

General data

POPULATION, 2023  
**8,888,093**  
PHYSICIANS / 1,000 INH, 2021  
**4.44**

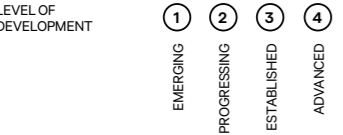
Socioeconomic data

COUNTRY INCOME LEVEL, 2022  
**High income**  
GDP PER CAPITA (US\$), 2023  
**99,564**  
HEALTH EXPENDITURE (% GDP), 2021  
**11.80**  
UNIVERSAL HEALTH COVERAGE, 2021  
**86**



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



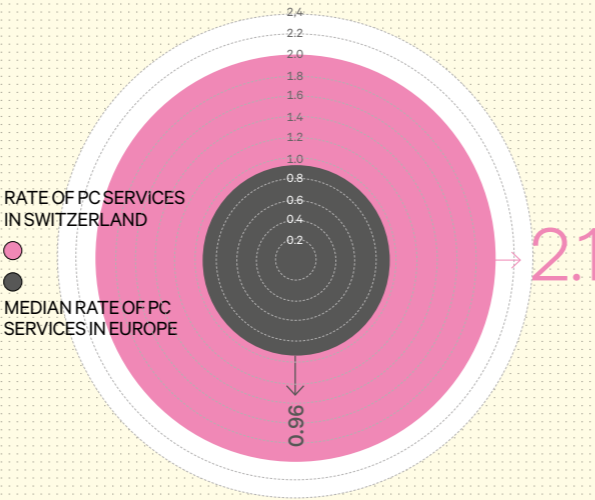
Consultants: Milenko Rakic; Lea Von Wartburg; Claudia Gamondi; Sofia Zambrano, and Philip Larkin.  
National Association: Palliative ch, the Swiss Society for Palliative Medicine.  
Data collected: October 2024–March 2025  
Report validated by consultants: Yes  
Endorsed by National PC Association: No  
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

# Switzerland

F Provision of PC (Specialised Services)

Total number of Specialised PC services  
**187**  
Rate of PC services per 100,000 inhabitants  
**2.1**

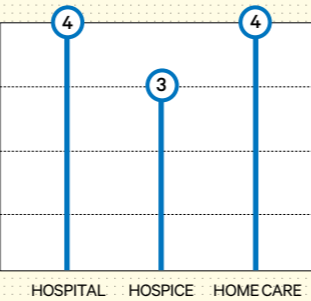
Switzerland in the context of European region



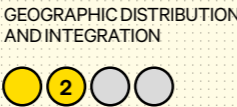
Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services



TOTAL NUMBER  
**2**

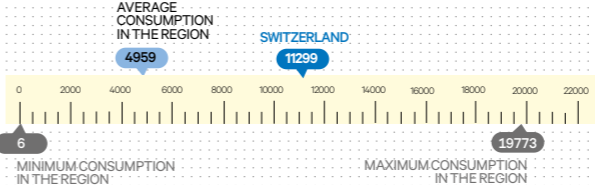


# Switzerland

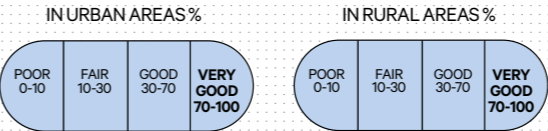
D Use of essential medicines

Opiods consumption (excluding methadone)  
**11,299**  
S-DDD/MILL INHABITANTS/DAY

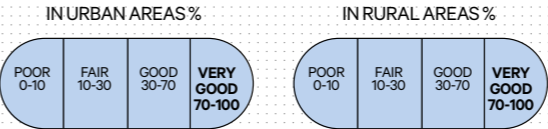
Switzerland in the context of European region



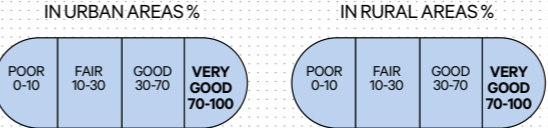
Overall availability of essential medicines for pain and PC at the primary level



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



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



C Research

PC-related research articles



Inclusion of PC topics in National Research Calls

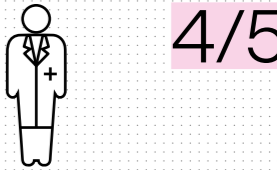


Existence of PC congresses or scientific meetings

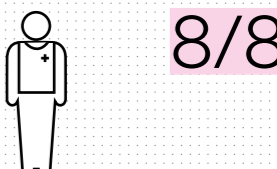


E Education & Training

Medical schools with mandatory PC teaching



Nursing schools with mandatory PC teaching



PC Full Professors



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.)	The Swiss Association for Palliative Medicine, Care and Support, is strongly committed to patient engagement and empowerment. They offer comprehensive advice and support to patients and their relatives to help them make informed decisions. They also promote networking and dialogue between the various stakeholders in the PC field. It has several regional sections providing specialised and supportive PC services for patients and their relatives. They advise and support patients individually and help them plan the final phase of their life. In addition, Switzerland offers a comprehensive range of patient services that advocate for the rights of patients, regardless of their diagnosis or state of health: Patients' rights and Your Options of Counselling. In the area of paediatric PC, there is a foundation in Switzerland that supports families with seriously ill children with a range of services (including legal issues): Pro Pallium.
<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.	Patient decree and AD are two instruments regulated in the Swiss Civil Code ZGB (SR 210), in 2013. In a patient decree, a person who is capable of judgement may specify which medical procedures he or she agrees or does not agree to in the event that he or she is no longer capable of judgement. He or she may also designate a natural person who, in the event that he or she is no longer capable of judgement, should discuss and decide the medical procedures with the doctor. He or she may issue instructions to this person. The patient decree must be executed in writing, and be dated and signed. To strengthen the awareness, accessibility, and quality of ACP, the Federal Council established a ACP national working group in 2021 led by the Federal Office of Public Health and the Swiss Academy of Medical Sciences.
<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.   There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.	The Head of the Federal Department of Home Affairs (FDHA) commissioned the Federal Office for Public Health (FOPH) in 2008 to clarify the PC situation. This showed its inadequate establishment in the public health sector and the urgent need to raise awareness among professionals and public. Consequently, the FDHA declared the promotion of PC to be a priority and, as a result, the FOPH entered into discussions with the 'Swiss Conference of the Cantonal Ministers of Public Health'. In 2008, they jointly set up a National Funding Committee 'Palliative Care' and prepared the 'National Strategy 2010-2012'. In this strategy, the Confederation and Cantons set the main objective of establishing PC together with the most important healthcare, social, training and research actors; and implemented measures in sub-projects: Care, Financing, Awareness, Training, Research and Interdisciplinarity. In 2012, the 'Dialogue on national health policy', the common platform of the Confederation and

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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.	the Cantons, adopted the National PC Strategy 2013–2015 and decided to transform the Strategy into a PC Platform (2017), aimed at encouraging those working in PC to share experiences and expertise. By 2020, the Federal Council adopted the report <i>Better care and treatment for people at the end of life</i> . The National PC Platform conducts a review every three to five years in order to monitor the development of regulatory requirements, care structures and services.
<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.	 Included in the essential list of services recognised by a government decree or law but not in the General Health Law.	On 16 June 2021, the National Council forwarded motion 20.4264 'For adequate funding of palliative care'. It instructed the Federal Council to create the necessary legal basis to guarantee needs-based treatment and care for all people at the end of their lives.
<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).	Beyond the 'National Strategy for Palliative Care 2010-2015', the <i>Dialogue on national health policy</i> decided in 2015 to transform the National Strategy for Palliative Care into a National Platform Palliative Care, aimed at encouraging those working in palliative care to share their experiences and expertise and address specific issues and problems. The Platform Palliative Care was launched in 2017.
5.2. The national authority has concrete functions, budget and staff.	 There are concrete functions, staff and budget.	

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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>	<p>The National Platform Palliative Care organizes every year a conference ‘Forumsveranstaltung’ specifically dedicated to palliative care. The audience consists of so-called forum members (representatives of national organisations (civil society and private organisations) and national/cantonal authorities involved in palliative care). Palliative.ch organises a national conference on palliative care every two years. This congress is for professionals from the various disciplines of palliative care. Besides, there are a lot of individual conferences throughout the country related to palliative care each year.</p>
<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>	<p>A PubMed search for ‘palliative care’ and ‘Switzerland’ yielded 970 results for the last five years.</p>
<b>Ind7:2</b>  Inclusion of PC topics in national research calls.	<div><div></div><div></div><div></div><div>4</div></div> <p>There is a palliative care-specific national research call.</p>	<p>Currently there are no dedicated programmes to PC, but within the National Research Programme “End of life”, of the Swiss National Science Foundation, 33 research teams studied aspects of the end of life in Switzerland. The recommended measures in the report <i>Better care and treatment for people at the end of life</i>, adopted by the Federal Council, are based, on findings by the National Research Programme ‘End of Life’.</p>
<b>Ind8</b>  Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.		<div><div>11,299</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>SWITZERLAND</div><div>11299</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>	<p>The opioid medications are in dispensing category A, the opioid cough suppressants are in dispensing category B. Dispensing category A means that a one-time dispensing is possible on a doctor’s prescription. Medicines that are listed in schedule A according to the Narcotics Act also require a narcotic prescription. In dispensing category B, multiple dispensing is possible on a doctor’s prescription. Pharmacists may dispense category B drugs without a doctor’s prescription under certain conditions. However, the dispensers are obliged to provide advice and documentation.</p>
<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>	<p>Oral morphine (immediate release) is generally available as suggested by the EAPC Atlas of Palliative Care in Europe 2019 and the Global Health Observatory , by the World Health Organization.</p>
<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>	<p>No evidence found.</p>




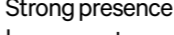

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<p><b>Ind11</b></p> <p>11.1. The proportion of medical schools with <b>COMPULSORY</b> teaching in PC (with or without other optional teaching).</p> <p>11.2. The proportion of medical schools with <b>OPTIONAL</b> teaching in PC.</p> <p>11.3. The proportion 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>4/5</p> <p>1/5</p> <p>8/8</p> <p>5/8</p> <p>5</p> <p>Yes</p>	<p></p> <p>Optional courses for both doctors and nurses across the country at Bachelor level are available in Switzerland. For instance, amongst Swiss medical faculties, the university of Lausanne teaches palliative care as an optional course under the title “Collaboration interprofessionnelle dans le contexte clinique des soins palliatifs” (Interprofessional collaboration in the clinical context of palliative care). Nurses are all taught at Bachelor level at Technical Universities (University of Applied Sciences) and approximately five out of eight offer some form of optional palliative care training. In the French speaking sector, there are -at the moment- two nursing schools with one planned in Geneva in Sept 2025. Also, the University of Applied Sciences and Arts of Southern Switzerland and the University of Applied Sciences of Bern. Furthermore, there are three full professors in Lausanne and further two across Switzerland. In terms of regulations, the Medical Professions Act and the Health Professions Act regulate certain health professions at the federal level. Both acts stipulate that students must acquire the necessary competencies to provide diagnostic, therapeutic, 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>Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognised by competent national authorities.</p>	<p>In Switzerland, there is a nationally recognised specialist medical qualification (<i>Schwerpunkt</i>) in palliative medicine. These so-called <i>Schwerpunkte</i> are subspecialties and are considered a confirmation of structured and controlled further training in the field of clinical and non-clinical medicine (3 years clinical training and additional theoretical curriculum; final examination). For others, including nurses, they can take a certificate (CAS), diploma (DAS) or Masters (MAS) in Advanced Studies in Palliative Care (the MAS is only available in the German speaking region) with the CAS considered the specialist entry qualification to work in a palliative care setting.</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>Found in many parts of the country.</p> <p></p> <p>Strong presence of home care teams in all parts of the country.</p>	<p>There are 187 specialised palliative care services in 20 out of 26 cantons. The Palliative Care Platform conducts a review every three to five years in order to monitor and measure the development of regulatory requirements, care structures and services in the field of palliative care in Switzerland. Among other things, this is to verify whether palliative care services are available to everyone in line with their needs and at a high quality –which corresponds to the goal of the National Palliative Care Platform. There are 49 units, 39 consultation teams, 27 ambulatory teams, 28 inpatient services (such as hospices and nursing homes) and 44 mobile teams.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>0.96 SWITZERLAND 21</p> <p>0 MINIMUM RATE IN THE REGION 3.68 MAXIMUM RATE IN THE REGION</p> <p>187 ← 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</b> 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>Isolated provision: palliative care specialised services or teams for children exist but only in some geographic areas.</p> <p>2 PPC TEAMS</p>	<p>The FOPH commissioned an in-depth study of palliative care needs, with a focus on newborns, children and adolescents and conducts a survey every three to five years in order to monitor and measure the development of regulatory requirements, care structures and palliative care services in Switzerland. Among other things, this is to assess whether palliative care services are available to everyone in line with their needs and at a high quality –which corresponds to the goal of the Palliative Care Platform.</p>