COUNTRY REPORTS

AM

St. Lucia

General data

POPULATION, 2024
179,744

SURFACE KM², 2022
620

PHYSICIANS/1000 INH, 2021
N/A

NURSES/1000 INH, 2021-2022
N/A

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Upper middle

HUMAN DEVELOPMENT INDEX RANKING, 2023
103

GDP PER CAPITA (US$), 2023
13,554.67

HEALTH EXPENDITURE PER CAPITA (US$), 2021
584.67

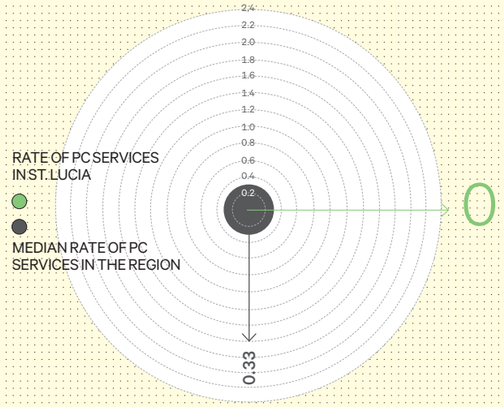
UNIVERSAL HEALTH COVERAGE, 2021
77

Ⓕ Provision of PC (Specialized Services)

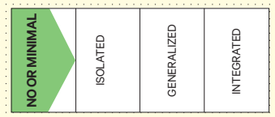
Total number of Specialized PC services: **0**

Rate of PC services per 100,000 inhabitants: **0**

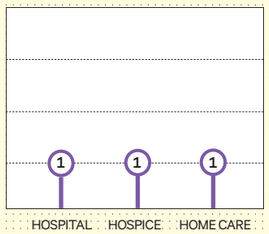
St. Lucia in the context of the region



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION: 1

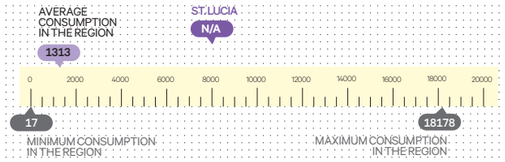
TOTAL NUMBER: 0

Ⓓ Use of essential medicines

Opioids consumption (excluding methadone): **N/A**

S-DDD/MILL INHABITANTS/DAY

St. Lucia in the context of the 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

Ⓒ Research

PC-related research articles: 1

Existence of PC congresses or scientific meetings: 1

Consultants: Jeaneen Payne, Jenalyn Joseph.
National Association: -

Data collected: November 2024-June 2025
Report validated by consultants: Yes
Endorsed by National PC Association: -
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Ⓔ Education & Training

Medical schools with mandatory PC teaching: **0/3**

Nursing schools with mandatory PC teaching: **0/4**

Recognition of PC specialty: 3

Ⓑ Policies

National PC plan or strategy: 1

Responsible authority for PC in the Ministry of Health: 1

Inclusion of PC in the basic health package at the primary care level: 1

Ⓐ Empowerment of people and communities

Groups promoting the rights of PC patients: 1

Advanced care planning-related policies: 1

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People & Communities

Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.

1

Only isolated activity can be detected.

The Saint Lucia Cancer Society, established in 1981, is a non-governmental organization focused on cancer awareness, education, and support for patients and survivors. While the society is a member of the IAHPC, its focus is primarily on cancer, not specifically PC.

Ind 2

Is there a national policy or guideline on advance directives or advance care planning?

1

There is no national policy or guideline on advance care planning.

In Saint Lucia, there is no national policy or guideline addressing ACP for end-of-life care or the use of life-sustaining treatments. Decisions about medical care, living wills, and surrogate decision-making are typically initiated by family members, private doctors, or attorneys. While some attorneys familiar with relevant legislation may provide guidance, public awareness of advance care planning remains limited. As the elderly population grows, ensuring dignity and security in end-of-life care becomes increasingly important.

Policies

Ind 3

3.1. There is a current national PC plan, program , policy, or strategy.

1

Do not know or does not exist.

3.2. The national palliative care plan (or program or strategy or legislation) is a standalone.

1

Not known or does not exist neither standalone nor is included in another national plan.

Saint Lucia currently lacks a national PC program, strategy, or legislation to support services. The Ministry of Health has no formal PC initiative, and community nurses in outpatient clinics offer limited education on HIV/STI care. The St. Lucia Cancer Society has minimal activity, and no comprehensive PC program exists. In private healthcare, individual physicians and clinics manage PC needs, often with family support. However, the lack of structured funding for research hinders progress. There is no official PC framework, and no major developments have occurred recently, particularly due to the COVID-19 pandemic. PC remains primarily a family-managed responsibility, with caregivers operating without standardized guidelines, legal support, or formal training. If a national plan were established, private clinics like M-Care Medical Clinic could potentially be engaged in the initiative.

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Policies

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.

1

Not known or does not exist.

Ind 4

PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.

1

Not at all.

At the primary care level in Saint Lucia, healthcare—particularly in private settings—focuses on prevention and disease management. PC is not a core service and is usually addressed only in urgent situations. The UHC initiative, launched in 2023, began with maternal and child health but does not include PC, as outlined in the White Paper on UHC (October 2024). End-of-life care is typically managed at home by family or private caregivers, with limited government support. The "Nice Program" provides assistance to low-income elderly people without family, but these caregivers offer basic help rather than specialized PC, such as medication administration, grooming, and meal preparation.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

1

There is no coordinating entity.

St. Lucia lacks a dedicated PC authority within the Ministry of Health, leading to fragmented and unstructured services. The NICE Program, introduced by Dr. Kenny Anthony, offers basic home care for vulnerable individuals but was not designed to address PC needs. NICE caregivers manage three patients per day, but their heavy workloads and limited resources hinder their ability to provide specialized end-of-life care. Consequently, PC remains an unmet need in the country, with families and private healthcare providers filling the gap.

5.2. The national authority has concrete functions, budget and staff.

1

Does not have concrete functions or resources (budget, staff, etc.).

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Research

Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC.

1

There are no national congresses or scientific meetings related to palliative care.

There are no dedicated conferences or scientific meetings on PC in St. Lucia. The Health Information System (HIS) was established to coordinate health efforts within government institutions, but there has been no indication of PC discussions with stakeholders. The St. Lucia Medical and Dental Association organizes annual scientific meetings for doctors and dentists, typically featuring medical expert presentations, but PC has never been a central topic. While it may occasionally come up in discussions, it is not part of the formal agenda. Additionally, a monthly Zoom meeting focusing on PC exists but is not nationally directed or sanctioned by the Ministry of Health. These sessions are self-directed educational meetings led by clinicians, with no national scientific meetings specifically dedicated to PC.

Ind 7

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.

1

Indicates a minimal or nonexistent number of articles published on the subject in that country.

A PubMed search yields no research papers specifically on PC from St. Lucia. While there is a lack of established local research or authors in the field, a few articles have been published on the topic. Despite these publications, there is no dedicated PC research by local authors. The Ministry of Health's last significant post on medical research, dated 2015, outlined plans to establish a medical research facility in St. Lucia, but no major updates have been provided since. As a result, there are no ongoing or past research documents specifically addressing PC in the country.

Medicines

Ind 8

Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

N/A

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Medicines

Ind 9

9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

3

Good: Between 30% to 70%.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

2

Fair: Between 10% to 30%.

In St. Lucia, essential pain medications such as morphine, tramadol, diazepam, and diclofenac are widely available in urban clinics and pharmacies, including supermarkets. However, stronger opioids and pediatric PC formulations are restricted to hospital pharmacies. Public hospitals only fill prescriptions from their own doctors, and prescriptions from private doctors must be filled at the private hospital, limiting access. In rural areas, medications like diclofenac and tramadol are commonly available, but patients needing stronger opioids or PC must travel to hospitals, facing additional bureaucratic barriers. Access to these medications is further hindered by pharmacy stock levels, costs, and the burden placed on the limited private hospital system.

Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

2

Fair: Between 10% to 30%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

In St. Lucia, immediate-release oral morphine is primarily available at hospital pharmacies in urban areas. Patients may be referred to private clinics or government-owned polyclinics for prescriptions and administration, but these medications are rarely prescribed during regular office hours and are typically given in controlled environments such as specialized clinics or hospitals. Due to strict regulations, morphine is dispensed under close supervision. For ongoing PC, patients are often referred to hospitals if treatment needs exceed those manageable by private doctors or clinics. In rural areas, immediate-release oral morphine is only available at urban hospital pharmacies, requiring rural patients to travel to access the medication. Patients needing strong pain relief or PC are referred to hospitals or specialists, and while some may be referred to urban clinics, access remains centralized in urban hospitals.

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Education & Training

Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)	0/3	In Saint Lucia, there are three medical schools: IAU International American University College of Medicine, Commonwealth University, and Spartan Health Sciences University. There are also four nursing schools: Sir Arthur Nursing Division, Iyanola Medical School, Spartan Medical School, and AINU Medical School. PC is not taught as a mandatory or optional subject in any of these institutions. While some PC-related topics are briefly covered in the mandatory Geriatrics course for nursing students and in medical and surgical courses for medical students, there is no dedicated course in place.
11.2. The proportion of medical schools with OPTIONAL teaching in PC.	0/3	
11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).	0/4	
11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	0/4	

Ind 12

Existence of an official specialization process in palliative medicine for physicians, recognised by the competent authority in the country.	3	There is no process on specialization 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).	There is currently no formal establishment or certification available on the island for physicians in PC management. Due to the absence of postgraduate medical training within the country, clinicians often pursue education abroad or through online programs. One such option is the MSc in PC offered by The University of the West Indies, a program recognized nationally and approved by the Ministry of Health. The University is a key institution for medical education among St. Lucian doctors, and completion of this program grants automatic licensing by the St. Lucia Medical Council.

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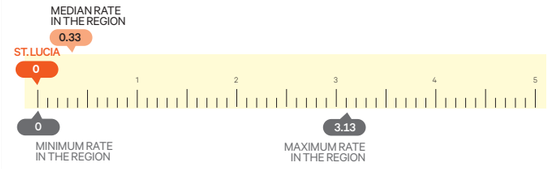
Provision of PC / Specialized Services

Ind 13

13.1. There is a system of Specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.	1	Saint Lucia, a country of about 180,000 people served by three hospitals—one private and two public—currently lacks formal PC services, including specialized teams or hospice facilities. PC is provided individually by general practitioners, oncologists, and other specialists, either at home or in hospitals. At home, end-of-life care is often managed by teams of nurses or nurse aides who acquire their skills through experience rather than formal training. There are no organized, formal PC teams or units in the country, and care largely depends on the availability and experience of individual caregivers. Although several private, church, and government-owned homes for the elderly or homeless exist, they are frequently overbooked and understaffed. Families of patients, often unaware of the prognosis or in denial, commonly seek repeated medical interventions. Government workers, known as 'NICE Workers,' provide basic support but lack sufficient training and resources. The Ministry of Health has recognized both the urgent need for PC facilities and the current shortage of resources for research and training.
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.	1	Not at all.
13.3. Free-standing HOSPICES (including hospices with inpatient beds).	1	Not at all.
13.4. HOME CARE teams (Specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.	1	Not at all.
13.5. Total number of Specialized PC services or teams in the country.	0	← SPECIALIZED PALLIATIVE CARE SERVICES

RATE OF SPECIALIZED PC SERVICES/100,000 INH



Ind 14

14.1. There is a system of Specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.	1	PC for pediatric patients in Saint Lucia is provided exclusively through hospitals, with no dedicated pediatric PC teams or hospice facilities available. Initially, care is managed in the hospital, and in some cases, may extend to local clinics for treatment. However, most children receive PC at home under the same system used for adults, overseen by GPs or specialists. There are no specialized pediatric PC services, and nursing staff assigned to these cases lack specialized training. Although there are four pediatricians, there are no pediatric oncologists or trained pediatricians specializing in PC. The Ministry of Health acknowledges the need for specialized services, but no facilities have been established to date. The number of pediatric PC cases remains relatively low in the country.
14.2. Number of pediatric Specialized PC services or teams in the country.	0 PPC TEAMS	