COUNTRY REPORTS

EU

General data

POPULATION, 2023
2,871,585

PHYSICIANS / 1,000 INH, 2021
4.49

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High income

GDP PER CAPITA (US$), 2023
27,786

HEALTH EXPENDITURE (% GDP), 2021
7.82

UNIVERSAL HEALTH COVERAGE, 2021
75

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National Association: Baltic 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).

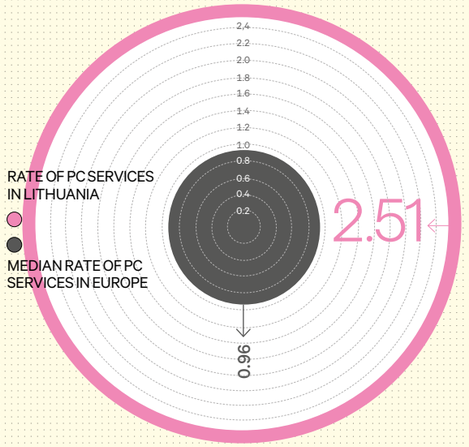
Lithuania

Ⓕ Provision of PC (Specialised Services)

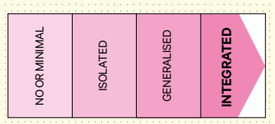
Total number of Specialised PC services **72**

Rate of PC services per 100,000 inhabitants **2.51**

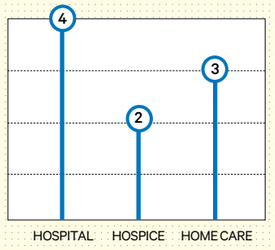
Lithuania in the context of European region



Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

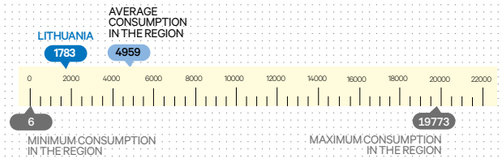
GEOGRAPHIC DISTRIBUTION AND INTEGRATION
2

TOTAL NUMBER
3

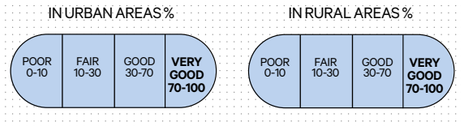
Ⓓ Use of essential medicines

Opiods consumption (excluding methadone) **1,783**
S-DDD/MILL INHABITANTS/DAY

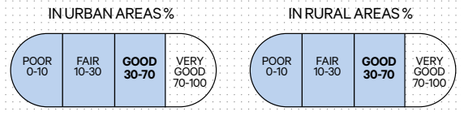
Lithuania in the context of European region



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
1

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 **2/2**

Nursing schools with mandatory PC teaching **8/8**

PC Full Professors **0**

Recognition of PC specialty
3

Ⓑ Policies

National PC plan or strategy
1

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

Groups promoting the rights of PC patients
4

Advanced care planning-related policies
1

EU Lithuania

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.).	Lithuania has two main palliative care associations: the *Lietuvos Paliatyviosios Medicinos Draugija* (Lithuanian Society for Palliative Medicine), which focuses on local issues, and the Baltic Palliative Care Association, working in three Baltic countries. Both actively participate in various working groups organized by the Ministry of Health, where their members contribute to decision-making processes. Any proposed changes to palliative care legislation are reviewed by these associations before being enacted. They are committed to advocating for patient rights, addressing the well-being of healthcare workers and their working conditions, and supporting the needs of families and caregivers. However, patients and their families are not directly involved in these associations' activities. Additionally, most palliative care patients, particularly cancer patients, are members of the Cancer Patients' Association of Lithuania (POLA).
Ind 2		
Is there a national policy or guideline on advance directives or advance care planning?	1 There is no national policy or guideline on advance care planning.	The only related policy is the order by the MoH about Failure to Start Cardiopulmonary reanimation or interruption of started cardiopulmonary reanimation. Still, patients have an inherent right to be treated with dignity and respect by healthcare professionals, recognizing their intrinsic worth and individual autonomy. It is essential that patients receive evidence-based pain management, ensuring they are not subjected to unnecessary suffering. Patients are entitled to compassionate care that upholds their dignity throughout their illness, including at the end of life. Patients also have the right to select the healthcare institution where they will receive treatment, as well as the option for PC, whether in a healthcare facility or in their home.
Ind 3		
3.1. There is a current national PC plan, programme, policy, or strategy.	1 Not known or does not exist.	A national stand-alone palliative care plan, programme, or strategy does not currently exist (nor seems to be included within the National Cancer Prevention control plan 2014-2025), although the overarching goal of developing palliative care is recognised and articulated through legislation on the provision of palliative care at home, in day centres, and in institutions for both adults and children. This has led to funding for infrastructure development, service expansion, and increased financial support for service provision. Some aspects are referenced in the Next Generation Lithuania Plan and in the legislation titled List of Conditions for the Provision of Personal Healthcare Services Covered by the Budget of the Compulsory Health Insurance Fund. Additionally, the monitoring of palliative care includes regular data collection on the number of services, bed occupancy rates, and the number of cared patients. Statistics including the activities of palliative care team members, financial expenditures, and other relevant metrics are tracked. The National health insurance fund provides diverse statistical information like list of comprehensive medicines and services.
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.	
3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	4 The indicators to monitor and evaluate progress are currently implemented.	
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.	According to the law on the description of the requirements for the provision of in-patient palliative care services, outpatient palliative care services, day-time palliative care services and basic palliative care training programme (both for adults and children); palliative care services are to be provided. Primary care coordinates home-based palliative care services, while the family physician oversees patient follow-up and manages the transition between primary care and inpatient care. In addition, all palliative care services are fully funded through the Compulsory Health Insurance Fund, with no direct cost to the individual. There are no limitations on the duration or other aspects of the services provided, ensuring that individuals receive the full range of care they require for as long as necessary.
Ind 5		
5.1. Is there a national authority for palliative care within the government or the Ministry of Health?	3 There is a coordinating entity but has an incomplete structure (lack of scientific or technical section).	Palliative care in Lithuania is integrated within the nursing and long-term care department of the Ministry of Health. Responsibility for this domain is collectively shared across the department, which operates under a clearly defined organisational structure and comprises dedicated staff members. However, despite this well-structured approach, there is currently no distinct budget line specifically allocated for palliative care coordination. It is important to consider Lithuania's demographic landscape, which has a population of approximately 2.8 million. While the demand for palliative care continues to grow, the need for a designated individual or office solely responsible for coordinating palliative care has not yet been formally acknowledged. This gap underscores the ongoing challenges in the organisation and delivery of palliative care services, indicating a potential need for a more focused approach to resource allocation and workforce planning in the future.
5.2. The national authority has concrete functions, budget and staff.	3 There are concrete functions and staff, but do not have a budget.	

COUNTRY REPORTS

EU Lithuania

EU Lithuania

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.

At least four prominent palliative care conferences are held annually, serving as vital platforms for exchanging knowledge, practices, and research in the field. These events are organized primarily by the National Palliative Care Association of Lithuania and the Baltic Palliative Care Association. The National Palliative Care Association hosts two significant conferences each year, one in the spring and another in the fall. These gatherings aim to provide a comprehensive overview of the latest advancements in PC, offering valuable insights into the discipline's clinical and interdisciplinary aspects. Similarly, the Baltic Palliative Care Association organizes two separate conferences: one dedicated to adults, the other to children. The adult conference is distinguished by its international focus, regularly featuring expert speakers.

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.

1

Minimal or nonexistent number of articles published on the subject.

A pubmed search identified a few papers but also other recent articles can be retrieved off databases.

Ind 7.2

Inclusion of PC topics in national research calls.

3

They do exist national research calls that do include palliative care topics.

Every year, the Lithuanian Research Council announces calls for research groups. Although no specific palliative care ones were identified, scientists can choose topics including palliative care or end of live-related ones.

Ind 8

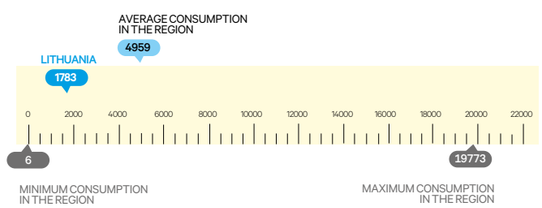
Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

1,783

S-DDD PER MILLION INHAB /DAY

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

COUNTRY VS REGION



EU Lithuania

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

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

Most necessary pain-relief medications are is available in the country for palliative care patients. These medications can be prescribed by family physicians or specialists and are readily available at primary care facilities and in urban areas. However, while a significant proportion of the required medications can be procured through pharmacies, ensuring patients can access the necessary treatments; not all medications necessary for comprehensive palliative care are consistently accessible. Consequently, concerns about medication availability in palliative care are generally minimal, as the existing infrastructure largely supports delivering these services, particularly in more rural or underserved regions.

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).

3

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

3

All necessary pain-relief medications are available in the country for palliative care patients. These medications can be prescribed by family physicians or specialists.

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.

3

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

3

All necessary pain-relief medications are available in the country for palliative care patients and these medications can be prescribed by family physicians or specialists. Most essential medications for palliative care patients are readily available at primary care facilities and in urban areas. However, not all medications are consistently accessible in these settings and occasional gaps in specific medications may still arise, particularly in more rural or underserved regions. Importantly, physicians are still reluctant to prescribe a good amount of medicines, especially opioids, sometimes leading to limited accessibility.

EU Lithuania

Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching).

2/2

11.2. The proportion of medical schools with OPTIONAL teaching in PC.

0/2

11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).

8/8

11.4. The proportion of nursing schools with OPTIONAL teaching in PC.

0/8

11. 5. PC Full Professors.

0

11. 6. Legislation/ regulations concerning PC education.

Yes

Palliative care themes in physicians and nurses´ curriculum are obligatory; therefore, every school has authority to decide how many hours (credits) will be dedicated. Two medical schools include palliative care within the curriculum, and these medical schools are also training nurses. Three universities -Vilnius, Kaunas, Klaipedos- do teach palliative care to nurses, and further seven stand-alone independent nursing schools have a separate course for palliative care. For example, in LSMU Nursing programme 3 ECTS for Palliative care. Palliative care is a requirement for all healthcare students. The topics are dictated by national palliative care legislation, ensuring that students develop a solid foundational understanding of palliative care principles and practices. Furthermore, any healthcare professional aspiring to work in palliative care settings must complete specialised training courses tailored to their specific roles, such as those for physicians, nurses, and other specialists. The legislation outlines the necessary training duration, which consists of a minimum of 36 hours of theoretical instruction and at least 8 hours of practical experience. These coursesare provided only by universities or nursing schools. Additionally, to maintain ongoing competences, it is mandatory to undertake an 8-hour retraining course every five years.

Ind 12

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

3

There is no process on specialisation for palliative care physicians but exists other kind of diplomas with official recognition (i.e., certification of the professional category or of the job position of palliative care physician).

Individuals who completed PC courses are officially recognised as qualified to provide care in PC settings. While there is no formal, standalone specialty in palliative care, a growing number of physicians (family physicians, oncologists, neurologists or gerontologists), focus exclusively on PC after some residency. These individuals are often referred to as PC specialists, though their expertise is typically based on additional training and education rather than a distinct medical specialty. Despite the absence of a formal PC specialisation, the demandof this specific expertise, has led to the development of a cohort of fully dedictaed practitioners.

EU Lithuania

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.

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.

4

Are part of most/all hospitals in some form.

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.

3

Found in many parts of the country.

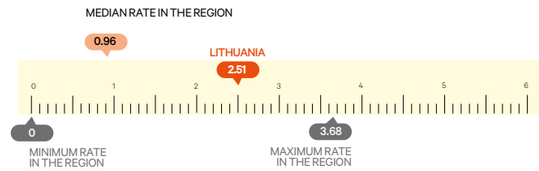
13.5. Total number of specialised PC services or teams in the country.

72

← SPECIALISED PALLIATIVE CARE SERVICES

According to Statistical Department data, inpatient PC is provided by 72 health care institutions, 57 institutions at home and 16 day hospitals. In institutional palliative care, with 24 beds allocated per 100,000 inhabitants, PC is delivered across 60 municipalities. This means that -although there is not always a local specialised team-, provision is ensured elsewhere. Hospitals report the number of available beds, staff involved, and the scope of palliative care services provided. Recently, there has been notable growth in the establishment of PC day centers, particularly in county centers. These are designed to serve multiple municipalities, facilitating a more efficient resource distribution. There are also five standalone hospices; and a greater majority of PC services delivered through nursing homes. Each municipality features a nursing home equipped with dedicated PC beds or specialised units. Additionally, PC is available in a specialised unit at the National Cancer center, but these beds are reserved exclusively for oncology patients. Since 2022, PC has also been available at the primary care level.

RATE OF SPECIALISED PC SERVICES/100,000 INH



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.

2

Isolated provision: palliative care specialised services or teams for children exist but only in some geographic areas.

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

3

PPC TEAMS

There are three specialised palliative care services for children: two specialised departments in university hospitals - Vilnius and Kaunas- with inpatient units and day care centres, tailored to meet the needs of children, and a children hospice in Vilnius, with also a strong development in Klaipeda. Although the demand remains relatively low, it is to be noted that home care teams are enabled to provide palliative care services for paediatric patients.