



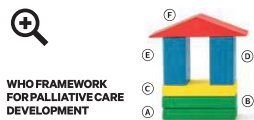
General data

POPULATION, 2023  
**5,1712,619**  
SURFACE, KM², 2022  
**100,440**  
PHYSICIANS / 1,000 INH, 2022  
**2,517**

Socioeconomic data

COUNTRY INCOME LEVEL, 2022  
**High**  
HUMAN DEVELOPMENT INDEX RANKING, 2021  
**19**  
GDP PER CAPITA (US\$), 2023  
**33121,37**  
HEALTH EXPENDITURE (% GDP), 2021  
**9,33**  
UNIVERSAL HEALTH COVERAGE, 2021  
**89**

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.



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

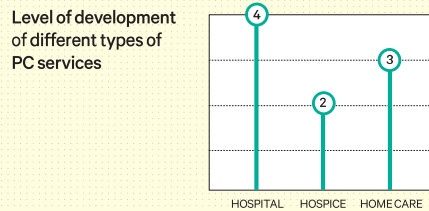
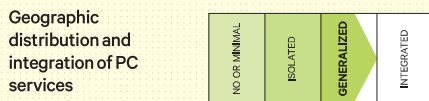
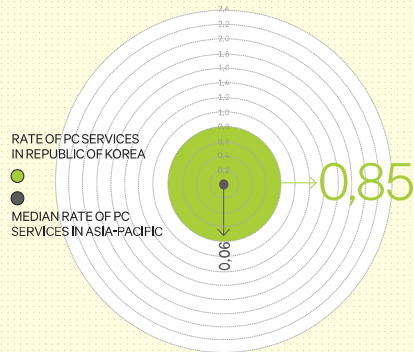


# Republic of Korea

**F Provision of PC (Specialized Services)**

Total number of Specialized PC services  
**442**  
Rate of PC services per 100,000 inhabitants  
**0,85**

Republic of Korea in the context of Asia-Pacific regions



Pediatric PC Services  
GEOGRAPHIC DISTRIBUTION AND INTEGRATION  
**2**  
TOTAL NUMBER  
**12**

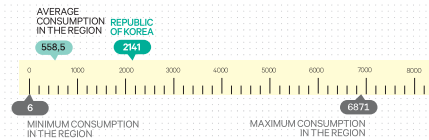


# Republic of Korea

**D Use of essential medicines**

Opioids consumption (excluding methadone)  
**2141**  
S-DDD/MILL INHABITANTS/DAY

Republic of Korea 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



**C Research**

PC-related research articles  
**4**  
Existence of PC congresses or scientific meetings  
**4**

National Association; Korean Society for Hospice Palliative Care.  
Consultants: Sujeong Kim; Mihyun Park; Minjeong Jo.  
Data collected: June-September 2024.  
Report validated by consultants: October - November 2024  
Report sponsored by National Association: Yes  
Edited by Atlantes Research Team University of Navarra (Spain)

**E Education & Training**

Medical schools with mandatory PC teaching  
**40/40**

Nursing schools with mandatory PC teaching  
**99/199**

Recognition of PC specialty  
**3**

**B Policies**

National PC plan or strategy  
**4**

Responsible authority for PC in the Ministry of Health  
**4**



Inclusion of PC in the basic health package at the primary care level  
**2**

**A Empower of people and communities**



Groups promoting the rights of PC patients  
**4**  
Advanced care planning-related policies  
**3**

# AP Republic of Korea

People & Communities





<p><b>Ind1</b></p> <p>Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.</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>Several groups promote the rights of patients in need of palliative care, their caregivers, and disease survivors, although many initiatives remain fragmented. National patient-family organizations, such as the Cancer Patient Rights Association, advocate for patient rights but do not exclusively focus on palliative care. Dedicated professional associations include the Korean Society for Hospice and Palliative Care, Korean Hospice Nurses Association, and Korean Catholic Hospice Association, among others. These groups focus on advancing hospice and palliative care services and research. Additionally, disease-specific groups and organizations like the Korean Society for Palliative Care for Children and Adolescents provide support tailored to specific needs. However, there is no unified national group solely dedicated to palliative care advocacy.</p>
<p><b>Ind2</b></p> <p>Is there a national policy or guideline on advance directives or advance care planning?</p>	 <p>There is/are national policies or guidelines on living wills and/or on advanced directives.</p>	<p>South Korea's 2016 'Act on Hospice and Palliative Care and Decisions on Life-sustaining Treatment for Patients at the End of Life' provides a legal framework for advance directives (ADs) and physician orders for life-sustaining treatment (POLST). While it mandates discussions between medical professionals, patients, and families before completing ADs/POLSTs, the process is more focused on documentation than comprehensive advance care planning. The act outlines the management and legal handling of these documents, but it does not fully address broader advance care planning (ACP) practices. More details are available in Chapter 2 of the Act.</p>

Policies

<p><b>Ind3</b></p> <p>3.1. There is a current national PC plan, programme, policy, or strategy.</p> <p>3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.</p>	 <p>Actualized in last 5 years, and actively evaluated or audited.</p>  <p>Yes, there is a standalone national palliative care plan AND/OR there is national palliative care law/legislation/ government decrees on PC.</p>	<p>The 2nd National Plan for Hospice and Life-sustaining Treatment (2024-2028) focuses on advancing hospice care and advance care planning (ACP) in South Korea but does not include broader palliative care. While the country is still developing its palliative care system, hospice care is well-established, supported by the Act on Hospice and Palliative Care and Decisions on Life-sustaining Treatment. This act mandates a comprehensive plan every five years, with the second plan starting in 2024. A centralized system manages hospice services, emphasizing data collection for monitoring and evaluation. The National Hospice Center publishes annual reports, primarily on hospital-based hospice care, and regional organizations support these initiatives. Updated data is regularly made accessible through the central hospice website.</p>
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# AP Republic of Korea

Policies

<p>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</p>	 <p>The Indicators to monitor and evaluate progress are currently implemented.</p>	
<p><b>Ind4</b></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>Decree or law to include palliative care in the list of health services provided at the primary care level in preparation.</p>	<p>Palliative care services are not explicitly listed as a priority in South Korea's National Health System for universal health coverage (UHC) at the primary care level. While the hospice and palliative care system is nationally insured, it is primarily hospital-based. However, the Community Integrated Care Act has initiated efforts to integrate palliative care into primary care settings for end-of-life patients. A pilot project in 2022 aimed to promote the inclusion of palliative care at the primary care level, though palliative care is not yet fully embedded in the essential health services under the National Health Promotion Act. This suggests a gradual move toward broader integration, but it remains a work in progress.</p>
<p><b>Ind5</b></p> <p>5.1. Is there a national authority for palliative care within the government or the Ministry of Health?</p> <p>5.2. The national authority has concrete functions, budget and staff.</p>	 <p>The coordinating entity for palliative care is a well-defined and has a good structure (scientific &amp; technical).</p>  <p>There are concrete functions, staff and budget.</p>	<p>Hospice and palliative care policies in South Korea are overseen by the Ministry of Health and Welfare, with technical management and evaluation handled by the Division of Disease Policy. A National Hospice and End-of-Life Care Committee develop comprehensive plans and provide scientific advice, ensuring alignment with legal regulations. Implementation involves operational staff at central and regional hospice institutions to enhance service delivery. The government has allocated a designated budget to support the execution of the comprehensive hospice and palliative care plan nationwide.</p>

# AP Republic of Korea

Research

## Ind6

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



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

Several organizations host national congresses and scientific meetings focused on hospice and palliative care in the country. The Korean Society for Hospice and Palliative Care, established in 1998, organizes academic conferences and general assemblies. Additionally, the Korean Hospice Association and the Korean Catholic Hospice Association, founded in the 1980s, have played key roles in promoting multidisciplinary participation in palliative care. These organizations contribute significantly to the advancement of palliative care through their continuous efforts to provide educational opportunities and foster collaboration within the field.

## 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.



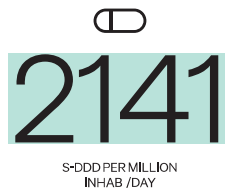
Very High: Denotes an extensive number of articles published on the subject.

South Korea has a substantial body of palliative care research, with many studies focusing on healthcare professionals, patients, and caregivers, as well as secondary data analysis using national datasets. The Journal of Hospice and Palliative Care, published by the Korean Society for Hospice and Palliative Care since 1998, releases four issues annually. Additionally, domestic experts contribute significantly to both national and international journals.

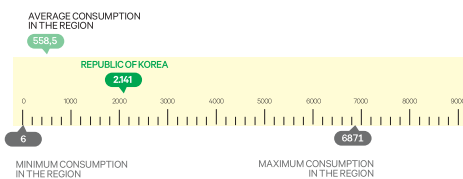
## Ind8

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

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 2141 S-DDD



COUNTRY VS REGION



Medicines

# AP Republic of Korea

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.



Very good: Between 70% to 100%.

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.



Good: Between 30% to 70%.

South Korea has 10 primary care clinics providing palliative care services, with adequate availability of pain and palliative care medications. Under the Narcotics Control Act, licensed medical professionals, including doctors and traditional medicine practitioners, can prescribe opioids. In 2021, 99% of general hospitals, 100% of long-term care facilities, and 36% of clinics handled medical narcotics. Urban areas provide over 90% access to pain medication at the primary care level, but rural areas face challenges due to human and hospital resources rather than medication shortages. However, South Korea's universal healthcare system and efficient transportation infrastructure help rural patients access essential medicines, mitigating disparities in pain management and palliative care.



## Ind10

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



Very good: Between 70% to 100%.

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



Good: Between 30% to 70%.

In South Korea, over 90% of primary care facilities in urban areas have access to immediate-release oral morphine in various strengths (10, 15, and 30 mg), with no prescribing restrictions at the primary care level under the Narcotics Control Act. Although South Korea's efficient transportation system ensures accessibility, rural areas face challenges due to an imbalance in human and hospital resources, rather than a shortage of medications. Despite these disparities, the universal healthcare system helps address access challenges.

# AP Republic of Korea

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

40/40



Palliative care has been part of mandatory medical education in South Korea since 2016. While all 40 medical schools are assumed to include palliative care in their curricula, a 2016 survey found that despite its widespread inclusion, the depth and time allocated vary significantly. For nursing education, there are no official statistics on compulsory palliative care training. A 2019 survey revealed that around 20% of 41 included nursing schools offered elective palliative care courses, while a 2018 study of 45 programs found over 50% included end-of-life care in their core curriculum and 20% provided elective hospice courses. These findings indicate a growing but inconsistent emphasis on palliative care education across medical and nursing schools.

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

0/40

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.

99/199

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

38/199

## Ind12

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



There is no process on specialization for palliative care physicians but exists other kind of diplomas with official recognition (i.e., certification of the professional category or of the job position of palliative care physician).

Palliative care is not officially recognized as a medical specialty by the national medical board. Instead, physicians usually enter the field after specializing in areas like family medicine or oncology. However, recognition in palliative care can be obtained through certification provided by academic societies. This certification is available to physicians who have completed at least one year of hospice work and passed a certification exam in palliative care or have completed the 60-hour standardized training program offered by the national hospice center. These pathways allow physicians from diverse specialties to gain advanced training and expertise in palliative medicine.

# AP Republic of Korea

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.



Generalized provision: Exists in many parts of the country but with some gaps.

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.



Are part of most/all hospitals in some form.

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



Ad hoc/ in some parts of the country.

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

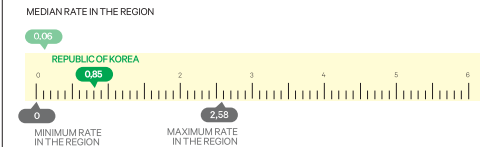


Found in many parts of the country.

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

South Korea offers a nationwide system of specialized palliative care services, including inpatient care, consultation, and home-based services, regulated under the Act on Decision on Life-Sustaining Treatment. As of 2024, there are 188 inpatient facilities, 39 home-based services, 42 consultative facilities, and 12 pediatric palliative care centers, with most services concentrated in urban areas and focused on cancer patients. Specialized care is integrated primarily into tertiary or general hospitals, with hospital-linked home care teams rather than independent providers. Some regional disparities exist, with urban areas like Seoul, Incheon, and Gyeonggi Province hosting most home hospice/PC facilities. South Korea has over 442 palliative care services, corresponding to a rate of 0.85 palliative care services per 100,000 inhabitants.

RATE OF SPECIALIZED PC SERVICES/100,000 INH



442 ← SPECIALIZED PALLIATIVE CARE SERVICES

## 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.



Isolated provision: palliative care specialized services or teams for children exist but only in some geographic areas.

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

12

PPC TEAMS

Specialized palliative care services for children and adolescents under 24 have been available since 2018, initially through pilot programs in tertiary general hospitals. By 2024, 12 facilities are providing pediatric hospice services, including a new service starting in Kyungsangnam-do, though it is still in the early stages of development. While these services are distributed across the country based on local needs, the overall number remains limited, creating a gap in coverage.