GERMANY

**Current Directory:**
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Online version * [http://www.wegweiser-hospiz-palliativmedizin.de](http://www.wegweiser-hospiz-palliativmedizin.de)
None identified

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### Palliative Care Services

#### Number of Palliative Care Services

<table>
<thead>
<tr>
<th></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>116</td>
<td>129</td>
<td>56</td>
<td>30</td>
<td>11</td>
<td>342</td>
</tr>
<tr>
<td>Paediatric only</td>
<td>1</td>
<td>8</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Inpatient Palliative Care Units</th>
<th>Chronic Hospitals/Nursing Homes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of beds allocated to adult palliative care inpatients</td>
<td>2034</td>
<td>0</td>
<td>2034</td>
</tr>
<tr>
<td>Adults</td>
<td>2034</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>2034</td>
<td>0</td>
<td>2034</td>
</tr>
</tbody>
</table>

Number of Bereavement Support Teams: 480

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**Comments/Sources**

- Hospital care teams are estimated because there is no regular governmental or health care system funding; therefore, teams can only be counted from model projects where specialisation is ensured; the number of palliative care units which include this kind of team is increasing.
- Home care teams are estimated: there are also about 1,000 home palliative care teams
which are hospice-based and consist of volunteers and therefore cannot count as specialised teams as defined in the glossary; about 350 services are led by a specialised co-ordinator (half-time, paid).

- There are a total of 32 day care places in hospices and 32 day care places in palliative care units.
- There are approximately 50 beds in hospitals that provide some palliative care but do not have a palliative care unit or a fully equipped hospice.
- There are 350 adult bereavement support teams located in hospice services (with a part-time co-coordinator), a further 50 located at palliative care units, and a further 80 located at hospices.
- There are no exact numbers available for bereavement support teams specifically for children. Although there are a few bereavement services that specialise in children's bereavement, most services work with parents, children and young adults. Each inpatient children’s hospice has at least one service (including a bereavement service for adults/parents).

[Paediatric palliative care services data is based on personal information provided by Dr. Boris Zernikow, University Children’s Clinic, Datteln]
[Adult bereavement support team data is based on personal information provided by Chris Paul, Head of Trauer Institut, Deutschland]
[Wegweiser Hospiz und Palliativmedizin Deutschland 2005]
[Jaspers, B., and Schindler, T., 2004]
[http://www.bundestag.de]
[EAPC 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>49%</td>
</tr>
<tr>
<td>Number of patients who die in a general hospital</td>
<td>19%</td>
</tr>
<tr>
<td>Number of patients who die in other healthcare institutions</td>
<td>32%</td>
</tr>
</tbody>
</table>

Comments/Sources

- Place of death data is for patients cared for by a palliative home care service in 2001 (all illnesses) (Sabatowski, et al., 2003).

[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>-</td>
<td>-</td>
</tr>
<tr>
<td>Nurses</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Social Workers</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Psychologists</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Physiotherapists</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Occupational Therapists</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Spiritual/Faith leaders</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Volunteers</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Comments/Sources

- There is no national data about the palliative care workforce in Germany. It is estimated, however, that each palliative care unit has at least one full-time physician who is trained in palliative care. Inpatient hospices usually have no in-house doctor but work together with local GPs, of whom an increasing number have participated in a palliative care training course.

- According to German Social Code V, § 39a, hospices are obliged to employ at least one trained palliative care nurse and palliative home care services at least 4 trained palliative care nurses; the ratio of nurses at palliative care units is 1:2 beds, about 80% of head nurses of a palliative care unit are trained in palliative care and about
Funding of palliative care services

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

Comments/Sources

[EAPC 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 month (€)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First opioid</td>
<td>Morphine (MST)</td>
<td>TBC</td>
</tr>
<tr>
<td>Second opioid</td>
<td>Fentanyl TDS (Durogesic)</td>
<td>€ 202</td>
</tr>
<tr>
<td>Third opioid</td>
<td>Hydromorphone</td>
<td>€ 199.50</td>
</tr>
</tbody>
</table>

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Key issues and challenges

- Research activities in the field of palliative medicine and palliative care are increasing, but still at an insufficient level. More networking in terms of research is necessary and better funding and education in research is also needed.
- Even though Germany has a considerable number of services, they are not enough to cover the need. Furthermore, the distribution of services is not even; in some areas there are still some quite big “blind spots”.
- Hospice and palliative medicine services are still somewhat separated in Germany, even though cooperation and shared aims are increasing.
- Palliative care still needs to be much better integrated into the other departments of hospitals and nursing homes.
- Since most patients want to die at home, specialised home care must be urgently improved. More services and better qualified staff are needed to fulfil the wish of most people, who – as death approaches – would like to die where they live.
- Public awareness of palliative care services is not as good as it should be; communication needs to be improved between physicians, patients and families.
- Family doctors need to play a more important role in the delivery of palliative care.
- Certain criteria need to be established to improve admittance to inpatient hospices.
- There exists a lack of education and training in palliative care in the medical, nursing and other allied professions - palliative care is not integrated into the obligatory syllabus for medical students, insufficiently integrated into nurse education, and not integrated at all into the education of other professions.
The remuneration of services is insufficient; there is a need to find private money from charity, cancer society etc., in order to pay for the setting up and the running of palliative care services.

[EAPC Palliative Care Euro-Barometer, 2005]

**Palliative care accreditation**

“There is no specialist accreditation for palliative care professionals in Germany at the present time, although the Federal Medical Chamber has passed a new regulation for a sub-specialisation in palliative medicine (post-graduate training regulations). Currently, numerous physicians are passing the exams for this sub-specialisation in more than half of the Bundesländer. For more than 10 years, palliative care training programmes have been available: more than 1,500 physicians have qualified in a 40-hour basic palliative medicine course; furthermore, there are advanced courses in palliative medicine (120 hours).”

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

**Palliative care milestones**

- **1983:** The Deutsche Krebshilfe (German Cancer Aid) funds the first German palliative care unit at the University of Cologne.
- **1992:** The umbrella movement for the hospice organisation is founded (The Federal Hospice Working Group and its Länder Working Groups).
- **1994:** The German Association for Palliative Medicine is founded.
- **1996:** The German Ministry of Health initiates a meeting of physicians from PCUs to define a core instrument to be recommended for use in the inpatient units, and to enable the evaluation of the concepts and procedures used in the different units.
- **2002:** The Federal Hospice Working Group and its Länder Working Groups begins a German-wide statistical project collecting data on patients in hospice services, where are they being cared for, disease and place of death, and the work tasks of volunteers.
- **2003:** New post-graduate training regulations are passed by the German Medical Association; palliative medicine can now be chosen as a sub-speciality.
- **2004:** The model project “pain-free hospital” commences, with five participating hospitals.
- **2004:** 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) is translated into German and a printed version distributed to interested persons (members of the German Association for Palliative Medicine, journalists, participants of the palliative care courses at the Centre for Palliative Medicine, University of Bonn, Malteser Hospital, Bonn).

[EAPC Palliative Care Euro-Barometer, 2005]

**Health policy**

- The development of a standardised core documentation system is part of a long-term quality assurance project for palliative care units in Germany, and an interdisciplinary working group has been developing the core documentation system since 1996.
- A working group from several palliative care units, the German Cancer
Association and the German Association of Palliative Medicine produced a draft for the core instrument, which was tested in evaluation periods in 1999 and 2000.

- New palliative care qualification requirements for physicians were passed by the legislator in spring 2002 and came into force in January 2003.
- Patients who are treated at palliative care units are covered by their health insurances.
- Pain societies and the German Association for Palliative Medicine have been informing health care providers and the public about pain treatment with opioids (including lectures, congresses, further education programmes, own magazines, interviews in all media etc.) for many years.
- The German Association for Palliative Medicine has participated in the Council of Europe discussions about euthanasia (the Marty Report).
- At the current time, initiatives in Germany exist that are both for and against the legalisation of euthanasia or assisted suicide.
- In 2005, the Study Commission of the German Bundestag on Ethics and Law in Modern Medicine presented its interim report on the improvement of care of the critically ill and the dying though palliative medicine and hospice work to the President of the German Bundestag. The report includes numerous recommendations for the improvement of care, including its further development, funding, remuneration, research, education, further education, availability of services etc.
- The coalition treaty of CDU, SPD and FDP, signed on November 11, 2005, includes a passage on the political will to improve the care of the critically ill and the dying by further development of palliative care and palliative care services.

[EAPC Palliative Care Euro-Barometer, 2005]

References


Kloke M., and Scheidt, H. 1996. Pain and symptom control for cancer patients at the University Hospital in Essen: integration of specialists' knowledge into routine work.
EAPC Task Force on the development of Palliative Care in Europe


Information correct as at: 7th August 2006.