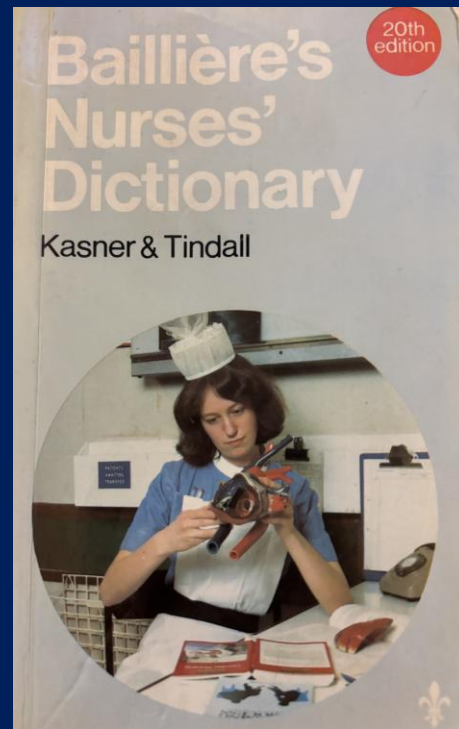


Strengthening palliative care. The essential role of nurses

Dr Julie Ling

Consultant Technical Officer – Palliative Care,
World Health Organization Regional Office for
Europe





Goal 3. ensure healthy lives and promote well-being for all at all ages



Strengthening palliative care as part of Universal Health Coverage

WHA Resolution 67.19 (2014)

SIXTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA67.19

Agenda item 15.5

24 May 2014

Strengthening of palliative care as a component of comprehensive care throughout the life course

The Sixty-seventh World Health Assembly,

Having considered the report on strengthening of palliative care as a component of integrated treatment throughout the life course;¹

Recalling resolution WHA58.22 on cancer prevention and control, especially as it relates to palliative care;

Taking into account the United Nations Economic and Social Council's Commission on Narcotic Drugs' resolutions 53/4 and 54/6 respectively on promoting adequate availability of internationally controlled licit drugs for medical and scientific purposes while preventing their diversion and abuse, and promoting adequate availability of internationally controlled narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion and abuse;

Acknowledging the special report of the International Narcotics Control Board on the availability of internationally controlled drugs: ensuring adequate access for medical and scientific purposes,² and the WHO guidance on ensuring balance in national policies on controlled substances: guidance for availability and accessibility of controlled medicines;³

Also taking into account resolution 2005/25 of the United Nations Economic and Social Council on treatment of pain using opioid analgesics;



Blog



Ten years since the
WHA's Palliative Care
Resolution, why are
we not making more
progress?

“

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whpca



Global Atlas of Palliative Care

2nd Edition



London, UK 2020

Global Atlas of Palliative Care 2nd Edition

www.theshpca.org

WHAT ARE THE GAPS ?



86%

of people who need
palliative care do not
receive it



83%

of the world's
population lack
access to pain relief



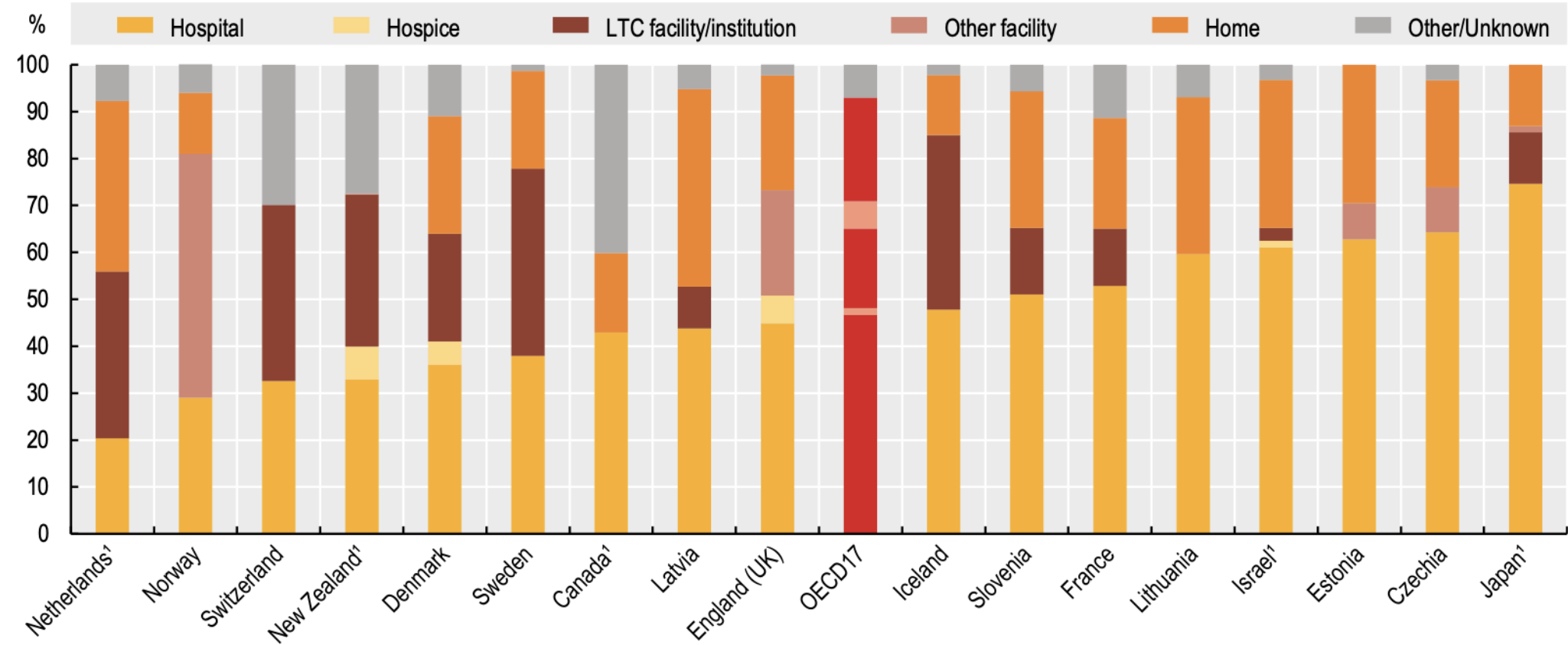
98%

of children needing
palliative care live in
low and middle
income countries



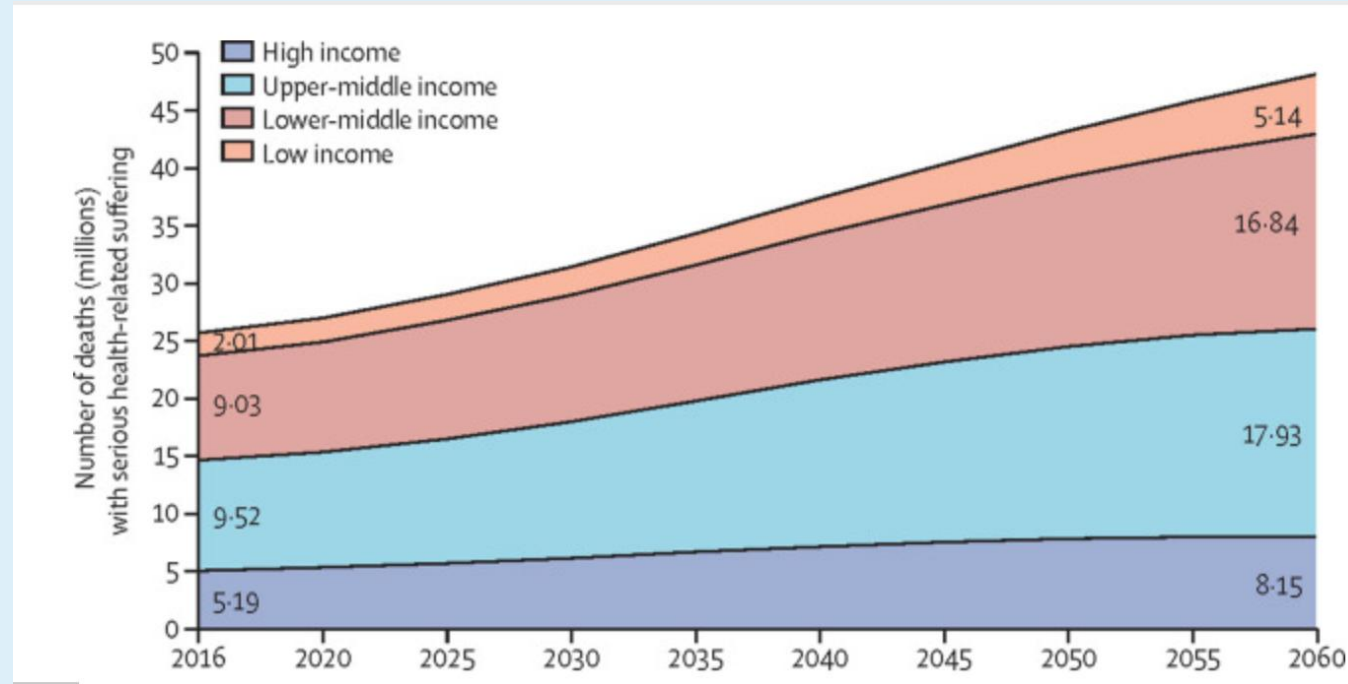
- End-of-life care does not always reflect patient wishes
- More than 50% of deaths are in hospital
- Many people receive sub-standard care in their last days or months of life.
- Access to services, especially at home is often insufficient and unequal
- Professionals rarely discuss & record care preferences
- Suffering and unnecessary treatments prevail
- Costs at the end of life are high for both the public purse and families
- Improved palliative care policy would improve the experience for people and their relatives, and improve the outcomes achieved for the resources invested

Figure 10.27. Place of death, 2019-2020 (or nearest year)



Estimated global need for palliative care

The Lancet Commission:
The escalating global
burden of serious health-
related suffering:
projections to 2060 by
world regions, age
groups and health
conditions



The economics of healthy and active ageing series

HEALTH AND SOCIAL CARE NEAR THE END OF LIFE

Can policies reduce costs
and improve outcomes?

Charles Normand

Peter May

Bridget Johnston

Jonathan Cylus

WHO 2021

- Number of deaths each year increasing
- End of life care ↑ spending on health & social care (hospital care is the largest component)
- Expenditure can be managed & outcomes improved by:
 - Data on number of expected deaths
 - Appropriate treatment - balance between disease treatment vs. managing symptoms at the end of life
- Patient & family experience improved by skilled and careful assessment of needs & can reduce costs of care
- Need to assure palliative care does not shorten life and in some cases may extend it

World events impacting on palliative care



World Health Organization European Region



- 900m people
- 53 Member States
- 17 time zones
- 4 official languages
- 30 country offices



European health report 2024

Keeping health high on the agenda



1 in 6 people in the region die before the age of 70 from one of four major NCD's.

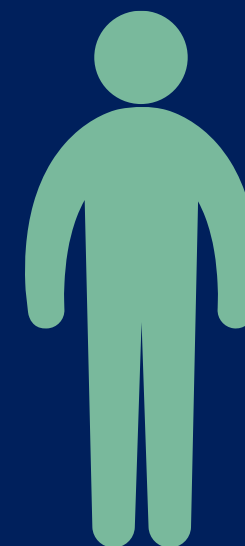
- Cardiovascular disease
- Cancer
- Diabetes
- Chronic respiratory disease



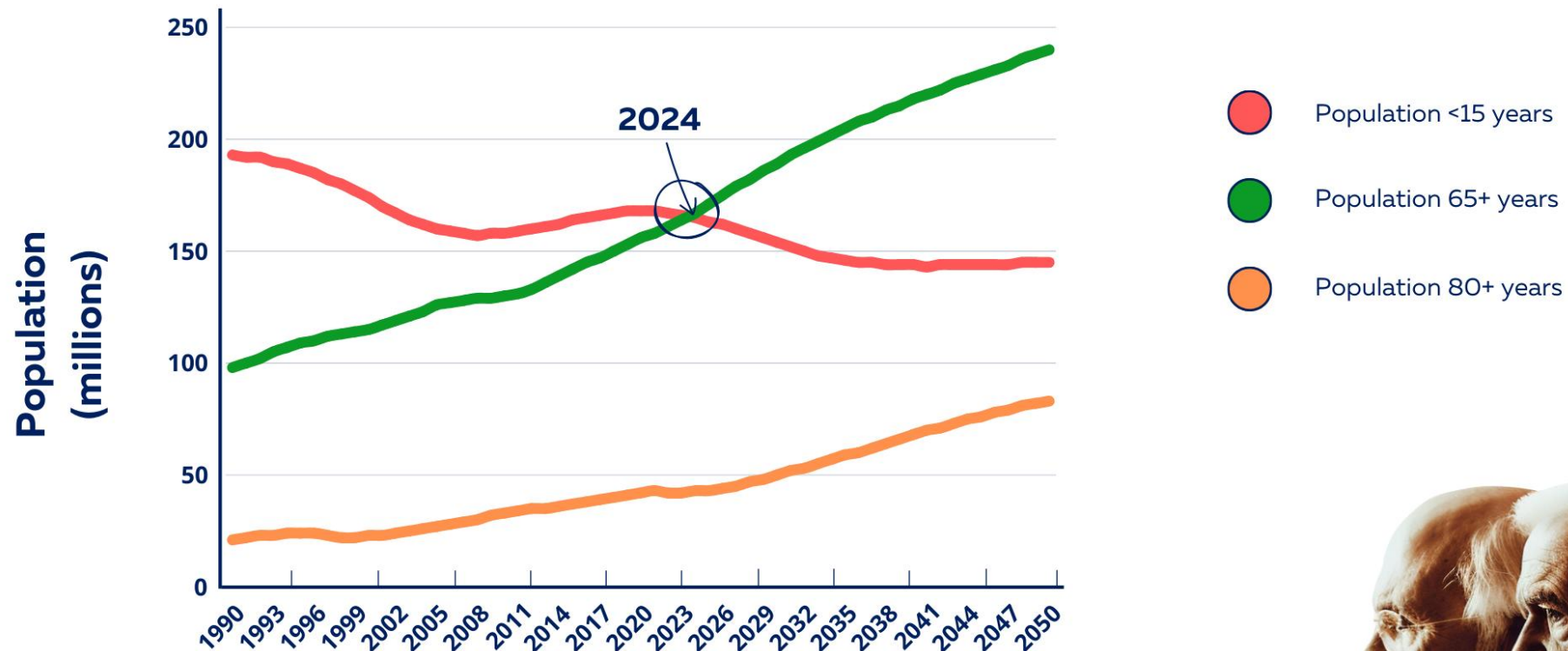
12.6 years
in poor health



8.7 years
in poor health



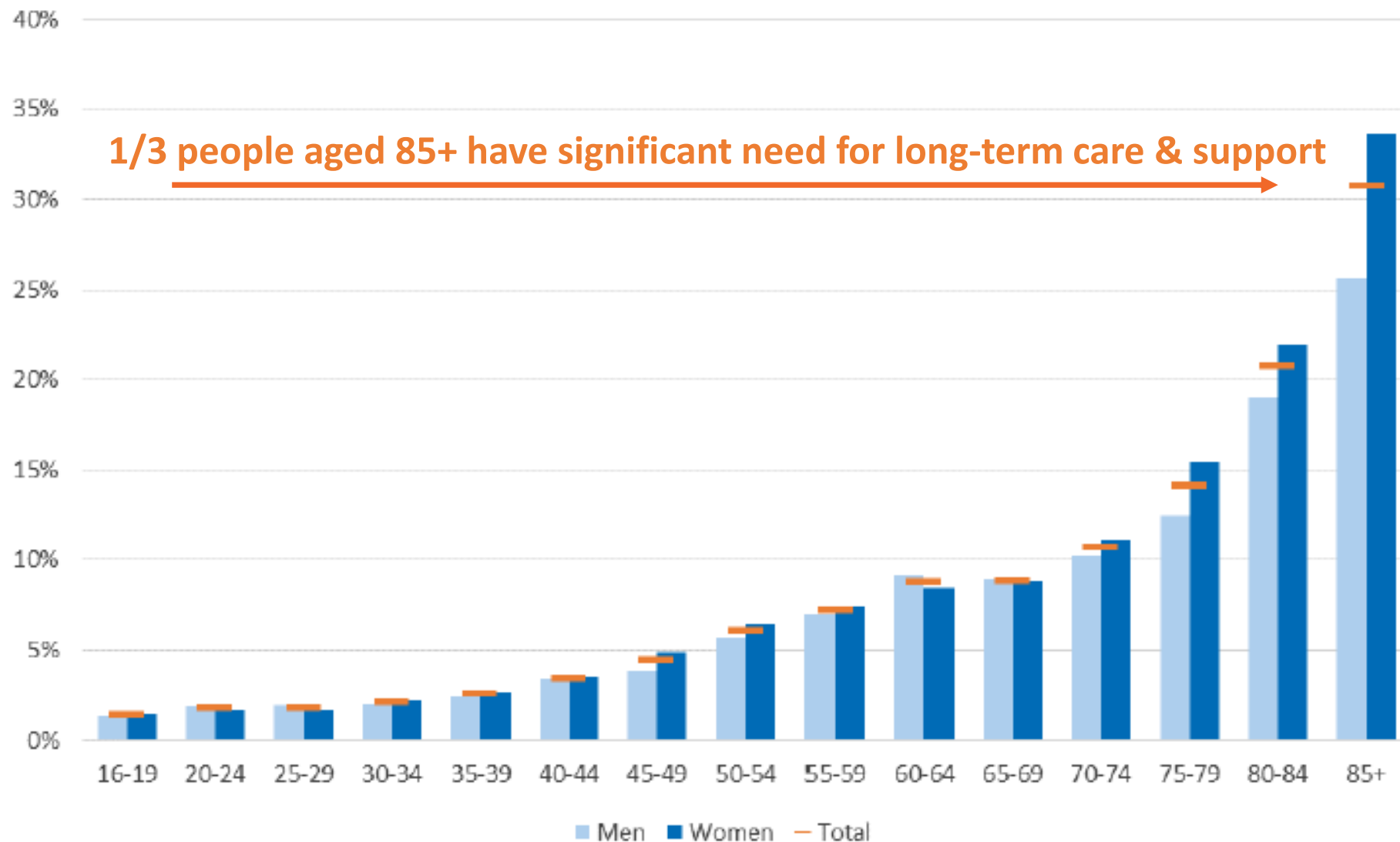
Population ageing has been accelerating in the WHO European Region, and fertility rates are going down....



Population by age groups from 1990 to 2050
Source: World Population Prospects 2022 (UN DESA (2022)).



Considerably higher care needs with progressive (unhealthy) ageing of older population



Share of the EU-28 by
age group population
reporting a severe
level of activity
limitation (GALI)
EU-SILC 2019

An elderly woman with short grey hair and glasses is smiling and standing in a garden. She is wearing a grey short-sleeved top and a red and white striped apron. To her left is a large green plant with pink flowers. In the background, there is a green fence, laundry hanging on a line, and a pile of firewood. The scene is outdoors with a concrete path and some grass.

For the first time, more people
aged 65+ than under 15 live in the Region.



All countries of the WHO European Region currently face severe challenges related to the health and care workforce

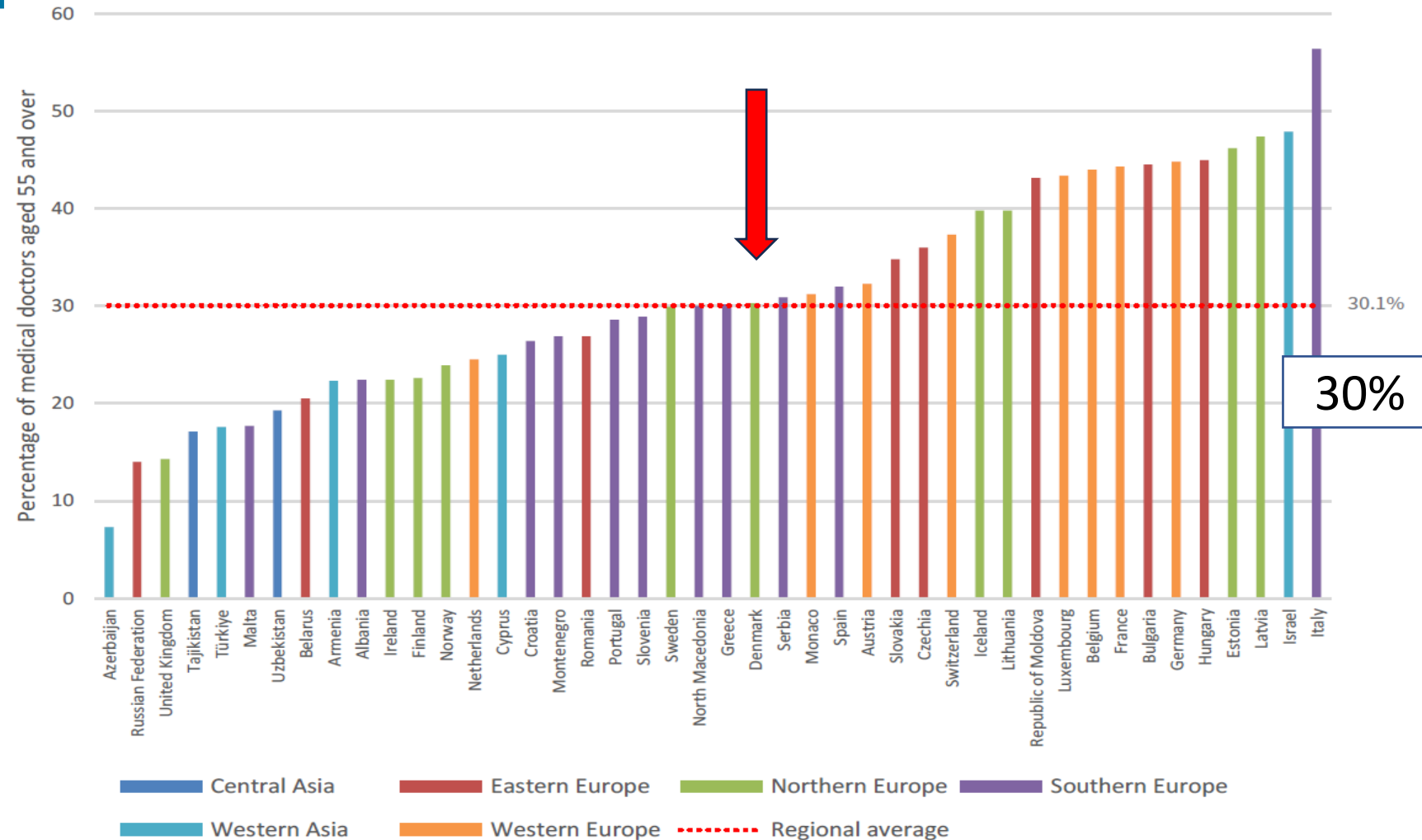
European countries need to invest more and investing smarter.

The ageing of the HCWF is a concern throughout the Region and poses a threat to the sustainability of the workforce due to the challenge of replacing workers when they retire

Ageing health workforce: “a ticking time bomb”

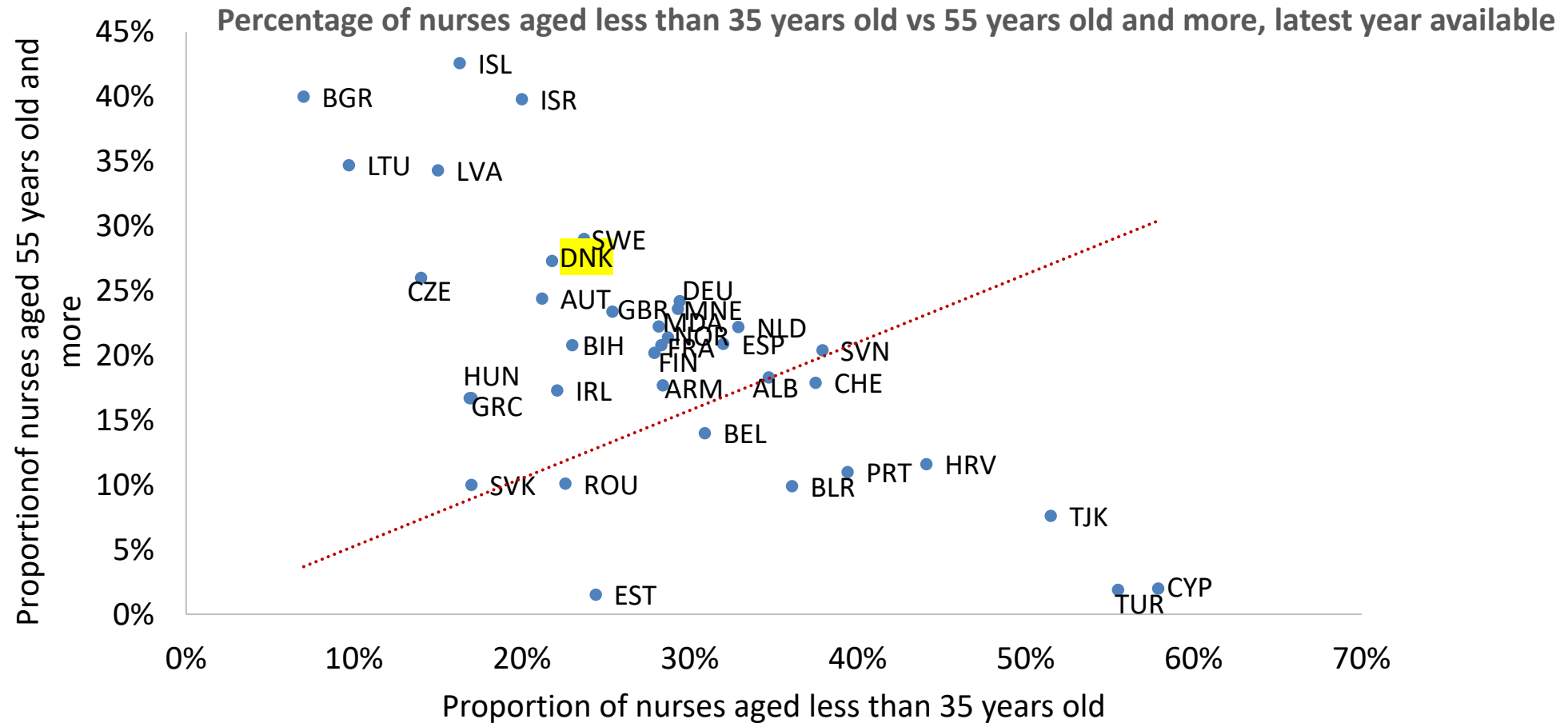


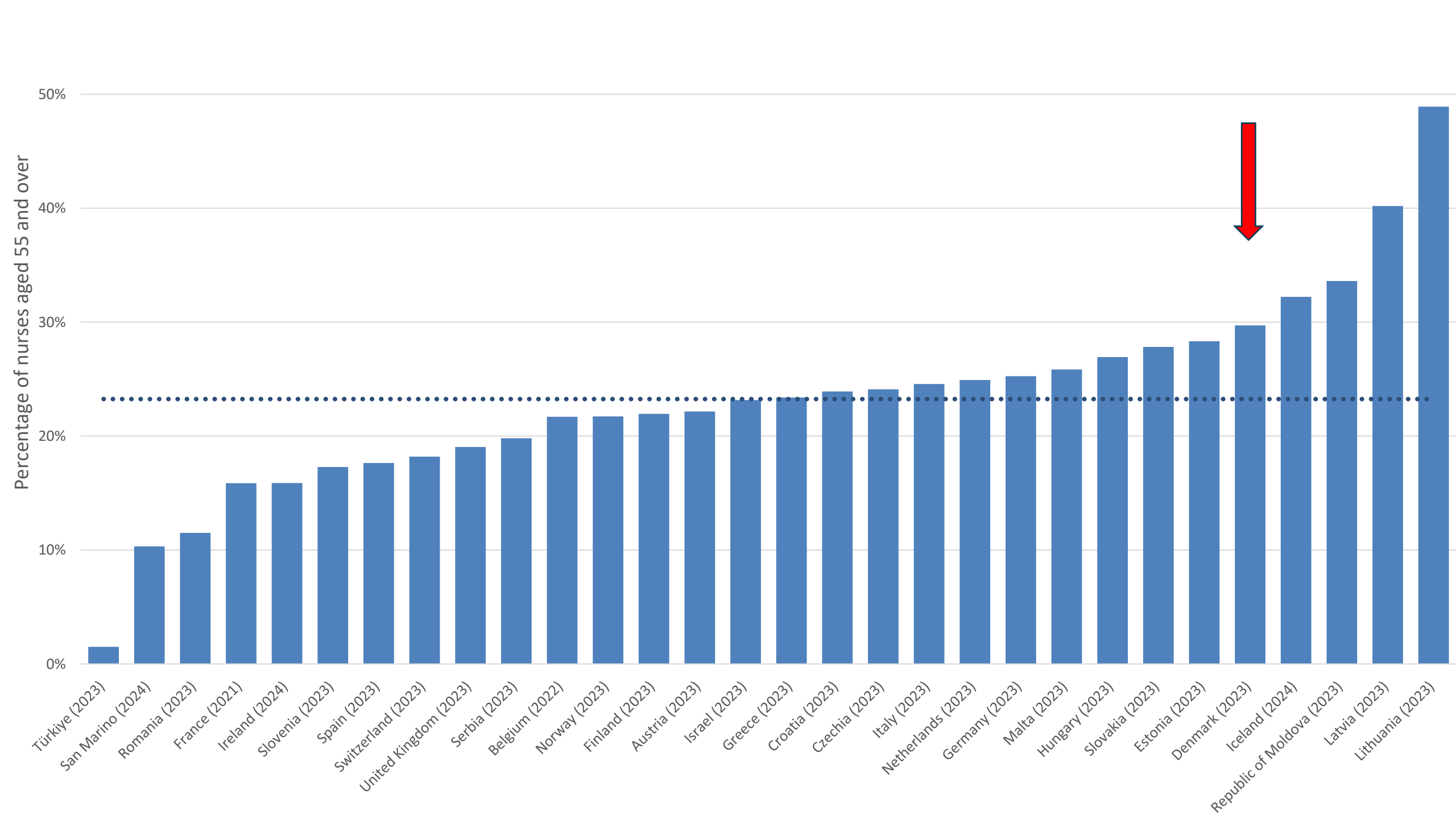
In **13** countries
more than **40%** of
doctors are over
55 years of age



Percentage of medical doctors aged 55 or over (2020 or nearest year)

Some countries > 30% of the nurses aged 55 years

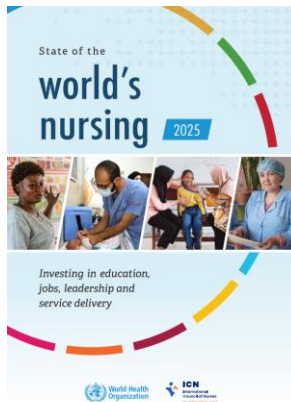




Facts on nursing globally...

Source:

WHO/International
Council of Nurses
(2025)



European Region

29.8 million nurses worldwide – 5.8 million shortfall globally

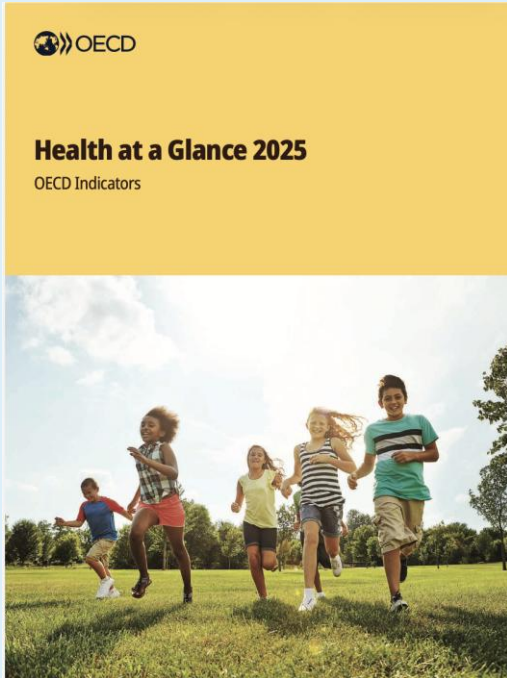
Nursing is the largest occupational group in the health-care sector (62% of health professions)

The greatest deficit of nurses is in low- to low-middle income countries in Africa, Southeast Asia, the Eastern Mediterranean region and some parts of Latin America

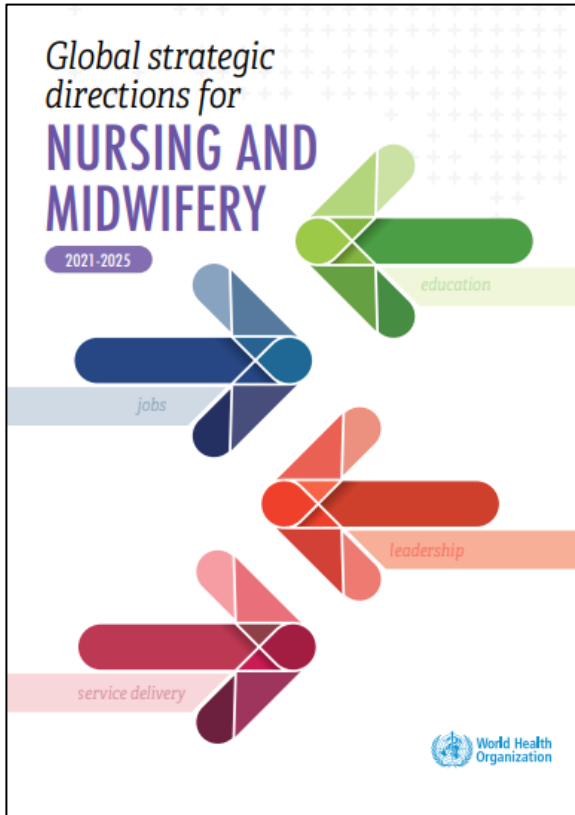
More than 78% of the world's nurses work in countries that account for half of the world's population. Nursing 'brain drain' 23% of nurses working in high income countries were not born there.

Nurse density in WHO EURO is five times higher than in WHO AFRO and WHO EMRO

Health at a glance OECD Indicators, 2025



- Average 9.2 practicing nurses per 1000 population (lowest in Columbia and Türkiye – highest in Switzerland, Norway and Iceland)
- Many nurses reported poor working conditions and dissatisfaction with their role.
- Surveys indicate that 56% of nurses working in hospitals perceived staff levels and work pace to be unsafe.
- Average of 2.5 nurses to every doctor.
- More advanced practice nurses with higher levels of education and training have a role in diagnosing illnesses, prescribing medication and other treatments.
- Evidence that advanced nurse practitioners in primary care improve access to services, reduce waiting times and deliver the same quality of care as doctors. Evaluations show high patient satisfaction



The vision of WHO's Global Strategic Directions for Strengthening Nursing and Midwifery is “accessible, available, acceptable, quality and cost-effective nursing and midwifery care for all, based on population needs, in support of universal health coverage and the Sustainable Development Goals”.

Promoting nurse leadership Recognising the essential role of nurses in Universal Health Coverage ...and in improving health outcomes & population health



European Region

Table 1. Typology of advanced nursing roles in the WHO European Region

Type of advanced role ^a	Scope of practice	Education	Regulation
Advanced practice nurse (APN) ^b	An APN (e.g. Nurse Practitioner, Clinical Nurse Specialist) has the expert knowledge, advanced clinical competencies and complex decision-making skills for advanced clinical practice, recognized by expanded scope of practice ^c at national or regional level.	Minimum Master's Degree. Distinct pre-service requirements and practical training.	Professional nursing qualifications are registered and a license to practice the advanced role issued by the relevant regulating agency is required.
Specialist nurse ^d	A specialist nurse has a wide range of skills and competencies for a specific specialization, scope of practice ^c is often expanded and recognized at a national or regional level. What is expanded, why, and by whom is highly context specific.	Postgraduate Diploma or Master's Degree in the area of specialization.	Professional nursing specialization is recognized through registration with the relevant authority.
General nurse with additional training ^e	A general nurse with additional training is authorized to perform a defined set of competencies in an area that may or may not be developed at the national or regional level and is highly context and facility specific.	Training in this role is provided by post Diploma or Bachelor of Science in Nursing.	Registration as professional nurse, sometimes additional authorization to perform a set of defined tasks by relevant authority.

Technical brief on strengthening the nursing and midwifery workforce to improve health outcomes

What is known about advancing roles
for nurses: evidence and lessons
for implementation

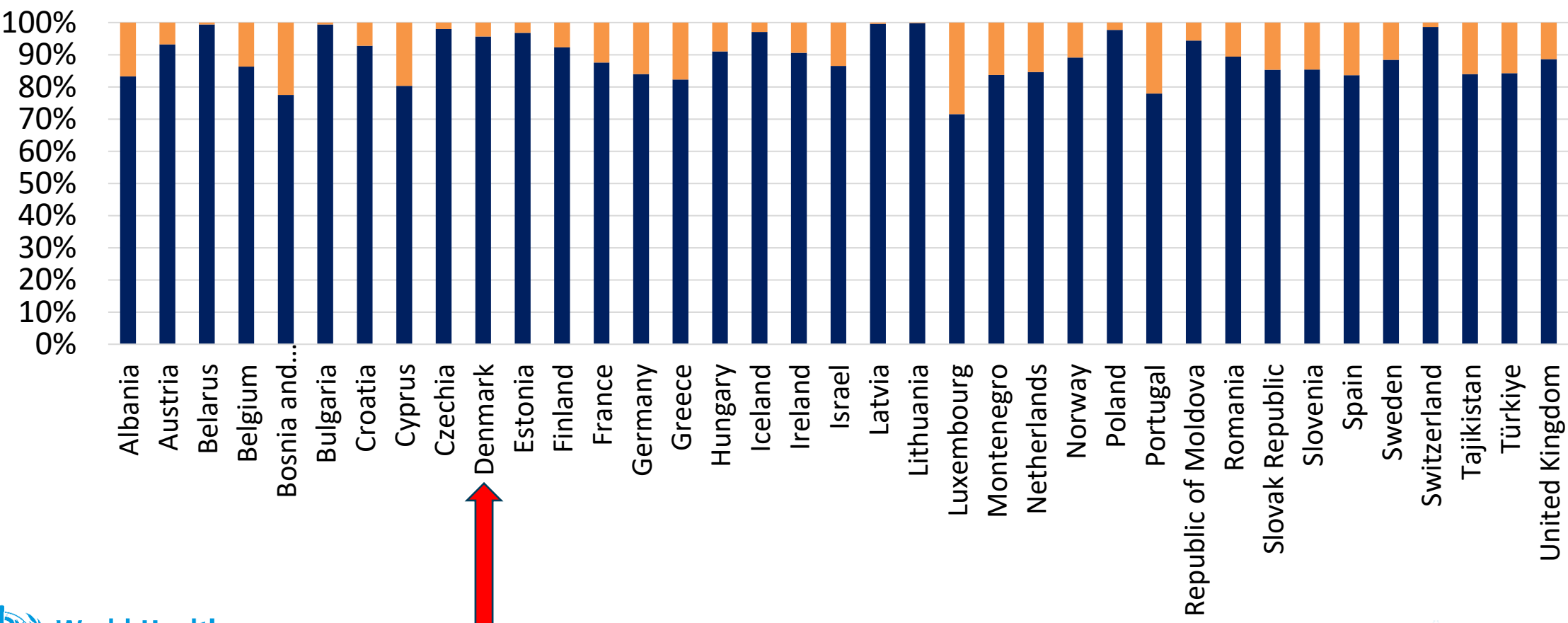
Technical brief on strengthening the nursing and midwifery workforce to improve health outcomes

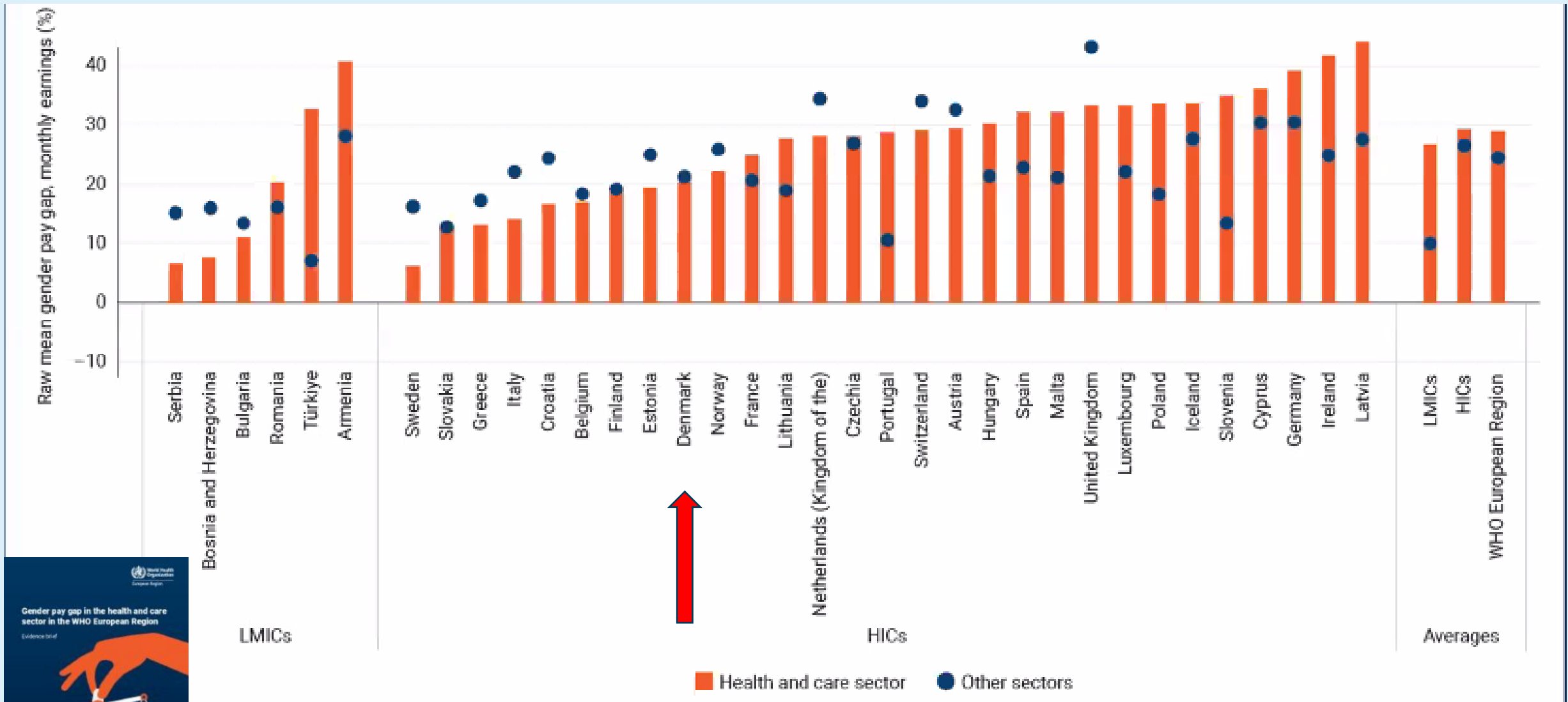
Government Chief Nursing and
Midwifery Officers (GCNMOs)
in the WHO European Region

Most nurses are women

Percentage of nursing personnel by gender, latest year available

Source: WHO National Health Workforce Accounts & WHO/Europe-Eurostat-OECD Joint Questionnaire on non-monetary health care statistics.





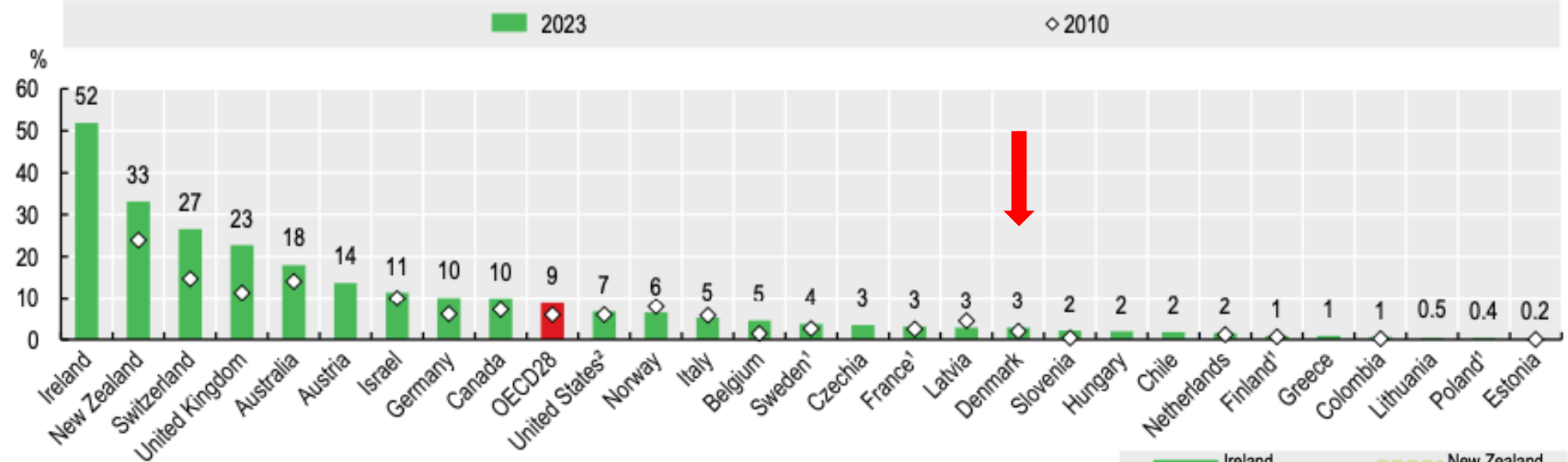
28% difference in WHO Member states in EURO (monthly/mean) gender pay gap (WHO, 2026)



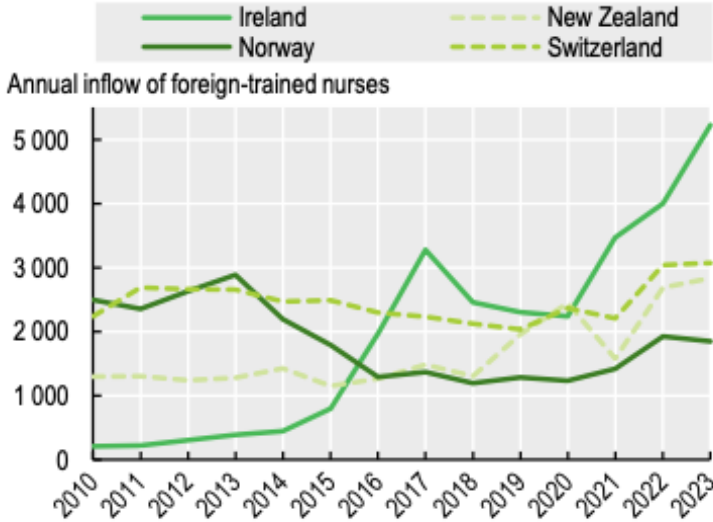
Migration is a critical factor:

- Healthcare workforce from LMIC are moving in search of better pay and training and career opportunities.
- Big destination countries have a large proportion of foreign-trained healthcare professionals.
- Low-income countries are losing large numbers of staff through migration, resulting in a strain on fragile healthcare systems
- Global shortages of healthcare workers is estimated at 10 million by 2030
- Australia, France, Germany, Saudi Arabia, the United Kingdom and the United States of America host the vast majority of migrant medical doctors
- Among factors impacting choice of country for migrant healthcare workers are shared language, geographical proximity and better conditions, pay and opportunities

Figure 8.26. Share of foreign-trained nurses, 2023 and 2010 (or nearest years)



1. Latest data from 2021 or 2022. 2. Latest data from 2024.
Source: OECD Health Statistics 2025.



Special Article

Optimizing the Global Nursing Workforce to Ensure Universal Palliative Care Access and Alleviate Serious Health-Related Suffering Worldwide

William E. Rosa, PhD, MBE, ACHPN, FAANP, FAAN, Amisha Parekh c
Nauzley C. Abedini, MD, MSc, Tamryn F. Gray, PhD, RN, MPH, Huda
Afsan Bhadelia, PhD, Juli McGowan Boit, MSN, RN, FNP, Samuel Byiri
Constance Dahlin, MSN, ANP-BC, ACHPN, FPCN, FAAN, Patricia M. l
Sheila Davis, DNP, ANP-C, FAAN, Liliana De Lima, MHA, Paul E. Farn
Betty R. Ferrell, PhD, RN, FPCN, FAAN, Vedaste Hategekimana, BSN,
Edwin M. K... PhD, RN, FNP, MSN, RN, L...

THE TV AGENCY SYSTEM



The global nursing workforce: realising universal palliative care



Researchers estimate the number of people who will die with serious health-related suffering is projected to increase by approximately 87% by the year 2060.¹ Palliative care is the discipline devoted entirely to preventing and relieving serious health-related suffering. WHO has called for the universal accessibility of palliative care at all levels of health care and in

for increased contributions from nurses to policy making, greater investment in workforce development, recruitment of more nurses to positions of leadership, additional research that measures the effect of nursing in certain areas, and sharing of best practices across the profession. As the ability of nurses to influence care delivery increases, so does their opportunity to ensure

Strategic Pillars for Strengthening Palliative Care

- Policy & Advocacy
- Education & Capacity Building
- Service Integration
- Community Engagement
- Technology & Innovation
- Sustainable Funding Models



EAPC Atlas of Palliative Care in the European Region 2025

Eduardo Garralda, Vilma A. Tripodoro, Julie Ling, Joanne Brennan, Álvaro Montero,
Fernanda Bastos, Laura Monzón, Daniela Suárez, Juan José Pons and Carlos Centeno.



ATLANTES
GLOBAL OBSERVATORY OF
PALLIATIVE CARE



WHO Collaborating Centre
for the Global Monitoring of
Palliative Care Development

EU



General data

POPULATION 2023
5,946,952

RV/100,000/1,000,000 L2021
14

Socioeconomic data

COUNTRY INCOME LEVEL 2022
High income

GDP PER CAPITA USD 2022
68,453

HEALTH EXPENDITURE (% GDP) 2021
10.82

UNIVERSAL HEALTH COVERAGE 2021
82

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

1. EMPOWERMENT OF PEOPLE AND COMMUNITIES
2. POLICIES
3. RESEARCH
4. USE OF ESSENTIAL MEDICINES
5. EDUCATION AND TRAINING
6. PROVISION OF PC

LEVEL OF DEVELOPMENT

1 2 3 4

EMERGING
PRE-ESTABLISHED
ESTABLISHED
ADVANCED

Consultants: Mette Andersen-Petersen, Heidi Berger-Wolfs, Thomas Gøtzsche, Lena Juhl, Anne Dorthe Olsen, Zoltan Demeny, Helene, Anne Sommering Vind, Mogens Grønvedt and Mette Rasmussen
National Association: Danish Association for Palliative Medicine (DSPA)
Data collected: October 2024 – March 2025
Report validated by consultants: Yes
Endorsed by National PC Association: Yes
Edition: Edited by Atlix Research Team (University of Navarra, Spain)

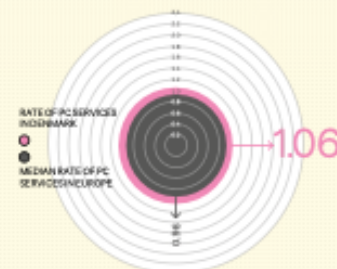
Denmark

Provision of PC (Specialised Services)

Total number of Specialised PC services
63

Rate of PC services per 100,000 inhabitants
1.06

Denmark in the context of European region



Geographic distribution and integration of PC services

1. HOSPITAL
2. OUTPAT
3. HOME CARE
4. INTEGRATED

Level of development of different types of PC services

1. HOSPITAL
2. OUTPAT
3. HOME CARE

Paediatric PC Services

Geographic distribution and integration

1. HOSPITAL
2. OUTPAT
3. HOME CARE
4. INTEGRATED

7

EU Denmark

Use of essential medicines

Opoids consumption (excluding methadone)
9,193
5,000/MILL. INHABITANTS/DAY

Denmark in the context of European 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



General availability of different opoids and in different formulations at the primary level



Research

PC-related research articles
4

Existence of PC congresses or scientific meetings
4

Inclusion of PC topics in National Research Calls
3

Education & Training

Medical schools with mandatory PC teaching
0/4

Nursing schools with mandatory PC teaching
0/24

PC Full Professors
6

Recognition of PC specialty
2

Policies

National PC plan or strategy
2

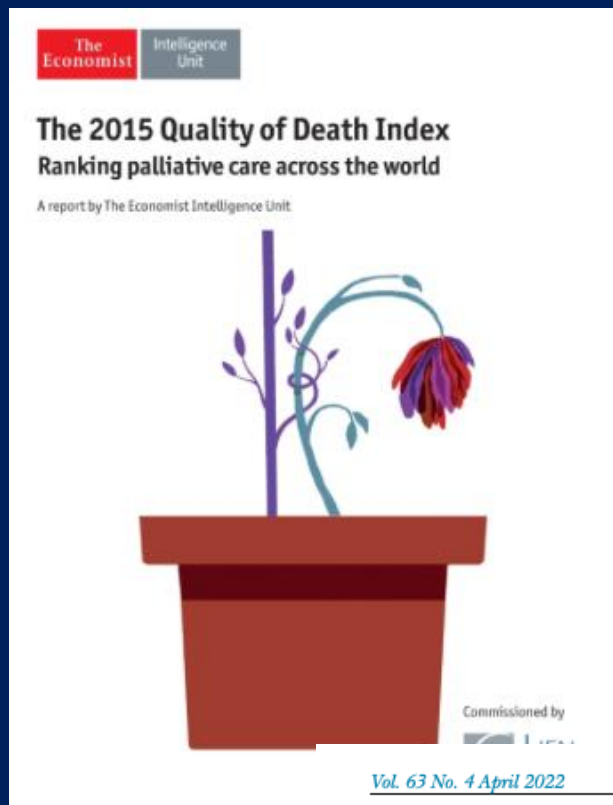
Responsible authority for PC in the Ministry of Health
1

Inclusion of PC in the basic health package at the primary care level
4

Empowerment of people and communities

Groups promoting the rights of PC patients
4

Advanced care planning-related policies
3



Vol. 63 No. 4 April 2022

Journal of Pain and Symptom Management e419

Special Article

Cross Country Comparison of Expert Assessments of the Quality of Death and Dying 2021

 Check for updates

Eric A. Finkelstein, PhD, Afsan Bhadelia, PhD, Cynthia Goh, MBBS, Drishti Baid, BA, Ratna Singh, MA, Sushma Bhatnagar, MD, and Stephen R. Connor, PhD

Lien Centre for Palliative Care, Duke-NUS Medical School, Singapore and Duke University Global Health Institute (E.A.F.), Durham, North Carolina, USA; Department of Global Health and Population, Harvard T.H. Chan School of Public Health, Boston (A.B.), Massachusetts,

- | | | | |
|-----|----------------|-----|----------------|
| 1. | United Kingdom | 14. | Finland |
| 2. | Ireland | 15. | Latvia |
| 3. | Sweden | 16. | Lithuania |
| 4. | Netherlands | 17. | Hungary |
| 5. | Poland | 18. | Bulgaria |
| 6. | France | 19. | Czech Republic |
| 7. | Spain | 20. | Slovenia |
| 8. | Germany | 21. | Cyprus |
| 9. | Belgium | 22. | Romania |
| 10. | Luxembourg | 23. | Malta |
| 11. | Austria | 24. | Greece |
| 12. | Italy | 25. | Portugal |
| 13. | Denmark | 26. | Slovakia |
| | | 27. | Estonia |



- | | | | |
|-----|-----------------|-----|----------------|
| 1. | United Kingdom | 26. | Belgium |
| 2. | Ireland | 28. | Spain |
| 7. | North Macedonia | 29. | Israel |
| | | 37. | Denmark |
| 10. | Lithuania | 41. | Romania |
| 11. | Norway | 48. | Moldova |
| 13. | Switzerland | 54. | Georgia |
| 14. | Poland | 56. | Slovakia |
| 15. | Germany | 57. | Russia |
| 17. | Sweden | 60. | Greece |
| 19. | France | 66. | Czech Republic |
| 20. | Finland | 75. | Portugal |
| 21. | Belarus | | |
| 25. | Hungary | | |

Special Article

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Lien Centre for Palliative Care, Duke-NUS Medical School, Singapore and Duke University Global Health Institute (E.A.F.), Durham, North Carolina, USA; Department of Global Health and Population, Harvard T.H. Chan School of Public Health, Boston (A.B.), Massachusetts, USA; Department of Public Health, National University of Singapore (S.R.C.); School of Public Health, University of Michigan (S.R.C.)

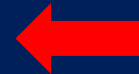


Table 6

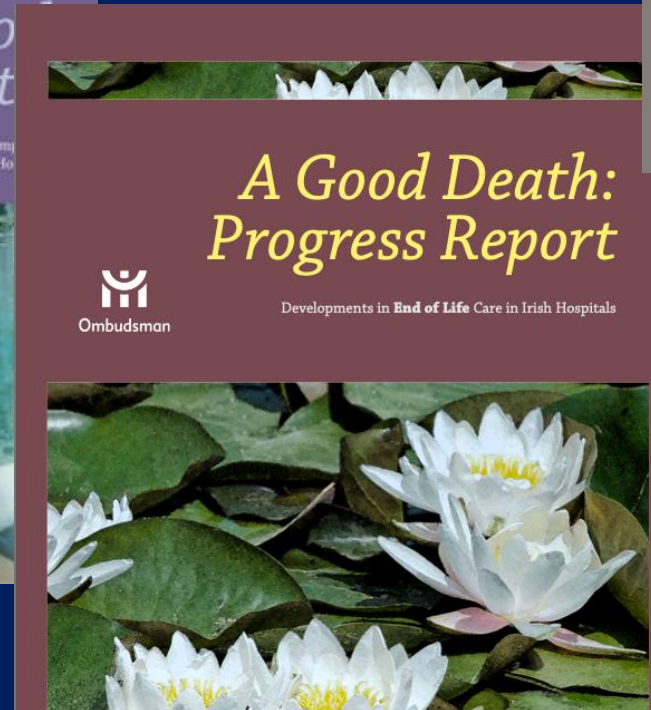
European Region (EUROPE): Levels of Palliative Care Development (n = 56; Population = 935 million)

Emerging PC development			Progressing PC development			Established PC development			Advanced PC development		
#	Name	GDS	#	Name	GDS	#	Name	GDS	#	Name	GDS
48	Tajikistan	1,731	32	San Marino	2,429	17	Russian Federation	3,231	1	Germany	3,923
49	Uzbekistan	1,607	33	Monaco	2,423	18	Israel	3,214	2	Netherlands	3,885
50	Kyrgyzstan	1,538	33	Republic of Moldova	2,423	19	Hungary	3,179	3	Austria	3,821
51	Albania	1,500	35	Greece	2,393	19	Poland	3,179	4	Norway	3,786
51	Vatican	1,500	36	Türkiye	2,357	21	Czech Republic	3,107	5	Sweden	3,679
53	Bosnia-Herzegovina	1,462	37	Andorra	2,321	22	Finland	3,071	5	Switzerland	3,679
54	Azerbaijan	1,321	37	Belarus	2,321	23	Lithuania	3,036	7	France	3,607
55	Kosovo	1,154	39	Estonia	2,179	24	Liechtenstein	2,833	7	Ireland	3,607
56	Turkmenistan	1,038	39	Kazakhstan	2,179	25	Malta	2,821	7	Italy	3,607
			39	Montenegro	2,179	25	Slovenia	2,821	10	Belgium	3,464
			42	Ukraine	2,077	27	Romania	2,750	11	Denmark	3,393
			43	Cyprus	1,964	28	Slovakia	2,714	12	Luxembourg	3,393
			44	Georgia	1,962	29	Croatia	2,679	12	United Kingdom	3,393
			45	Bulgaria	1,929	30	Serbia	2,643	14	Iceland	3,357
			46	Armenia	1,857	31	Latvia	2,577	14	Portugal	3,357
			47	North Macedonia	1,750				16	Spain	3,286
n=9 (16%), 78 million inh (8%)			n=16 (29%), 184 million inh (20%)			n=15 (27%), 259 million inh (28%)			n=16 (29%), 414 million inh (44%)		

Ireland 2014



Ireland 2018



Not recognising that people are dying,
and not responding to their needs

Poor symptom control

Poor communication

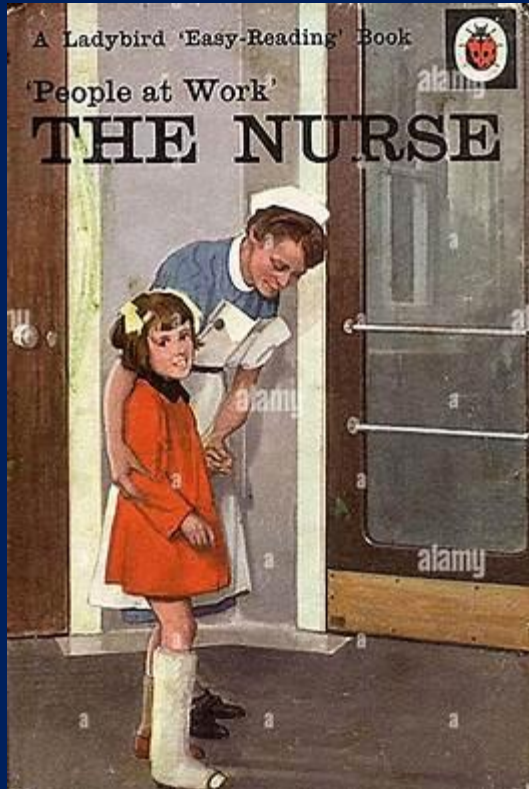
Inadequate out-of-hours service

Poor care planning

Delays in diagnosis and referrals for treatment

UK 2015

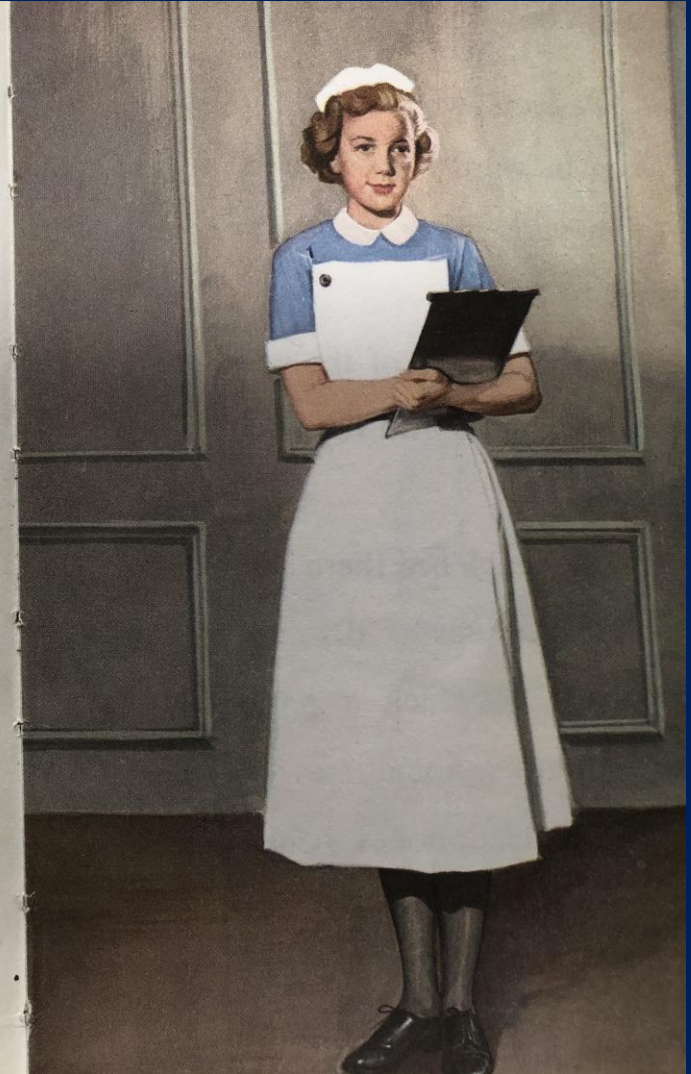




THE NURSE

A nurse's job is to look after people who are ill. Hospitals are full of sick people who need special care to help them to get better. These sick people are called patients. Many nurses work in hospitals, taking care of the patients.

Doctors in the hospitals find out about the patients' illnesses. Then the doctors tell the nurses what to do to help the patients to get better. The nurses carry out the doctors' orders and care for the patients until they are well enough to go home.



The evolution of palliative care

Cicely Saunders OM DBE FRCP

J R Soc Med 2001;94:430-432

The development by the second half of the twentieth century of new technologies and effective specific treatments for disease still left much suffering unaddressed. As Professor Patrick Wall wrote in 1986, 'Symptoms were placed on one side and therapy directed at [them] was denigrated'¹. In the same vein, when Aneurin Bevan introduced the National Health Service Bill to Parliament, he stated that he would 'rather be kept alive in the efficient if cold altruism of a large hospital than expire in a gush of sympathy in a small one'².

But what if no cure was possible and the end of life was inevitable? Referring particularly to the hospice movement, Wall added that 'The old methods of care and caring had to be rediscovered and the best of modern medicine had to be

terminally ill would be cared for'. Finally, a unique study of the physical and mental distress of the published by John Hinton in 1963⁶. His observations of the wards of a London teaching hospital showed suffering remained unrelieved and also how men were well aware of their prognosis despite the information normally given at that time.

A PERSONAL HISTORY

In 1948, after experience of wartime nursing in of nearly all our modern pharmacology, and worker among patients and families devastated by unrelieved pain in terminal cancer, I encouraged



Dame Cicely Saunders



Cicely Saunders
(1918-2005)

“...Go and read medicine, it's the doctors who desert the dying, and there's so much more to be learned about pain... if you don't do it ... they won't listen to you”.

Community palliative care: the evolving role of Macmillan nurses

22 MARCH, 2001 | BY NT CONTRIBUTOR

VOL: 97, ISSUE: 12, PAGE NO: 38

Alison Hill, MSc, RGN, DipHV, is service development manager, Macmillan Cancer Relief

The first Macmillan nurse posts were established in 1975 to enhance the quality of palliative care offered in the community. They reflected the Macmillan Cancer Relief charity's commitment to improving service and the dissemination of skills and knowledge.

Palliative care nurses have... an essential role in enhancing the quality of life of people with life threatening and life limiting conditions and their families by providing holistic care and support



Palliative care nursing skills

- Balance the art and science of nursing and are ideally placed to introduce evidence into practice
- Improve and enhance quality of life for patients and their families
- Uniquely spend most time with the patients and knowing the patient and family is key to nursing practice
- Bridge clinical and social care knowledge and can address the social determinants of health
- Provide holistic often complex care
- Connect and coordinate care, including the multidisciplinary team
- Work across a range of locations

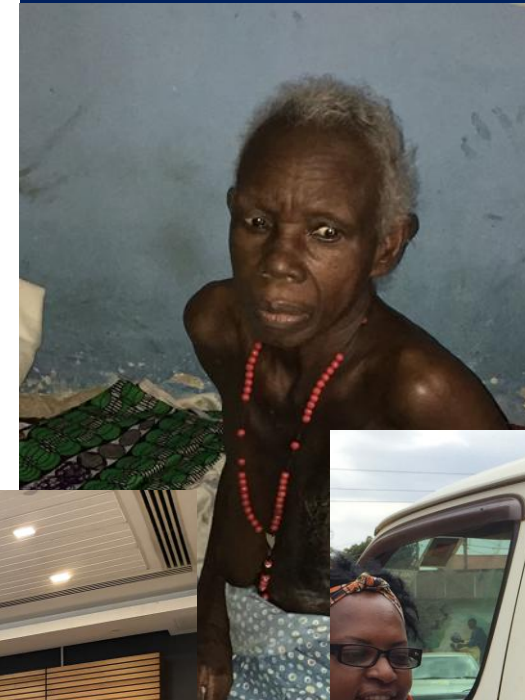
The global nursing workforce: realising universal palliative care



Researchers estimate the number of people who will die with serious health-related suffering is projected to increase by approximately 87% by the year 2060.¹ Palliative care is the discipline devoted entirely to preventing and relieving serious health-related suffering. WHO has called for the universal accessibility of palliative care at all levels of health care and in the home because palliative care is an indispensable component of universal health coverage.² The report of the Lancet Commission on Palliative Care³ emphasised the need for cost-effective investment in expanding the capacity of palliative care training, and task shifting to ensure palliative care is accessible in countries with limited resources.

The purpose

for increased contributions from nurses to policy making, greater investment in workforce development, recruitment of more nurses to positions of leadership, additional research that measures the effect of nursing in certain areas, and sharing of best practices across the profession. As the ability of nurses to influence care delivery increases, so does their opportunity to ensure the development and implementation of palliative care programmes throughout the illness trajectory.

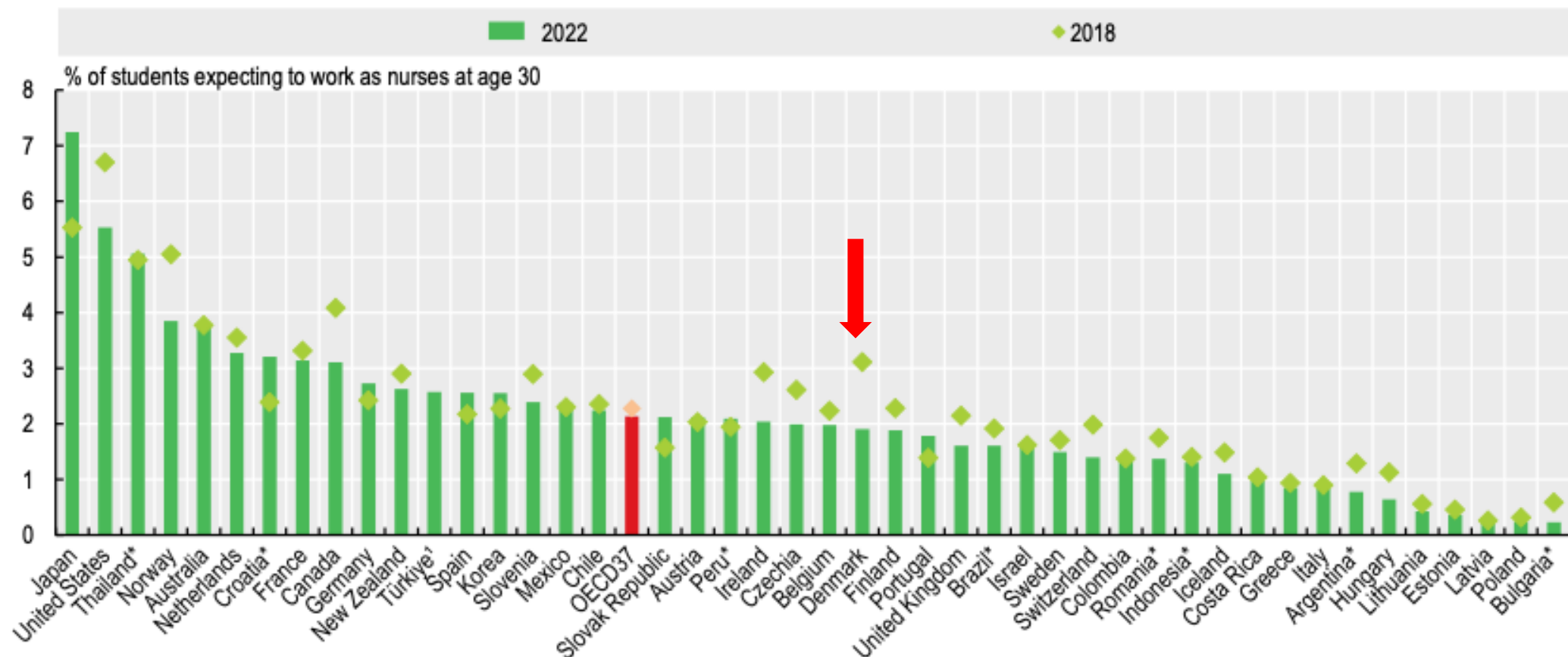


European Region

Barriers to palliative care nursing

- Some still have challenges with discussing prognosis (Hjelmfors et al 2015)
- Clarity around roles and what falls in the nursing domain (Sekse et al, 2017)
- Education and training in palliative more so than experience – (Bradley et al 2001)(Hagan et al 2017)
- Nurses working in non-specialist areas report limited knowledge and skills in providing palliative care (Limbu and Taylor 2021)
- Limited availability of medication/equipment
- Burnout/workload/patient-to-nurse ratio (Clayton & Marczak, 2022)
- Recruitment and retention
- Increasing workload/lack of support
- Gender pay gap (Analysis in 31 countries revealed a 7% gender pay gap in nursing, pointing to ongoing gender-based disparities) ICN 2025

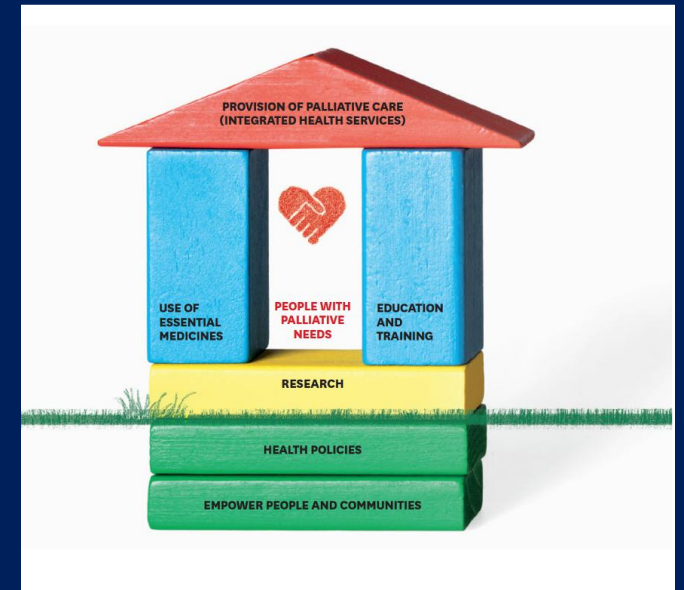
Figure 8.22. Interest in a nursing career among 15-year-old students, 2022 and 2018



Notes: Luxembourg did not participate in the PISA 2022 survey. 1. Türkiye data for PISA 2018 are not included due to low reliability. * Accession country.
Source: OECD, PISA 2018 and 2022 Database.

How do we make palliative care attractive to nurses....

- Enhance education and training opportunities in palliative nursing
- Promote true interdisciplinary teamwork and communication
- Implement strategies for support with self-care and resilience programmes for nurses
- Involve nurses in policy development at all levels
- Promote the role of nurses in empowering people & communities.
- Provide opportunities to undertake research and play an active role in implementing evidence
- Use of technology for better symptom monitoring and care coordination



Within a palliative care team, leadership is **the empowering of all members to transform the care of patients with serious and life-limiting illness**. Therefore, being a successful leader on a palliative care team means facilitating the leadership of other team members.

EU Commitment to palliative care research



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WHO Global Palliative Care Group



“Never let us consider
ourselves finished
nurses...we must be learning
all of our lives”

Florence Nightingale (1820-
1910)



Thank you

Tusind tak

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