



General data

POPULATION, 2023
83,280,000

PHYSICIANS / 1,000 INH, 2021
4.51

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High income

GDP PER CAPITA (US\$), 2023
54,343

HEALTH EXPENDITURE (% GDP), 2021
12.93

UNIVERSAL HEALTH COVERAGE, 2021
88



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
- ⑤ PROVISION OF PC



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National Association: German Association for Palliative Medicine.

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Endorsed by National PC Association: Yes

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F Provision of PC (Specialised Services)

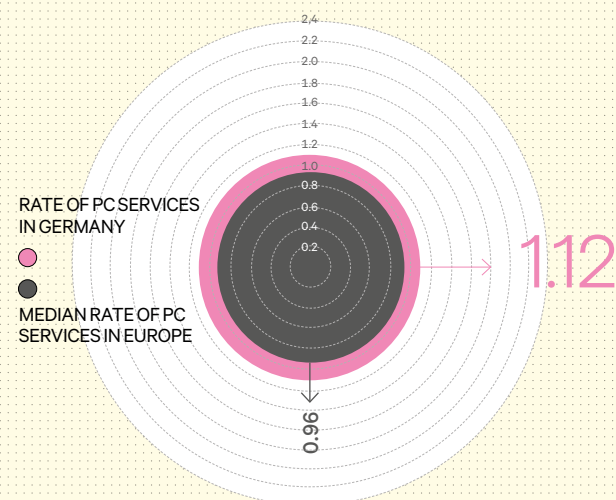
Total number of Specialised PC services

941

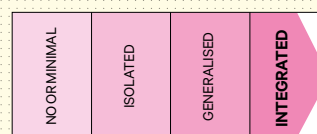
Rate of PC services per 100,000 inhabitants

1.12

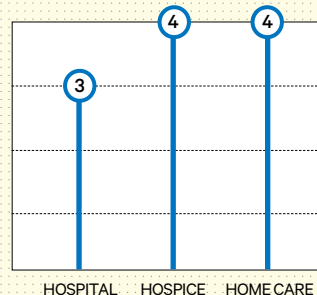
Germany in the context of European region



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

53



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D Use of essential medicines

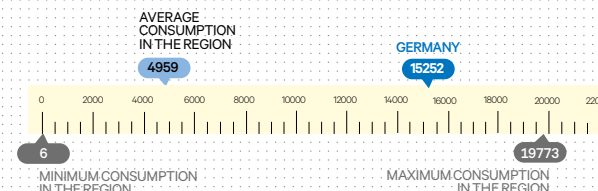


Opioids consumption (excluding methadone)

15,252

S-DDD/MILL INHABITANTS/DAY

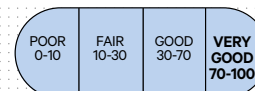
Germany in the context of European region



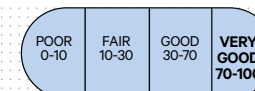
Overall availability of essential medicines for pain and PC at the primary level



IN URBAN AREAS %

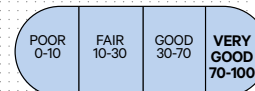


IN RURAL AREAS %

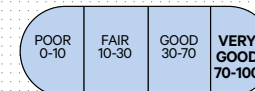


General availability of immediate-release oral morphine at the primary level

IN URBAN AREAS %

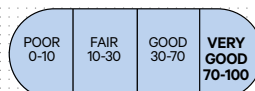


IN RURAL AREAS %

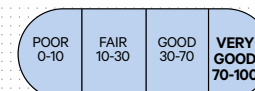


General availability of different opioids and in different formulations at the primary level

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



17/40

Nursing schools with mandatory PC teaching



N/852

PC Full Professors



14

Recognition of PC specialty



B Policies

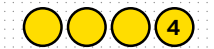
National PC plan or strategy



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.).	Germany has several national organisations dedicated to palliative care. The most important ones are: the German Association for Palliative Medicine (<i>Deutsche Gesellschaft für Palliativmedizin</i> , DGP, founded in 1994), that is the central professional society for palliative care in Germany. It focuses on the development and quality assurance of palliative care and supports the education and training of healthcare professionals and the German Hospice and Palliative Care Association (<i>Deutscher Hospiz- und Palliativ-Verband</i> , DHPV, founded in 1992, under the name Bundesarbeitsgemeinschaft Hospiz), representing the interests of hospice and palliative care facilities and advocates for improved framework conditions in hospice work and palliative care.
Ind2 Is there a national policy or guideline on advance directives or advance care planning?	 There is a national policy on advance care planning.	Germany has clear guidelines for ADs and Power of Attorney (Substitute decision-maker) for healthcare and financial matters. An AD specifies medical treatments and procedures a person wishes to accept or decline in situations where they cannot express their will (e.g., due to illness, accident, or unconsciousness). Section 1828 of the German Civil Code Book (BGB) states: An AD is legally binding if it is clear and specific. It covers decisions about treatments like artificial nutrition, ventilation, or pain management. The Power of Attorney authorises a trusted person to make decisions on behalf of the individual if incapacitated (Sections 1889f BGB). The law regulates that the individuals may appoint a representative and avoid court-appointed guardianship. Appliance to matters such as healthcare, financial matters, residence decisions, and legal transactions can be chosen and excluded by the patient, respectively.
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.  Yes, there is a stand-alone national palliative care plan AND there is national palliative care law/legislation/ government decrees on PC.	Germany has a national framework and strategies to promote palliative care. While there is no single formal “national plan”, various laws, programmes, and strategies form a comprehensive approach to improving care for seriously ill and dying individuals. Health regulations are mostly done on a federal state level, and most health care regulations are left for self-administration of the health care system (negotiated between the sickness funds and the physicians and hospitals associations). Subsequently the important agency may be the Gemeinsamer Bundesausschuss (GBA), a joint commission of sickness funds and health services providers. Some regulations may include: 1st) Hospice and Palliative Care Act (HPG, 2015), 2nd) the Social Code Book V (§ 39a SGB V). Since the passage of Hospice and Palliative Care Act, several adjustments have been implemented to strengthen palliative and hospice care like the expansion of specialised services, improved funding or education

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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.	and training. Also, from 2009 to 2016 the GBA joint commission evaluated the specialist palliative care home services, providing yearly reports as part of a remit from the federal ministry of health, and stopped due to a nearly complete coverage of services. In addition, in 2023 a model contract for specialist palliative care at home (SGB V § 132, until now is regulated differently in the federal states) will be adopted by all federal states. This model contract was part of the government agenda, but ultimately it has been negotiated between sickness funds and service providers.
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.	In Germany, palliative care is considered a legal right for all individuals with statutory health insurance (<i>Gesetzliche Krankenversicherung</i>). This entitlement is grounded in the country's healthcare system, where comprehensive care is provided to all insured citizens. The right to palliative care is enshrined in the Social Code Book (<i>Sozialgesetzbuch, SGB</i>), particularly under SGB V, which outlines the statutory health insurance benefits. According to this law, patients are entitled to receive appropriate palliative care when they are diagnosed with a terminal 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.	There is no specific national authority for PC, but with the organisation of the German Health care system most of the work is done on state level. Though it is not certain that all federal states have a national authority, some do have rather prominent ones (e.g North Rhine-Westfalia has a staff position related to PC at the state MoH, which works closely with two coordinating and networking offices (ALPHA Rheinland and ALPHA Westfalen). Another example; Bavaria has an active coordinating office at the federal MoH. Also, the State of Lower Saxony has a coordination agency. Organized on the state level, the coordinating offices are part of the ministry, and are included in the budgets. In addition, there is a unit for the elderly, dementia, hospice and PC; Referat 301 in the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, which is budgeted and staffed as regular part of the ministry.

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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, with multidisciplinary attendance.</p>	<p>The most prominent congress is the German Society for Palliative Medicine (DGP), which typically takes place every two years. Paediatric PC is an integral part of PC and is also addressed during these congresses. The last congress was in Aachen in 2024 and the next congress will take place in Freiburg 2026. PC is also integrated into the congresses of the German Cancer Society. At these congresses, PC plays an important role, particularly in discussions on the comprehensive care of cancer patients. For instance, the German Cancer Congress, the largest and most important oncology conference in Germany, regularly includes sessions and panels dedicated to PC. These sessions address both adult and paediatric oncology, highlighting interdisciplinary approaches to improving patient care throughout all stages of cancer treatment.</p>
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></div><div>4</div></div> <p>Denotes an extensive number of articles published on this subject.</p>	<p>Germany demonstrates significant research activity in palliative care. According to a recent bibliometric analysis, Germany ranks as the fifth most prolific country worldwide-and the second in Europe-in terms of palliative care publications, placing it firmly among the global leaders in this field.</p>
Ind7:2 Inclusion of PC topics in national research calls.	<div><div></div><div></div><div></div><div>4</div></div> <p>There is a palliative care-specific national research call.</p>	<p>PC, though with fewer resources than other medical fields, is part of national research. Some supporting institutions are: 1st) Federal Ministry of Education and Research (PC calls publicly funded in 2015 and 2020); 2nd) the German Research Foundation (under private law, central self-governing research funding organisations); 3rd) German Association for Palliative Medicine (including research and awarding grants and prizes); etcetera.</p>
Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.		<div><div>15,252</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> <div><div>COUNTRY VS REGION</div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>4959</div><div>GERMANY</div><div>15252</div><div>6</div><div>19773</div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>MAXIMUM CONSUMPTION IN THE REGION</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>Medications are widely available due to a well-developed healthcare system with a dense network of pharmacies and hospitals. Most medications are easily obtainable in pharmacies, either immediately or within a few hours. Even strong medications (e.g., morphine or fentanyl), medications for nausea control, are available. However, strong opioids are strictly regulated as many fall under the German Narcotics Act: special prescriptions are required, and their distribution is closely monitored. Some challenges remain: 1st) strict controls causing delays, 2nd) rare medications may need to be ordered, 3rd) In rural regions, access to some medications may be more limited due to fewer pharmacies and 4th) small co-payments may apply for some medications.</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) oral morphine is regularly available in stock. Pharmacies who do not stock IR morphine can get it within one day from the central pharmacies.</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>Morphine, hydromorphone, oxycodone, fentanyl, buprenorphine and levomethadone are all available in slow-release formulations, plus a large number of IR applications, and available for oral and parenteral application. Transdermal and transmucosal fentanyl, transdermal and sublingual buprenorphine, are all available. Medications are also available in paediatric formulations (solutions, syrup etc).</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>17/40</p> <p>40/40</p> <p>N/852</p> <p>N/852</p> <p>14</p> <p>Yes</p>	<p></p> <p>Since the reform of the medical curriculum in 2013, palliative medicine has been included as a cross-sectional subject (Q13) in all medical faculties in Germany. This means that palliative care is now a mandatory part of the curriculum, but not as a standalone core subject. Instead, it is integrated into various modules across different stages of medical education as part of broader topics like ethics, pain management, and end-of-life care, ensuring that students gain a foundational understanding of its principles. This approach means it is delivered through multiple courses and clinical rotations rather than as a single, independent course. There are certain universities that have a dedicated chair (Lehrstuhl) for palliative medicine, where the subject is taught in greater depth and with a more specialised focus. There is no clear information available regarding nursing schools but presumably all teach palliative care. There are more than 400 study programmes at 130 universities and school in Germany but this is academic training, and the number of nursing schools for professional non-academic training is much larger. Palliative care is not a mandatory subject, but is included in the curriculum. This is organized at state level, and for example the curriculum for nurse training in Sachsen includes the topic “caring for people in critical situations and in the last phase of life”. There are 14 full professorships, including one from a private university with no formal department, and one professorship for family medicine and palliative care. One chair position is currently open. There is one nursing professorship at the university of applied sciences.</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 a subspecialty (<i>Zusatzbezeichnung Palliativmedizin</i>), but the qualification level is rather low. Some federal states require only 4 weeks theoretical courses for training and an oral exam, though many physicians take the longer road and work at least six months in a specialist service and then take the oral exam at the State Physician Board.</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>In a growing number of private hospitals.</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>Evidence suggests that several sources report that specialised palliative care teams operating across the country range from 941 to 1146 services, depending on the source. The Federal ministry for families lists 349 specialised palliative care at home services (47 being pediatric), 345 inpatient palliative care units (four for children), 247 inpatient hospices (17 for children), and 1330 volunteer hospice services plus 159 for children, and a total of more than 14,700 physicians with the subspecialty palliative care qualification. Specialist palliative home care services need to have at least three physicians with subspecialty training and four nurses with palliative care qualification. Regional distribution is shown by the federal association for statutory physicians, showing widespread distribution across the federal states with the highest number of specialist palliative home care services in Lower Saxony and Bavaria.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>0.96</p> <p>GERMANY</p> <p>112</p> <p>MINIMUM RATE IN THE REGION</p> <p>3.68</p> <p>MAXIMUM RATE IN THE REGION</p> <p>941</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>53</p> <p>PPC TEAMS</p>	<p>There are 36 paediatric palliative care outpatient teams and 17 inpatient hospices for children; 53 in total. However, these hospices do not focus on end-of-life care, but rather provide respite care for children and adolescents requiring palliative care, their siblings and parents are often admitted as well providing respite care for the whole family. Most parents of paediatric palliative care patients want to care for their children at home until the very end. There are also 181 paediatric nursing services. However, according to other data provided at the ministry provide different numbers, reaching a total of 68 services: 47 paediatric palliative care outpatient teams, 17 inpatient hospices, and 4 palliative care units. Additionally, there are 159 paediatric nursing services.</p>