



### General data

POPULATION, 2023

**36,687,353**

PHYSICIANS / 1,000 INH, 2021

**3.39**

### Socioeconomic data

COUNTRY INCOME LEVEL, 2022

**High income**

GDP PER CAPITA (US\$), 2023

**22,056**

HEALTH EXPENDITURE (% GDP), 2021

**6.44**

UNIVERSAL HEALTH COVERAGE, 2021

**82**



### 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
- ⑦ PROVISION OF PC

LEVEL OF DEVELOPMENT



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National Association: Polish Society for Palliative Care.

Data collected: October 2024–March 2025

Report validated by consultants: Yes

Endorsed by National PC Association: Yes

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# Poland

## F Provision of PC (Specialised Services)

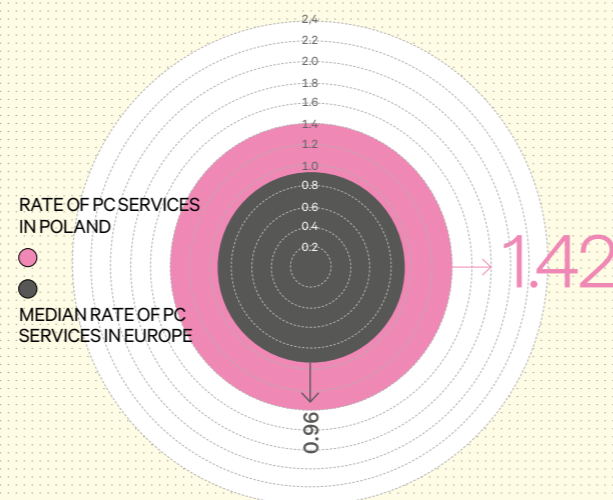
Total number of Specialised PC services

**522**

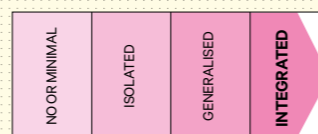
Rate of PC services per 100,000 inhabitants

**1.42**

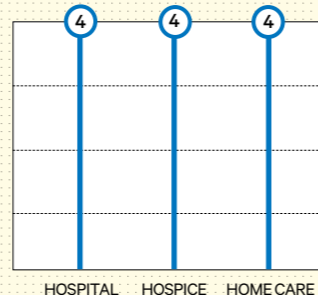
Poland in the context of European region



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

**88**



# Poland

## D Use of essential medicines

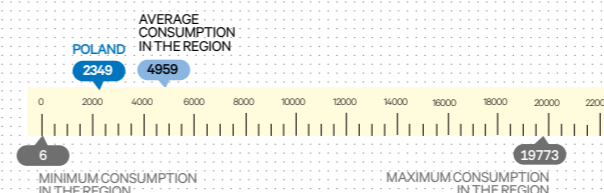


Opioids consumption (excluding methadone)

**2,349**

S-DDD/MILL INHABITANTS/DAY

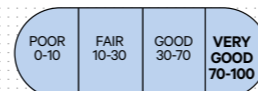
Poland in the context of European region



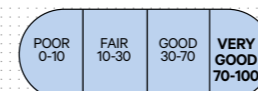
Overall availability of essential medicines for pain and PC at the primary level



IN URBAN AREAS %

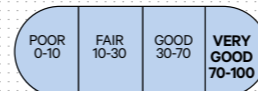


IN RURAL AREAS %

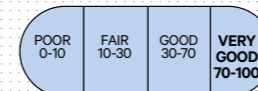


General availability of immediate-release oral morphine at the primary level

IN URBAN AREAS %

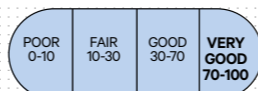


IN RURAL AREAS %

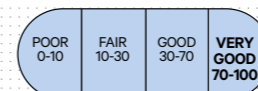


General availability of different opioids and in different formulations at the primary level

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



**14/28**

Nursing schools with mandatory PC teaching



**118/118**

PC Full Professors



**5**

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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<b>Ind1</b> 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.).	There are three main national organisations that support advocacy, promotion, and the rights for palliation of symptoms in people with life-threatening diseases: The Polish Association for Palliative Care, the Polish Society of Palliative Medicine and Polish Palliative Care Nurses Association. On a general level there is the Patient's Rights Ombudsman, a representative of patients (with any disorders) at the MoH, and there are, likewise, many organisations supporting patients rights and families: the Polish Coalition of Oncology Patients, the National Forum of the Hospice Movement, Hospice Foundation in Gdańsk, Society of Friends of the Sick Hospice st. Lazarus in Kraków, Polish Association for Spiritual Care in Medicine, Polish Psycho-Oncology Association, and Urszula Jaworska Foundation. Importantly, in 2022 the Polish Society of Palliative Medicine appointed a Representative of Palliative Care Patients.
<b>Ind2</b> Is there a national policy or guideline on advance directives or advance care planning?	 There is a national policy on advance care planning.	ACP in Poland is not regulated by the law and it is not commonly known in medical practice. Rules on informing patients' and their close ones were regulated through the Act on patients rights and clarifications regarding the patient's legal representative. But patient representative is not a person appointed by the patient. Parents are legal representatives for their children under 18, and also legal representative may be appointed by court for children under 18 or adults incapacitated by the court. These legal representatives are not the surrogate decision-makers as per definition and recommendations of ACP. Articles like <i>Selected aspects of ACP according to Polish legal regulations—physician's requirements</i> and the <i>position of the Polish Working Group on End-of-Life Ethics</i> , present ACP details in the light of regulations.
<b>Ind3</b> 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.   A national palliative care plan is in preparation.	Several regulations are updated like the primary programme/act on PC provision (Internet System of Legal Acts) and the regulation of the MoH, 2013 on guaranteed benefits in the field of palliative and hospice care (Lastly modified on February 3rd 2022). An official strategy for PC has not yet been published but was drafted and submitted to the MoH by a group of experts after a longitudinal strategy developed between 2022 and 2024. Furthermore, in 2022 the Expert Group of National Consultants in Palliative Medicine and PC Nursing, developed the draft of organisational standards for specialist PC for adult patients, although it was not implemented. Two articles regarding standards were also published (not yet officially accepted by the MoH): 1) Standards for specialist PC (journal of Polish Association for Palliative Care, "Palliative Medicine in Practice", 2022); and 2) Standards for palliative and supportive care outpatient clinic. In the National Cancer Strategy 2020-2030, the develop-

# EU Poland

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	 The indicators to monitor and evaluate progress exist but have not been yet implemented.	ment of palliative and hospice care is included in the investment of the healthcare system, with an increase of access to PC and an improvement of the quality of life of cancer patients. The Supreme Audit Office published report on access to PC in Poland in 2019 as well as an official analysis of the Polish palliative care perspectives through the "Map of Health Needs", by the MoH.
<b>Ind4</b> 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.	Hospice and PC services are included in the catalogue of the guaranteed services within Polish public healthcare system. The beneficiary (patient) is entitled to guaranteed healthcare services in the scope of: palliative and hospice care). Act of 27 August 2004 on health care services financed from public funds (Art. 15 sec. 2 item 11:2.). When patients with PC needs do not fulfil the referral criteria for specialised PC, the primary care physician is obliged to deliver care (PC approach) as per ACT of 27 October 2017 on primary care – art. 2. Besides, PC is included in national, compulsory training curriculum for undergraduate medicine and nursing students, and in postgraduate training for various medical specialities including primary care physicians; and in publicly funded services as per Act of 27 August 2004 on health care services financed from public funds.
<b>Ind5</b> 5.1. Is there a national authority for palliative care within the government or the Ministry of Health?	 The coordinating entity for palliative care is a well-defined and has a good structure (scientific & technical).	There is a national consultant in palliative medicine and a national consultant in palliative care nursing (both attached to the Ministry of Health) and voivodeship consultants in palliative medicine and in palliative care nursing in each of the 17th voivodeships (attached to voivodes). The national consultants in palliative medicine and palliative care nursing perform roles defined in the law—mainly advisory and supervisory roles, they do not have budget.
5.2. The national authority has concrete functions, budget and staff.	 There are concrete functions but do not have a budget or staff.	

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<b>Ind6</b> 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>	Many interdisciplinary, national or international PC conferences are organized every year. Some examples include Conferences of the Polish Society of Palliative Medicine, Polish Association of Palliative Care, International Conferences of the Journal 'Palliative Medicine in Practice' in Gdańsk, Father Dutkiewicz Hospice in Gdańsk Conferences, Palliative Care Conferences in Zielona Góra. There are at least four conferences on a national level each year: two by Polish Society of Palliative Medicine in cooperation with a publisher Termedia, once a year an International Conference of the journal 'Palliative Medicine in Practice' (by Publisher Via-medica and Polish Association of Palliative Care), and once a year a national conference by the Polish Society of Palliative Care Nursing in Częstochowa. Also local palliative and hospice care conferences are organised.
<b>Ind7:1</b> 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>3</div><div></div></div> <p>Represents a considerable amount of articles published.</p>	There is a considerable amount of articles. Some recent examples relating to organisation of PC and ethical issues are: 1) The organisation of hospice and palliative care in Poland according to data from the National Health Fund: a cross-sectional study, 2) Exploring the readiness of hospice and oncology unit staff to offer spiritual support to patients: preliminary findings, 3) Quality of referrals to specialist palliative care, etc.
<b>Ind7:2</b> Inclusion of PC topics in national research calls.	<div><div></div><div></div><div>3</div><div></div></div> <p>They do exist national research calls that do include palliative care topics.</p>	Polish governments' agencies that award grants for research and development activities, such as the National Science Center and the National Center for Research and Development, organize open calls on general topics. In some of these open calls, research may include palliative care topics. The Medical Research Agency is announcing calls for competitions in the fields of healthcare improvement.
<b>Ind8</b> Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.		<div><div>2,349</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>POLAND</div><div>2349</div><div>0</div><div>2000</div><div>4000</div><div>6000</div><div>8000</div><div>10000</div><div>12000</div><div>14000</div><div>16000</div><div>18000</div><div>20000</div><div>22000</div><div>6</div><div>19773</div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>MAXIMUM CONSUMPTION IN THE REGION</div></div></div>

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<b>Ind9</b> 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>	In Poland, essential medicines for pain and palliative care are available in various healthcare settings. Every registered physician (including physicians from primary care) is authorised to prescribe opioids and other essential medicines. Nurses with appropriate training can also write prescriptions for opioids from tier II of the analgesic ladder.
<b>Ind10.1</b> 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>	Immediate-release morphine is available in various healthcare settings in Poland in urban and rural areas. Every registered physician (including physicians from primary care) can prescribe oral morphine and other opioid analgesics.
<b>Ind10.2</b> 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>	In Poland, different opioids in different formulations are available in healthcare settings. Any registered physician (including primary care physicians) is authorised to prescribe opioid analgesics. Nurses with appropriate training can also write prescriptions for opioids from tier II of the analgesic ladder.

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<p><b>Ind11</b></p> <p>11.1. The proportion of medical schools with <b>COMPULSORY</b> teaching in PC (with or without other optional teaching).</p> <p>11.2. The proportion of medical schools with <b>OPTIONAL</b> teaching in PC.</p> <p>11.3. The proportion of nursing schools with <b>COMPULSORY</b> teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with <b>OPTIONAL</b> teaching in PC.</p> <p>11.5. PC Full Professors.</p> <p>11.6. Legislation/regulations concerning PC education.</p>	<p>14/28</p> <p>1/28</p> <p>118/118</p> <p>0/118</p> <p>5</p> <p>Yes</p>	<p></p> <p>Palliative care is taught to medical students as a compulsory subject in half of the medical universities in Poland (14/28) and in 118 /118 of the nursing schools. According to Regulation of the Minister of Health of 26 July 2019 on standards of education of nurses and other medical professionals, the programme for nurses pre graduate education includes 40 hours of practical classes and 40 hours of practice in palliative care/hospice settings. There are currently five full professors in palliative medicine.</p>
<p><b>Ind12</b></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>Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognised by competent national authorities.</p>	<p>Palliative medicine is a recognised specialty for physicians since 1999. The updated document on specialisations for physicians in Poland is the Regulation of the Minister of Health of May 4, 2023 on the specialisation of physicians and dentists.</p>

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<p><b>Ind13</b></p> <p>13.1. There is a system of specialised PC services or teams in the country that has a <b>GEOGRAPHIC</b> reach and is delivered through different service delivery platforms.</p> <p>13.2. Are available in <b>HOSPITALS</b> (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 <b>HOSPICES</b> (including hospices with inpatient beds).</p> <p>13.4. <b>HOME CARE</b> 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>According to data from the National Health Fund database for May 2023, 522 palliative care services, overall financed by National Health Fund operate in Poland (1.47 services per 100000 inhabitants): 177 facilities providing palliative medicine outpatient services, 593 home palliative care teams for adults, 254 inpatient hospices, 81 home care hospices for children and 20 perinatal palliative care teams. Almost half of these services deliver palliative care in various settings. 450 (84.4%) PC units are exclusively for adults, 26 (4.9%) — exclusively for children and 54 (10.1%) — for both adults and children. The number of hospital-based palliative care teams in hospitals is very low. This type of palliative care services for patients who are admitted to various inpatient units need specialist palliative care consultations are not financed by the National Health Fund. The National Health Fund signed 593 contracts for (palliative care ) home care for adults and 80 for children in 2023.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>0.96</p> <p>POLAND</p> <p>1.42</p> <p>0</p> <p>MINIMUM RATE IN THE REGION</p> <p>3.68</p> <p>MAXIMUM RATE IN THE REGION</p> <p>522</p> <p>← SPECIALISED PALLIATIVE CARE SERVICES</p>
<p><b>Ind14</b></p> <p>14.1. There is a system of specialised PC services or teams for <b>children</b> 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></p> <p>PPC TEAMS</p>	<p>Palliative care for children in Poland is delivered mainly by home hospices. There are only a few in-patient settings that deliver palliative care for children. In total in 2023 in database of the National Health Fund 81 contracts for palliative care for children were reported. There has been an improvement since 2022, when there were 66 registered children's hospices, 60 of which were really active units. About 8 in-patient palliative care services in 2023 were delivered for children within the free-standing hospice. There were also 20 perinatal palliative care services. According to this source, 20 healthcare settings in 2023 delivered perinatal palliative care services. They are also named in practice 'perinatal hospice'.</p>