



General data

POPULATION, 2023

666,430

PHYSICIANS / 1,000 INH, 2021

-

Socioeconomic data

COUNTRY INCOME LEVEL, 2022

High income

GDP PER CAPITA (US\$), 2023

128,678

HEALTH EXPENDITURE (% GDP), 2021

5.66

UNIVERSAL HEALTH COVERAGE, 2021

83



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ③ POLICIES
- ② RESEARCH
- ① USE OF ESSENTIAL MEDICINES
- ⑤ EDUCATION AND TRAINING
- ⑥ PROVISION OF PC

LEVEL OF DEVELOPMENT



Consultants: Hélène Sarraïmagnan; Frederic Fogen; Frank Jacob and Nicole Weis.

National Association: Luxembourg Palliative Medicine Association; OMEGA90.

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).

Luxembourg

F Provision of PC (Specialised Services)

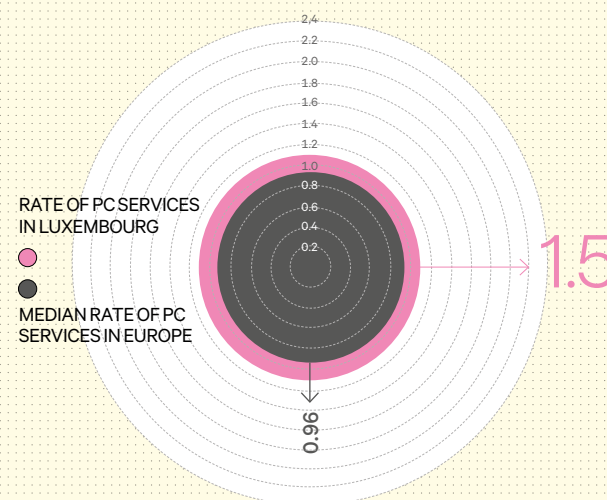
Total number of Specialised PC services

10

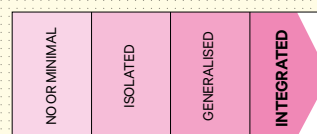
Rate of PC services per 100,000 inhabitants

1.5

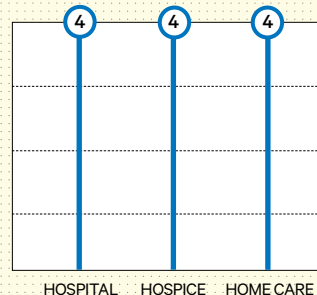
Luxembourg in the context of European region



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

1



Luxembourg

D Use of essential medicines

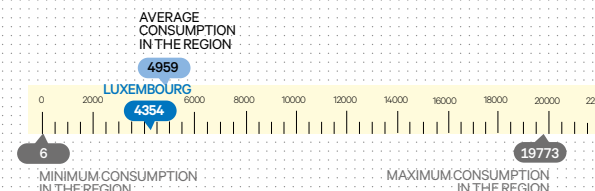


Opioids consumption (excluding methadone)

4,354

S-DDD/MILL INHABITANTS/DAY

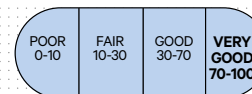
Luxembourg in the context of European region



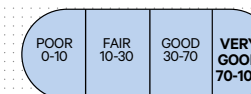
Overall availability of essential medicines for pain and PC at the primary level



IN URBAN AREAS %

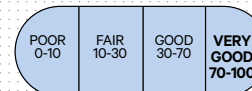


IN RURAL AREAS %

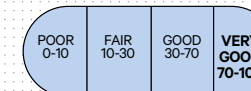


General availability of immediate-release oral morphine at the primary level

IN URBAN AREAS %

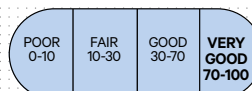


IN RURAL AREAS %

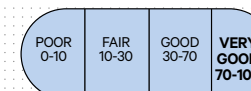


General availability of different opioids and in different formulations at the primary level

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



1/1

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






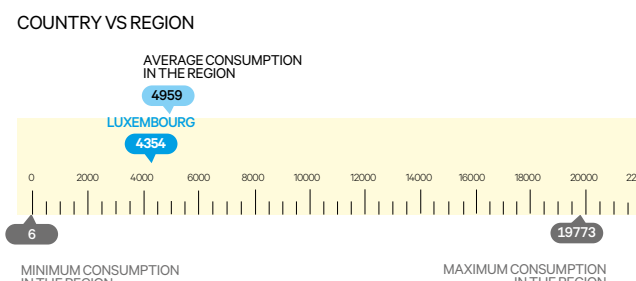
EU Luxembourg

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.)	In Luxembourg, palliative care advocacy and patient rights promotion have a strong national and sub-national presence, primarily led by Omega 90, a non-profit organisation founded by pioneers in the field. Supported by the Ministry of the Family, the Ministry of Health and of Social Security, Omega 90 plays a crucial role in raising awareness, providing education, and delivering essential palliative care services. Its comprehensive structure includes: a) Public awareness campaigns to inform society about palliative care and patient rights, b) A volunteer network offering support in hospitals, homes, and nursing facilities, c) A training service educating healthcare professionals on palliative care, patients' rights, advance directives, and end-of-life legislation, d) A 15-bed palliative care home providing specialised inpatient care, and e) Collaboration with IWAP for continuous palliative care education.
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 legal body supporting ACP and medical decision-making for life-sustaining treatment and end-of-life care: a) Law of March 16, 2009 on PC, AD, and end-of-life support, establishing patients' rights to express their medical preferences in advance; b) Law of July 24, 2014 on patients' rights and obligations, reinforcing the designation of a trusted support person; c) the brochure "Ma Volonté en fin de vie" (by the Ministries of Health and Family), providing practical information on trusted third party, advance directive and end-of-life provisions, widely distributed to health professionals and care institutions, available online; and d) the ACP form by Omega 90, organising information and training evenings for the general public and caregivers.
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, and actively evaluated or audited.  Yes, there is a standalone national palliative care plan AND there is national palliative care law/legislation/ government decrees on PC.	Luxembourg's National End-of-Life and Palliative Care Plan 2023-2026, developed under the supervision of the Directorate of Health and the Ministry of Family, Integration, and the Greater Region, aims to inform citizens about their rights and options regarding palliative care, end-of-life assistance, and assisted dying. It also promotes key tools such as advance directives and is based on recent reports assessing the implementation of existing legislation on palliative care and euthanasia. The plan includes a monitoring and evaluation system with measurable indicators to track progress. A steering committee oversees implementation, and annual reports assess actions taken and their impact. In 2026, an independent external evaluation will review progress and challenges in executing the proposed measures.







EU Luxembourg

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.	Luxembourg's legal framework guarantees access to palliative care as part of the national health system. The Social Security Code explicitly includes palliative care as a recognised health service (Article 61) and ensures its reimbursement within the national health insurance system (Articles 65 & 66). Additionally, Articles 349 & 350 establish palliative care as a protected and officially recognised health benefit. The Law of March 16, 2009, on palliative care, advance directives, and end-of-life support, ensures that any person in the advanced or terminal stage of a serious illness has the right to PC. PC is covered by social security when provided in hospitals, at home, or in accredited institutions, including nursing homes and facilities for the elderly or disabled.
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.	Luxembourg does not have a standalone national authority exclusively dedicated to palliative care within the MoH. However, the Ministry for the Family, Integration, and the Greater Region plays a key role in developing and overseeing PC policies, particularly in relation to elderly care and end-of-life services. This ministry is responsible for: a) Developing national action plans for end-of-life and PC; b) Accrediting PC-related training programmes; c) Supervising compliance with hygiene and health regulations in facilities providing PC; d) Monitoring and controlling approvals for elderly care services, which include PC provisions; e) Overseeing the public institution "Centres, Foyers et Services pour personnes âgées", which integrates PC in elderly care settings. While there is no specific PC unit, the Ministry for the Family actively integrates palliative care within broader elderly and social healthcare services.

EU Luxembourg

Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC.	 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.	Luxembourg has organized several scientific meetings on palliative care: a) February 26, 2016 – National Palliative Care Symposium: The government engaged with professionals to discuss challenges in the field; b) October 2019 – Palliative Care Congress: Organized by the Centre Hospitalier de Luxembourg (CHL) to address advancements in palliative care; c) September 1, 2023 – Presentation of the National End-of-Life and Palliative Care Plan (2023-2026): Establishing long-term initiatives for improving care quality; d) September 25-26, 2023 – Institut National du Cancer (INC) Conference: Discussing patient-centered care and digitalized patient pathways, including palliative care; e) June 7, 2024 – Exchange Day on Pediatric Palliative Care: Hosted by the University of Luxembourg, Ministry of Health, and CHL, focusing on pediatric palliative care implementation.
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.	 Minimal or non-existent number of articles published on the subject.	A recent PubMed search for palliative care research in Luxembourg over the past five years found no articles that fully met the indicators criteria. While some publications discuss palliative care in the country, most lack author affiliation from Luxembourg.
Ind7.2 Inclusion of PC topics in national research calls.	 They do exist national research calls that do include palliative care topics.	While national research calls exist, there is no evidence of national research calls specifically dedicated to palliative care topics in Luxembourg. The Luxembourg Institute of Health (LIH) highlights achievements in areas such as pain management research, but these are not directly linked to palliative care initiatives. Similarly, the Luxembourg Institute of Science and Technology (LIST) focuses on various research collaborations.
Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.		<div data-bbox="697 1512 890 1585"> 4,354 S-DDD PER MILLION INHAB / DAY </div> <div data-bbox="905 1512 1291 1638"> Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022. </div> <div data-bbox="697 1659 1291 1921">  <p>COUNTRY VS REGION</p> <p>AVERAGE CONSUMPTION IN THE REGION: 4959</p> <p>LUXEMBOURG: 4354</p> <p>MINIMUM CONSUMPTION IN THE REGION: 6</p> <p>MAXIMUM CONSUMPTION IN THE REGION: 19773</p> </div>

EU Luxembourg

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.	 	Luxembourg ensures access to essential medicines for pain and palliative care through national regulations and the essential medicines list (LNME). The Grand-Ducal Regulation of April 28, 2021, explicitly includes palliative care medications under Annex Ia, ensuring their availability in designated healthcare institutions. As a small country (2,586 km ²), Luxembourg has closely connected urban and rural areas, facilitating high availability of palliative care medications nationwide. Community pharmacies dispense most essential medicines, ensuring easy patient access. However, certain medications, such as midazolam, are only available in hospitals.
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).	 	All opioids are available in community pharmacies.
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.	 	All opioids are available in community pharmacies.

EU Luxembourg

Ind11

- 11.1. The proportion of medical schools with **COMPULSORY** teaching in PC (with or without other optional teaching).
- 11.2. The proportion of medical schools with **OPTIONAL** teaching in PC.
- 11.3. The proportion of nursing schools with **COMPULSORY** teaching in PC (with or without other optional teaching).
- 11.4. The proportion of nursing schools with **OPTIONAL** teaching in PC.
- 11.5. PC Full Professors.
- 11.6. Legislation/regulations concerning PC education.

1/1

0/1

1/1

0/1

0

Yes



The University of Luxembourg is the only institution in the country offering medical and nursing programmes, both of which include compulsory palliative care education: 1st) Bachelor of Medicine: Palliative care is integrated into mandatory modules, covering end-of-life care, pain management, bereavement, and ethics. These courses are taught by professors and practitioners experienced in palliative medicine; and 2nd) Bachelor of Nursing: Includes compulsory courses on palliative care, such as "Introduction to Death, Bereavement and Palliative Care", with practitioners and specialists delivering training over several semesters. There are no full professors in palliative care in Luxembourg. However, Marie Friedel, a full professor of nursing sciences, is advocating for the development of paediatric palliative care. Luxembourg's Grand-Ducal Regulation of February 8, 2019, defines palliative care training for medical doctors, healthcare professionals, and elderly care service managers in Luxembourg. The regulation establishes different training levels to ensure proper knowledge dissemination and professional qualification in palliative care.

Ind12

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



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).

Luxembourg recognises training programmes enabling doctors' expertise. The Grand-Ducal Regulation of 2019, defined structured PC training for medical doctors: 1st) Basic Level (40h) – Introduction to PC; 2nd) General Level (160h + 8h clinical placement) – Focuses on symptom control, psychosocial care, and interdisciplinary collaboration; and 3rd) Specialised Level (250h + 8h clinical placement) – Advanced training. The State organizes or delegates accredited training providers, such as Omega 90, to conduct certified courses. The Centre Hospitalier de Luxembourg (CHL) has been a recognised palliative care training center by the Ärztekammer des Saarlandes (AEK) since 2013.

EU Luxembourg

Ind13

- 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.
- 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.
- 13.3. Free-standing **HOSPICES** (including hospices with inpatient beds).
- 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.
- 13.5. Total number of specialised PC services or teams in the country.



Integrated provision: Specialised palliative care services or teams are systematically provided.



Are part of most/all hospitals in some form.



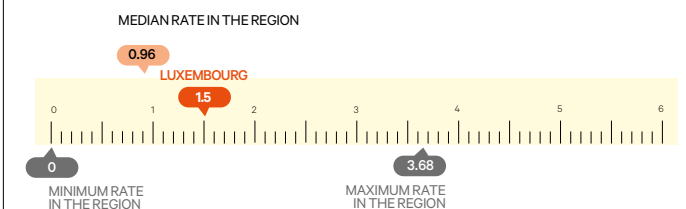
Strong presence of free-standing hospices in all parts of the country.



Strong presence of home care teams in all parts of the country.

Palliative Care is present in the following hospitals: Haus Omega: 15 beds; Centre Hospitalier Emile; Mayrisch / Esch: 8 beds; Centre Hospitalier de Luxembourg / Eich: 10 beds and a mobile unit for the entire CHL; Hôpitaux Robert Schuman / Zitha: 8 beds; and in the Centre Hospitalier du Nord in Ettelbruck: 6 beds and an internal and external mobile team. Some home Care Palliative Care Teams also operate at Steftung Hellef Doheem, Help, Päperleck and Verbandskescht. It is to be noted that this number might be sub estimated, as Luxembourg's Law of August 23, 2023, mandates the integration of specialised palliative care within home care services, requiring trained personnel and continuous end-of-life support.

RATE OF SPECIALISED PC SERVICES/100,000 INH



10

← SPECIALISED
PALLIATIVE
CARE SERVICES

Ind14

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



Generalised provision: palliative care specialised services or teams for children exist in many parts of the country but with some gaps.

1

PPC
TEAMS

Luxembourg provides paediatric palliative care through the Paediatric Clinic at Centre Hospitalier de Luxembourg (CHL), the only dedicated facility for children. Paediatric palliative care is organized internally at CHL, where a mobile palliative care team offers consultation and guidance, ensuring specialised support. If hospitalization is required, children are admitted to the Paediatric Clinic, as admission to the adult palliative care unit is not permitted. Luxembourg is committed to expanding paediatric palliative care, as outlined in the National Palliative Care Plan (Paediatric Component) 2023-2026 and key initiatives include: a) training healthcare professionals in paediatric palliative care, b) establishing a mobile paediatric palliative care team, and c) creating a paediatric respite care facility.