

**Palliative Care at the End of Life in Denmark**  
**Politiken Analysis**  
**October 2010**

A recently published report on end-of-life medical care conducted by the *Economist Intelligence Unit (EIU)* ranked Denmark 22nd among the 40 countries studied. Three Eastern European countries (Hungary, Poland, and the Czech Republic) were ranked higher than Denmark, as were all but four of the countries in western Europe. It seems that for all its benefits, and there are many, the Danish welfare model does not work very well for patients in need of good quality palliative care at the end of life. There are at least six reasons for Denmark's deficiency in this area.

First, Denmark devotes comparatively few resources to palliative care, an approach to end-of-life medical care that focuses on physical symptom management, psychosocial concerns, and spiritual quality-of-life issues experienced by patients and their families. A greater percentage of GDP is devoted to health care in Denmark than anywhere else in western Europe, but according to the European Association of Palliative Care, only Finland and Portugal rank lower than Denmark in terms of the number of palliative care doctors and palliative care beds that are available to dying patients. In the UK, the *EIU's* top-ranked country, there are three times as many palliative care beds per person as there are in Denmark. Across the Atlantic, 40% of Americans die with specialized palliative care services. In Denmark, only about 4% are as fortunate.

(Figure 1 here)

Second, the amount of palliative care training provided to Danish physicians is comparatively weak. Medical training is longer in Denmark than anywhere else in Europe. Yet while ninety percent of American medical schools and all UK medical schools require that students take courses in palliative care, a 2006 study published in the *Journal of Palliative Care* suggests that only about 6% of Danish doctors get any undergraduate training in this area. It is difficult to provide good palliative care when one does not have the training to do so.

Third, while doctors could compensate for their lack of formal palliative care training by collaborating with colleagues at educational conferences and in meetings with each other to discuss patient care, Danish physicians are relatively reluctant to do so. According to research published by the World Health Organization (WHO), Denmark ranks last of seventeen European countries studied in the tendency of general practitioners (GP's) to collaborate with their peers.

Fourth, GP's are not as accessible after hours as they are elsewhere in Europe. Most patients say they would prefer to die at home and this is where most palliative care takes place in other countries. Denmark's system of in-home assistance for the elderly and disabled has no equal in the world. But according research published by WHO, Danish GP's rank last among 17 countries studied in western Europe when it comes to physician willingness to visit patients at home after hours or in the hospital. When hospital doctors unfamiliar with the patient are forced to take up a complicated case of end-of-life symptom management, the continuity and quality of the patient's care is almost sure to suffer.

(Figure 2 here)

Fifth, Danes are reluctant to fill out advance directives that explain what kind of care they would like at the end of life. Patient autonomy has come to be understood as an important first step in providing good quality palliative care, and completion of advance directives is a key to assuring that patients' wishes about end-of-life care are honored. But according to a 2006 study published in *Critical Care Medicine*, Denmark ranks relatively low among western European countries when it comes to completion of such documents.

Sixth, and perhaps most importantly, pain management is substandard in Denmark. Denmark has relatively few restrictions on the use of pain medication, so in principle, there are few legal or administrative barriers to providing excellent pain management to patients at the end of life. But according

to research by the European Pain in Cancer group, Danish patients are much more likely to suffer with pain than patients in any of the other nine Western European countries studied.

(Figure 3 here)

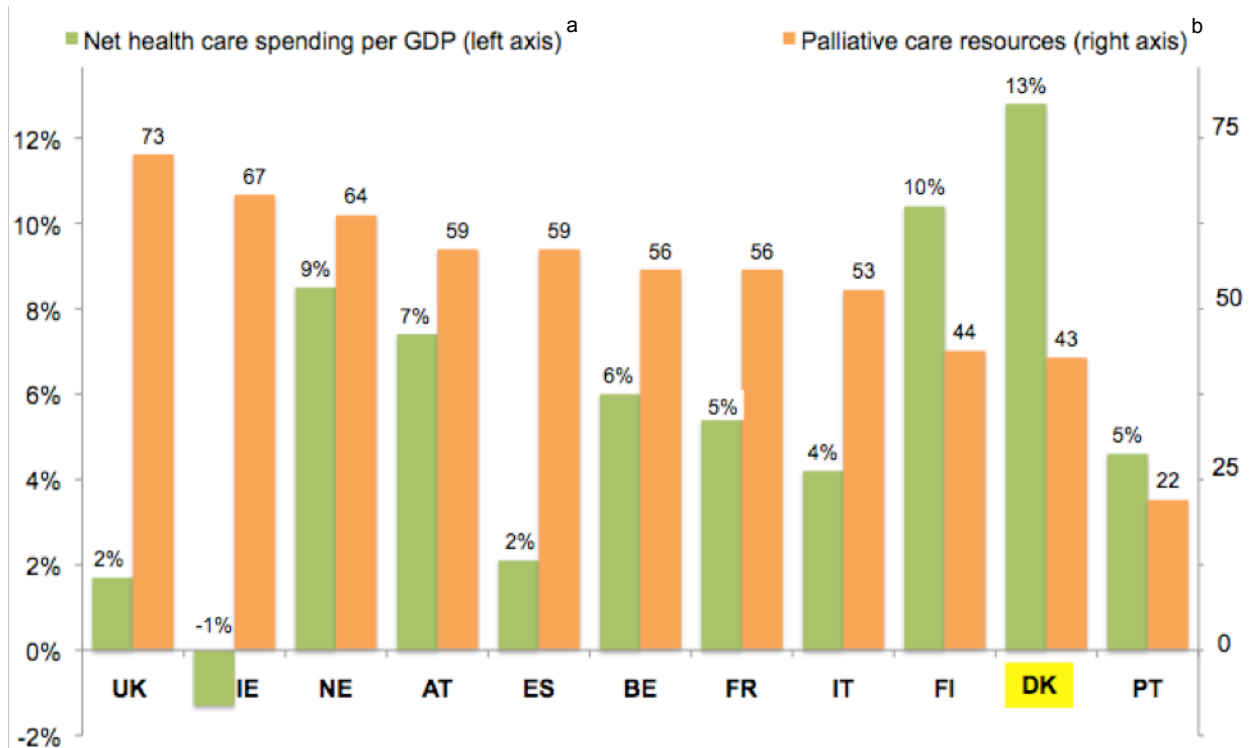
The Danes are often reported to be the happiest people in the world. Danes also report being more satisfied with their health status than other Europeans (even though there is evidence to suggest that they are generally less healthy than residents of other European countries). A predisposition to be satisfied is much to be admired in a people, but it may also lead them to adopt a general sense of complacency. This may be especially true regarding end-of-life care where so few are affected at any given time and when death ultimately silences the voices of those who might otherwise complain about the less-than-optimal care they received.

Denmark's socially progressive welfare state provides a basic quality of life to its residents that is the envy of many in the western world. But the Economist Intelligence Unit's report and other medical research makes one thing very clear: while Denmark may be a great place to live, it is no place to die. Perhaps, with the problem of substandard end-of-life medical care clearly identified, Danish policy makers will summon the collective will to mend this tear in Denmark's welfare state fabric. Given all Denmark already has going for it, it would be a shame -- and maybe even shameful -- if they did not.

---

Jim Hoefler is Professor of Political Science at Dickinson College in Carlisle, Pennsylvania, U.S. He spent the first half of 2010 conducting research on end-of-life care in Denmark and teaching a course called *Managing Death* at the Danish Institute for Study Abroad (DIS) in Copenhagen.

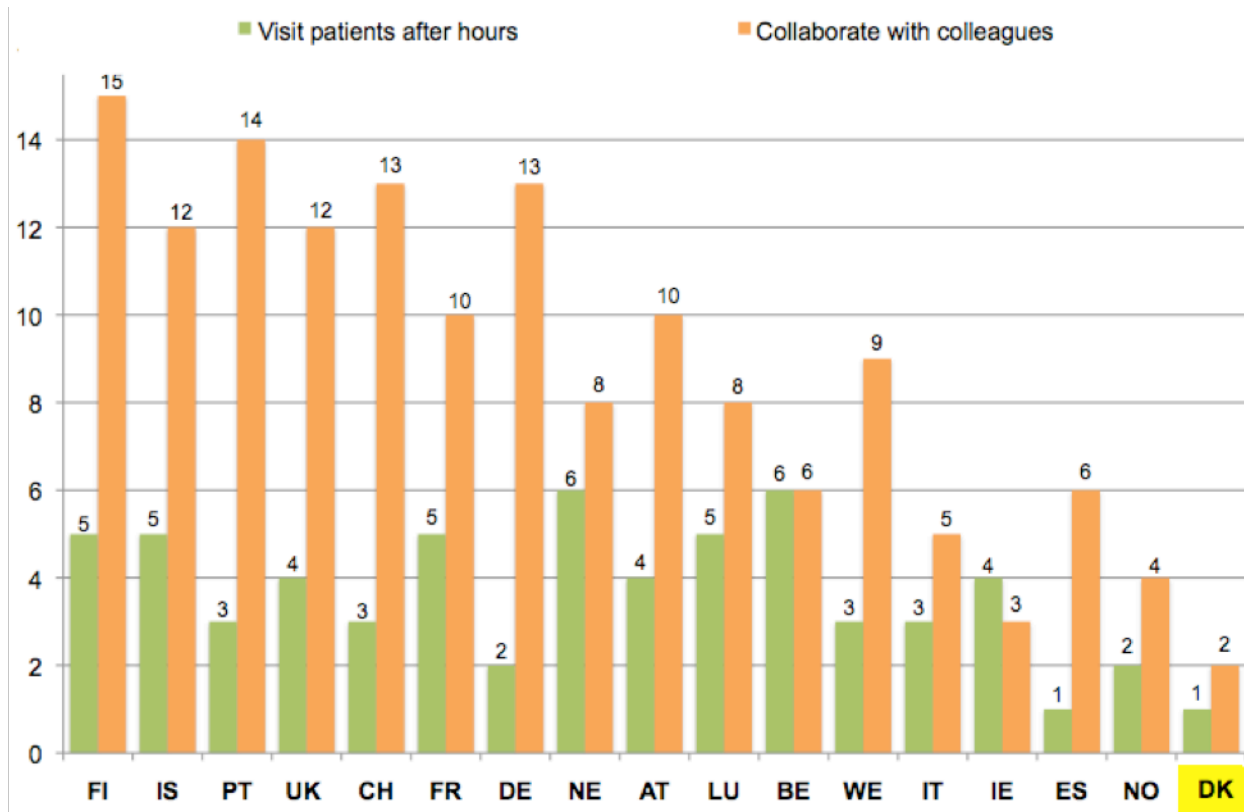
**Figure 1:** Net health care spending (green)<sup>a</sup> and palliative care resource allocation (orange)<sup>b</sup>



<sup>a</sup> *Net health care spending* was calculated by combining the total public health care spending per GDP in each country +/- each country's national budget surplus or deficit per GDP (2008). At the low end, Ireland's public health care spending in 2008 represented 6% of GDP, which when combined with its budget deficit of 7% that year yielded a *net health care spending* figure of -1%. At the high end, Denmark's public health care spending represented 9% of its GDP in 2008, which combined with its budget surplus of 4% that year yielded a *net health care spending* figure of 13%. World Health Organization (WHO). European health report 2009. Copenhagen: WHO Regional Office for Europe; 2009. 15 p.; European Commission. European economic statistics. Luxembourg: Office for Official Publications of the European Communities; 2009.

<sup>b</sup> *Palliative care resource* numbers come from the map of palliative care specific resources in Europe published by the European Association for Palliative Care (EAPC). Centeno C, Clark D, Rocafor J, Flores LA, Lynch T, Praill D, De Lima L, Brasch S, Greenwood A, Giordano A, Pons JJ. A map of palliative care specific resources in Europe. Navarra, Spain: European Association for Palliative Care (EAPC) Taskforce on the Development of Palliative Care in Europe; 2006.

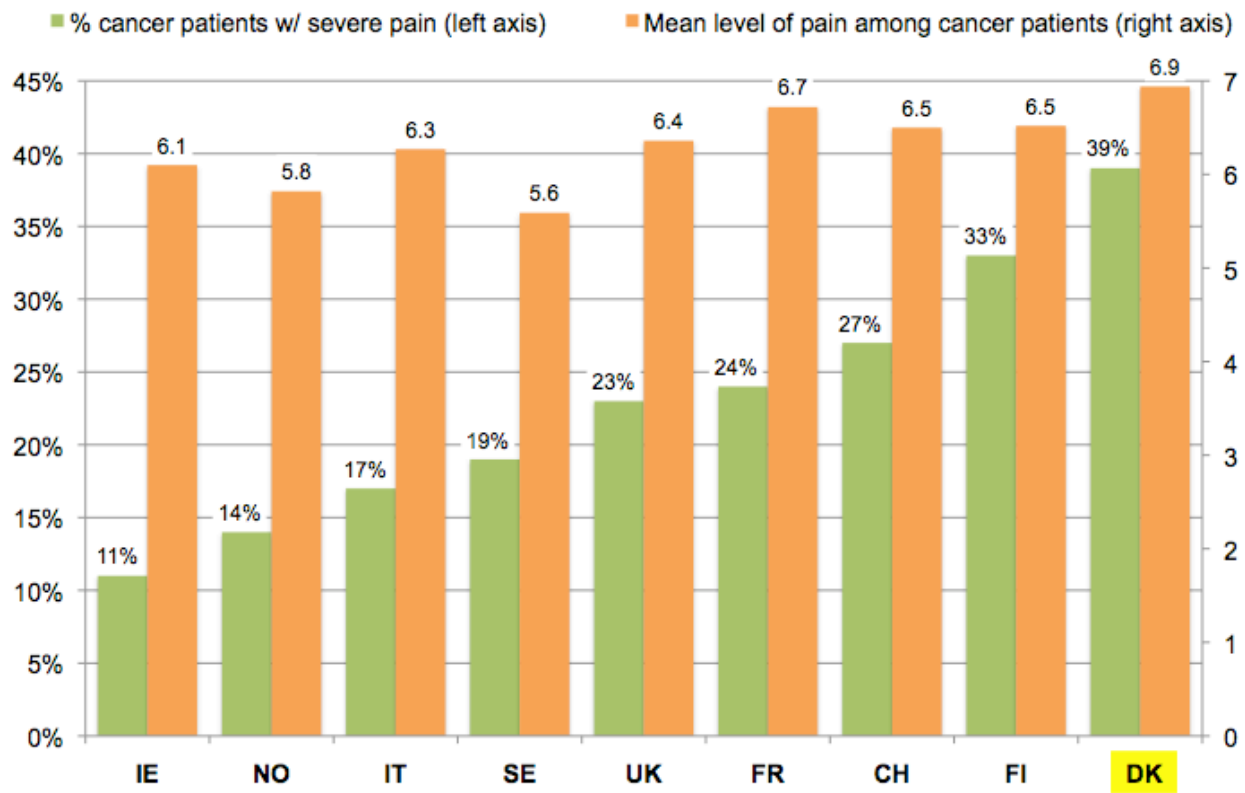
**Figure 2:** GP willingness to visit patients after hours (green)<sup>a</sup> and collaborate with colleagues (orange)<sup>b</sup>



<sup>a</sup> GP's willingness to visit patients after hours (either at home, or in the hospital). Burma WGW, Dubois C-A. Mapping primary care across Europe. In: Saltman RB, Rico A, Boerma WGW, editors. Primary care in the driver's seat. Berkshire (UK): Open University Press; 2005. p. 44-45.

<sup>b</sup> GP's willingness to participate in professional meetings with physician colleagues and other health care providers. Burma WGW, Dubois C-A. Mapping primary care across Europe. In: Saltman RB, Rico A, Boerma WGW, editors. Primary care in the driver's seat. Berkshire (UK): Open University Press; 2005. p. 44-45.

**Figure 3:** Cancer patient reports of severe pain (green) and mean pain levels (orange)<sup>a</sup>



<sup>a</sup> Data for this chart are derived from surveys of cancer patients who were asked to report on the severity of pain they had experienced as a result of their condition. European Pain in Cancer (EPIC): Global Results Presentation. EPIC Steering Group Presentation July 2007.

[http://www.paineurope.com/index.php?q=en/book\\_page/final\\_results\\_presentation](http://www.paineurope.com/index.php?q=en/book_page/final_results_presentation)