

# The establishment of Danish Hospices – what's the story?

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## BACKGROUND

Since 1992, twenty hospices have been established in Denmark (DK). The first hospices were self-financed private institutions founded in religious organizations. Since 2004, an operational agreement with the regional authorities means Danish hospices have to deliver specialized palliative care as a condition of receiving public financial support, which they all do. In 2018, Denmark had 250 hospice beds. The early development of hospices happened autonomously from public health care planning, and it is still underexplored what factors led to the establishment of each and every hospice.

## AIM

To report first phase findings on the history of the establishment of the Danish hospices; what is the story behind the establishment of individual hospices and what characterizes the common circumstances for development of Danish hospices over time?

## METHODS

Methods included document analysis and interviews with key informants. Yearbooks, homepages and other documents concerning every Danish hospice were read to uncover the story behind the establishment of each hospice.

## RESULTS

The story of each hospice has unique dimensions, but across these stories the main factors in explaining the establishment of the Danish hospices seem to be a combination of:

- Economic resources; from private to public
- Health professionals' arguments, pressure and organizing; working on new organizations, education, guidelines and research as well as
- Non-governmental organizations' (NGO) and lay peoples' pressure and negotiation with local and national politicians and authorities.

The common story seems to have developed over three decades:

- The 1990s – private institutions mainly delivering hospice care, then
- The 2000s – public institutions mainly delivering palliative care and now
- The 2010s – public institutions delivering specialized palliative care.

## CONCLUSION

On the micro level the story of each Danish hospice is unique. On the meso- and macro-level, looking across the stories of the 20 hospices, there are some common factors mainly concerning funding, NGO and professional pressure and arguments – leading to but also led by structural changes (law, public funding, and guidelines).

**Sankt Lukas Hospice, case 1**, was the first Danish hospice in 1992, followed by four more in that decade. Like the following two hospices (1995 + 1997), Sankt Lukas Hospice was founded and financed by a private Christian association. Those associations have a long history and an important role in the development of care and nursing, dealing with suffering, death and dying, as well as hospitals, within the early Danish health care system.



**Anker Fjord Hospice, case 2**, was the eighth Danish hospice (2006), and one of ten in that decade. Like other hospices it was supported considerably by local people, including a local sponsor who had quite some influence on the final result, leading to the building of a modern hospice following certain principals of architecture and design.



**Hospice Sydfyn, case 3**, was the 18th Danish hospice (2012), and so far, one of five established in this decade. As hospices are now part of the public health care system, this seems to call for a third story, focusing on regional authorities and public funding, even though collaboration between public interest/pressure, professional arguments, and private funding still plays a role.



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