

Unmet palliative care need in Scotland

Policy Briefing

February 2026

1. Executive Summary

New national analysis shows that almost **one in three people in Scotland die with unmet palliative care needs**.

That represents around 18,500 people in Scotland each year who die with both significant levels of unaddressed symptoms or concerns **and** inadequate access to sufficient care from GP services. If we don't act, this number is projected to **rise by 14% by 2050, compared to 2025**.

This new figure is calculated using a methodology developed through the DUECare Project, a research partnership examining how best to define and measure unmet palliative care need.

Previous figures suggested unmet palliative care need affected around one in four people; however, because this new methodology is substantially different, the two figures **can't be compared as a trend**. Instead, **this briefing provides a new, more accurate baseline for Scotland**.

These findings matter.

Unmet need for palliative care can have significant implications for the health, wellbeing, and comfort of people living with a terminal illness. It also creates avoidable extra demand on Scotland's health and care systems.

With an **ageing population and an increasing number of people living with more than one serious illness**, Scotland faces a growing gap between what people need at the end of life and what the system can provide. That is why Marie Curie's top priority for the next Scottish Government is to commit to and legislate to deliver **a right to palliative care**. To truly bridge the gap in unmet need, **care must exist as a right that can be realised**.

This briefing sets out:

- The new **Scotland specific estimates** of unmet need;
- What the evidence tells us about **rising unmet need** if no action is taken; and
- The **priority actions** that could close the gap, and ensure everyone gets the right care, in the right place, at the right time.

2. Estimates of unmet need: what the new data shows

2.1. What is unmet need for palliative care?

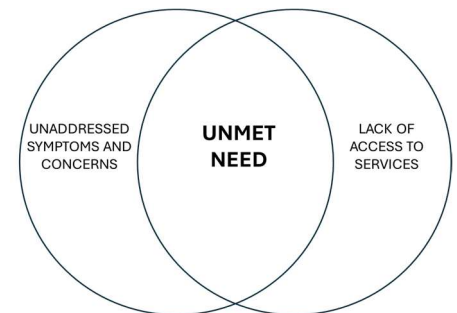
The DUECare Project, funded by Marie Curie and involving researchers at King's College London, Hull York Medical School, and the University of Edinburgh, established an updated **definition of unmet palliative care need**.

The research team conducted a review of the research literature to investigate different ways that unmet palliative care need has been measured in the past.¹ This was followed by a series of workshops with people affected by terminal illness and the health and care professionals who work with them.

A number of elements that describe unmet palliative care need were identified and ranked by workshop participants. Of these, **lack of timely and holistic assessment of symptoms or suffering** received the highest total score, and **inability to access services needed** was the item most frequently appearing in the top 10.²

Based on these findings, the researchers established the following short definition for unmet need for palliative care:

“Unmet palliative care needs are present when a person with life-limiting illness has symptoms, psychosocial concerns, or care requirements that are not adequately addressed through available services, with inability to access or receive person-centred care.”



The updated approach to **measuring** unmet need for palliative care is to combine the two measures - indicating that someone has unmet need for palliative care if they have **both** unaddressed symptoms and concerns **and** lack sufficient access to help from GP services. The measurement approach uses 'lack of sufficient access to help from GP services' as a proxy indicator of lack of access to services, due to the data available.³

To assess the number and proportion of people with unmet need for palliative care in Scotland, Marie Curie applied age- and sex-specific prevalence of unmet need (estimated through the DUECare project and derived from a nationally representative survey of bereaved carers in England and Wales) to **Scotland's 2022 deaths data** from National Records of Scotland (for more details on methods, see Appendix A).

¹ [Defining and measuring unmet palliative care needs among people with life-limiting illness: a scoping review of international evidence | medRxiv](#)

² [Coproducting a conceptual understanding of unmet palliative care needs: stakeholder workshops using modified nominal group technique | BMC Palliative Care | Springer Nature Link](#)

³ The research team focused on primary palliative care when measuring 'insufficient care provision in the last three months of life'. Given that the survey sampled causes of deaths considered amenable to palliative care (i.e., expected deaths), it was assumed that decedents would have required at least some primary care in their final months. Primary palliative care should be available to everyone with advanced illness, and involves palliative care delivery integrated with chronic disease management. The research team did not focus on specialist palliative care provision, because it was not possible to distinguish between those who did not need specialist palliative care and those who needed it but did not receive it.

2.2. Scale of unmet need in Scotland

Using this new methodology, the population estimates show around 18,500 people (30%) who died in 2022 had **both** unaddressed symptoms and concerns **and** lack access to sufficient care from GP services at the end of life – and **so are considered to have unmet need for palliative care**.⁴

The data also shows that these numbers are expected to grow year on year.

Without further intervention, **the number of people with unmet palliative care need is projected to rise** to over 21,400 in 2050. This is an **increase of 14% over the next 25 years**.

This new data gives Scotland a robust, population level estimate of unmet need, and provides a fresh baseline from which Scotland can plan services and improve equity in end of life care.

2.3. How are different groups affected by unmet need?

Profound inequalities are known to exist in access to, and experiences of, health and social care services, including palliative care.

These research findings show that these inequalities are reflected in unmet need for palliative care in England and Wales, with variation in levels of unmet need increasing for people who experience financial difficulty at the end of life, and for those with more than one health condition.

While the data for Scottish-specific inequalities in unmet need for palliative care were not within scope of this research, we know that poverty at end of life is a persistent issue in Scotland.⁵ Further research would be merited to better understand the Scottish picture, and to ensure service providers can identify how to improve care.

3. What needs to change: priority actions for Scotland

Unmet need for palliative care in Scotland is unacceptably high. Without action, even more people will spend the last weeks and months of life with unaddressed physical symptoms and psychosocial concerns, alongside poor access to the services they need to address these.

It doesn't have to be this way.

Explicit recognition for, and legislating for the delivery of, the Right to Palliative Care will help people living with terminal illness, their families and carers understand what care and support they should get. It will also **drive sustainable resourcing of palliative care and incentivise investment in community care**.

Key actions to achieve this include:

Palliative care for all...

⁴ See Appendix A for more detailed figures.

⁵ [dying-in-poverty-scotland-2025](#)

- **Establish Minimum Service Standards and a Minimum Service Specification** as part of legislation for a Right to Palliative Care, to create accountability and clarity for families, and the professionals and organisations responsible for providing care.
- **Require palliative care training for all staff** caring for someone living with a terminal illness – wherever they work, including care homes.
- **Commit to pay parity for independent hospice staff** with funding uplifts in line with Agenda for Change increases.
- Ensure **social care commissioning meets Minimum Service Standards** for palliative care.

...in the right place...

- **Embed palliative care across community health services**, shifting care closer to people's homes and into the community, to improve access for patients and families and to reduce the significant pressures on emergency and acute services – more effectively making use of the resources in our system.

...at the right time

- **Create Scotland-wide specialist palliative care advice and information line** on NHS 24.

Taken together, these actions would significantly reduce unmet need, improve **people's experience of dying and death, and relieve pressure on the wider health and care system.**

4. Conclusion

Scotland now has its clearest picture yet of unmet palliative care need. The findings confirm what families, clinicians and those working across the sector have long known: **too many people are reaching the end of life without the support they need.**

With an ageing population and increasing complexity of need, **acting now is essential.** By investing in timely access, community-based care and consistent national standards, **Scotland can ensure that everyone—regardless of diagnosis, postcode or income—receives compassionate, high-quality care at the end of life.**

Marie Curie stands ready to work with the Scottish Government, Health Boards and partners to make this possible.

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Appendix A

This briefing draws on research conducted as part of the DUECare Project: Defining and Estimating Unmet Palliative Care Needs in the UK, funded by Marie Curie. The research was conducted in partnership by the Cicely Saunders Institute of Palliative Care, Policy and Rehabilitation, King's College London, the Wolfson Palliative Care Research Centre, Hull York Medical School, University of Hull, and the Clinical Psychology, School of Health in Social Science, University of Edinburgh.

The Scotland statistics are for three different estimation methods used in the DUECare work: 1. unaddressed symptoms and concerns; 2. lack of sufficient access to help from GP services; and 3. Marie Curie's measure of unmet need - having unaddressed symptoms/concerns **and** lacking sufficient access.

Table 1: Scotland 2022 population estimates of unmet need: three DUECare estimation methods

Estimation method	Number of adults for each method in 2022	Population percentage for each method (of all adult deaths in 2022)	Total adult deaths in 2022 (20+ year olds)
Symptoms and concerns	28,996	46.3%	62,637
Insufficient care	27,052	43.2%	62,637
Marie Curie estimate of Unmet need (symptoms + insufficient care)	18,574	29.7%	62,637

Method for table 1: The population level number of adults having unmet needs by each estimation method was estimated using the average of England and Wales age- and sex-specific percentages for each method from the survey data analysed in DUECare. These average percentages were applied to actual deaths data supplied by National Records Scotland, NRS. The NRS deaths data used was adult deaths amenable to palliative care in 2022, following the DUECare method (a list of ICD-10 codes for underlying deaths). The population percentage of adults for each method was calculated using NRS data for all adult deaths in 2022 (ages 20 and over).

Table 2: Scotland 2025 and 2050 population projections of number of adults and increase in number of adults for three DUECare methods

Estimation methods	Projected number of adults in 2025 for each method	Projected number of adults in 2050 for each method	% increase in number of adults (2050 compared to 2025)
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Symptoms and concerns	29,358	33,842	15%
Insufficient care	27,357	32,086	17%
Marie Curie estimate of Unmet need (symptoms + insufficient care)	18,839	21,422	14%

Method for Table 2: The Scotland age- and sex-specific population percentages estimated above for each method for 2022 were applied to population projections data for 2025 and for 2050 (using principal population projections available from the Office for National Statistics). The percentage increase in numbers of people with unmet need by 2050 compared to 2025 was calculated for each estimate.