



General data

POPULATION, 2023  
**48,347,910**  
PHYSICIANS / 1,000 INH, 2021  
**4.48**

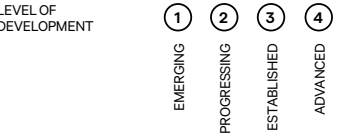
Socioeconomic data

COUNTRY INCOME LEVEL, 2022  
**High income**  
GDP PER CAPITA (US\$), 2023  
**33,509**  
HEALTH EXPENDITURE (% GDP), 2021  
**10.74**  
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
- ⑤ EDUCATION AND TRAINING
- ⑥ PROVISION OF PC



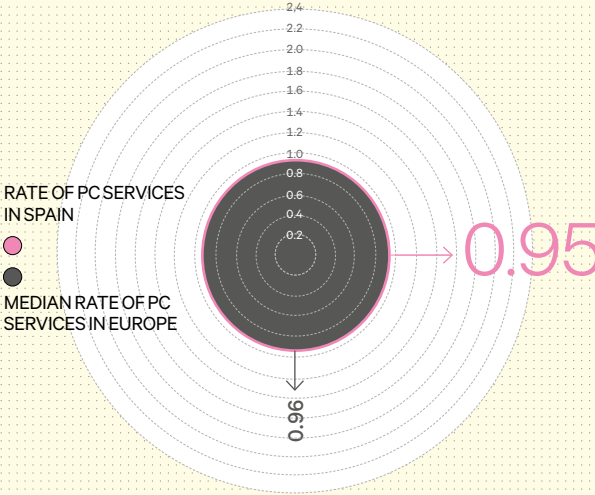
Consultants: Pilar Barnestein-Fonseca; Blanca Escat Juanes; Salvador Martín Utrilla; Elena Oliete; Javier Resa; Federico Talledo; Eva Vibora-Martín; Elia Martínez; Alberto Alonso; Ricardo Martino Alba and Fátima Parra.  
National Association: Spanish Society for Palliative Care (SECPAL).  
Data collected: 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).

# spain

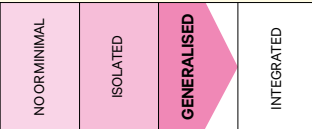
F Provision of PC (Specialised Services)

Total number of Specialised PC services  
**463**  
Rate of PC services per 100,000 inhabitants  
**0.95**

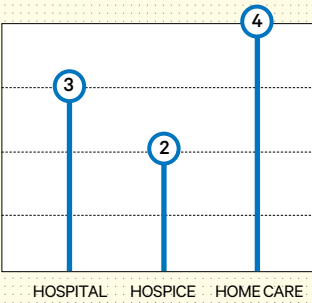
Spain in the context of European region



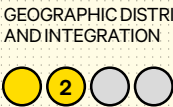
Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services



TOTAL NUMBER  
**53**

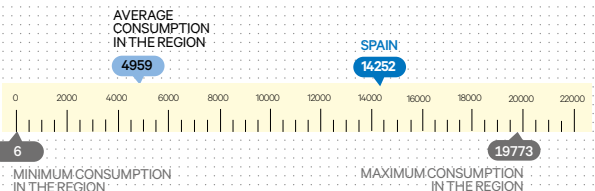


# Spain

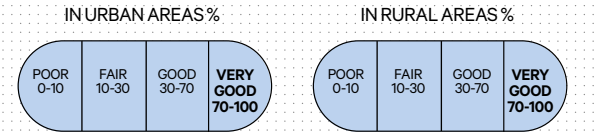
D Use of essential medicines

Opioids consumption (excluding methadone)  
**14,252**  
S-DDD/MILL INHABITANTS/DAY

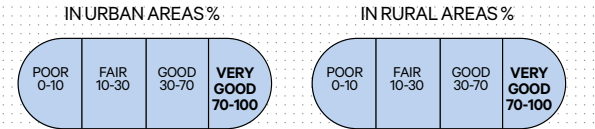
Spain in the context of European region



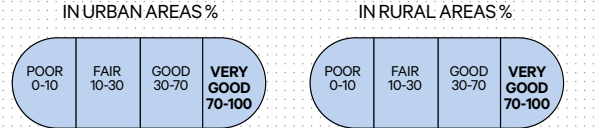
Overall availability of essential medicines for pain and PC at the primary level



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  
**23/53**

Nursing schools with mandatory PC teaching  
**45/105**

PC Full Professors  
**2**

Recognition of PC specialty  
**2**

B Policies

National PC plan or strategy  
**2**





Responsible authority for PC in the Ministry of Health  
**1**





Inclusion of PC in the basic health package at the primary care level  
**4**

A Empowerment of people and communities

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

Advanced care planning-related policies  
**4**

<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.)	<p>In Spain, there are a number of organisations dedicated fully to promote the rights of PC patients, such as the Spanish Society for Palliative Care (established in 1992), the Spanish Association against Cancer (NGO working for over 60 years in the fight against cancer), Palliative without Borders (2009), At the end of life, PORQUE VIVEN Foundation (2009), the PalliaClinic Foundation, New Health Foundation, and the Pía Aguirreche Foundation. Furthermore, the Compassionate Communities movement was initiated under the leadership of Dr.Herrera and New Health Foundation in Seville, and Professor Gómez-Batiste, of the WHO Collaborating Centre for Public Palliative Care Programmes in Barcelona. The ‘Todos Contigo’ (all with you) methodology to promote the development of Compassionate Communities throughout Spain was extended to Bidasoa (Bidasoa Zurekin Association), Pamplona (San Juan de Dios Organisation), etc.</p>
<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.	<p>Law 41/2002 on patient autonomy and the rights and obligations regarding clinical information and documentation, regulates in article 11 the AD document (...). Effectiveness of this right requires that AD are known precisely and in a timely manner by health professionals. For this reason, article 11 provides that (...) the National Register of Prior Instructions shall be created at the MoH and Consumer Affairs. The Royal Decree 124/2007, regulating the National Registry of AD and the corresponding automated personal data file, includes the creation of the Registry, its assignment to the MoH, its object and purpose, the registration and access procedure and the mandate for the creation of the corresponding automated file. However, the extent to which ACP is implemented in the health system, remains uncertain.</p>
<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.	  Developed over 5 years ago.    Yes, there is a stand-alone national palliative care plan AND there is national palliative care law/legislation/ government decrees on PC.	<p>The National Palliative Care Strategy was last updated in 2010-2014, and evaluated between 2015-2020. There is also an outdated strategy entitled “Paediatric Palliative Care in the Spanish National Health System. Care criteria (2014)”, that was audited in 2022 in an assessment report: Evaluation Report of the document ‘Paediatric Palliative Care in the National Health System: Care Criteria’, 2022. Additionally, although palliative care is not included in the Spanish Public Health Strategy, it is constantly included in the Strategy for Cancer of the National Health System, updated in 2021. Palliative care is not observed in the General Healthcare law (1986), but there are several regulations and decrees related to palliative care: the law 5/2015 on rights and guarantees of the dignity of people with advanced and terminal illnesses, and regional adaptations of the same law; as well as Law 41/2002 of 14 November 2002, on patient autonomy.</p>

  3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	  The indicators exist, but have not been updated (implemented out of the determined period).	
<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.	<p>The Law on Social Cohesion and Quality in the NHS is a general law dealing with many aspects of the general law (not up to date). Palliative care is included as a basic benefit in the ‘Law on Cohesion and Quality in the National Health System’ and in the portfolio of common services of the National Health System. Indeed Law 16/2003, of 28 May, on the cohesion and quality of the National Health System. BOE no. 128, 29 May 2003, states: “Primary care includes community care, palliative care for the terminally ill, oral health and mental health. Specialised care focuses on medical and surgical consultations and day hospitals, and also includes hospital at home, palliative care for the terminally ill and mental health.” The Royal Decree 1030/2006, 15 September 2006, establishing the portfolio of common services of the National Health System and the procedure for updating it. BOE no. 22, 16 September 2006. In annex 2, point 7.</p>
<b>Ind5</b>  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.	  There is no authority defined.    Does not have concrete functions or resources (budget, staff, etc.).	<p>Health care authority in Spain is devolved to the Autonomous Regions, not the national Ministry, and there is no overarching national authority across these regions. A national strategy figure exists, but it operates outside the ministry’s framework. Specific budget information for Palliative Care is not available; instead, there’s a general budget line item for Health Care managed by regional governments. This decentralised structure reflects Spain’s approach to health care governance, balancing regional autonomy with national coordination efforts.</p>

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<p><b>Ind6</b></p> <p>Existence of congresses or scientific meetings at the national level specifically related to PC.</p>	<p>●●●●4</p> <p>At least one national conference specifically dedicated to palliative care every year.</p>	<p>SECPAL organises international congresses or conferences every year: 2023, 2022, 2021, to cite the latest years' editions.</p>
<p><b>Ind7:1</b></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>●●●●4</p> <p>Denotes an extensive number of articles published on the subject.</p>	<p>Depending on search strategies, but usually searcher denote an extensive number of articles published on palliative care. Nearly 50 studies can be retrieved in Pubmed for the latest five years. According to international bibliometric analysis, Spain is ranked as top 12 publisher in the world (nearly 400 studies published between 2002-2020).</p>
<p><b>Ind7:2</b></p> <p>Inclusion of PC topics in national research calls.</p>	<p>●●●3●</p> <p>They do exist national research calls that do include palliative care topics.</p>	<p>Although there are not many neither are palliative care specifically-related, there are some national calls for proposals on health or cancer that include Palliative Care.</p>
<p><b>Ind8</b></p> <p>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</p>	<p><b>14,252</b></p> <p>S-DDD PER MILLION INHAB /DAY</p> <p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</p> <p>COUNTRY VS REGION</p> <p>AVERAGE CONSUMPTION IN THE REGION</p> <p>4959</p> <p>SPAIN</p> <p>14252</p> <p>6</p> <p>19773</p> <p>MINIMUM CONSUMPTION IN THE REGION</p> <p>MAXIMUM CONSUMPTION IN THE REGION</p>	

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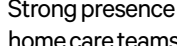

<p><b>Ind9</b></p> <p>9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines.</p> <p>9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines.</p>	<p>●●●●4</p> <p>●●●●4</p>	<p>The Royal Legislative Decree 1/2015, of 24 July, which approves the revised text of the Law on guarantees and rational use of medicines and medical devices in its article 3 Guarantees of supply and dispensing. With the exception of ondansetron analogues, which are only for hospitalary use, all the essential medicines are fully available at the primary care level.</p>
<p><b>Ind10:1</b></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>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>●●●●4</p> <p>●●●●4</p>	<p>The Royal Legislative Decree 1/2015, of 24 July, which approves the revised text of the Law on guarantees and rational use of medicines and medical devices in its article 3 Guarantees of supply and dispensing.</p>
<p><b>Ind10:2</b></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>10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations.</p>	<p>●●●●4</p> <p>●●●●4</p>	



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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>23/53</p> <p>7/53</p> <p>45/105</p> <p>14/105</p> <p>2</p> <p>Yes</p>	<p></p> <p>Of a total of 53 faculties of medicine in Spain, 23 teach palliative care as mandatory and further seven as an elective subject. Although 56 out of 115 nursing schools teach palliative care (according to a recent study), other data reveals that 45 have mandatory teaching of palliative care, and another 14 have optional teaching. There are two full professors of palliative medicine in Spain and there is an education-related legislation pending specification/application in the accreditation of professionals to obtain the diploma. The Regulation of the content of competencies of the advanced accreditation Diploma is Order SND/1427/2023, of 26th December, publishing the regulations for the creation of Accreditation Diplomas in the Functional Area of Palliative Care.</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>There is no process on specialisation for palliative care physicians but exists other type of professional training diplomas without official and national recognition.</p>	<p>To date, Spain continues without a recognition of a specialisation process in palliative medicine for physicians. However, importantly, a Ministerial Order (SND/1427/2023, of December 26) was published, establishing the bases for the creation of Accreditation Diplomas in the Functional Area of Palliative Care for doctors, nurses, psychologists and physiotherapists (not for social workers or spiritual agents). Currently, this order is pending development by the different Autonomous Communities, with a very uneven process.</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>Generalised provision: Exists in many parts of the country but with some gaps.</p> <p></p> <p>In a growing number of private hospitals.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> <p></p> <p>Strong presence of home care teams in all parts of the country.</p>	<p>Spain has 463 specialised services (0,95 services per 100,000 inhabitants). While not all hospitals have a palliative care team, a significant number have specialised palliative care units or hospital support teams. There are not many hospices but a great volume of home-based care teams spread and operating throughout most of the country. The services distributes as follows across regions: Andalucía 50, Islas Canarias 10, Galicia 22, Murcia 28, Extremadura11, País Vasco 28, Castilla y León 31, Cantabria 5, Cataluña 100, Islas Baleares 13, La Rioja 6, Navarra 6, Aragón 13, Castilla La Mancha 25, Comunidad Valenciana 41, Comunidad de Madrid 56, Ceuta 1, Melilla 1, Asturias 16. Of note, these estimations for many regions account for non 100% full specialised palliative care teams.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>0.96</p> <p>SPAIN</p> <p>0.95</p> <p>0</p> <p>MINIMUM RATE IN THE REGION</p> <p>3.68</p> <p>MAXIMUM RATE IN THE REGION</p> <p>463</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 <b>geographic reach</b> 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>Isolated provision: palliative care specialised services or teams for children exist but only in some geographic areas.</p> <p>53</p> <p>PPC TEAMS</p>	<p>According to the Evaluation Report 'Paediatric Palliative Care in the National Health System: Care Criteria', 2022, produced by the Paediatric Palliative Care Association, interdisciplinary PC services for children are available in 14 regions, and operated by 45 specialised teams. These are distributed as follows: Andalucía (9), Asturias (1), Aragón (1), Islas Baleares (1), Cataluña (5), Canarias (3), Castilla y León (2), Comunidad Valenciana (5), Extremadura (2), Galicia (2), Navarra (1), Comunidad de Madrid (7), Región de Murcia (5), País Vasco (1). Latest data suggest there are 53 services/teams registered, almost all mixed units, providing care both in hospital and at home. Only two provide care exclusively at home. There is an intermediate care centre in Barcelona, with convalescence, respite, admissions for family instruction, and admissions for symptom control.</p>