**SWITZERLAND**

**Population:** 7,489,370

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**Current Directory:**

Printed version

Online version [www.palliative.ch](http://www.palliative.ch)

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**Key Contact/National Association**

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**Palliative Care Services**

NK = not known

<table>
<thead>
<tr>
<th>Number of Palliative Care Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Palliative Care Units</td>
</tr>
<tr>
<td>Adult/Children</td>
</tr>
<tr>
<td>Paediatric only</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Inpatient Palliative Care Units/ Hospices</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>NK</td>
<td>NK</td>
</tr>
<tr>
<td>Number of Bereavement Support Teams</td>
<td>Adults</td>
<td>Children</td>
</tr>
<tr>
<td>NK</td>
<td>NK</td>
<td>NK</td>
</tr>
</tbody>
</table>

**Comments/Sources**

- Switzerland has no official records of data concerning palliative care services, number of beds, in patients, home patients, etc. Therefore, the number of palliative care services is an estimate only.

- There is no palliative care service for children at specific units, but there are some hospitals that espouse a palliative care approach. 50% of terminally-ill children die at home, and home teams normally take care of them. At least once or twice a year, the home nurses get paediatric training.

- There is an integrated mobile nursing team to care for children who require palliative care, and for children who have lived with chronic diseases for several
The first mobile team for paediatric palliative care began in autumn 2005 in the French speaking part of the country. Some palliative care institutions in certain cantons have set up bereavement groups (for example, eight meetings of two hours each for a group of approximately ten bereaved adults). Some groups also offer bereavement support to bereaved children. The Swiss Cancer League is proposing to offer bereavement support, but only in some cantons.

http://www.palliative.ch/fr/teams.php

### Adult Palliative Care Population

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

### Palliative Care Workforce Capacity

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

### Funding of Palliative Care Services

- Some Swiss hospices belong to the health care system as health institutions, some are funded privately.

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

### 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>NK</td>
<td>NK</td>
</tr>
<tr>
<td>Second opioid</td>
<td>NK</td>
<td>NK</td>
</tr>
<tr>
<td>Third opioid</td>
<td>NK</td>
<td>NK</td>
</tr>
</tbody>
</table>
### Key issues and challenges

- Lack of awareness of patients’ needs when their health situation deteriorates, especially for patients with diseases other than cancer (elderly, children with chronic diseases, persons with polyhandicaps).
- Lack of awareness of what palliative care can offer to patients with diseases other than cancer.
- Financial restrictions.
- Cultural barriers on the part of many doctors and nurses who have prejudices towards the prescription of opioids.
- Cultural barriers on the part of many patients and relatives who have prejudices towards the prescription of opioids.

### Palliative care accreditation

- There is no specialist accreditation for palliative care professionals in Switzerland at the present time.

### Palliative care milestones

- **1995-2005:** The action plan “hospitals without pain” is produced between the Swiss Cancer League and the Association created by Prof. Charles-Henri Rapin “Ensemble contre la douleur” (‘together against pain’).
- **2001:** The Swiss Society for Palliative Care holds a consensus day in collaboration with the Swiss Cancer League on the development of palliative care in Switzerland.
- **2001:** The *Manifeste de Fribourg* is presented and approved by 600 health professionals, politicians and representatives of insurance companies. The document sets out the basis for palliative care development in “5 years – 5 goals”. The *Manifeste de Fribourg* is considered as a baseline document and is to be used in 2006 to assess the previous five years’ development.
- **2001:** The national boards of the two most important health profession associations, the Swiss Association of Nurses (ASI –SBK) and the Federation of Swiss Physicians (FMH) publish a position paper on “End of life care” The paper is published in several professional reviews, representing a collective group of approximately 53,000 professionals.
- **2002:** The Swiss Education Committee publishes recommendations for palliative care education.
- **2003:** The Swiss Society for Palliative Care (in collaboration with the Swiss Cancer League) holds an annual day (November 23rd) in Fribourg to mark 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).
- **2004:** The Swiss Education Committee work on a procedure for accrediting palliative care courses at the national level (according to national recommendations).
- **2005:** A Chair for a palliative care professor is established in Lausanne (the French speaking part of Switzerland). Professor Jose Pereira is chosen to be
the first professor of palliative care, working as an academic professor for the Universities of Lausanne and Geneva, and as chief doctor of the palliative care division CHUV Lausanne.

- **2005**: The Quality Group initiate a participatory process with palliative care teams. The aim is to develop a palliative care quality label by 2008.
- **2005**: The Swiss Research Group is created.

[http://www.palliative.ch/fr/documents.php]
[http://www.sbk-asi.ch/webseiten/francais/0default-f/frameset-f.htm]

[EAPC Palliative Care Euro-Barometer 2005]

### Health policy

- The Swiss Society for Palliative Care has actively participated in the Council of Europe discussions about euthanasia (the Marty Report) by reading, commenting and sending back regular messages to the EAPC.

- Switzerland is divided into 26 cantons which function like republics in an autonomous way, each one of them possessing its own health law. There are, therefore, 26 health policies, among which only four clearly include palliative care.

- There are currently 39 Swiss palliative care teams, spread by canton: Baselland (two); Baselstadt (one); Bern (eight); Fribourg (one); Genève (four); Neuchâtel (one); St Gallen (two); Thurgau (one); Ticino (two); Valais (two); Vaud (eleven); Zürich (four).

- There are also four national languages: German (75%), French (20%), Italian (4%) and Romanche (1%). Palliative care documents (for example on the website) have to be available in three languages if they are to be read and used for developing palliative care.

- The Swiss Society for Palliative Care (palliative.ch) includes 8 regional or cantonal sections:
  - **German speaking part of Switzerland**:
    1. Palliative Care – Netzwerk Zurich: www.pallinetz.ch
    2. Palliativnetz Nordwestschweiz: www.palliativnetz.ch
    3. Palliativnetz Ostschweiz: www.palliativnetz-ostschweiz.ch
    4. Palliative Care – Netzwerk Kanton Bern: www.palliativebern.ch
  - **French and Italian speaking part of Switzerland**
    1. Associazione Ticinese di Cure Palliative
    - As there are 26 different health policies, in some cantons physician assisted suicide is authorized and in some others it is not. There are often very open debates in the mass media about euthanasia.

[EAPC Palliative Care Euro-Barometer 2005]

### References


Information correct as at: 7th August 2006.
EAPC Task Force on the development of Palliative Care in Europe