FRANCE

Current Directories:

Printed version
* JAMALV

Les implantations des ASP en France
http://www.sfap.org/content/view/38/76/

Online version
* http://www.jalmalv.org/index2.html

http://www.aspfondatrice.org/qsn/map.asp

None identified

Key Contact/National Association

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Telephone: NK
Email: bd@palliatif.org

Population: 60,656,178

Palliative Care Services

<table>
<thead>
<tr>
<th>Number of Palliative Care Services</th>
<th>Inpatient Palliative Care Units</th>
<th>Hospices</th>
<th>Consultant Teams in Hospitals</th>
<th>Home Care Teams</th>
<th>Day Centres</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult/Children</td>
<td>78</td>
<td>0</td>
<td>309</td>
<td>84</td>
<td>0</td>
<td>471</td>
</tr>
<tr>
<td>Paediatric only</td>
<td>0</td>
<td>0</td>
<td>NK</td>
<td>NK</td>
<td>NK</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of beds allocated to adult palliative care inpatients</th>
<th>Inpatient Palliative Care Units/ hospices</th>
<th>Chronic Hospitals/Nursing Homes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of inpatient palliative care inpatients</td>
<td>782</td>
<td>833</td>
<td>1615</td>
</tr>
<tr>
<td>Adults</td>
<td>NK</td>
<td>NK</td>
<td>NK</td>
</tr>
<tr>
<td>Children</td>
<td>NK</td>
<td>NK</td>
<td>NK</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments/Sources

- In France, there is no difference between an inpatient palliative care unit and a
The EAPC Task Force on the development of Palliative Care in Europe

- The 833 beds allocated to adult palliative care inpatients in hospitals qualify as “identified beds”. Under the umbrella term ‘palliative care unit’, there are units with specialized beds for palliative care patients only. However, there is also palliative care activity in units not specifically devoted to palliative care (for example, in rehabilitation centres). In addition, there are also beds ‘recognised’ or ‘dedicated’ to palliative care in ‘acute’ care settings where the unit does not specialise in palliative care, but has the help of a palliative care support team if required.
- Paediatricians in France are strongly opposed to creating a palliative care structure solely for children.

[Ministry of Health, 2003]
[EAEC Palliative Care Facts in Europe Questionnaire 2005]

### Adult Palliative Care Population

<table>
<thead>
<tr>
<th>Cancer</th>
<th>(n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of patients who die at home</td>
<td>NK</td>
</tr>
<tr>
<td>Number of patients who die in a general hospital</td>
<td>NK</td>
</tr>
<tr>
<td>Number of patients who die in other healthcare institutions</td>
<td>NK</td>
</tr>
</tbody>
</table>

**Comments/Sources**

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

[EAEC Palliative Care Facts in Europe Questionnaire 2005]

### Palliative Care Workforce Capacity

<table>
<thead>
<tr>
<th>Full-time</th>
<th>Part-time</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>361</td>
<td>0</td>
</tr>
<tr>
<td>Nurses</td>
<td>1909</td>
<td>0</td>
</tr>
<tr>
<td>Social Workers</td>
<td>NK</td>
<td>NK</td>
</tr>
<tr>
<td>Psychologists</td>
<td>NK</td>
<td>NK</td>
</tr>
<tr>
<td>Physiotherapists</td>
<td>NK</td>
<td>NK</td>
</tr>
<tr>
<td>Occupational Therapists</td>
<td>NK</td>
<td>NK</td>
</tr>
<tr>
<td>Spiritual/Faith leaders</td>
<td>NK</td>
<td>NK</td>
</tr>
<tr>
<td>Volunteers</td>
<td>NK</td>
<td>NK</td>
</tr>
</tbody>
</table>

**Comments/Sources**

- Palliative care workforce capacity data is an estimate only.

[Ministry of Health, 2002]
[EAEC Palliative Care Facts in Europe Questionnaire 2005]

### Funding of palliative care services

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage Funded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of palliative care services funded by the government</td>
<td>100%</td>
</tr>
<tr>
<td>Total number of palliative care services funded privately or by NGO’s</td>
<td>0%</td>
</tr>
</tbody>
</table>

**Comments/Sources**

- All palliative care units are paid for by the public health care system.

[Ministry of Health, 2003]
[EAEC Palliative Care Facts in Europe Questionnaire 2005]

### Perceived use of main opioids in palliative care

<table>
<thead>
<tr>
<th>Order of frequency</th>
<th>Opioid</th>
<th>Estimated cost per</th>
</tr>
</thead>
</table>

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| 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

- Palliative care support teams in hospitals are more developed than the palliative care at-home services.
- Some areas of France are not yet covered under palliative care programmes.
- The biomedical model is pre-eminent in palliative care and in medicine overall.
- The denial of death within French society.
- Lack of palliative care training (especially for physicians).
- Opiophobia, hospital legislation, and lack of opioid training among physicians are barriers to the adequate availability of strong opioids in France at the present time.

[EAPC Palliative Care Euro-Barometer 2005]

Palliative care accreditation

- There is no specialist accreditation for palliative care professionals in France at the present time. However, training sessions at different levels are provided and University Diplomas may be undertaken.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- 1986: Palliative care begins to develop in France.
- 1997: The “Kouchner” law is introduced to address the problem of uncontrolled pain as a health concern in France.
- 2004: Société Française d’Accompagnement et de Soins Palliatifs (SFAP) marks 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) by sending a copy of the report to all of its members, and placing the recommendations of the report on the SFAP website.

[EAPC Palliative Care Euro-Barometer 2005]

Health policy

- The first government funding of palliative care development was for three years duration; the second government funding of palliative care development was for four years duration.
- Palliative care is not fully integrated into the public health system – the palliative care movement has tried to have palliative care established as a medical speciality but has not yet succeeded.
• The most important policy change to affect the development of hospice and palliative care in France since 2000 is the triennial plan that focuses on specific social insurance funding for palliative care at home.

• The most important initiatives undertaken since 1995 to address the problem of uncontrolled pain as a health concern in France have been public communication around the theme “pain is not a fate”, and a change to the legislation of CLUD (Comités Omites de Lutte Contre la Douleur) in each hospital.

• Société Française d’Accompagnement et de Soins Palliatifs (SFAP) participated in the Council of Europe discussions about euthanasia (the Marty Report) through contacts with the European Association for Palliative Care.

• At the current time, there are no initiatives in France that seek the legalisation of euthanasia or assisted suicide. However, a law has been established that provides people with the right to have life-saving treatment withdrawn if they so wish. This law was established to avoid the legalization of euthanasia and to slow down the pro-euthanasia movement.

[**EAPC Palliative Care Euro-Barometer 2005**]

**References**


Information correct as at: 7th August 2006.
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