

DENMARK



Population: 5,432,335

Current Directory:

Printed version

Online version

None identified x

Key Contact/National Association

Key contact:

Dr. Marianne Klee,
Director,
Symptomcontrol.com,
AAkandevej 76,
3500 Værloese,
Denmark.
Telephone: +45 44 47 47 36
Email: klee@symptomcontrol.com

National Association:

Tove Bahn Vejlgård,
Chairman,
Danish Association for Palliative Medicine,
Det Palliative Team,
Blegbanken 3,
DK-7100 Vejle,
Denmark.
Telephone: +45 76401600
Email: Tobave@vgs.vejleamt.dk

Palliative Care Services

NK = not known

Number of Palliative Care Services

	Inpatient Palliative Care Units	Hospices	Consultant Teams in Hospitals	Home Care Teams	Day Centres	Total
Adult/Children	1	6	6	5	0	18
Paediatric only	0	0	0	0	0	0
				Inpatient Palliative Care Units/hospices	Chronic Hospitals/Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients				81	9	90
				Adults	Children	Total
Number of Bereavement Support Teams				0	0	0

Comments/Sources

- There are no organised bereavement support teams in connection with the palliative care services. Most services will call the relatives once or more after the death of the patient and there may be one or two official memorial services a year.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Adult Palliative Care Population

99.5%	of patients receiving palliative care have a cancer diagnosis		
0.5%	of patients receiving palliative care have other incurable conditions		
		Cancer	(n)
Number of patients who die at home		NK	700
Number of patients who die in a general hospital		NK	600
Number of patients who die in other healthcare institutions		NK	NK

Comments/Sources
<ul style="list-style-type: none"> Percentage of patients with cancer/non-cancer diagnoses receiving palliative care are an estimate only. Very few patients other than cancer patients are seen in palliative care services. Place of death data is an estimate only based on the number of teams/units and the number of deaths reported by some of the services. <p>[EAPC Palliative Care Facts in Europe Questionnaire 2005]</p>

Palliative Care Workforce Capacity			
	Full-time	Part-time	Total
Physicians	12	20	32
Nurses	NK	NK	218
Social Workers	NK	NK	7
Psychologists	NK	NK	5
Physiotherapists	NK	NK	11
Occupational Therapists	NK	NK	1
Spiritual/Faith leaders	NK	NK	6
Volunteers	NK	NK	104

Comments/Sources
<ul style="list-style-type: none"> All palliative care workforce capacity figures are estimates only. <p>[EAPC Palliative Care Facts in Europe Questionnaire 2005]</p>

Funding of palliative care services	
Total number of palliative care services funded by the government	16
Total number of palliative care services funded privately or by NGO's	0

Comments/Sources
<ul style="list-style-type: none"> There are three palliative care services that are supported by a combination of private and public funds. <p>[EAPC Palliative Care Facts in Europe Questionnaire 2005]</p>

Perceived use of main opioids in palliative care		
Order of frequency	Opioid	Estimated cost per month (€)
First opioid	Slow release morphine	121 kr = €16.25
Second opioid	Transdermal fentanyl	759 kr = €101.25
Third opioid	Normal release morphine	399 kr. = €53.6
Comments/Sources		
[EAPC Palliative Care Facts in Europe Questionnaire 2005]		

Key issues and challenges
<ul style="list-style-type: none"> The government has failed to define the professional level at which a hospice is supposed to operate; therefore, the level at which they operate is extremely varied. Lack of knowledge and understanding about specialist palliative care. A lot of people (including many politicians) still think it is about 'loving tender care' as opposed to highly qualified and educated professional care.



EAPC Task Force on the development of Palliative Care in Europe

- Lack of palliative care resources.
- Many health professionals do not give enough priority to the problems that terminally ill people encounter.
- Limited resources for hospices are a potential barrier to the development of palliative care for all patients.

[EAPC Palliative Care Euro-Barometer 2005]

Palliative care accreditation

“There is no specialist accreditation for palliative care professionals in Denmark at the present time. There is a Nordic diploma course in palliative medicine and a number of nursing courses but none of them are officially accredited by the government. In 2005, six doctors completed The Nordic Specialist Course in Palliative Medicine and ten Danish doctors have enrolled on the next course. With more medical understanding and education, palliative care will have better possibilities within the national health system.”

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- *1999*: The National Board of Health publishes guidelines on palliative care in accordance with the WHO definition and with guidelines in the UK.
- *2004*: The ‘Hospice Law’ is introduced in Denmark. The government decide that each county should have a hospice, and that the government will fund the building and the county is obliged to fund the running costs.
- *2004*: The National Board of Health creates a chapter for the National Cancer Plan II recommending the development of palliative care in Denmark.
- *2005*: The National Cancer Plan II is published and recommends that palliative care should be offered to all patients with incurable, progressive disease.

[EAPC Palliative Care Euro-Barometer 2005]

Health policy

- Denmark is divided into 14 counties and each county is responsible for the provision of health care. In some counties there is no specialist palliative care service, whilst in some the ‘specialist’ palliative care service is very far from WHO and international standards. In one county the specialist palliative care team consists of three nurses with no specific training in palliative care. In other counties, palliative care is reasonably well developed, with a multi-professional specialist palliative care team.
- Due to political interest in hospices and lobbying from voluntary hospice organisations, the government created a ‘hospice foundation’ to fund the building of a hospice in each county.
- Each hospice is a private institution run by a board of volunteers (often not health professionals) with full statutory funding from the government.
- Palliative care organisations/associations and *Kræftens Bekæmpelse* (the national board of cancer) have started to collaborate and are trying to build up a research and training centre for palliative care.
- The Danish Association for Palliative Medicine did not mark the publication of the Council of Europe (2003) report on palliative care (Recommendation 24 of the Committee of Ministers to member states on the organisation of palliative care).



EAPC Task Force on the development of Palliative Care in Europe

- The Danish Association for Palliative Medicine has not participated in any way in the Council of Europe discussions about euthanasia (the Marty Report).
- There is an organisation that seeks the legalisation of euthanasia or assisted suicide, but it only has a few members. There is no open discussion about euthanasia at the moment.

[EAPC Palliative Care Euro-Barometer 2005]

References

Gamborg, H., and Madsen, L. D. 1997. Palliative care in Denmark. *Support. Care Cancer*, vol. 5(2): 82-4.

Gronemeyer, R., Fink, M., Globisch, M., and Schumann, F. (2005) *Helfen am ende des lebens hospizarbeit und palliative care in Europa*. Giessen: Hospiz und Hospizbewegung, p. 112-129, Denmark.

Jarlbaek L, Andersen M, Kragstrup J, Hallas J. Cancer Patients' share in a population's use of opioids. A linkage study between a prescription database and the Danish Cancer Registry. *J Pain Symptom Manage*. 2004;27(1):36-43.

Jarlbaek L, Andersen M, Hallas J, Engholm G, Kragstrup J. Use of Opioids in a Danish Population-Based Cohort of Cancer Patients. *J Pain Symptom Manage*. 2005;29(4):336-343.

Jensen, N. H., Banning, A. M., Jensen, M. B., Klee, M. C., and Sjogren, P. 1997. Treatment of cancer pain in Denmark. A questionnaire survey. *Ugeskr Laeger*, vol. 159(14): 2086-90.

Pedersen, L., and Sjogren, P. 1998. Denmark's first research facility in palliative medicine. Organization and research strategy. *Nord. Med.*, vol. 113(5): 147-5.

Vejlgaard, T., and Addington-Hall, J. M. 2005. Attitudes of Danish Doctors and Nurses to Palliative and Terminal Care. *Palliative Medicine*, vol. 19: 119-127.

Information correct as at: 7th August 2006.





EAPC Task Force on the development of Palliative Care in Europe