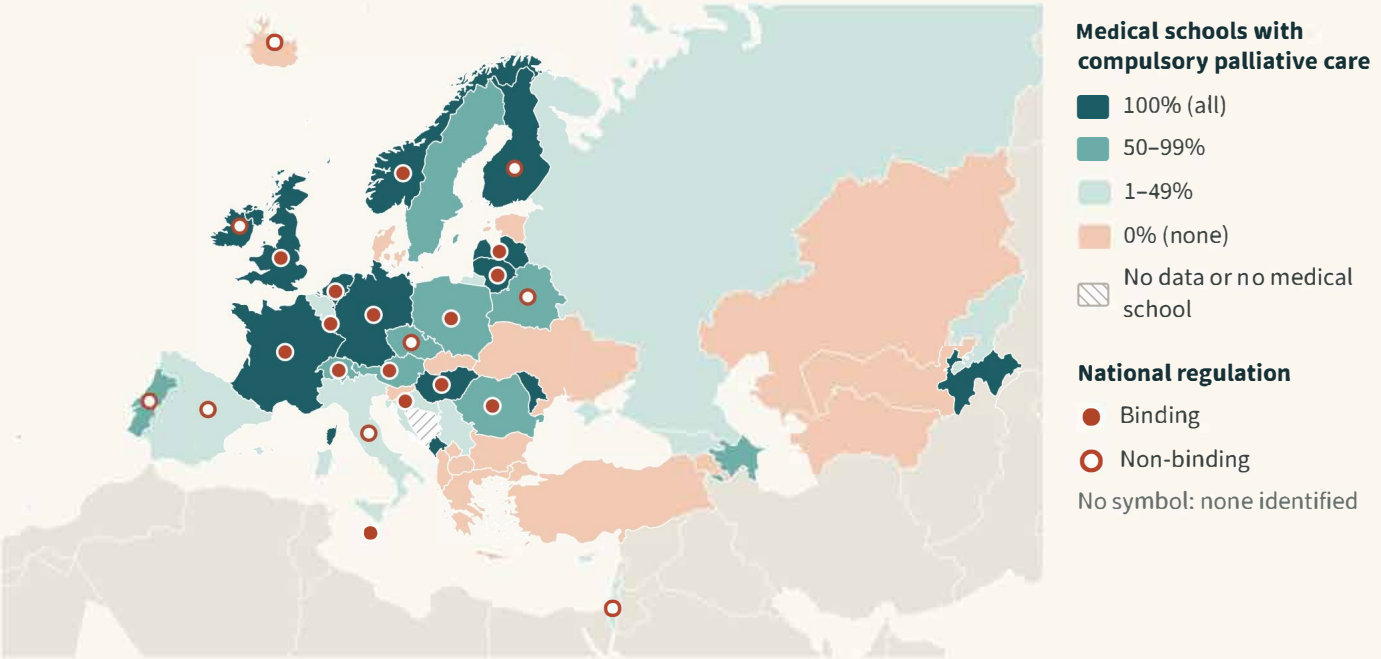


NEW RESEARCH · THE LANCET REGIONAL HEALTH – EUROPE

Where regulation leads, palliative care teaching follows

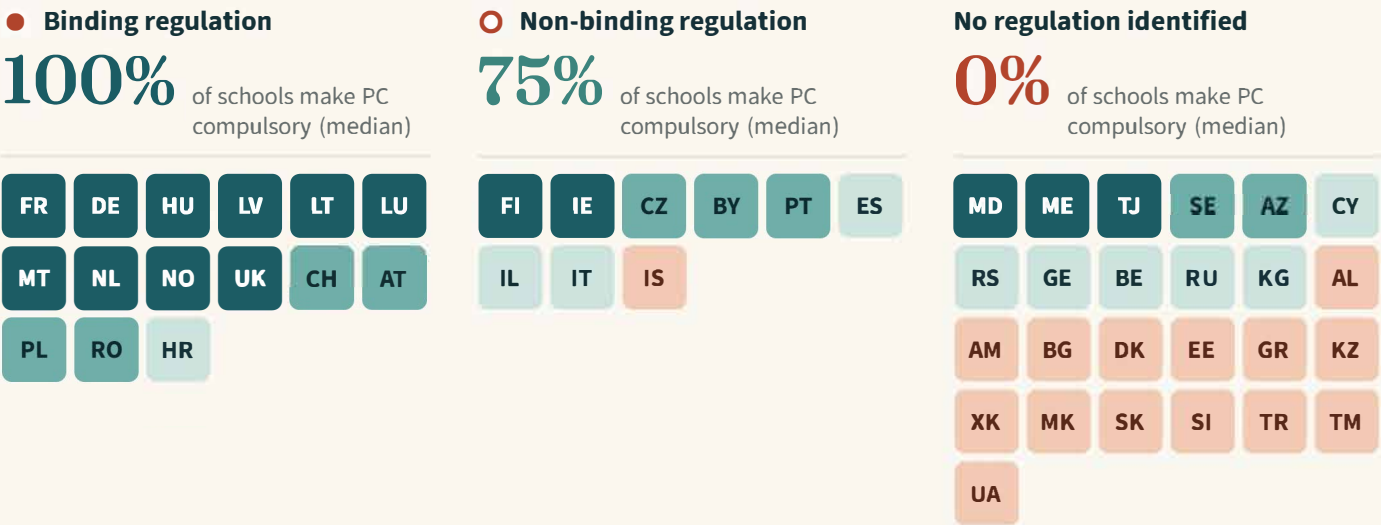
A 55-country study of how national regulation relates to compulsory palliative care teaching in Europe’s medical schools, based on the [EAPC Atlas of Palliative Care 2025](#).

Coverage and regulation across countries



The stronger the regulation, the wider the education coverage

Each square is one country, grouped by its national framework and shaded by the share of its medical schools where palliative care is compulsory.



Group differences are statistically significant (Kruskal–Wallis $p < 0.001$); both binding and non-binding frameworks show higher coverage than no regulation. Medians across the 49 countries with data. This shows an association, not cause and effect.

Many roads lead to the curriculum

Countries use very different instruments to make palliative care part of the medical degree. Four national examples show how binding and non-binding approaches work in practice.

France

Binding
36/36 schools

How: a standalone palliative care law (Claeys–Leonetti, 2016) mandates it in initial medical training; ministerial decrees set the curricular content.

Result: compulsory in every medical faculty nationwide, with limited variation between universities.

Hungary

Binding
4/4 schools

How: no standalone palliative care law. A 2004 ministerial regulation makes it a compulsory, cross-cutting part of the medical curriculum.

Result: universal coverage, usually within oncology or family medicine; depth and hours vary.

Portugal

Non-binding
6/8 schools

How: its palliative care law (2012, amended 2018) does not cover undergraduate study; a national strategic plan, accreditation and professional guidance recommend it.

Result: heterogeneous: some faculties teach it as compulsory, others only as an optional course.

Finland

Non-binding
5/5 schools

How: no law on undergraduate teaching. National curriculum recommendations and Ministry of Social Affairs and Health guidelines promote it without legal force.

Result: all faculties follow the recommendations: high, consistent, mostly integrated compulsory teaching.

What the study concludes

1 Advancing, but not yet universal

15 of 55 countries make palliative care compulsory in every medical school; in 17, no school does. 24 of the 51 countries with medical schools reach at least half of them.

2 Regulation pays off

Binding and non-binding national frameworks are both linked to wider compulsory teaching. Countries without regulation cluster at the lowest coverage.

3 A law alone is rarely enough

Of 13 countries with a palliative care law, only France uses it to require undergraduate teaching. Education, licensure and accreditation rules often do the work.

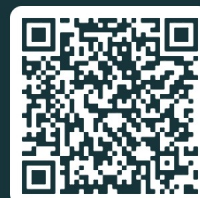
4 No single model is needed

Legislation, ministerial regulation, accreditation or professional standards can all work, while respecting university autonomy and national diversity.

Governments and representatives of citizens have both the legitimacy and the responsibility to send an unequivocal message: **palliative care education is not optional or negotiable**, but a core requirement aligned with societal needs and fundamental professional values.

Read the article (Centeno et al., 2026): doi.org/10.1016/j.lanepe.2026.101871

Explore the EAPC Atlas 2025 online: hdl.handle.net/10171/116281



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A joint work of ATLANTES Global Observatory (ICS, University of Navarra) · Clínica Universidad de Navarra · IdiSNA · University of Helsinki and Helsinki University Hospital · Lithuanian University of Health Sciences · North Estonia Medical Centre · European Palliative Care Research Centre (PRC), University of Oslo and Oslo University Hospital

Co-funded by the European Union (Joint Action JANE-2, GA 101183265). Views are those of the authors only and do not necessarily reflect those of the EU or HaDEA.