



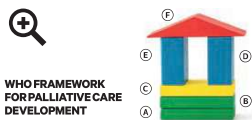
General data

POPULATION, 2023
124,516,650
SURFACE, KM², 2022
377,969
PHYSICIANS / 1,000 INH, 2022
2,614

Socioeconomic data

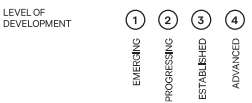
COUNTRY INCOME LEVEL, 2022
High
HUMAN DEVELOPMENT INDEX RANKING, 2021
19
GDP PER CAPITA (US\$), 2023
33,766,51
HEALTH EXPENDITURE (% GDP), 2021
10,82
UNIVERSAL HEALTH COVERAGE, 2021
83

Note: For the purposes of this study, we have included hospice care, end-of-life care, and palliative care concepts under the umbrella of palliative care as a whole.



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- Ⓐ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- Ⓑ POLICIES
- Ⓒ RESEARCH
- Ⓓ USE OF ESSENTIAL MEDICINES
- Ⓔ EDUCATION AND TRAINING
- ⓫ PROVISION OF PC



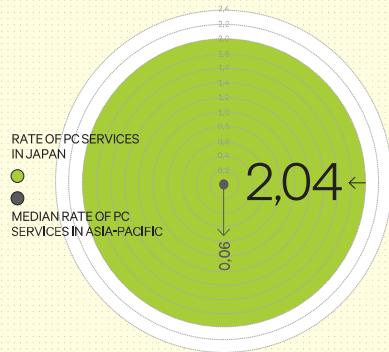
LEVEL OF DEVELOPMENT

Japan

Ⓕ Provision of PC (Specialized Services)

Total number of Specialized PC services
2,535*
*Note: More than
Rate of PC services per 100,000 inhabitants
2,04

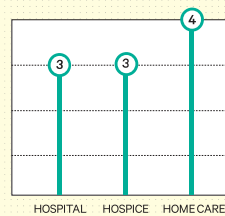
Japan in the context of Asia-Pacific regions



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION



TOTAL NUMBER

15

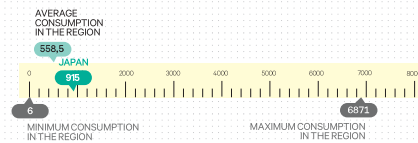


Japan

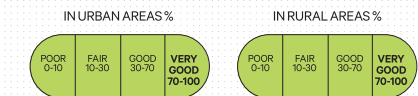
Ⓖ Use of essential medicines

Opioids consumption (excluding methadone)
915
S-DDD/MILLIN HABITANTS/DAY

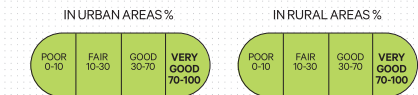
Japan in the context of Asia-Pacific regions



Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



Ⓒ Research

PC-related research articles



Existence of PC congresses or scientific meetings



National Association: Japanese Society for Palliative Medicine.
Consultants: Yoshiyuki Kizawa; Mitsunori Miyashita; Jun Hamano.

Data collected: June-September 2024.
Report validated by consultants: October - November 2024
Report sponsored by National Association: No
Edited by Atlantes Research Team University of Navarra (Spain)

Ⓔ Education & Training

Medical schools with mandatory PC teaching
80/80

Nursing schools with mandatory PC teaching
255/255

Recognition of PC specialty **4**

Ⓑ Policies

National PC plan or strategy **4**

Responsible authority for PC in the Ministry of Health **3**

Inclusion of PC in the basic health package at the primary care level **3**

Ⓐ Empowerment of people and communities

Groups promoting the rights of PC patients





Advanced care planning-related policies





AP Japan

People & Communities





<p>Ind1</p> <p>Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.</p>	<p> 4</p> <p>Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.).</p>	<p>In Japan, several organizations focus on advancing the rights and well-being of patients in need of palliative care, their caregivers, and disease survivors. Notable among these are Hospice and Palliative Care Japan and the Japanese Society of Palliative Medicine (JSPM). Additionally, other key groups such as the Japan Hospice Palliative Care Foundation (JHPCF), the Japan Association of Clinical Cancer Centers (JACCC), and the Cancer Survivors' Network Japan are actively involved in advocacy, support, and training. These organizations work together to improve services, raise awareness, and enhance the overall care environment for patients and their families.</p>
<p>Ind2</p> <p>Is there a national policy or guideline on advance directives or advance care planning?</p>	<p> 4</p> <p>There is a national policy on advance care planning.</p>	<p>In 2022, a culturally tailored consensus definition and action guideline called "Japan's Advance Care Planning" was developed to support the implementation of ACP. While there are no specific laws governing Advance Care Planning (ACP), Advance Directives (AD), or surrogate decision-making in Japan, there are guidelines for end-of-life care decision-making. The Ministry of Health, Labour and Welfare (MHLW) actively promotes ACP through an ongoing project aimed at enhancing its adoption.</p>

Policies

<p>Ind3</p> <p>3.1. There is a current national PC plan, programme, policy, or strategy.</p>	<p> 4</p> <p>Actualized in last 5 years, and actively evaluated or audited.</p>	<p>Japan does not have a standalone palliative care plan but integrates palliative care into broader healthcare plans for cancer and heart failure, with ongoing monitoring efforts. Regular national review meetings are conducted to assess cancer-related palliative care. While there is no specific document dedicated to monitoring palliative care progress, the "List of Evaluation Indicators for the Fourth Basic Plan for Promoting Cancer Control Measures" includes relevant indicators. These indicators are used to monitor the availability of palliative care services and increase awareness, contributing to the broader assessment of palliative care within the cancer control framework.</p>
<p>3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.</p>	<p> 3</p> <p>There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.</p>	

AP Japan

Policies

<p>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</p>	<p> 4</p> <p>The Indicators to monitor and evaluate progress are currently implemented.</p>	
<p>Ind4</p> <p>PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.</p>	<p> 3</p> <p>Included in the essential list of services recognized by a government decree or law but not in the General Health Law.</p>	<p>Although Japan does not have a general health law or specific decree for palliative care provision, palliative care services are included in the list of priority services at the primary care level in the national health system. Home-based palliative care is covered under both the medical and long-term care insurance systems, regardless of the patient's condition. In 2014, the JPCA established two committees to enhance palliative care education for family physicians and primary care teams, as well as to improve the quality of palliative care within the community. The establishment of these committees aligns with the government's efforts to improve palliative care services and integrate them into the broader healthcare system.</p>
<p>Ind5</p> <p>5.1. Is there a national authority for palliative care within the government or the Ministry of Health?</p>	<p> 3</p> <p>There is a coordinating entity but has an incomplete structure (lack of scientific or technical section).</p>	<p>The Division for Cancer Disease Control and Prevention within the Department of Health at the Ministry of Health, Labour and Welfare has a palliative care officer, and there is also a designated authority in the Office for Promotion of Home Healthcare within the Guidance Division of the Medical Affairs Bureau. However, these two roles are not integrated or systematically organized.</p>
<p>5.2. The national authority has concrete functions, budget and staff.</p>	<p> 4</p> <p>There are concrete functions, staff and budget.</p>	

AP Japan

Research

Ind6

Existence of congresses or scientific meetings at the national level specifically related to PC.

●●●●4
At least one national conference specifically dedicated to palliative care every 3 years.

The Japanese Society of Palliative Medicine (JPSM) organizes an annual scientific meeting with participation ranging from 5,000 to 7,000 attendees. In addition, several scientific organizations of palliative care hold national conferences every year.

Ind7

Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.

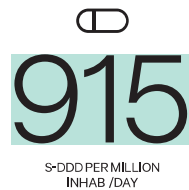
●●●3●
Represents a considerable amount of articles published.

Medicines

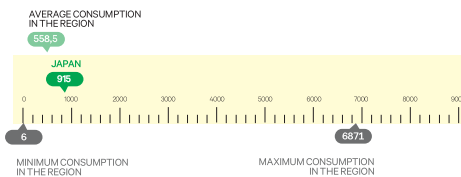
Ind8

Reported annual opioid consumption – excluding methadone – in S-DDD per million inhabitants per day.

Annual consumption of opioids (oral morphine equivalent dose, excluding methadone) is 30 mg/per/2023 (MoH data); Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2020-2022: 915 S-DDD



COUNTRY VS REGION



AP Japan

Medicines

Ind9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

●●●●4
Very good: Between 70% to 100%.

As outlined in the Cancer Control Act established in Japan in 2006, patients and their families should have easy access to integrated, high-quality cancer care, regardless of their location. In Japan, all physicians can obtain a narcotic practitioner license, and nearly all dispensing pharmacies are authorized to handle narcotics, allowing individuals to access palliative care medicines anywhere in the country.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

●●●●4
Very good: Between 70% to 100%.

Ind10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

●●●●4
Very good: Between 70% to 100%.

As outlined in the Cancer Control Act established in Japan in 2006, patients and their families should have easy access to integrated, high-quality cancer care, regardless of their location. In Japan, all physicians can obtain a narcotic practitioner license, and nearly all dispensing pharmacies are authorized to handle opioids, allowing individuals to access morphine and palliative care medicines anywhere in the country.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

●●●●4
Very good: Between 70% to 100%.

AP Japan

Education & Training

Ind11

11.1. The proportion of medical schools with **COMPULSORY** teaching in PC (with or without other optional teaching) over the total number of medical schools in the country

80/80



Palliative care is integrated into the curricula of all medical schools and nursing education institutions in Japan and is explicitly included in the national examination criteria. A palliative care specialist is always part of the panel of examiners for these national exams. Japan has 88 medical schools and over 255 institutions offering nursing education. Significant efforts have been made to incorporate palliative care training in many universities. National organizations such as Hospice Palliative Care Japan and the JSPM have developed comprehensive curricula and collaborated to standardize and deliver palliative care education across undergraduate, postgraduate, and continuing professional development programs.

11.2. The proportion of medical schools with **OPTIONAL** teaching in PC...

0/80

11.3. The proportion of nursing schools with **COMPULSORY** teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.

255/255

11.4. The proportion of nursing schools with **OPTIONAL** teaching in PC...

0/255

Ind12

12. Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.



Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognized by competent national authorities.

The Japanese Society for Palliative Medicine, affiliated with the Japanese Medical Association, has been managing a specialist system for palliative medicine since 2009, currently comprising 361 specialists and 1,146 certified doctors. The Society is in the process of seeking accreditation as a subspecialty with the Japanese Specialist Medical Association. Additionally, the Ministry of Education, Culture, Sports, Science and Technology's Cancer Professional Development Plan supports the training of palliative medicine specialists, and the Japanese government officially recognizes the specialization.

AP Japan

Provision of PC / Services

Ind13

13.1. There is a system of specialized PC services or teams in the country that has a **GEOGRAPHIC** reach and is delivered through different service delivery platforms.



Integrated provision: Specialized palliative care services or teams are systematically provided.

13.2. Are available in **HOSPITALS** (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.



In a growing number of private hospitals.

13.3. Free-standing **HOSPICES** (including hospices with inpatient beds).



Found in many parts of the country.

13.4. **HOME CARE** teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.

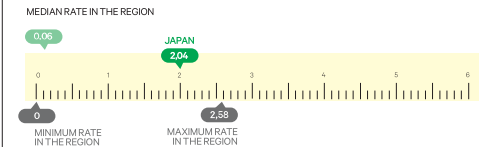


Strong presence of home care teams in all parts of the country.

13.5. Please enter the total number of specialized PC services or teams in the country.

Over the past decade, hospice and palliative care in Japan have significantly advanced under the Cancer Control Act, leading to increased palliative care units, hospital teams, and home hospice services. As of 2023, Japan has 465 inpatient palliative care units, and 1,174 home hospices, contributing to over 2,535 specialized palliative care services provided nationwide. Despite this growth, specialized home care services remain one of the least developed aspects of the palliative care system in the country. The government is addressing these gaps by revising laws, improving healthcare systems, and launching educational and collaborative initiatives to enhance service delivery. Japan's palliative care infrastructure includes hospital-based teams, inpatient palliative care wards, and clinics offering home hospice services, highlighting its commitment to accessible end-of-life care. According to 2023 World Bank population data, Japan has a palliative care service rate of 2.04 per 100,000 inhabitants.

RATE OF SPECIALIZED PC SERVICES/100,000 INH



2,535* ← SPECIALIZED PALLIATIVE CARE SERVICES
* Note: More than.

Ind14

14.1. There is a system of specialized PC services or teams for **children** in the country that has **geographic** reach and is delivered through different service delivery platforms.



Generalized provision: palliative care specialized services or teams for children exist in many parts of the country but with some gaps.

14.2. Please enter the total number of pediatric specialized PC services or teams in the country.

15
PPC TEAMS

In Japan, specialized pediatric palliative care (PPC) has primarily developed to support children with cancer, resulting in a more advanced system for these patients compared to those with non-cancer life-limiting diseases. Every region in Japan has a children's hospital along with a pediatric palliative care team, with a total of 15 teams nationwide. However, there are only a limited number of pediatric hospices in the country. Starting in 2024, insurance will cover the additional fees for pediatric palliative care treatment, and palliative care teams throughout Japan are beginning to collaborate with pediatricians to provide these services.