



General data

POPULATION, 2023
393,349
PHYSICIANS / 1,000 INH, 2021
4.40

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High income
GDP PER CAPITA (US\$), 2023
79,636
HEALTH EXPENDITURE (% GDP), 2021
9.73
UNIVERSAL HEALTH COVERAGE, 2021
89



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



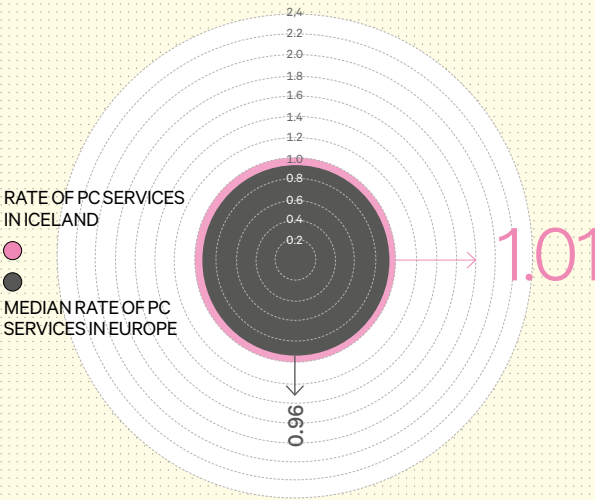
Consultants: Arna Einarsdottir and Svandís Íris Hálfánardóttir.
National Association: Icelandic Association for Palliative Care.
Data collected: October 2024–March 2025
Report validated by consultants: Yes
Endorsed by National PC Association: Yes
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Iceland

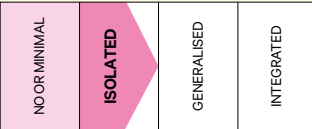
Provision of PC (Specialised Services)

Total number of Specialised PC services
4
Rate of PC services per 100,000 inhabitants
1.01

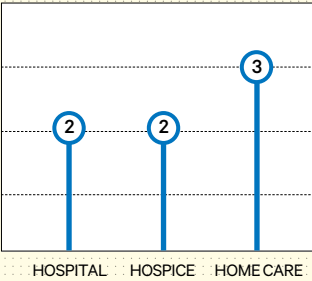
Iceland in the context of European region



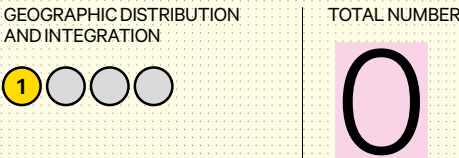
Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

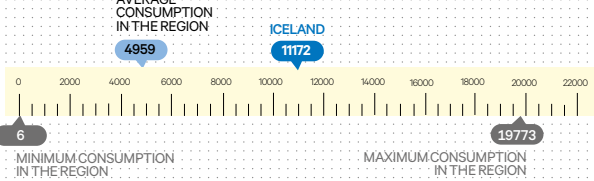


Iceland

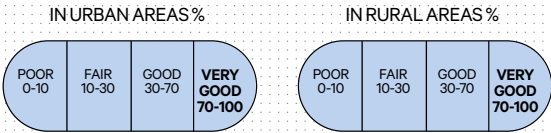
Use of essential medicines

Opiods consumption (excluding methadone)
11,172
S-DDD/MILL INHABITANTS/DAY

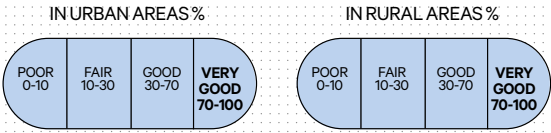
Iceland in the context of European region



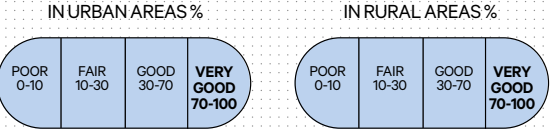
Overall availability of essential medicines for pain and PC at the primary level



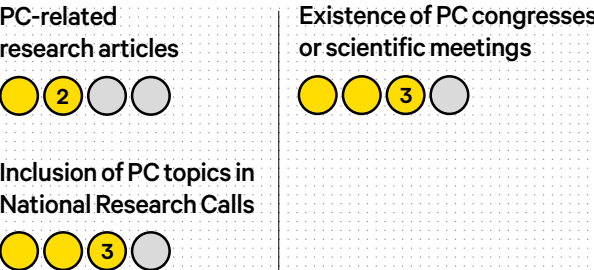
General availability of immediate-release oral morphine at the primary level



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



Research



Education & Training

Medical schools with mandatory PC teaching
0/1

Nursing schools with mandatory PC teaching
2/2

PC Full Professors
0

Recognition of PC specialty
4

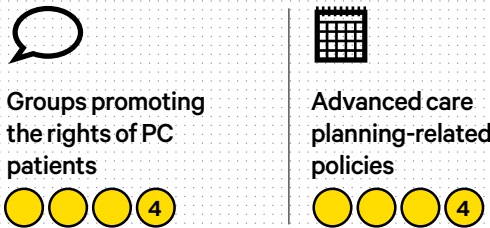
Policies

National PC plan or strategy
3

Responsible authority for PC in the Ministry of Health
3

Inclusion of PC in the basic health package at the primary care level
4





Empowerment of people and communities







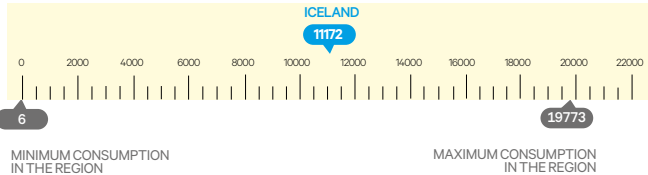
EU Iceland

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 are no groups to specifically promote the rights of patient in need of PC but some patients' associations include information regarding palliative and end of life care (eg. the Alzheimer Association) and support people in need of information and support. The Icelandic Cancer Society has a Counseling Service and support for patients and families, as well as for survivors and the bereaved. Health professionals may be the biggest advocate in promoting PC. A professional sector of cancer nursing at the Icelandic Nurses' Association has operated since 1996, focusing on patients and relatives, including palliative and end-of-life care. In addition, a Council of Oncology and Palliative Nursing has operated within Landspítali National University Hospital since 2001, promoting cancer nursing and PC. The Icelandic Association for Palliative Care has existed since 1998 and The Icelandic Society of Palliative Care Physicians since 2024.
Ind2 Is there a national policy or guideline on advance directives or advance care planning?	 There is a national policy on advance care planning.	There is a national policy for ACP conversation for patients in the Palliative Care strategy from Ministry of health (2021, 4.3 p.15) but is in its early days of implementation. Conversations about future care is common when a person moves into a nursing home. At Landspítali the National University Hospital of Iceland, there is a structured plan for implementing ACP for patients. The plan is based on work from Ariadne Labs in Boston: Serious Illness Conversation Programme. Implementation has begun at Landspítali and future plans are to implement this programme also in other hospitals, elderly homes and in primary care. Some research has also been conducted on the issue in Iceland.
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.	The Ministry of Health published a palliative care strategy in 2021, the first one for the country. The focus of this strategy is on increasing the access for adults in home care, hospitals and nursing homes in need of palliative care, as well as on education of health care professionals all over the country, increasing palliative care knowledge of the general public, palliative care beds etc. The importance of palliative care is, likewise, highlighted in the Icelandic Cancer strategy from 2017 which will now apply to 2030. There is not so much legislation on palliative care directly, but legislation regarding end-of-life care, the rights of patients for information, support and dignified death. In the national palliative care strategy, there are objectives and how they should be measured. In this first strategy, which includes a five-year plan from 2021-2025, some objectives have been achieved, some underway and some not. There is a need for update.







EU Iceland

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 included in UHC. People receiving PC in hospitals and homes do not pay for the service/treatment. During end-of-life care at home (prognosis <6 months) patients do not pay for common medications, and there is a list of medication (by the Icelandic Medicines Agency) with possibility of applying for reimbursement of further medications. In the 1997 law, although PC is not mentioned, specialised home care teams in 1987 and 1992 were established; and the consulting team at Landspítali in 1997. In section 23 of the patient's rights' law it is stated that "Patients' suffering should be relieved as current knowledge allows (...). Both patients and relatives have the right to receive psychological, social and religious support. Section 24 states: "dying patients have the right to die with dignity. If a dying person does not want a treatment that prolongs his/her life or does not want resuscitation, the physician should respect that decision". Furthermore, the MoH funds expansion of services and general PC is provided in nursing homes and at home.
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 a coordinating entity but has an incomplete structure (lack of scientific or technical section).  There are concrete functions and staff, but do not have a budget.	There is not a specific unit at the Ministry of health, rather a contact person or two who would be regarded as a coordinating entity and responsible for palliative care issues. Concrete functions, but limited staff and limited budget.



EU Iceland

<p>Ind6</p> <p>Existence of congresses or scientific meetings at the national level specifically related to PC.</p>	<p> 3</p> <p>At least one non-palliative care congress or conference (cancer, HIV, chronic diseases, etc.) that regularly has a track or section on palliative care, each 1-2 years.</p>	<p>The Icelandic Association of Palliative Care has annually had a one day long congress/scientific meeting on palliative care where there has been good multidisciplinary attendance. Pediatric PC has been addressed but not every year. In 2024, the topic was about PC and life threatening non cancer diseases. Landspítali, the National University Hospital of Iceland, annually hosts the event “Science in the Spring”, where researchers connected to the hospital present their research, including topics on PC. The University of Iceland annually hosts the conference “Biomedical and health Sciences Conference at the University of Iceland”. Every year a congress over a couple of days is held for medical doctors (and nurses), organized by the Icelandic Medical Association, and the Icelandic Nurses’ Association holds yearly congresses, often including PC.</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> 2</p> <p>Reflects a limited number of articles published.</p>	<p>There are few every year but fair if population is considered. The number of PC professionals is low but there some publications. Doctoral students publish articles in peer-reviewed international journals, master students often participate in peer-reviewed Icelandic papers (most often in the Icelandic Medical Journal or the Icelandic Journal of Nursing). Three professionals working at Landspítali participated in the iLIVE project.</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>Calls for research are not PC-specific but researchers can apply to: 1st) The Cancer Society’s Research Fund (supporting research in cancer, evaluated by members of the Cancer Society’s Science Council); 2nd) The Research Fund of Landspítali the National University Hospital of Iceland; and 3rd) The Research Fund of the Icelandic Nurses’ Association (supporting nurses in research and scientific work).</p>
<p>Ind8</p> <p>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</p>	<p> 3</p>	<p>11,172</p> <p>S-DDD PER MILLION INHAB /DAY</p> <p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</p> <p>COUNTRY VS REGION</p> <p>AVERAGE CONSUMPTION IN THE REGION</p> <p>4959</p> <p>ICELAND</p> <p>11172</p> <p>MINIMUM CONSUMPTION IN THE REGION</p> <p>6</p> <p>MAXIMUM CONSUMPTION IN THE REGION</p> <p>19773</p> 

EU Iceland

<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>There is very good availability of medicine for pain and palliative care in the country. The Icelandic Medicines Agency has a list of necessary medicines (including opioids).</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>There is very good availability of immediate release morphine in urban areas as well as rural areas. Physicians in primary care settings do prescribe these medicines for patients but have to write a certain prescription (exemption) that goes electronically to the Icelandic Medicine Agency (takes usually 1-2 hours to get approval). Every year the Agency publishes a list over the medicine that most often have been prescribed, including a list of medicine that are with these certain prescriptions: like the list from 2023.</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> 4</p> <p> 4</p>	<p>Availability is very good; however, the use of different opioids/ different formulations is probably variable depending on the training and experience of the medical staff. No difference between urban and rural areas. Every year the Icelandic Agency of Medications publishes a list of most often prescribed medicines, and its formulations. The Icelandic Medicines Agency publishes if medicines are not available in the country and also when they become available again.</p>

EU Iceland

<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>0/1</p> <p>1/1</p> <p>2/2</p> <p>2/2</p> <p>0</p> <p>No</p>	<p></p> <p>Iceland has one medical school, which currently does not include compulsory teaching in palliative medicine. However, some classes are offered: two hours during the fourth year (under internal medicine) and three hours (under oncology). Nursing education is provided at two institutions: the University of Iceland and the University of Akureyri. Both schools offer only 2-3 lessons in palliative care. At the master's level, there are optional palliative care courses. Students can enroll in these courses (which are not offered every year and often have low enrollment) and focus their assignments on palliative care if they wish to specialize in this field. There is no specific legislation or regulations governing palliative care education in Iceland. However, the Ministry of Health's five-year palliative care strategy includes a chapter emphasizing the need to promote education and training in palliative care for all healthcare staff. The strategy states that palliative care should be integrated into educational curricula for students, and emphasis should be placed on establishing teaching positions in nursing schools and medical school at a minimum (p.12, objective 3.1).</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>In 2015 Palliative Medicine was recognised as a subspecialty to Internal medicine. Since 2023 it is a subspecialty to internal medicine or it can be an add on specialty to another clinical specialty. Iceland has been a part of the Nordic Specialist Course in Palliative Medicine, (Nordic Specialist Course in Palliative Medicine), which has its final specialist training programme 2023-2025. After 2025 there will not be a training programme in Iceland, but certainly a need to build that in the future. Hopefully training for doctors will be possible in the other Nordic or European Countries until then.</p>

EU Iceland

<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>Isolated provision: Exists but only in some geographic areas.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> <p></p> <p>Found in many parts of the country.</p>	<p>The majority of Iceland's population (63%) lives in the greater Reykjavik, where the largest hospital, Landspítali, the National University Hospital of Iceland, is located. There are smaller hospitals in other districts serving quite large geographic areas. There are no freestanding hospices but the only specialised PC unit at Landspítali (serving both as an acute care unit and as a hospice, as between 7-8% of all deaths in the country take place there). Landspítali consists of an inpatient acute unit (24/7, 12 beds and 2 acute), a palliative consulting team (serving the hospital as well as consulting outside) and a specialised PC home team (serving 120-140 patients). In Akureyri, a specialised PC home team is run by the second largest hospital. As a part of the Palliative Care Strategy from 2021, there is the objective of establishing PC beds in all health districts (in hospitals or nursing homes). Furthermore, some hospitals have PC beds without specialisation and are developing home care teams. There are already four beds in The Healthcare Institution of South Iceland and there is a possibility of two PC beds in a nursing home in the eastern Iceland.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>0.96</p> <p>ICELAND</p> <p>1.01</p> <p>MINIMUM RATE IN THE REGION</p> <p>3.68</p> <p>MAXIMUM RATE IN THE REGION</p> <p>4</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>No or minimal provision of palliative care specialised services or teams for children exists in country.</p> <p></p> <p>PPC TEAMS</p>	<p>Due to the very small population in Iceland and few deaths of children annually (in 2022: 17 children; in 2023: 10 children) a specialised PC service dedicated to children only has not been established. There is no equivalent of the PC home team or PC unit for children exclusively. There are very experienced nurses and physicians providing care to children at Landspítali University hospital but the hospital based PC consultation team at Landspítali has assisted with symptom control at the Children's hospital and the specialised PC home team has also sporadically assisted with end-of-life care in cases when children and families have wished to stay at home. Underway is work to strengthen this collaboration. Children receive excellent disease-modifying treatment (for example oncologic treatment), and there is great will and interest in building up PC for children.</p>