

NETHERLANDS



Population: 16,407,491

Current Directory:

Printed version

Online version

None identified x

Key Contact/National Association

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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	4	84	50	NK	NK	138
Paediatric only	0	4	4	2	0	10
				Inpatient Palliative Care Units/ hospices	Chronic Hospitals /Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients				346	370	716
				Adults	Children	Total
Number of Bereavement Support Teams				NK	NK	NK

Comments/Sources

- There are many other institutions in the Netherlands that provide some form of palliative care but are not classified as 'inpatient palliative care unit/hospice'. Many of these institutions employ qualified palliative care doctors and nurses, and also social workers, physiotherapists and volunteers.
- Palliative care consultation teams contain experts who give advice to care workers working in home care or in a palliative care institution (hospice or a palliative care unit).
- The 50 consultation teams in hospitals consist of specialized and trained teams of doctors and nurses, and other disciplines also. Their services are available for regular home care, general practitioners, residential care, and hospitals.

- There are approximately 35 day care centres that are focused on patients with cancer; however, they are not called ‘palliative day-care’, but ‘Institutions for psycho-social oncology’ or ‘inloophuizen’ (walk-in homes). The workforce is a mix of volunteers and healthcare professionals.
- In the Netherlands, there are four children’s hospices that provide terminal care and respite care. Within these hospices there are a total of 39 beds.
- The paediatric home palliative care teams are specialized teams in Rotterdam and Amsterdam for chronically or terminally ill children.
- Number of beds allocated to adult palliative care inpatients are estimates only.
- Many nursing homes possess beds that are exclusively allocated to adult palliative care inpatients. These beds are not for use by regular patients at the nursing home, but are for use by palliative care patients coming from hospital or home. The nursing homes employ qualified palliative care doctors and nurses.
- Most specialised palliative care services include bereavement services. However there is a big difference between the volunteer and professional services. The National Grief Counselling Foundation (Landelijke Stichting Stervensbegeleiding) aims to support people in mourning after the loss of a loved one.

[www.achterderegenboog.nl]

[www.palliatief.nl]

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Adult Palliative Care Population		
80%	of patients receiving palliative care have a cancer diagnosis	
20%	of patients receiving palliative care have other incurable conditions	
	Cancer	(n)
Number of patients who die at home	NK	NK
Number of patients who die in a general hospital	NK	NK
Number of patients who die in other healthcare institutions	NK	NK

Comments/Sources

- Percentage of patients with cancer/non-cancer diagnoses receiving palliative care is an estimate only.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Workforce Capacity			
	Full-time	Part-time	Total
Physicians	10	200	210
Nurses	50	400	450
Social Workers	1	60	61
Psychologists	NK	NK	60
Physiotherapists	NK	NK	15
Occupational Therapists	NK	NK	15
Spiritual/Faith leaders	NK	NK	NK
Volunteers	NK	NK	6000

Comments/Sources

- All palliative care workforce capacity figures are estimates only.
- Physicians working part time in palliative care work mainly in nursing homes and homes for the elderly with a palliative unit. Most physicians combine palliative care with other activities.
- In the Netherlands, women mostly work part time (approx. 24 hours a week). This applies to nurses in palliative care also.
- The only social worker who works full-time in palliative care is in hospice Kuria in Amsterdam. Every nursing home and a lot of homes for the elderly have a social worker, but they are not working in palliative care alone. The same is true for physiotherapists, chaplains, psychologists and occupational therapists. In the urban areas there are many workers available who can work in palliative care, but they do



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so with the help of a consultation team.

- There are many spiritual/faith leaders of various denominations.

[www.vtz-nederland.nl]

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Funding of palliative care services

Total number of palliative care services funded by the government	107
Total number of palliative care services funded privately or by NGO's	0

Comments/Sources

- About 40% of palliative care services are supported by a combination of private and public funds.
- The hospices and most 'home houses' have mixed financing (sponsors, funds, donations, etc.)

[Monitor palliatieve zorg, rapport 2004, February 2005]

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Perceived use of main opioids in palliative care

Order of frequency	Opioid	Estimated cost per month (€)
First opioid	NK	NK
Second opioid	NK	NK
Third opioid	NK	NK

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Key issues and challenges

- Lack of control relating to the quality of new palliative care services (and motivation of people to start such services).
- Government policy which states that palliative care is part of general medicine, not a specialism.
- A lack of finances for health care in general.
- Lack of knowledge about strong opioids on the part of general practitioners.
- Irrational fears of the general public on the dangers of addiction to strong opioids.

[EAPC Palliative Care Euro-Barometer 2005]

Palliative care accreditation

- "At this moment there is no specialisation for physicians or nurses in palliative medicine, but the branch organisations (NAPC and NVVPZ) are developing specialisation programmes. There are also a lot of different training programmes for palliative care professionals (nurses, physicians, physiotherapists)".

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- 1993: Four "bodies of knowledge of pain" are created. Their task is to improve the treatment of pain through developing research and education in the field of pain.



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- 1997-2003: The pain centres are involved in the Centres for development of palliative care, which is financed by the government for a six-year period.
- 2003: The EAPC conference focuses attention on palliative care at the policy level, and within the health care organisations and professions.
- 2004: The NPTN (in partnership with AGORA) translate and distribute 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 Palliative Care Euro-Barometer 2005]

Health policy

- The combination of AGORA (the national institute for information and stimulation of development of palliative care) and the departments of palliative care that have been created within regional comprehensive cancer centres allow knowledge to be spread quickly and efficiently.
- The development of networks and the functioning of the departments for palliative care of the cancer centres are monitored by the College of Health Insurers, and by a yearly monitor for the ministry of health. AGORA, being directly financed by the ministry, has yearly plans and submits quarterly and yearly reports to the ministry.
- The national association NPTN has adopted a quality system that has been developed for high-care hospices and intends to broaden the scope of this quality system to make it applicable for units in nursing homes and for home care as well.
- There have been a number of policy developments to stimulate the integration of hospices and palliative care into the regular health care system, including the financing of local network coordinators.
- Funds have been made available for the support of volunteers in terminal care.
- The NPTN has not participated in any way in the Council of Europe discussions about euthanasia (the Marty Report) as the laws of the organisation state that no position should be taken relating to euthanasia or assisted suicide.

[EAPC Palliative Care Euro-Barometer 2005]

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Information correct as at: 7th August 2006



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