



General data

POPULATION, 2023
10,578,174

PHYSICIANS / 1,000 INH, 2021
5.76

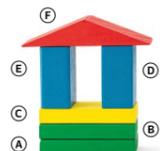
Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High income

GDP PER CAPITA (US\$), 2023
27,331

HEALTH EXPENDITURE (%GDP), 2021
11.14

UNIVERSAL HEALTH COVERAGE, 2021
88



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

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



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National Association: Portuguese Association for Palliative Care.

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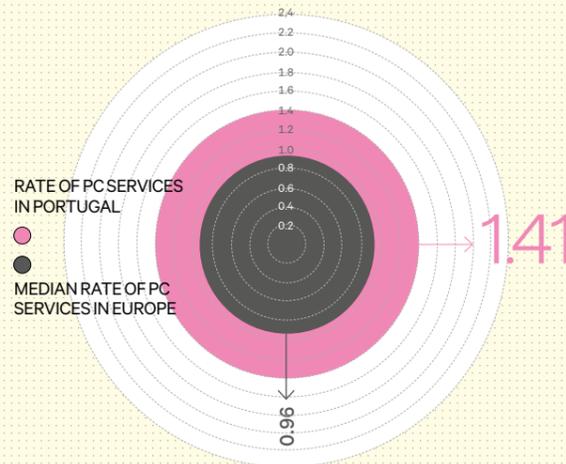
Portugal

F Provision of PC (Specialised Services)

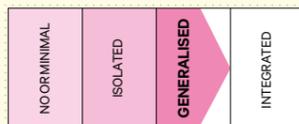
Total number of Specialised PC services **150**

Rate of PC services per 100,000 inhabitants **1.41**

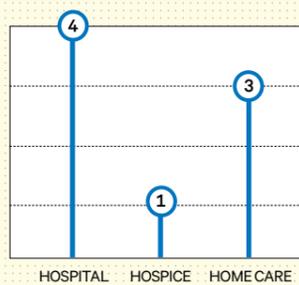
Portugal in the context of European region



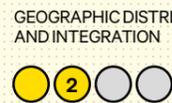
Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services



TOTAL NUMBER
12

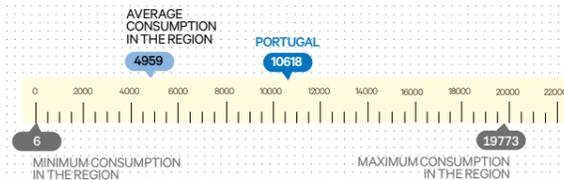


Portugal

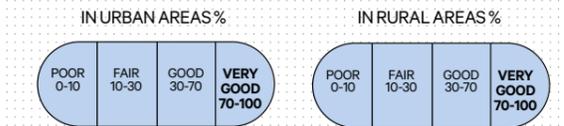
D Use of essential medicines

Opioids consumption (excluding methadone) **10,618**
S-DDD/MILL INHABITANTS/DAY

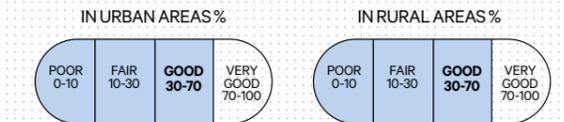
Portugal in the context of European region



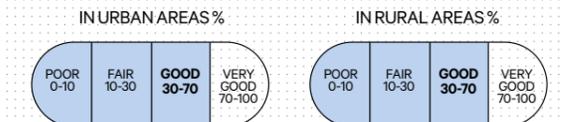
Overall availability of essential medicines for pain and PC at the primary level



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 **3**

Inclusion of PC topics in National Research Calls **4**

Existence of PC congresses or scientific meetings **4**

E Education & Training

Medical schools with mandatory PC teaching **6/8**

Nursing schools with mandatory PC teaching **16/40**

PC Full Professors **0**

Recognition of PC specialty **3**

B Policies

National PC plan or strategy **3**

Responsible authority for PC in the Ministry of Health **4**

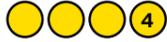
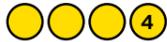
Inclusion of PC in the basic health package at the primary care level **3**

A Empowerment of people and communities

Groups promoting the rights of PC patients **4**

Advanced care planning-related policies **4**

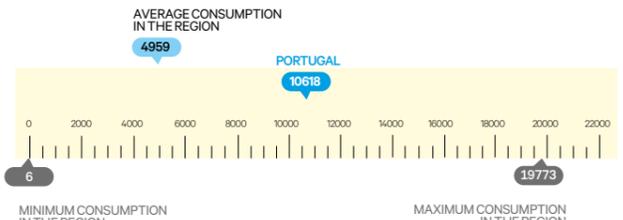


<p>Ind1</p> <p>Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.</p>	 <p>Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.).</p>	<p>Besides de Portuguese Association of Palliative Care and the Association of Nurses in Continued and Palliative Care (<i>Associação de Enfermagem em Cuidados Continuados e Paliativos</i>), a number of groups are dedicated to promote the rights of patients in need of palliative care such as: Stop Cancer Portugal, the Portuguese Amyotrophic Lateral Sclerosis Association (APELA), the Portuguese Association for Integrated Care (PAFIC), Alzheimer Portugal, the Portuguese Lung Transplant Association, the Association of the country of friends of patients with cancer (ACRED-ITAR), the League against cancer, the Portuguese Voice Limited Association, Europacolón Portugal, the Portuguese Leukaemia and Lymphoma Association, the Association for Supporting Cancer patients, ASADOCORAL, the Ronald McDonald foundation, and the Informal caregivers National Association.</p>
<p>Ind2</p> <p>Is there a national policy or guideline on advance directives or advance care planning?</p>	 <p>There is a national policy on advance care planning.</p>	<p>There is a legal and policy framework that addresses advance care planning, although it is still under development in terms of implementation and practical dissemination. The main instrument in this context is Law No. 25/2012, which regulates advance directives (DAV), including living wills, and the appointment of a healthcare proxy.</p>
<p>Ind3</p> <p>3.1. There is a current national PC plan, programme, policy, or strategy.</p> <p>3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.</p>	 <p>Actualized in last 5 years, but not actively evaluated or audited.</p>  <p>Yes, there is a stand-alone national palliative care plan AND there is national palliative care law/legislation/ government decrees on PC.</p>	<p>There is a Strategic Plan for the development of palliative care in Portugal (<i>Plano estratégico para o desenvolvimento dos cuidados paliativos em Portugal Continental Biénio 2023-2024</i>). Also there is a body of regulations, including law n.º 52/2012 on Palliative Care, September 5th (This law enshrines the right and regulates citizens' access to palliative care, defines the state's responsibility for palliative care and creates the National Palliative Care Network (RNCP), which will operate under the supervision of the Ministry of Health.), law n.º 31/2018 on the rights of people with advanced illness and at the end of life, and the decree-law 253/2009, approving the Regulation on Spiritual and Religious Assistance in the National Health Service. Furthermore, there are quality indicators to measure palliative care within the national strategy for the development of palliative care (page 18), never been implemented.</p>



<p>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</p>	 <p>The indicators to monitor and evaluate progress with clear targets exist but have not been yet implemented.</p>	
<p>Ind4</p> <p>PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.</p>	 <p>Included in the essential list of services recognised by a government decree or law but not in the General Health Law.</p>	<p>Although the general health care law does not specify the provision of palliative care in primary health care, it is mentioned. Palliative care is established and included in the list of services recognised by a law, particularly law n.º 52/2012 on Palliative Care, September 5th, enshrining the right and regulating citizens' access to palliative care and defining the state's responsibility for palliative care. It also creates the National Palliative Care Network (RNCP), which will operate under the supervision of the Ministry of Health.</p>
<p>Ind5</p> <p>5.1. Is there a national authority for palliative care within the government or the Ministry of Health?</p> <p>5.2. The national authority has concrete functions, budget and staff.</p>	 <p>The coordinating entity for palliative care is a well-defined and has a good structure (scientific & technical).</p>  <p>There are concrete functions and staff, but do not have a budget.</p>	<p>The National Palliative Care Commission is a body of the Central Administration of the Health System (ACSS) (cf. Article 4(2) of Decree-Law 173/2014 of 19 November) and is responsible for coordinating the National Palliative Care Network, drawing up and proposing strategic plans for the development of palliative care for approval by the Ministry of Health. This National Palliative Care Commission took office on 1 May 2021 under Order no. 4676/2021 of 7 May.</p>

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<p>Ind6</p> <p>Existence of congresses or scientific meetings at the national level specifically related to PC.</p>	 <p>At least one national conference specifically dedicated to palliative care every year.</p>	<p>Latest national congress held in Portugal was the XI National Congress of Palliative Care and II International Congress of the APCP, the X National palliative care congress (and I International Congress of the APCP) in 2022, the National meeting of paediatric palliative care 2023, amongst others. Some of the other seminars and courses can be viewed on the APCP website. Other examples such as the International Congress on Continuing and Palliative Care (Centre for Studies and Development of Continuing and Palliative Care of the University of Coimbra), are documented.</p>										
<p>Ind7:1</p> <p>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.</p>	 <p>Represents a considerable amount of articles published.</p>											
<p>Ind7:2</p> <p>Inclusion of PC topics in national research calls.</p>	 <p>There is a palliative care-specific national research call.</p>	<p>Besides some training grants, there are annual education and research grants like the Isabel Correia de Levy education and research grants, which is privately funded and managed by the Portuguese National Association for Palliative Care (APCP).</p>										
<p>Ind8</p> <p>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</p>	<p>10,618 Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</p> <p>S-DDD PER MILLION INHAB /DAY</p> <p>COUNTRY VS REGION</p>  <table border="1"> <caption>Average consumption of opioids in defined daily doses (S-DDD) per million inhabitants per day</caption> <thead> <tr> <th>Category</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Portugal</td> <td>10,618</td> </tr> <tr> <td>Average consumption in the region</td> <td>4,959</td> </tr> <tr> <td>Minimum consumption in the region</td> <td>6</td> </tr> <tr> <td>Maximum consumption in the region</td> <td>19,773</td> </tr> </tbody> </table>		Category	Value	Portugal	10,618	Average consumption in the region	4,959	Minimum consumption in the region	6	Maximum consumption in the region	19,773
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EU Portugal

<p>Ind9</p> <p>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.</p>		<p>The resolution approved by Infarmed, the National Authority of medicines and health products of Portugal, published an EML of critic nature, approved by MOH the 27th July 2023. The majority of EM as defined in the WHO model list can be encountered. Looking at the Therapeutic Compendium of Infarmed, there is direct availability of acetylsalicylic acid, Ibuprofen, Paracetamol (acetaminophen), Dexamethasone, Diazepam and Midazolam, Haloperidol, Metoclopramide, Loperamide and Lactulose, Amitriptyline; under prescription Codeine, Morphine, Fentanyl, Methadone, Ondansetron. However, primary health care and hospitals in Portugal do not have Hydromorphone and Hyoscine hydrobromide, nor Cyclizine, although alternatives to this last one like diphenhydramine and dimenidrate are indeed available.</p>
<p>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.</p>		
<p>Ind10.1</p> <p>10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).</p>		<p>Oral morphine (immediate release) was generally available across the country, according to the EAPC Atlas of Palliative Care in Europe 2019. The Global Health Observatory at the WHO confirms the general availability of oral morphine in the public health sector for the year 2021. Indeed, in Portugal, although any doctor in any part of the county can prescribe oral morphine (liquid or tablets), with no significant urban-rural differences, these medications are often not stocked in primary health care centres.</p>
<p>10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).</p>		
<p>Ind10.2</p> <p>10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations.</p>		<p>According to the Therapeutic Compendium by Infarmed, some opioids are limited or non-available on the primary care level like immediate-release Hydromorphone or Oxycodone. Across the country any doctor in any part of the country can prescribe morphine oral (liquid and tablets immediate and sustained release), Fentanyl (TD and transmucosal), buprenorphine (TD e Sublingual), and sustained release oxycodone. However, these medicines are not always stocked in primary health care centres.</p>
<p>10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations.</p>		

EU Portugal

Ind11

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

6/8



According to the report on the Strategic Plan for the Development of Palliative Care 2017-2018 (page 11), five medical schools had compulsory teaching in palliative care, with an independent module at the University of the Algarve and teaching integrated into other disciplines ('combined compulsory training') at four universities (Lisbon-Faculty of Medicine, Porto-Abel Salazar Biomedical Institute, Beira Interior and Minho). From 2021-2022, the Faculty of Medicine of the University of Porto also has a compulsory two-week Palliative Care module with clinical practice in the 6th year. At the Faculty of Medicine of the University of Coimbra (FMUC) there is an optional course unit on Palliative Care (54 hours, 1st and 2nd semester), in the postgraduate course, for 4th and 5th year students. Regarding nursing schools, out of 40 schools, 18 have subjects of palliative care of which, around fifteen teach it as a discipline, and 18 have it included in other curricular units. At postgraduate level, the Faculty of Medicine of the University of Porto (FMUP) offers a Doctoral Degree in palliative care and there are master's degrees in palliative care at the FMUP, the Faculty of Medicine of the University of Lisbon and other educational institutions. The Faculty of Medicine of the University of Coimbra (FMUC) offers a Master's degree in continuing and palliative care.

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

2/8

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

16/40

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

18/40

11.5. PC Full Professors.

0

11.6. Legislation/regulations concerning PC education.

Yes

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).

PC is recognised as a professional competence by the Portuguese Medical Association. Requirements for the award of Competence include: a) Being a registered doctor with the Portuguese Medical Association and in full possession of their statutory rights; b) Successful attendance of training courses recognised by the Portuguese Medical Association and organised by appropriate bodies (minimum of 400hs or 60 ECTS global work); c)- Practical training of 810 hsin a PC team(s), supervised; d) The practical internship must be in different settings, with at least 160hs internship in EIHSCP with external consultation and 160hs in ECSCP being compulsory, and e) the presentation of 3 papers in Palliative Medicine, as first author.

EU Portugal

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.



Generalised provision: Exists in many parts of the country but with some gaps.

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.



Are part of most/all hospitals in some form.

13.3. Free-standing **HOSPICES** (including hospices with inpatient beds).



Not at all.

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.

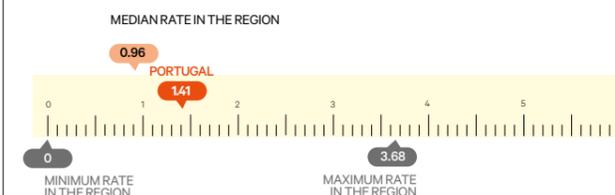


Found in many parts of the country.

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

According to the Directory of specialised PC services by the Portuguese Observatory of Palliative Care, 150 specialised services operate in Portugal (including islands). However, some of the teams accounted for are extensions within the same teams meaning that two teams may be operated by the same professionals. Considering this, there are 52 hospital support teams, 38 units, 48 community support teams (home teams), and 12 paediatric teams; with greater number of services in Northern Region and Lisbon area (up to 97 teams), 24 in Centro, 12 in Alentejo, 7 in Algarve, 6 in Açores and 3 in Madeira. While there are no hospices in Portugal, there are in-patient 'long term care units' in the National Continuing Care Network, for dependent people; however most do not have the support of a PC team. In geographic terms, there are more teams in Northern Portugal and Lisbon, with most hospitals and health centres. In Algarve, there are two public hospitals and three primary health care centres, all of which have PC teams covering the region; and, in Alentejo, there are public Local Health Units all with different model-type services.

RATE OF SPECIALISED PC SERVICES/100,000 INH



150 ← 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.



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.

12
PPC TEAMS

According to *Relatório de implementação do Plano Estratégico para o Desenvolvimento dos Cuidados Paliativos Biénio 2021-2022*, (Report on the implementation of the Strategic Plan for the Development of Palliative Care 2021-2022), 6 paediatrics palliative care teams provided palliative care. According to the most recent directory, up to 12 teams provide for palliative care for children (not accounting for adult palliative care services also admitting children). In Portugal, complex paediatric palliative care (oncological and non-oncological) are centralised in 5 major hospital centres, all of which have a Paediatric Support Team: a) In the North - ULS São João (the hospital team also goes to the home) and ULS Santo António (hospital only), b) In the Centre-ULS Coimbra (the hospital team also goes to the home and has UCP); and c) In the South-ULS Santa Maria and ULS São José.