EU

Israel

General data

POPULATION, 2023
9,756,600

PHYSICIANS / 1,000 INH, 2021
3.65

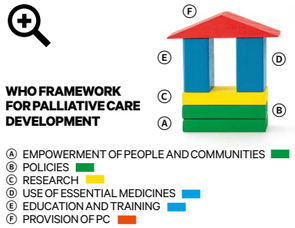
Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High income

GDP PER CAPITA (US$), 2023
52,642

HEALTH EXPENDITURE (% GDP), 2021
7.90

UNIVERSAL HEALTH COVERAGE, 2021
85



Consultants: Ron Sabar and Adir Shaulov.

National Association: Israeli Palliative Medicine Association.

Data collected: October 2024–March 2025

Report validated by consultants: Yes

Endorsed by National PC Association: Yes

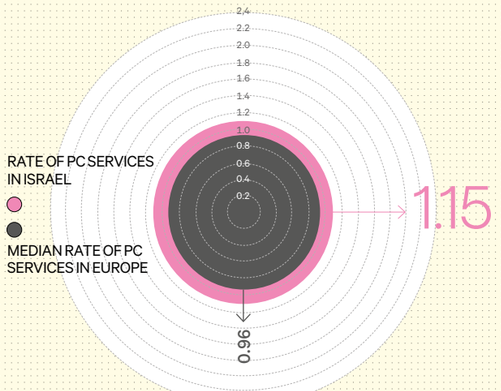
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Ⓕ Provision of PC (Specialised Services)

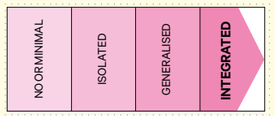
Total number of Specialised PC services **113**

Rate of PC services per 100,000 inhabitants **1.15**

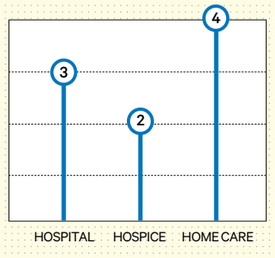
Israel in the context of European region



Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

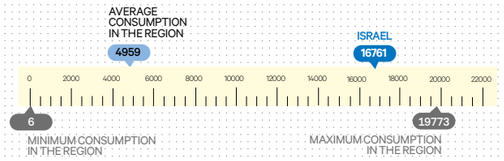
GEOGRAPHIC DISTRIBUTION AND INTEGRATION
4

TOTAL NUMBER
3

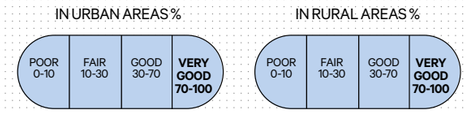
Ⓓ Use of essential medicines

Opiods consumption (excluding methadone) **16,761**
S-DDD/MILL INHABITANTS/DAY

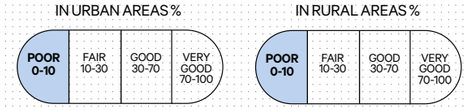
Israel in the context of European region



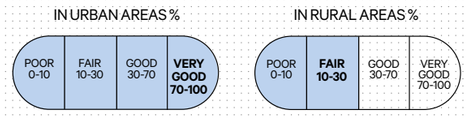
Overall availability of essential medicines for pain and PC at the primary level



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

PC-related research articles
2

Existence of PC congresses or scientific meetings
4

Inclusion of PC topics in National Research Calls
3

Ⓔ Education & Training

Medical schools with mandatory PC teaching **2/6**

Nursing schools with mandatory PC teaching **0/30**

PC Full Professors **1**

Recognition of PC specialty
4

Ⓑ Policies

National PC plan or strategy
2

Responsible authority for PC in the Ministry of Health
2

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

Ⓐ Empowerment of people and communities

Groups promoting the rights of PC patients
4

Advanced care planning-related policies
4

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Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.

4

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 several groups promoting the rights of patients with palliative care needs. The National association of palliative care, multiple NGOs promoting palliative care, patient advocacy, advance directives like Israel Caregivers, the Israel Society to Live and Die with Dignity. Besides, there are two university centres dedicated to promoting palliative care: The Kappy and Eric Flanders Palliative Care Resource Centre based at the Ben-Gurion University of the Negev (BGU-PCC) and the Tom and Mitzvot Centre, Systemic support and accompaniment towards the end of life.

Ind 2

Is there a national policy or guideline on advance directives or advance care planning?

4

There is a national policy on advance care planning.

A 2015 law on advance care planning, including living will and advance directives exist, albeit with limited use. There is a law entitled "The dying patient act" which defines which patient can be diagnosed as 'A dying patient' and which rights these patients have that other patients don't bus-a-vis their right to choose which life sustaining and other treatments should be provided and which ones should be stopped. The first annex to the law is An advance Directive Form.

Ind 3

3.1. There is a current national PC plan, programme, policy, or strategy.

2

Developed over 5 years ago.

3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.

4

Yes, there is a standalone national palliative care plan AND there is national palliative care law/legislation/ government decrees on PC.

There is a national plan published in 2016. While implementation has been very sluggish, there has recently been improvements (although this has yet to be monitored systematically). In 2009 a directive from the ministry of health was issued recognizing that all patients that are diagnosed with a life limiting condition and are expected to survive 6 months or less, are entitled to receive 24/7 palliative care by a multi-disciplinary team, whether they choose to be hospitalized or stay at home. Services are rendered free of charge and are fully covered by the national basic health basket coverage. There are national quality measurements and indicators for what is considered high level palliative care development and there was one national peer-review audit. Unfortunately, the purchasing departments of the HMO's which are buying services from different providers, do not work by these standards when purchasing such services, and rather focus on price. The medical departments of

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3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.

2

The indicators to monitor and evaluate progress with clear targets exist but have not been yet implemented.

these HMO do perform very strict audits on all providers and make sure standards of service remains high.

Ind 4

PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.

4

Palliative care is included in the list of health services provided at the primary care level in the General Health Law.

Included in national health coverage law, however without clear definition as to what is included in palliative care services.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

2

The authority for palliative care is defined but only at the political level (without a coordinating entity defined).

Although, officially, the ministry of health has one of its departments overseeing the level of palliative care rendered; in reality, the ministry lets the HMOs be in control without any significant oversight. Palliative care is under the jurisdiction of the Geriatrics department of the ministry of Health, without clear staffing and budgeting, although budgeting, is provided.

5.2. The national authority has concrete functions, budget and staff.

2

There are concrete functions but do not have a budget or staff.

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Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC .

4

At least one national conference specifically dedicated to palliative care every year, with multidisciplinary attendance.

There are at least two national palliative care conferences each year. One by the Israeli Association of Palliative Medicine and the other by the Tom institute of Palliative Care.

Ind 7.1

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.

2

Reflects a limited number of articles published.

There is very little research done and much less published. The little research published to date is mainly in Hebrew for a very local audience.

Ind 7.2

Inclusion of PC topics in national research calls.

3

They do exist national research calls that do include palliative care topics (either scarce or more frequent).

Annual national private funding from the Kappy Flanders centre, Ben Gurion University, and sporadically from the national institute of health policy (government funded).

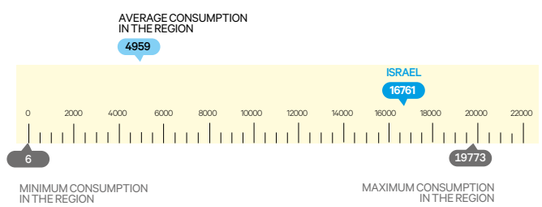
Ind 8

Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

16,761

S-DDD PER MILLION INHAB /DAY

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.



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Ind 9

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.

4

All mentioned medicines are part of the checklist of essential medicines that all public primary care clinics (not single-physician, or private services) must have at all times.

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.

4

Ind 10.1

10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

1

There is no available immediate-release oral morphine. It is not on the required list. The rapid mode of administration is via subcutaneous or intravenous morphine.

10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

1

Ind 10.2

10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations.

4

Primary care clinics typically store only morphine in ampules to treat acute cases of severe pain or pulmonary edema. But all primary care physicians are allowed to prescribe all types of opioids available in Israel, and all community pharmacies will typically have these medications on stock. And if they prefer not to stick in advance (as in the case of ROOs because they are very expensive) they will order it and have on stock the following day. There is no difference in the availability of opioids in primary care clinics, regardless of their location, as they all must have ampoules of morphine but all community pharmacies stock and dispense all opioids (in general-clinics do not dispense medications-all kinds- medications are only available in pharmacies).

10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations.

2

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Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)	2/6	Out of six medical schools, two have an organized compulsory palliative care course: Technion University and Hebrew university. Other medical schools have compulsory lectures or single days devoted to palliative care. The majority of nursing schools have a very basic introductory experience to palliative medicine, but none has a full course only on palliative care; it is typically a single experience with student exposed to teams working with end-of-life patients, either in hospitals or home hospices. Therefore, other than sporadic lectures, palliative care is not part of undergraduate training in nursing schools. There is one full professor in palliative medicine, Professor Nathan Cherny; and the only regulation and policy are on providing palliative care and the specialty programmes for physicians and nurse practitioners, not on education in the undergraduate level.
11.2. The proportion of medical schools with OPTIONAL teaching in PC.	4/6	
11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).	0/30	
11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	0/30	
11. 5. PC Full Professors	1	
11. 6. Legislation/ regulations concerning PC education	No	

Ind 12

Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.	4 Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognised by competent national authorities.	Since 2015 there is a sub-specialty in palliative medicine for physicians, under the Israel Medical Association (included in the list of specialties and subspecialties). Since 2013 (two years earlier than physicians), there is a palliative specialty for nurse practitioners.

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Ind 13

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.	4 Integrated provision: Specialised palliative care services or teams are systematically provided.	There is access to PC via home hospice units everywhere, regardless of location, age and condition; he/she is entitled to free PC by a multidisciplinary team, on call 24/7/365. These are provided primarily by private contractors, fully covered by the HMOs (either as an in-house or outsource service), mostly by no specialists with specialist backup. Although a directive was issued 5 years ago by the MoH, not all hospitals have PC consultants and in 5 of the 24 public hospitals (Rambam, Beilinson, Ichilov, Shaarei Zeedek, Soroka), the PC team consults people with all life limiting illnesses. Furthermore, there are 3 official in-patient hospital end of life units (Sheba, Dorot, Hadassah) with a total capacity of 45 beds. The rest of PC in hospitals is done in either oncology or general medical wards. Furthermore, there are around five commercial home PC companies that provide this service to the HMO s nationwide (eg. there is one home hospice unit, accredited as a specialist service (allowed to train residents in palliative medicine), that operates nationwide (Sabar Health) and is the largest home hospice provider.
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.	3 In a growing number of private hospitals.	
13.3. Free-standing HOSPICES (including hospices with inpatient beds).	2 Ad hoc/ in some parts of the country.	
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.	4 Strong presence of home care teams in all parts of the country.	RATE OF SPECIALISED PC SERVICES/100,000 INH MEDIAN RATE IN THE REGION 0.96 ISRAEL 1.15 0 MINIMUM RATE IN THE REGION 3.68 MAXIMUM RATE IN THE REGION 113 ← SPECIALISED PALLIATIVE CARE SERVICES
13.5. Total number of specialised PC services or teams in the country.		

Ind 14

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.	4 Integrated provision: Specialised palliative care services or teams for children are systematically provided.	While few programmes exist in hospitals, some private home care contractors provide service for children. There is one in-patient hospice for children in Sheba hospital, and with regards to home care, the Sabar Health is accredited as a specialist palliative care service in the community and offers home based palliative care nationwide, making it available everywhere.
14.2. Number of pediatric specialised PC services or teams in the country.	3 PPC TEAMS	