



General data

POPULATION, 2023
17,877,117
PHYSICIANS / 1,000 INH, 2021
3.90

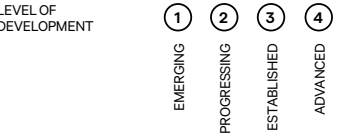
Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High income
GDP PER CAPITA (US\$), 2023
64,572
HEALTH EXPENDITURE (% GDP), 2021
11.28
UNIVERSAL HEALTH COVERAGE, 2021
85



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



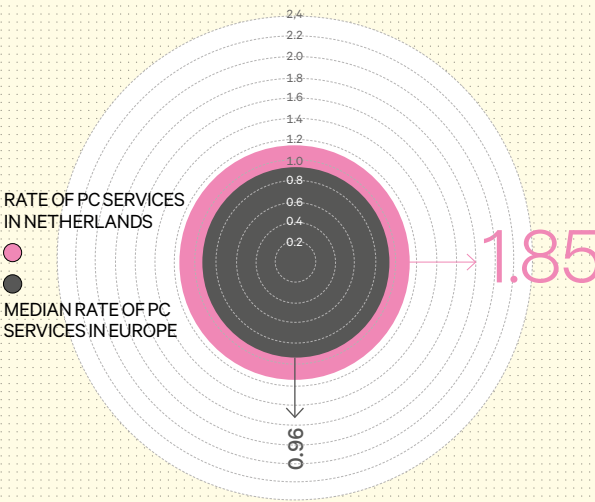
Consultants: Agnes Van der Heide; Christine Cramer van der Welle; Natasja Raijmakers and Jeroen Hasselaar.
National Association: Dutch Palliative Care Professionals Association, Palliactief.
Data collected: October 2024–March 2025
Report validated by consultants: Yes
Endorsed by National PC Association: Yes
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Netherlands

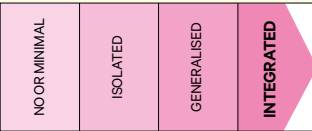
F Provision of PC (Specialised Services)

Total number of Specialised PC services
331
Rate of PC services per 100,000 inhabitants
1.85

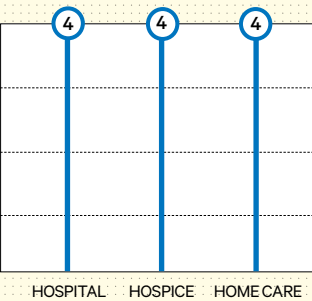
Netherlands in the context of European region



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

47

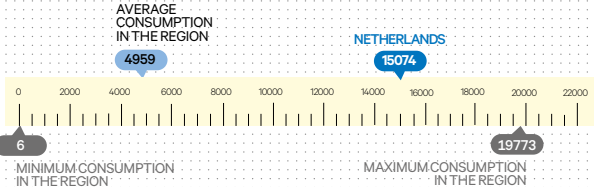


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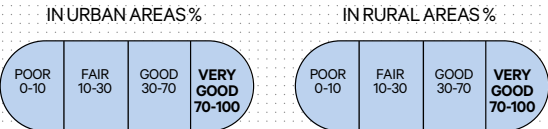
D Use of essential medicines

Opoids consumption (excluding methadone)
15,074
S-DDD/MILL INHABITANTS/DAY

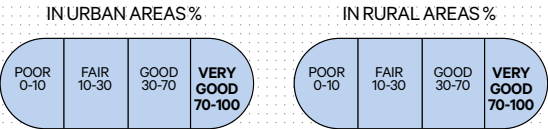
Netherlands in the context of European region



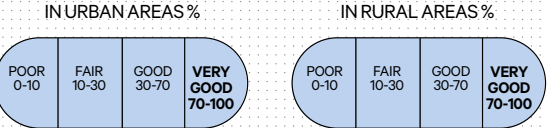
Overall availability of essential medicines for pain and PC at the primary level



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



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



C Research

PC-related research articles



Inclusion of PC topics in National Research Calls



Existence of PC congresses or scientific meetings



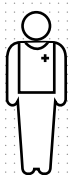
E Education & Training

Medical schools with mandatory PC teaching



8/8

Nursing schools with mandatory PC teaching



N/A

PC Full Professors



15

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



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Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, 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 several groups dedicated to promoting the rights of patients in need of palliative care, their caregivers, and disease survivors: Palliative Care Netherlands (PZNL) has developed a website for the general public in collaboration with the Ministry of Health; AGORA is an organisation that advocates a palliative care approach to enabling people to live until they die in a way that aligns with their preferences, values, and social environment; and Patiëntenfederatie Nederland is a national organisation advocating patient rights, including those of patients in the last phase of life. Regarding paediatric population, there is the Dutch Centre of Expertise in Children's Palliative Care. There is also the Dutch Palliative Care Professionals Association, Palliatief.
Ind2 Is there a national policy or guideline on advance directives or advance care planning?	 There is a national policy on advance care planning.	 The Netherlands has an official policy on ACP. The National Quality Framework for PC in the Netherlands (2017) emphasises proactive care planning and encourages healthcare providers to engage in ACP conversations with patients (currently in revision). Additionally, the Novel Implementation Guide for ACP (2020) provides recommendations for the application, implementation, and safeguarding of ACP in healthcare settings. In 2023, the guideline on ACP was published. This guideline represents a further development of the widely endorsed 'Guideline for the Process and Uniform Documentation of ACP in Response to the COVID-19 Pandemic' (2020), extending its applicability beyond the context of COVID-19. Substantively, this guideline aligns with and complements disease- and symptom-specific PC guidelines.
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 stand-alone national palliative care plan AND there is national palliative care law/legislation/ government decrees on PC.	 The National Palliative Care Programme in the Netherlands stimulates and monitors progress in various areas to ensure the effective implementation of palliative care services. This includes evaluating the quality of care, promoting awareness and education, and fostering collaboration among healthcare providers. The programme aims to improve the quality of life for patients with life-limiting conditions by providing comprehensive and compassionate care. Within the National Palliative Care Programme II (NPPZ II), there is collaboration with 13 parties on 6 strategic themes to implement the Quality Framework for Palliative Care in the Netherlands and transform palliative care, integrating it into the regular healthcare process. This is supported by a national research programme.

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 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.	 The Netherlands does not have a general health law, but the Health Insurance Act and the Long-Term Care Act explicitly regulate payment for palliative care for all citizens. These acts ensure that palliative care services are accessible and funded, providing comprehensive support for patients with life-limiting conditions as part of the basic (obligatory) health insurance for Dutch citizens. For example, GPs and hospitals are able to register specific healthcare products, arrangements, or activities for palliative care. Additional insurance packages can differ in the way out-of-pocket payments for hospices or some medications are reimbursed for patients. In the Netherlands all patients have an own contribution (own risk) upon use of healthcare services like hospitals up to a maximum of 385 euro per year (GP care is fully reimbursed).
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.	 The Steering Group of the National Palliative Care Programme (<i>Stuurgroep Nationaal Programmema Palliatieve Zorg</i>), established by the government, is crucial in guiding the implementation and development of palliative care policies in the Netherlands. One steering group member, also serves as the Team Coordinator for Palliative Care and Spiritual Care at the Ministry of Health, Welfare and Sport. Her involvement ensures a cohesive approach to integrating palliative and spiritual care services within the national healthcare framework. There is a broad government support for palliative care in general, also from the parliament, as part of human care. Scientific advisory tasks and research are performed via a related research programme (<i>Palliantie II</i>) with an independent committee.

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Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC.	<div><div></div><div></div><div></div><div>4</div></div> <p>At least one national conference specifically dedicated to palliative care every year.</p>	<p>The Netherlands hosts several congresses such as the 18th World Congress of the European Association for Palliative Care. The Netherlands also hosts a bi-annual national congress on palliative care. One notable event is the National Congress Palliatieve Zorg, organized by the national association Palliactief in 2024. The theme for the 2024 congress was “Future-Proof Palliative Care: Stronger Together”, focusing on creating sustainable palliative care systems. The other year (upcoming in autumn 2025) there is a joint research congress for palliative care organized by Palliactief together with the Flemish federation for palliative care. Every two years the National Congress Palliative Care takes place, while every two years there is the Dutch-Flemish Science Days Palliative care; both events alternate.</p>
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.	<div><div></div><div></div><div></div><div>4</div></div> <p>Denotes an extensive number of articles published on this subject.</p>	<p>An international bibliometric study ranked the Netherlands amongst top 15 most productive countries on palliative care research, in the seventh position.</p>
Ind7.2 Inclusion of PC topics in national research calls.	<div><div></div><div></div><div></div><div>4</div></div> <p>They do exist national research calls that do include palliative care topics.</p>	<p>The Palliantie. Meer dan Zorg programme is a funding initiative by ZonMw (Netherlands Organisation for Health Research and Development). Launched in 2014, it focuses on promoting collaboration, innovation, and the implementation of best practices. The programme supports research projects addressing the needs and wishes of patients and ensuring integration of PC into regular healthcare services.</p>
Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.		<div><div>15,074</div><div>S-DDD PER MILLION INHAB /DAY</div></div> <p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</p> <div><div>COUNTRY VS REGION</div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>4959</div><div>NETHERLANDS</div><div>15074</div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>6</div><div>MAXIMUM CONSUMPTION IN THE REGION</div><div>19773</div></div></div>



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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.	<div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div>	<p>The Netherlands is a small country, rural areas are not really different from urban areas, and availability is generally very good. However, there has been noticed of shortage of specific medications in the Netherlands and the European Union in general. In most cases in the Netherlands alternative medications can be received.</p>
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).	<div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div>	<p>The availability of immediate- release oral morphine (liquid or tablet) is very good both at urban and rural contexts.</p>
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.	<div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div>	






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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>8/8</p> <p>1/8</p> <p>N/A</p> <p>N/A</p> <p>15</p> <p>Yes</p>	<p></p> <p>The Dutch Federation of University Medical Centers has defined the competencies for medical school graduates at the bachelor and master. There are eight medical faculties in the Netherlands, none of which currently include palliative care as a distinct mandatory part of their curriculum. It is often integrated within regular topics (like cancer care, elderly care, primary care) rather than being a standalone subject. This means that students receive training in palliative care, but it is not uniformly covered across all faculties. The Dutch approach is much closer to a Problem-based learning where palliative care is transversally included in other mandatory subjects such as professionalism, contact with the patient, clinic matters. As an example, at Radboud University Medical College, medical students have about 90h palliative care compulsory but spread across more subjects; and there is an elective course (minor) on palliative care. In 2020, the Dutch national blueprint for undergraduate medical curricula, known as the “Raamplan,” was revised to explicitly mention palliative care. This revision specifies that junior doctors must be able to provide palliative care, marking a significant step forward in recognizing the importance of this field in medical education. There are 15 full professors in palliative medicine, distributed as follows: UMC Groningen: 1; UMC Utrecht: 1; Amsterdam UMC: 3; Leiden UMC: 1; Erasmus MC: 3; Radboud UMC: 3; Maastricht UMC: 1; University Humanistic Studies (UHC): 2.</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 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).</p>	<p>Physicians from all specialties can follow the course <i>Kaderopleiding Palliatieve Zorg</i>, that is accredited by the Royal Dutch Medical Association. This course (20 course days in approximately two years) is designed to enhance the skills and knowledge of healthcare professionals in the field of palliative care, providing them with the necessary tools to offer high-quality care to patients with life-limiting illnesses. In addition, there is a national palliative care course for medical specialists (9 course days) and many other postgraduate courses.</p>

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<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 regional PC networks, 65 in the Netherlands, involve collaboration among various healthcare providers, including hospitals, hospices, nursing homes, and home care organisations. Each network aims to improve the quality of care by providing training to professionals, and supporting patients and relatives throughout the process, and works closely with other regional organisations, such as GPs and specialised PC teams. The goal is to create a seamless and integrated PC system. In total, 72 hospitals have a PC team. In 2022, there were 223 hospice facilities: 41 PC units within the premises of nursing homes or hospitals, 62 high-care hospices (providing professional specialised care to patients with life expectancy <3 months at a 24/7 basis) and 120 hospice facilities for similar patients with 24h access to professional PC. 36 regional consultation teams provide advice and support to non-specialised healthcare professionals. These teams operate in addition to hospital-based consultation teams. There is a tendency that hospital and regional teams collaborate and integrate. Furthermore, there are 256 home PC teams.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>0.96</p> <p>NETHERLANDS</p> <p>1.85</p> <p>3.68</p> <p>MINIMUM RATE IN THE REGION</p> <p>MAXIMUM RATE IN THE REGION</p> <p>331</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>Integrated provision: Specialised palliative care services or teams for children are systematically provided.</p> <p>47</p> <p>PPC TEAMS</p>	<p>All seven University Medical Centers have specialised PC comfort teams for children. There is a countrywide spread of organisations offering inpatient respite and hospice care. Same holds for home care teams offering PC for children and their families (Center of Expertise in Paediatric PC). There are 12 organisations offering inpatient respite care for seriously ill children and their families. Most also offer inpatient hospice care, but such care is organized based on personalised care needs and also dependent on what the organisation can offer given the timing, availability of staff. Whether or not a specific organisation can offer hospice care varies depending on the timing and care needs. In sum, there are 47 teams (7 paediatric comfort teams in academic hospitals, 12 inpatient hospices, 28 home care teams).</p>