliative situations, allowing intravenous administration of several authorised drugs. Patients in France are close to 100% access to treatments thanks to a 24/24 care providing permanent access to doctors entitled to all necessary prescriptions. Patients can access medication via the on-call pharmacy system. Beyond medications, availability of competent teams is largely superior to 70% across territory, where doctors have easy access to integrated structures (services with palliative beds, mobile teams, home hospitalization, PC units, etc). Finally, midazolam is available outside hospital and can be prescribed by any physician in France.</p>
<p>Ind10:1</p> <p>10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).</p> <p>10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).</p>	<p>●●●●4</p> <p>●●●●4</p>	<p>Usually immediate-release oral morphine is not used because other forms are available but immediate release is fully available. Sometimes practitioners are reluctant to prescribe. Morphine can be prescribed by physicians using a secure prescription, and morphine is available both in towns and in the countryside, with no real difference in access. The prevalence of French people with at least one prescription of opioid is 18,2% (French Observatory of analgesic drugs).</p>
<p>Ind10:2</p> <p>10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations.</p> <p>10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations.</p>	<p>●●●3●</p> <p>●●●3●</p>	<p>Some opioids are not available like tapentadol, forbidden in 2021.</p>

EU France

Ind11

- 11.1. The proportion of medical schools with **COMPULSORY** teaching in PC (with or without other optional teaching)
- 11.2. The proportion of medical schools with **OPTIONAL** teaching in PC.
- 11.3. The proportion of nursing schools with **COMPULSORY** teaching in PC (with or without other optional teaching).
- 11.4. The proportion of nursing schools with **OPTIONAL** teaching in PC.
- 11.5. PC Full Professors
- 11.6. Legislation/regulations concerning PC education

34/34



The **Claeys Leonetti law** mandates PC teaching in the training of doctors, nurses, nursing assistants, home helps and clinical psychologists. For doctors, there are 3 courses: 1) introduction on Human and Social Science, included Ethics and relation physician/patient; 2) teaching unit about PC, pain, anaesthesia; and 3) develop knowledge on PC. For nurses, in IFSI, Teaching Unit 4.7 relates to Palliative and End-of-Life Care. It is carried out in semester 5, and therefore in the 3rd and final year of training. It was enacted by the decree of July 31, 2009 relating to the State Diploma of Nurse. It includes 10 hours of lectures + 20 hours of tutorials, for a total of 30 hours of teaching. It is necessary to obtain a University Diploma (DU) or Inter-University Diploma (DIU) in Palliative Care to obtain additional training. According to the Cour des Comptes report of July 2023, there are 36 DU and DIU in palliative care in France, out of 72 universities in France (100% for universities with medical school). For nurses: On the 3rd year, there is a teaching Unit related to PC and End-of-Life. It is set out by the decree of July 31, 2009 relating to the State Diploma of Nurse. It includes 10 hours of lectures + 20 hours of tutorials, for a total of 30 hours of teaching. There are 8 University Lecturer-Hospital Practitioner (MCU PH) in 2024. There was funding for 64 doctors as specialist assistants in “palliative medicine” in the period 2021-2024 and cross-disciplinary specialised training (FST) “palliative medicine” was created, with 112 positions open at the start of 2024.

N/A

365/365

0/20

4

No

Ind12

- Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.



Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognised by competent national authorities.

France has made significant strides in recognizing PC as a specialised field, establishing it as a Special Field of Competence with a ‘University Diploma of Specialised Training in Palliative Care’. The academic landscape includes 15 PAPH (Associate Professors-Hospital Practitioners), 3 PHU (University Hospital Practitioners), and 5 MCU PH (University Lecturers-Hospital Practitioners) in Palliative Medicine, although there are currently no full professors. The 2021-2024 Plan’s Axis 2 has bolstered university teaching support, funding 6 university hospital teaching posts (up from one) and 12 associate university clinical supervisor positions.

EU France

Ind13

- 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.
- 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.
- 13.3. Free-standing **HOSPICES** (including hospices with inpatient beds).
- 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.
- 13.5. Total number of specialised PC services or teams in the country.



Integrated provision: Specialised palliative care services or teams are systematically provided.



Are part of most/all hospitals in some form.



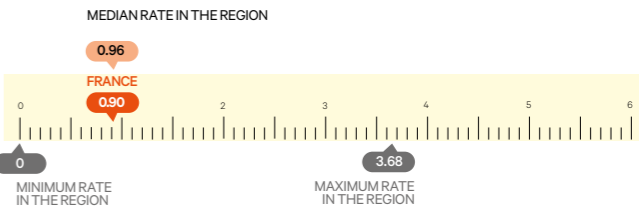
Ad hoc/ in some parts of the country.



Strong presence of home care teams in all parts of the country.

There are 615 specialised services across France. According to latest figures from the MoH, there are 424 mobile palliative care teams, 168 palliative care units (typically with 10 beds) and 23 paediatric palliative care teams. Palliative care is available throughout the country, regardless of the status of the hospital (public or private). In addition to these services, palliative care beds in other services are often available through the intervention of a mobile team (estimated over 5000). While the term ‘hospice’ is not used in France, sometimes nursing homes provide care at the end of life and up to two thirds of them have agreements with a mobile palliative care team. Few facilities provide palliative care and offer specific care such as the Nicodeme home or the Gardanne home. Home care teams and their palliative care activity is increasing (around 30% of their activity) reaching a number of almost 300 (either public or private), though not all are trained in palliative care and it is estimated that around 66% have a trained physician. The Supportive homes model (maison d’accompagnement) will be shortly piloted.

RATE OF SPECIALISED PC SERVICES/100,000 INH



615

← SPECIALISED PALLIATIVE CARE SERVICES

Ind14

- 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.
- 14.2. Number of pediatric specialised PC services or teams in the country.



Integrated provision: Specialised palliative care services or teams for children are systematically provided.

23

PPC TEAMS

There are 23 paediatric palliative care teams, meaning around 0.14 teams for 100,000 children. The French national territory is covered by 23 Regional Pediatric Palliative Care Resource Teams (ERRSPP= équipe ressource régionale de soins palliatifs pédiatriques), supplemented by 3 intra-hospital teams in Paris. This system is financed by the health system. These teams can be mobilized for all children in palliative care in the various health establishments: hospitals and SMR = Service de Soins Médicaux et de Réadaptation, medico-social establishments IME = Instituts Médicaux éducatifs, and IEM= Instituts d’éducation motrice.