



General data

POPULATION, 2023
10,536,632

PHYSICIANS / 1,000 INH, 2021
-

Socioeconomic data

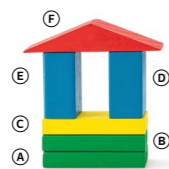
COUNTRY INCOME LEVEL, 2022

High income

GDP PER CAPITA (US\$), 2023
55,516

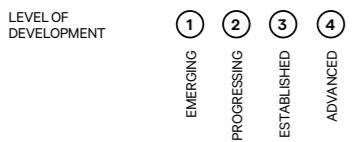
HEALTH EXPENDITURE (%GDP), 2021
11.25

UNIVERSAL HEALTH COVERAGE, 2021
85



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

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



Consultants: Anna Sandgren; Carl-Magnus Edenbrandt; Staffan Lundstrom; Jonas Bergström and Sofia Dettmann.

National Association: Swedish Association for Palliative Medicine (SFPM).

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).

Sweden

F Provision of PC (Specialised Services)

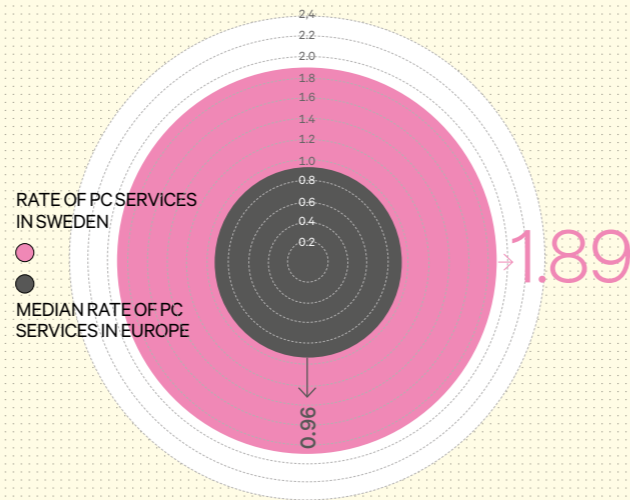
Total number of Specialised PC services

200

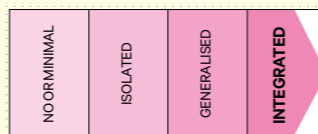
Rate of PC services per 100,000 inhabitants

1.89

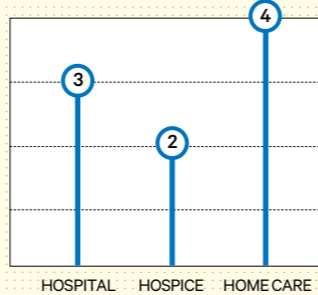
Sweden in the context of European region



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

5



Sweden

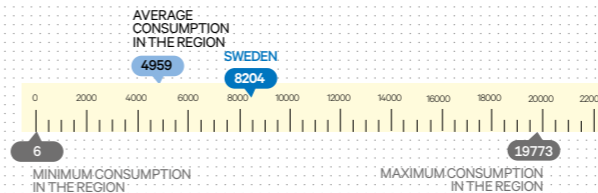
D Use of essential medicines



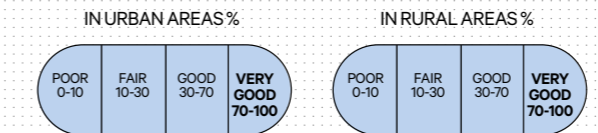
Opioids consumption (excluding methadone)

8,204
S-DDD/MILL INHABITANTS/DAY

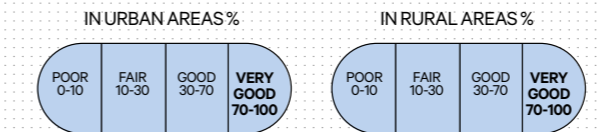
Sweden in the context of European region



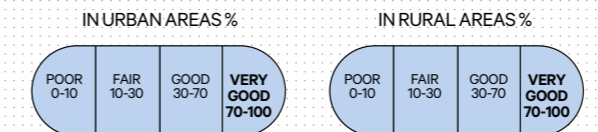
Overall availability of essential medicines for pain and PC at the primary level



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



Existence of PC congresses or scientific meetings



Inclusion of PC topics in National Research Calls



E Education & Training

Medical schools with mandatory PC teaching



5/7

Nursing schools with mandatory PC teaching



4/25

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



<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></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>The Swedish Council for PC is an umbrella organisation set up to enhance and support the development of palliative care in Sweden. The council, created in 2004, consists of 11 national professional PC groups and networks (including physicians, nurses, nurse aids, social workers, physiotherapists, etc). The Council works with identifying neglected areas as well as suggesting improvements. It is involved in updating of the national directory for specialist units. Further networks include the National Association of Palliative Medicine Physicians, the national associations for Palliative Nursing, Occupational therapy, Physiotherapy, Dieticians, and priests in PC; and local NGOs like Beta-niastiftelsen and local hospices. There are also regional PC Competence/Research Centers in Lund, Stockholm, and Växjö. The Swedish Association for Palliative Medicine, since 1997, has been a powerful organisation in collaboration with the government.</p>
<p>Ind2</p> <p>Is there a national policy or guideline on advance directives or advance care planning?</p>	<p></p> <p>There is a national policy on advance care planning.</p>	<p>There is one national policy addressing ACP of medical decisions for use of life-sustaining treatment or end-of-life care from the National Board of Health and Welfare, SOSFS 2011:7. There are no possibilities for patients or relatives to write legally binding AD or 'living wills'; the concept ACP is used in the everyday care process and is formulated in the National Programme for Palliative Care (Adult) and in the National Programme for PC for Children, the National Palliative Care Pathway (including discussion between health care staff and the person and/or relatives around the transition to palliative care, wishes and goals of care and documented in the medical record), the National guidelines and the National Board of Health and Welfare terms/concepts related to palliative care. However, these are not legally binding.</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></p> <p>Actualized in last 5 years, and actively evaluated or audited.</p> <p></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 governmental decree for decision makers on PC guidelines issued by the national board of health and welfare (2013, audited 2017, currently under revision, 2025). There is a national PC programme (2011, actualized in 2023, currently under revision), a national PC programme for children (2021), and PC is included in sections within most national plans, both for cancer and non-malignant diseases. In the National Board of Health's law/government policy on PC from 2013, there is a chapter on indicators (p.61 – 68), and a subsequent update in 2017 by the National Board of Health and Welfare. Indicators are continuously monitored and published by the National Board of Health and Welfare and by the Swedish Registry of Palliative care, since 2005. Several of these indicators have been implemented by the National Board of Health and Welfare in their guidelines also. The Swedish Register of Palliative Care is a national quality register that contributes to research and devel-</p>

<p>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</p>	<p></p> <p>The indicators to monitor and evaluate progress are currently implemented.</p>	<p>opment of PC. It is built on an end-of-life questionnaire (ELQ) with 30 questions that is answered by responsible staff after the death of a patient. The questions reflect quality of care delivered during the last week in life and is based on the principles of a good death proposed by the British Geriatrics Society. Collected data is used for research, projects involving development and quality as well as local audits.</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></p> <p>Palliative care is included in the list of health services provided at the primary care level in the General Health Law.</p>	<p>Palliative care is a priority service in the Swedish Healthcare system, which is outlined in the general Health care law. Palliative care is considered the most priority of all health care services, at the same level as acute emergency care, according to the government proposition: "Regeringens proposition 1996/97:60" page 31, which has become a law. All healthcare in Sweden is free of charge (paid by taxes) and in the diagnostic manual of the official healthcare palliative care has n° Z515. According to the government's priority investigation SOU 1995:5, palliative care must have the highest priority and is included in the list of health services provided at the primary care level.</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></p> <p>The authority for palliative care is defined but only at the political level (without a coordinating entity defined).</p> <p></p> <p>There are concrete functions but do not have a budget or staff.</p>	<p>The national authority for palliative care in Sweden is the National Board of Health and Welfare, which is a government agency under the Ministry of Health and Social Affairs. However, this agency has not a specifically assigned desk, department or person, with responsibility for palliative care development. Its main duty with regard to palliative care, is providing knowledge-based report and guidance for palliative care to the diverse regions; a role that is shared with many other disciplines.</p>

EU Sweden

<p>Ind6</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>There is a national palliative care congress every year, organised by the NRPV (National Council for Palliative Care) together the regional organisation where the congress is hosted that year. It started in 2010 and was initially organised every other year but since 2021 it is organised every year. The congress is multi professional and has scientific speakers in both Swedish and English. The latest congress took place in September 2024 with more than 800 delegates.</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>●●●●4</p> <p>Denotes an extensive number of articles published on the subject.</p>	<p>A search for 'palliative care' and author affiliated with Sweden yielded 794 articles in PubMed, 323 articles in Embase and 638 articles in Cinahl during the last 5 years.</p>										
<p>Ind7:2</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>Palliative care projects have received funding from national calls from the government research fund FORTE, and the private Cancerfonden.</p>										
<p>Ind8</p> <p>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</p>	<p>8,204 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>Country/Region</th> <th>Consumption (S-DDD per million inhabitants per day)</th> </tr> </thead> <tbody> <tr> <td>Sweden</td> <td>8,204</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>		Country/Region	Consumption (S-DDD per million inhabitants per day)	Sweden	8,204	Average consumption in the region	4,959	Minimum consumption in the region	6	Maximum consumption in the region	19,773
Country/Region	Consumption (S-DDD per million inhabitants per day)											
Sweden	8,204											
Average consumption in the region	4,959											
Minimum consumption in the region	6											
Maximum consumption in the region	19,773											

EU Sweden

<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>●●●●4</p>	<p>All fully certified physicians can prescribe all of the listed essential medicines. All the medicines are available at the local pharmacy and patients pay a maximum of up to 2350 SEK (201 euros) per 12 months for all prescribed drugs. The rest is subsidized by the government. There is no difference between rural and urban areas in Sweden, since all physicians can prescribe the medicines and they are available all over the country.</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>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>●●●●4</p>	<p>All primary care health facilities in Sweden have access to immediate-release oral morphine, either in stock or through requisition.</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>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>●●●●4</p>	<p>As for immediate-release oral morphine, all primary care health facilities in Sweden have access to different opioids, either in stock or through requisition. The rules for prescribing opioids are the same in the whole country and the availability is the same in the whole country.</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>	

EU Sweden

Ind11

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

5/7



According latest compilation of training in palliative care in medical schools in Sweden for the national conference in palliative care in 2023, entitled "Palliative medicine on the medical programme - current situation and future", five medical schools teach palliative care to future physicians, while further two teach optional at the medical schools in Linköping and Stockholm (optional 4 week in addition to compulsory courses). There are today 25 nursing schools in Sweden and, as per the latest mapping of palliative care education done in 2019, four schools had a compulsory course (article, pages 5 and 6). Sweden is home for five full professors: 4 professors in palliative care (nurses), 2 in Stockholm, 1 in Östersund/Sundsvall and 1 in Göteborg; and 1 professor in palliative medicine (physician) in Stockholm.

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

2/7

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

4/25

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

11/25

11.5. PC Full Professors.

5

11.6. Legislation/regulations concerning PC education.

No

Ind12

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



Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognised by competent national authorities.

Palliative medicine was recognised as an add-on speciality in Sweden in 2015 by the National Board of Health and Welfare/the government. Descriptive of the objectives can be found in English here. There is a specialist course in palliative medicine which is currently running its sixth round of the course (a yearly course divided into four week long modules spread across the country). Around 35 participants in each round. There are currently approximately 260 specialists in palliative medicine.

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.

5
PPC TEAMS

EU Sweden

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**.



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

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.



In a growing number of private hospitals.

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



Ad hoc/ in some parts of the country.

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.

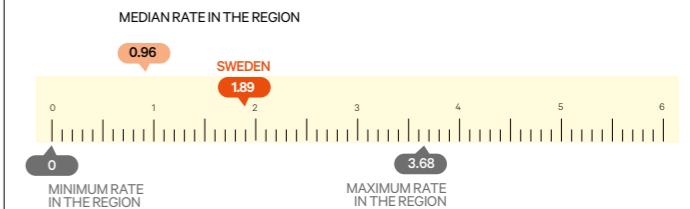


Strong presence of home care teams in all parts of the country.

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

The Swedish Council of Palliative Care maintains a directory of specialised palliative care services, updated using data from the Swedish Register of Palliative Care. Services are available in all counties, though not on a 24/7 basis. There are 200 services, primarily advanced home care teams and specialised palliative care wards, typically located outside hospitals at an intermediate level between primary care and hospital care. Many also provide consultation services to hospitals. Two regions lack palliative care beds in hospitals or units, and some regions have palliative care teams but no 24/7 specialised services. A few hospitals now have specialised palliative care teams, a trend that is slowly growing. Sweden's healthcare system is publicly funded through taxes, and most specialised palliative care services are financed by regional authorities. These include advanced home care teams, palliative wards, and consulting services. While the wards are not called hospices, they deliver specialised palliative care. Hospices in Sweden are private, typically offering 10-15 beds and rarely providing home care.

RATE OF SPECIALISED PC SERVICES/100,000 INH



200 ← 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.

5
PPC TEAMS

There is only one specialised PC ward/hospice for children in Sweden, called Lilla Erstagården, localised within the private foundation Ersta clinic. There is one specialised PC home care service, called *Sjukhusansluten Avancerad Barnsjukvård i Hemmet*, localised at the Karolinska University Hospital. Both these services are located in Stockholm. In the rest of the country children in need of specialised PC are cared for in their homes or in a PC ward/hospice by a specialised PC service for adults in collaboration with the Department for children's diseases at the local hospital. This collaboration is growing but not established all over the country. There has recently been an establishment of a palliative multi professional consultant team for children in the south health care region (Skåne), and a similar one in the northern health care region.