



EAPC Task Force on the development of Palliative Care in Europe

NORWAY



Population: 4,593,041

Current Directory:

Printed version

Online version

None identified x

Key Contact/National Association

Key contact:

Marit Slaaen Jordhøy,
Physician (Head of Unit),
Unit of Oncology and Palliative Care,
Nordland Hospital,
8092 Bodø,
Norway
Telephone: +47 75534032
Email: marit.jordhoy@nordlandssykehuset.no

National Association:

Jon Håvard Loge,
Consultant,
Centre for Palliative Medicine,
Oncological Department,
Ullevål University Hospital,
0407 Oslo,
Norway.
Telephone: + 47 22 11 86 75
Email: j.h.loge@medisin.uio.no

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	12	2	16	1	3	34
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				106	114	220
				Adults	Children	Total
Number of Bereavement Support Teams				NK	NK	NK

Comments/Sources

- Nine of the palliative care units are situated in, or connected, to nursing homes. They provide both short-term and long-term palliative care to solve more acute problems or provide respite for patients and relatives. In addition to these units, there are a minimum of 36 nursing homes scattered all over the country which have between one and six beds specifically allocated to palliative care. Three inpatient palliative care units are hospital based, and provide acute palliative care. Two are based in university hospitals, a 12 bed unit in Trondheim and a four bed unit connected to the Department of Oncology in Tromsø. The third is a three bed unit in a secondary hospital with a clearly defined organisation and function, connected to a palliative care team. However, there are also seven other hospitals that have between two and six beds located in acute wards that are exclusively allocated to palliative care

patients.

- There is only one home palliative care team located outside hospitals, nursing homes or hospices, and that is Fransiskushjelpen in Oslo. There are no institution based home care teams taking full responsibility for the patient's care at home.
- There are 16 hospital based palliative care teams that give counselling, support and advice to primary care professionals taking care of the patient at home (although not all of them provide visits to the patients' homes).
- There are 89 beds in inpatient palliative care units (19 in hospital based units, 70 in nursing home-based units) and 17 in hospices.
- There are 27 beds exclusively allocated for palliative care patients in 7 different acute hospitals (24 are localised in acute hospitals, 3 in intermediate wards), and a minimum of 87 beds exclusively allocated for palliative care patients, localised in a total of 36 nursing homes.
- There is no palliative care service for children in Norway. However, children who require palliative care are normally taken care of by the hospital paediatric wards. If home care is planned, there is close cooperation between the hospital paediatricians, nurses and multidisciplinary team and the primary care physician/home care nurses, and after submission there is usually also a very close contact between the hospital and the primary care services. Where palliative care units/teams are established, these units/teams may also give support and counselling in paediatric cases.
- All palliative care units and teams offer bereavement support, but not always systematically in all cases of bereavement. The Norwegian Cancer Society plays an important role in palliative cancer care, and has organised bereavement support groups in larger cities. In many cities and communities, volunteer workers or religious communities/associations also provide such services.
- Most Norwegian secondary hospitals have an outpatient cancer unit with a varying number of cancer nurses. These units provide oncological treatment including chemotherapy, and for the large majority of their patients, the treatment has a palliative intention. The larger units are staffed with oncologists, whereas the smaller ones administer treatment initiated and controlled by the university based regional oncology department. Apart from administering chemotherapy, the cancer nurses in these units play an important role in the follow-up of cancer patients and their relatives in the palliative phase of their disease.

[The five Centres of Palliative Care Competence, each serving the five Health Care Regions in Norway]

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Adult Palliative Care Population		
NK	of patients receiving palliative care have a cancer diagnosis	
NK	of patients receiving palliative care have other incurable conditions	
	Cancer	(n)
Number of patients who die at home	12.9%	NK
Number of patients who die in a general hospital	60.7%	NK
Number of patients who die in other healthcare institutions	26.4%	NK

Comments/Sources

- Percentage of patients with cancer/non-cancer diagnoses receiving palliative care is not available in any registry. However, the vast majority of patients in all palliative care units are cancer patients.

[Cancer deaths in Norway, 1990-1994. Norges offentlige utredninger: Omsorg og kunnskap: Norsk kreftplan. NOU 1997:20. 88-89. Statens forvaltningstjeneste, Statens trykning, Oslo, Norway]

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Workforce Capacity			
	Full-time	Part-time	Total
Physicians	NK	NK	78



EAPC Task Force on the development of Palliative Care in Europe

Nurses	NK	NK	NK
Social Workers	NK	NK	NK
Psychologists	NK	NK	NK
Physiotherapists	NK	NK	NK
Occupational Therapists	NK	NK	NK
Spiritual/Faith leaders	NK	NK	NK
Volunteers	NK	NK	NK

Comments/Sources
<ul style="list-style-type: none"> Unfortunately no formal registry exists, and neither exact numbers nor reliable estimates can be given. The best estimate of the number of full-time and part-time palliative care physicians in Norway is gained by citing the number of members of the Norwegian Association of Palliative Medicine (presently 78 physicians). Some hospitals have cancer nurses working in the Departments of Internal Medicine or Surgical Departments, and a considerable number of the Norwegian communities have a cancer nurse included in their home care nursing staff. The community based cancer nurse is often the key person in providing and coordinating palliative home care, especially in rural communities. <p>[The five Centres of Palliative Care Competence, each serving the five Health Care Regions in Norway]</p> <p>[Norwegian Association of Palliative Medicine]</p> <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	34
Total number of palliative care services funded privately or by NGO's	0

Comments/Sources
<ul style="list-style-type: none"> One or two palliative care services also receive support from private organisations. <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	Morphine	SR (5mg) = 147 NOK FR (10mg) = 153 NOK Inj (10mg) = 116 NOK
Second opioid	Oxycodone	SR (10mg) = 448 NOK FR (5mg) = 216 NOK
Third opioid	Fentanyl	Cutaneous patches (5 patches) = 379 NOK
Comments/Sources		
[EAPC Palliative Care Facts in Europe Questionnaire 2005]		

Key issues and challenges
<ul style="list-style-type: none"> Lack of personnel. Indifference among health administrators and other health personnel. Subgroups of health personnel are still not fully aware of the possibility of using strong opioids. Patients believe they become drug abusers. There is too little focus on palliative care within medical education.

[EAPC Palliative Care Euro-Barometer 2005]

Palliative care accreditation

“Although The Norwegian Society for Palliative Medicine is recognized as a specialist society within the Norwegian Medical Association, palliative medicine is not a formalised medical speciality in Norway, and there is no specific curriculum or education defined by the Norwegian Medical Association or health care authorities for palliative care physicians. A Nordic specialist course for palliative medicine has, however, been established, and the first seven Norwegian physicians are now being educated. There is also no nationally defined curriculum in palliative care for other health professionals, but specialisation courses (1/2 - 1 year or two years part time) have been established at 6 university colleges (some for nurses only, others are multidisciplinary). All health regions have an educational programme (2 years) for cancer nursing at one or more university colleges. Although not focusing on palliative care in particular, these programmes provide an education that covers the major aspects of palliative care. A large number of cancer nurses have been educated during the last 10 –15 years.”

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- 1977: The first service for seriously ill and dying patients is established in Oslo: “Fransiskushjelpen”, a non-profit organisation providing home care.
- 1994: The first academic palliative care unit opens in Trondheim: the Palliative Medicine Unit (PMU) at St Olav’s Hospital.
- 1995: There is a public hearing on the “*Treatment and Care of the Incurably Ill and Dying*”.
- 1996-1999: A governmental committee is established and a report published giving professional recommendations concerning the development and organisation of palliative care.
- 1999: The results from the public hearing on the “*Treatment and Care of the Incurably Ill and Dying*” are published and become the main guideline for the development of palliative care and the special needs of palliative care patients (including the relief of pain).
- 2001: The Norwegian Society for Palliative Medicine is recognized as a specialist society within the Norwegian Medical Association, giving palliative medicine the same accreditation as other specialised areas within medicine.

[EAPC Palliative Care Euro-Barometer 2005]

Health policy

- Palliative care and palliative medicine are rapidly developing within Norway. Palliative teams have been established in several hospitals, one hospice has been running for 10 years, two minor hospices have been established within the last couple of years, and palliative beds are being established at various nursing homes. At the Oncological Centre at Ullevål University Hospital, a 12-bed palliative medicine unit is under construction at the present. This will serve the whole region as a highly competent and specialised unit.
- Resources are being allocated to palliative care and palliative care services. The main challenge is to use the present climate to integrate palliative care into other parts of the health care system. This includes establishing good research projects and funding for palliative care research.

- The development of palliative care is partly related to mainstream palliative care, such as hospice ideology, and to an increased awareness of individuals' needs. In addition, the strong focus on scientific activities within the development of palliative care has been a driving force and has had a major impact on the content and organization of palliative care.
- The single most important policy change since 2000 has been the establishment of specific funding for palliative care delivery. This funding has stimulated the establishment of palliative care teams at most of the national hospitals. The possibility of increasing the hospitals' income by use of this special funding has made it possible to establish palliative care teams.
- The Centre for Palliative Medicine, Ullevål University Hospital, 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) in any way.
- The Centre for Palliative Medicine, Ullevål University Hospital, has not participated in any way in the Council of Europe discussions about euthanasia (the Marty Report). However, the Norwegian Palliative Care Physicians Association has been involved in these discussions.
- At the current time, there are no official initiatives in Norway that seek the legalisation of euthanasia or assisted suicide (some private initiatives have been registered, but they appear to have had little impact).

[EAPC Palliative Care Euro-Barometer 2005]

References

Jordhøy MS, Saltvedt I, Fayers P, Loge JH, Ahlner-Elmqvist M, Kaasa S. Which cancer patients die in nursing homes? Quality of life, medical and sociodemographic characteristics. *Palliat Med* 2003 Jul; 17(5): 433-44.

Kaasa S., Klepp, O., Hagen, S., Wist, E., and Kvinnsland, S. 1996. Treatment intention in hospitalized cancer patients in oncological wards in Norway: a national survey. *Cancer Treat. Rev.*, vol. 22, Suppl A: 33-9.

Kaasa S., Breivik, H., and Jordhoy, M. 2002. Norway: development of palliative care. *J. Pain Symptom Manage.*, vol. 24(2): 211-4.

Lorensen, M. Davis, A. J. Konishi, E. and Bunch, E. H. 2003. Ethical issues after the disclosure of a terminal illness: Danish and Norwegian hospice nurses' reflections. *Nurs. Ethics*, vol. 10(2): 175-85.

Ottesen, S. 2003. From Norway. *Palliat.Med.*, vol. 17(2): 169.

Schjølberg T. Development of palliative care in Norway: an overview. *Int J Palliat Nurs* 1995; 1:53-6.

Sørbye, L.W. 2000. Research study. A longitudinal study on dying in a Norwegian hospital. *Int. J. Palliat. Nurs.*, vol. 6(2): 71-2, 74-9.

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. 225-243, Norwegia.



EAPC Task Force on the development of Palliative Care in Europe

Jaspers, B., and Schindler, T. 2004. *Stand der palliativmedizin und hospizarbeit in Deutschland und im vergleich zu ausgewählten staaten*. Enquete-Kommission des Bundestages. Ethik und Recht der modernen Medizin. Section 8.6, Norwegen.

Information correct as at: 7th August 2006.

