

Quality indicators to close palliative care education and access gaps in the European Region. **Clinicians and researchers.**



Executive Summary

Palliative Care (PC) is the active, holistic care of individuals across all ages with serious health-related suffering (SHS) due to severe illness, and especially those near the end of life.¹ **PC relieves SHS, improves patient and family satisfaction** with health services, reduces avoidable hospitalizations, and results in more appropriate and cost-effective use of health services.

● Although millions of Europeans live for years with SHS as a result of chronic conditions such as cancer, organ failure, frailty, and dementia, **access to high-quality PC remains uneven** across the region.

● **Gaps in quality PC education** can leave health professionals insufficiently prepared to recognise and respond to palliative care needs. Without a trained workforce, patients may experience avoidable suffering, fragmented care, delayed referrals, and unnecessary hospitalizations.

● **Less than half the countries in the region** (21/56) recognise PC as a medical specialty or subspecialty, and fewer than one in five countries (9/56) offer officially recognised diplomas or certificates.²

The education gap is not limited to specialist training; palliative care remains insufficiently integrated into undergraduate education and generalist professional training, including general practice and primary care.

OVER 10 MILLION PEOPLE FACE SHS IN EUROPE AND CENTRAL ASIA³

Condition	SHS in thousands	Cancer (excluding leukemia)	Cardio-vascular disease	Dementia & degen. CNS diseases
Cancer (excl. leukemia)	4.429,1	41,2%	16,7%	18%
Cardiovascular diseases	1.787,7			
Dementia and degenerative of the CNS diseases	1.929,5			
Lung diseases	263,1			
Other causes	2.321,9			
Total	10.731,3			



TESTIMONY

“My mother had advanced brain cancer and experienced severe pain and significant psychosocial and family distress. Even in a large German city, accessing palliative care was

difficult. As a physician, I struggled to manage her symptoms and navigate available services. Once an ambulatory palliative care team became involved and opioid treatment was initiated, her pain improved, allowing us to spend meaningful time together at home.”

Dr Becker, Germany (name changed to protect privacy).

Education & Training

21/56

countries officially recognise PC as a medical specialty or subspecialty through national regulatory authorities.

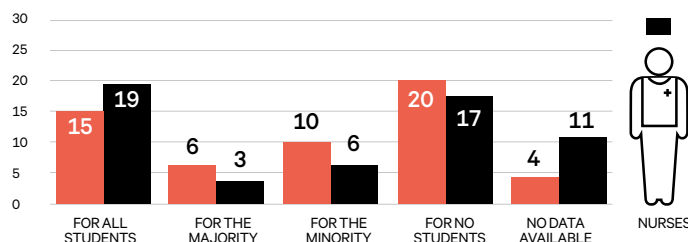
DIPLOMAS

9/56 have other kinds of diplomas with official recognition (i.e., certification of the professional category or of the job position).



DOCTORS

PALLIATIVE CARE EDUCATION FOR FUTURE DOCTORS AND NURSES: NUMBER OF COUNTRIES TEACHING MANDATORY PALLIATIVE CARE



NURSES

Research

33/56

countries host national PC conferences every year.

8/56

countries have advanced level of peer reviewed articles focusing on PC research: Belgium, Denmark, Germany, Ireland, Netherlands, Spain, Sweden and United Kingdom.

The CODE-YAA solution to this health system deficit



The EU-funded CODE-YAA@PC-EDU COST Action project has developed a consensus-based framework of quality indicators for PC education.⁴ The indicators will support governments, universities, professional associations, and health systems to deliver quality education, promote interdisciplinary competencies, and improve PC integration into health systems.

Their transformative potential depends on prompt adoption, early stakeholder involvement, and open dialogue throughout implementation. Through the indicators, stakeholders can assess their current situation, their future objectives, and what actions they can take to achieve them. The indicators can be used for curriculum review, accreditation processes, workforce planning, quality assurance, and monitoring of national palliative care strategies.

RECOMMENDATIONS

PC clinicians, researchers, and advocates are encouraged to:

- Translate the evidence used to develop the indicators into practice.
- Inform and educate policymakers and health system leaders on the social and fiscal costs of failing to meet population level PC needs.
- Conduct local research to assess the applicability, feasibility, and impact of the indicators across different contexts.
- Participate in the CODE-YAA knowledge exchange.

Improving palliative care education is not only an educational priority, but a health-system imperative to reduce avoidable suffering across Europe.

REFERENCES

- ¹ Radbruch L, et al. *Redefining Palliative Care-A New Consensus-Based Definition*. JPSM 2020; 60(4): 754-764
- ² Garralda E, et al. (2025). *EAPC Atlas of Palliative care in the European Region 2025*. Pamplona: EUNSA
- ³ Knaul F, et al. *The evolution of serious health-related suffering from 1990 to 2021: an update to The Lancet Commission on global access to palliative care and pain relief*. The Lancet Global Health. 2025; 13(3): e422-e436.
- ⁴ Nervi M, et al. *International consensus on essential quality indicators of palliative care education and training: a Delphi study* (under review).



CONTACT

Tania Pastrana

Lead WG 5 Global Policy & Advocacy,
CODE-YAA

✉ tpastrana@ukaachen.de

Piret Paal

Action Chair, CODE-YAA

✉ piret.paal@ut.ee

This policy brief was prepared by **Chiara Biasotti, Katherine Pettus, Piret Paal**, and **Tania Pastrana** on behalf of the CODE-YAA WG Global Policy & Advocacy. The authors gratefully acknowledge the feedback of participants at the Málaga CODE-YAA meeting (8th May 2026).

This publication is based upon work from COST Action CODE-YAA@PC-EDU (CA22127), supported by COST (European Cooperation in Science and Technology).

COST (European Cooperation in Science and Technology) is a funding agency for research and innovation networks. Our Actions help connect research initiatives across Europe and enable scientists to grow their ideas by sharing them with their peers. This boosts their research, career and innovation.