



General data

POPULATION, 2023

39,850

PHYSICIANS / 1,000 INH, 2021

—

Socioeconomic data

COUNTRY INCOME LEVEL, 2022

High income

GDP PER CAPITA (US\$), 2023

—

HEALTH EXPENDITURE (% GDP), 2021

—

UNIVERSAL HEALTH COVERAGE, 2021

—



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- (A) EMPOWERMENT OF PEOPLE AND COMMUNITIES
- (B) POLICIES
- (C) RESEARCH
- (D) USE OF ESSENTIAL MEDICINES
- (E) EDUCATION AND TRAINING
- (F) PROVISION OF PC

LEVEL OF DEVELOPMENT



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National Association: Palliative Network Liechtenstein.

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Report validated by consultants: Yes

Endorsed by National PC Association: Yes

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Liechtenstein

F Provision of PC (Specialised Services)

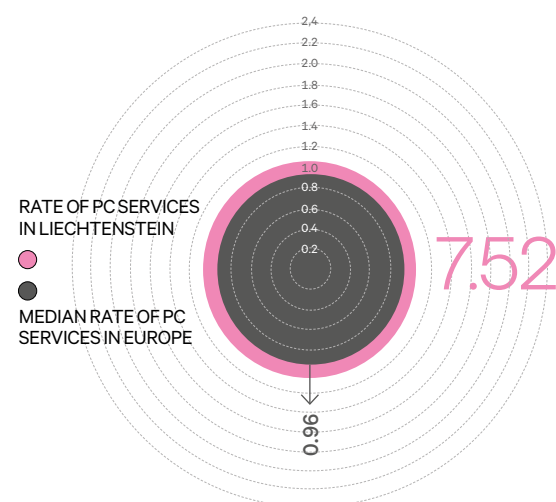
Total number of Specialised PC services

3

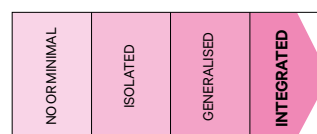
Rate of PC services per 100,000 inhabitants

7.52

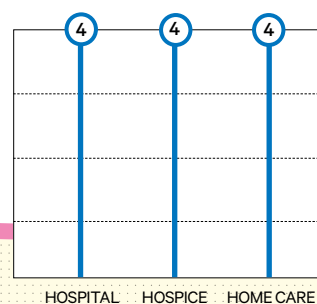
Liechtenstein in the context of European region



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

0



Liechtenstein

D Use of essential medicines



Opioids consumption (excluding methadone)

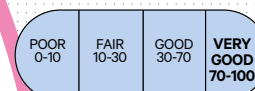
N/A

S-DDD/MILL INHABITANTS/DAY

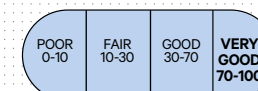
Overall availability of essential medicines for pain and PC at the primary level



IN URBAN AREAS %

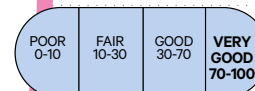


IN RURAL AREAS %

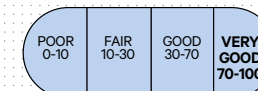


General availability of immediate-release oral morphine at the primary level

IN URBAN AREAS %

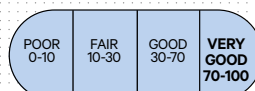


IN RURAL AREAS %

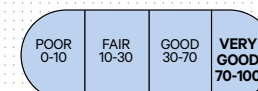


General availability of different opioids and in different formulations at the primary level

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



N/A

Nursing schools with mandatory PC teaching



1/1

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 Liechtenstein

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.).	The Palliative Network Liechtenstein is a non-profit association founded in 2012. Further institutions indirectly related include: Liechtenstein State Hospital, the Hospice Movement Liechtenstein, the Archdiocese of Vaduz, the Liechtenstein Foundation for Assistance to Old Age and Illness, Family help Liechtenstein (Familienhilfe Liechtenstein), and the Liechtenstein Medical Association (Liechtensteinische Ärztekammer).
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.	Liechtenstein has a living will law, but no holistic policy on advance care planning.
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.  There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.	In December 2023, the government approved the first ageing strategy for Liechtenstein. The ageing strategy was developed in a process with the broad participation of senior citizens and representatives of the administration, municipalities, political parties and specialist organisations. It is based on the vision that Liechtenstein is a country with a high quality of life. Palliative care is part of this strategy. Furthermore, Palliative care is contemplated the non-communicable diseases plan, implemented, not audited.







EU Liechtenstein

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	 Not known or does not exist.	
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.	The healthcare system integrates PC within its broader framework, emphasizing both community-based and hospital-based care. As Liechtenstein lacks standalone palliative care facilities, these services are often provided in collaboration with specialised centers across the border. Furthermore, the country's model ensures that PC is accessible at the primary care level, allowing for continuity of care at various stages of a patient's condition and allowing residents access to specialised services across borders for more complex PC needs.
Ind5 5.1. Is there a national authority for palliative care within the government or the Ministry of Health?	 There is no authority defined.	No evidence found.
5.2. The national authority has concrete functions, budget and staff.	 Does not have concrete functions or resources (budget, staff, etc.)	



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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 (nurses, psychologists, chaplains), accessible for professionals from remote areas, and pediatric topics included.	Since 2022, Palliativetz Liechtenstein has been organizing annual interprofessional palliative care congresses with the Private University of Liechtenstein and regional stakeholders.
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.	 Reflects a limited number of articles published.	There exist some publications of the private University of Liechtenstein.
Ind7.2 Inclusion of PC topics in national research calls.	 There are no national research calls at all.	There are no national research calls at all.
Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.		





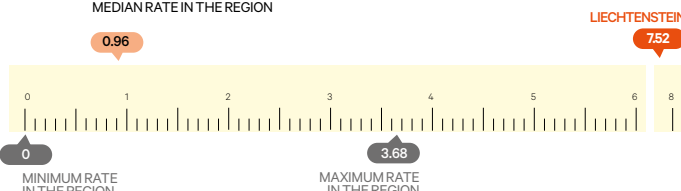


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Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines.	 	Due to its membership in the European Economic Area (EEA), Liechtenstein adopts the medicines approved through the EU's centralised procedure, which means that medications reviewed and authorised by the EU are also approved for the Liechtenstein market. Additionally, a list of authorised physicians and pharmacies that can dispense morphine is available. This ensures that controlled substances are handled in compliance with national regulations while aligning with broader European guidelines.
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).	 	Due to its membership in the European Economic Area (EEA), Liechtenstein adopts the medicines approved through the EU's centralised procedure, which means that medications reviewed and authorised by the EU are also approved for the Liechtenstein market. Additionally, a list of authorised physicians and pharmacies that can dispense morphine is available. This ensures that controlled substances are handled in compliance with national regulations while aligning with broader European guidelines.
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.	 	Due to its membership in the European Economic Area (EEA), Liechtenstein adopts the medicines approved through the EU's centralised procedure, which means that medications reviewed and authorised by the EU are also approved for the Liechtenstein market. Additionally, a list of authorised physicians and pharmacies that can dispense morphine is available. This ensures that controlled substances are handled in compliance with national regulations while aligning with broader European guidelines.

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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>N/A</p> <p>N/A</p> <p>1/1</p> <p>0/1</p> <p>0</p> <p>Yes</p>	<p></p> <p>One nursing school teaches palliative care on a mandatory-basis. Regarding legislation, laws on palliative care training in Switzerland also apply in Liechtenstein.</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.</p>	<p>No evidence found.</p>

EU Liechtenstein

<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>Are part of most/all hospitals in some form.</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>The Liechtensteinisches Landesspital in Vaduz is the country's main hospital, where general medical and some specialised services are offered, including palliative care. Palliativ-Netz Liechtenstein and Hospizbewegung Liechtenstein. For more specialised services, such as oncology, advanced surgery, and specialised rehabilitation, Liechtenstein relies on cross-border agreements with neighbouring countries like Switzerland and Austria. These agreements enable residents to access specialised facilities for more advanced care, including palliative care. Additionally, the European Union's Cross-Border Healthcare Directive facilitates access to healthcare services in other EEA countries. Liechtenstein has one hospital and six nursing homes (focused on general palliative care (includes a certificate)). The healthcare system integrates PC within its broader framework, emphasizing both community-based and hospital-based care. The country's model ensures that palliative care is accessible at the primary care level, allowing for continuity of care at various stages of a patient's condition and allowing residents access to specialised services across borders for more complex PC needs.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p>  <p>0.96</p> <p>7.52</p> <p>0</p> <p>3.68</p> <p>MINIMUM RATE IN THE REGION</p> <p>MAXIMUM RATE IN THE REGION</p> <p>3</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>No evidence found.</p>