



# What's in the ACP pill in France

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# Plan

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# Setting the scene



**69.1M**

**Population**  
(Jan 2026 INSEE)

**5**

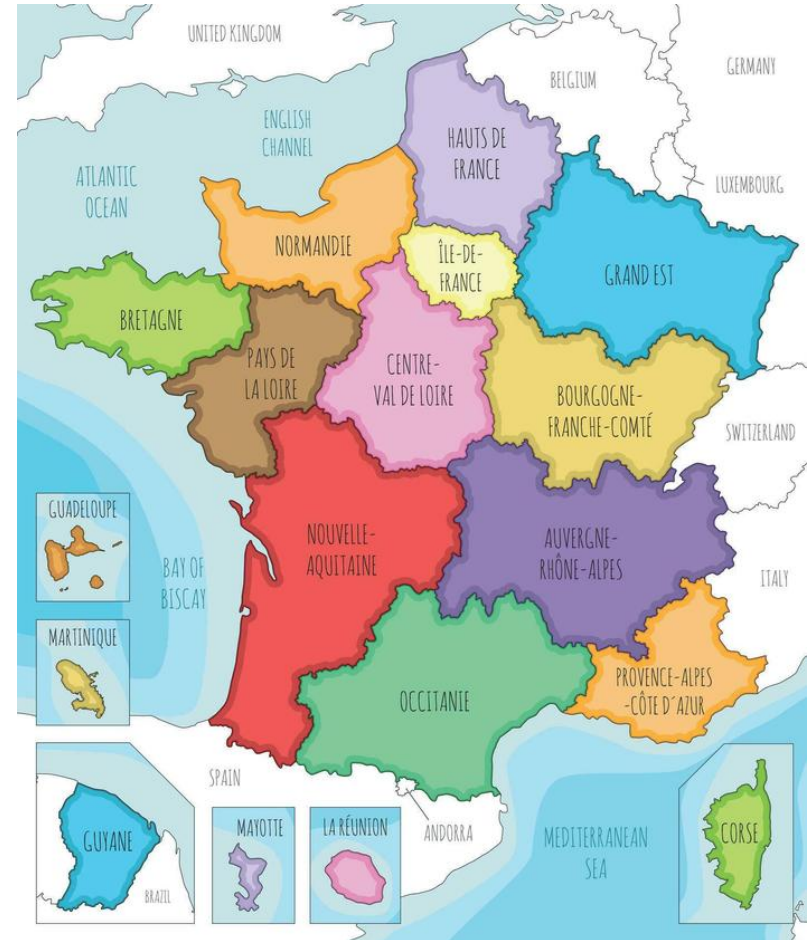
**Overseas territories**  
(DOM) with approx.  
2.29M of the 69.1M

**86.4 yrs old**

**Life expectancy for**  
**females**

**80.9 yrs old**

**Life expectancy for**  
**males**

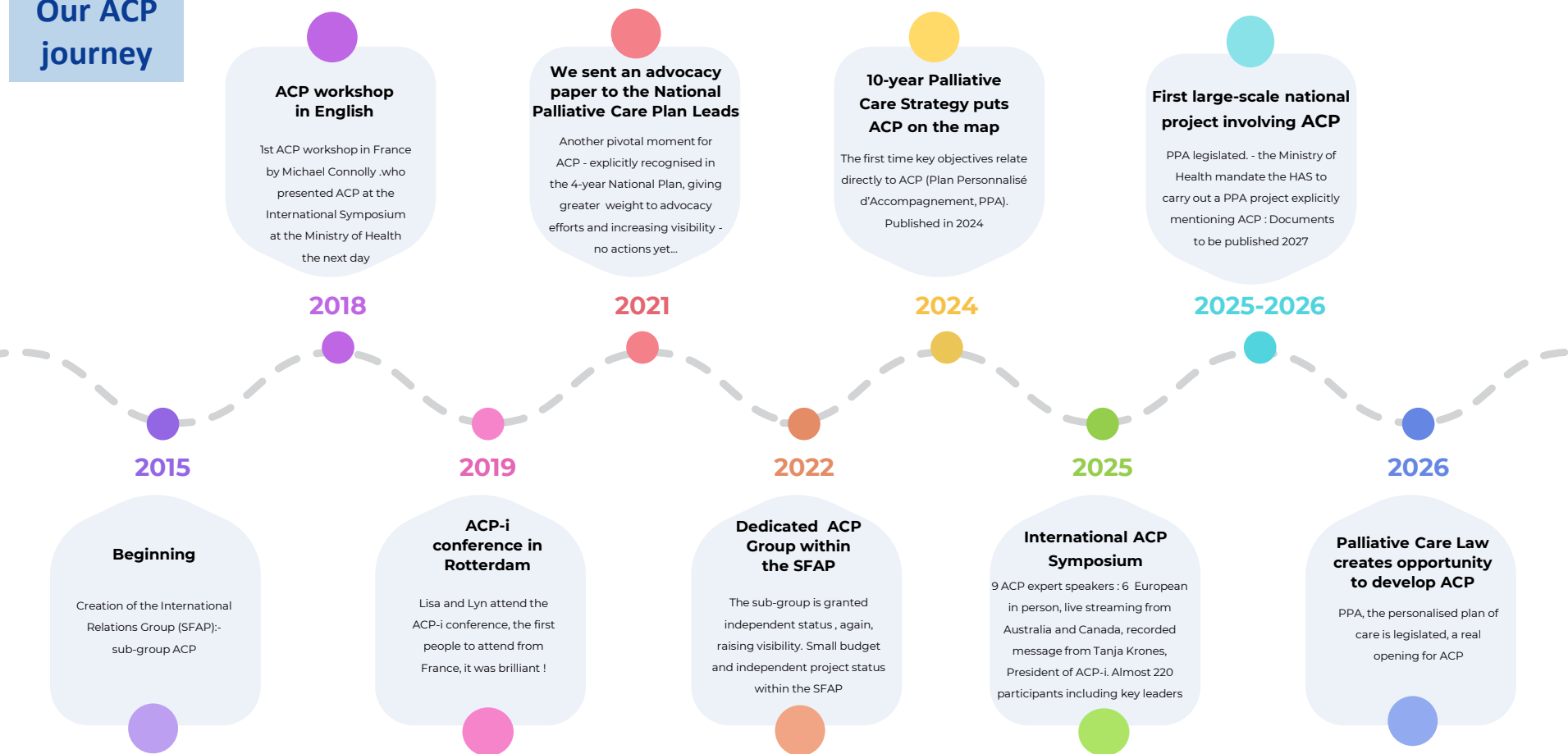


# The French health system

- Largely driven by public authorities National -> regional -> local (hospital, social establishments, & community care)
- The coordinated pathway : people of all ages are registered with a primary care doctor, usually a general practitioner, who acts as the entry point and coordinator for most specialised care
- Social Security for all, the carte vitale : is a smart card which stores a person's social security data allowing rapid electronic processing medical expenses
- Private health insurance – high uptake especially as it's compulsory for employees to offer basic cover
- French Palliative Care Association – Société Française d'Accompagnement et de Soins Palliatifs



# Our ACP journey



Many presentations over the years

Where we could, when we could, whoever would listen !

What's in the Pill in France

# Policy, legislation & the changing landscape – overview



**1999** Law : guarantees access to palliative care for everyone - the 'right' to decline treatments, the first French palliative care definition.

**2002** Law, Loi Kouchner – patient-centred care, respect patient's wishes, reinforcing the right to decline or stop treatments and medications. Introduces designated proxy / Health Power of Attorney.

**2005** Law, Loi Leonetti - Legislative foundation for today's palliative care rights and care – creation of advance directives and reinforcing the role of designated proxy / Health Power of Attorney.

**2016** Law, Loi Claeys-Leonetti – strengthen patient rights on legally binding advance directives, end of life sedation, declining or stopping treatment.

**2024** Four-year National Palliative Care Plan -> **Ten- year strategy.**

**2026** Law, Palliative Care Law – first palliative care law - an opening to shaping how ACP could be integrated into the care system in certain circumstances.

**2026** – many years of ongoing national debates on assisted dying lead to an assisted dying law in August 2026. Advance assisted dying planning wasn't included in any way

# Ten-Year **Palliative Care Strategy** 2024–2034

## Key measures - Goals and Objectives :

- fairer access
- targeted expansion to close gaps
- expand home-based care
- increase mobile teams
- more support for caregivers
- reinforce training and research

objective 1.3 « PPA » personalised plan of care - linked to ACP, creating a major opportunity to embed ACP into patient care.

## « PPA » - What can be related to ACP ?

- personalised plan of care
- anticipatory
- initiated at the time of diagnosis
- developed in discussion with a healthcare professional involved in their care
- enable patients to express their preferences
- allow healthcare professionals to develop comprehensive and holistic care

« Within 10 years, all people meeting the criteria will have a PPA »

# 26 May 2026 Palliative Care Law

- opening doors for ACP on a national level....

## Key measures

- enforceable right to palliative care
- creation of new palliative care “accommodation” - Maison d’Accompagnement
- holistic definition
- compulsory personalised plans of care
- enhanced training

The law aims to evolve palliative care from being inequitable, mainly carried out by specialised teams and in hospital settings, to timely universal palliative care for all in all settings.

## « PPA » - What can be related to ACP ?

- personalised plan of care shifts to a coordinated ‘**action**’ plan
- initiated by healthcare professionals **only** – remains subjective
- carried out with patients with a **diagnosis of serious illness, worsening of a chronic condition, or early loss of autonomy**
- French National Health Authority, PPA project including ACP

Despite the shift, an important opportunity remains to embed ACP in patient care.

# Policy to practice

## Research, Clinical Practice, Training



### Clinical initiatives :

DAC HumanEst - home coordination community team in Paris

Maison Médicale Jeanne Garnier - palliative care unit in Paris

Rennes, Nantes palliative care units and others ...

### Research :

DAC HumanEst, Rennes...

Research Consortium - Inserm and partners 7 studies around France - four workpackages

1. Suffering and lived experience
2. Trajectories and pathways
3. **Anticipation and planning**
4. Wish for death

### Training :

DAC HumanEst : workshops for primary care healthcare professionals in the community



# Consortium no. 3 "Anticipation and Planning"

## - aligns with the 2024 ten-year strategy

Why a consortium about anticipation and planning ? according to them :

- Serious illness = unstable trajectories
- Medical, social, organisational and legal vulnerabilities and inequalities
- Decisions being made in crisis situations
- Level of care is inadequate for the level of complexity

**Scientific challenge** : shifting the focus to anticipating people's changing health needs earlier in the illness pathway

**Goal** : Using population data and analysis of care pathways linked together with clinical practice, ethical and legal frameworks and digital innovation

# Challenges

- Training – designing and approving programmes, finance, human resources
- Dedicated budget, time...resources generally
- Change in paradigm necessary, France still has a fairly paternalistic health system
- Low public awareness and potentially a challenging topic, with associated taboo, for both the general public and within the health system
- Relatively fragmented health care systems – lacking continuity
- Confusion between advance directives and ACP
- The need to broaden thinking like “ACP is only practiced in anglo saxon countries, we have a different culture here”
- Early introduction of ACP conversations not just in end-of-life scenarios
- Terminology – this has its own slide!



# Terminology - addressing national and international confusion

- ACP being referred to in terms of advance directives and variations around that
  - different terms for ACP are emerging, for example in Wales and Scotland, Future Care Planning – also goals-of-care planning, advance decision making, advance conversations etc.....
  - various translations are already being suggested in France, making it difficult to identify ACP. Potentially problematic to identify ACP literature and studies nationally, and be identifiable internationally
- **Need for faithful representation and harmonisation of an ACP definition and terminology**

## Ideas :

- agree on one term, one definition and one translation eg « Planification Anticipée des Soins »
- create a national website
- develop nationally accredited training
- develop national guidelines on ACP and its implementation – what, when and for whom ?
- reflect on how ACP can be developed so that the French can identify with it
- coordinate raising awareness campaigns using the same terminology



# Underlying Goals Driving the Terminology



**Fleuren et al. 2020:** This qualitative analysis suggests that the debates over definitions are driven by **five core underlying goals of ACP** found across the literature:

1. Supporting individual patient autonomy
2. Providing care that will be better aligned with preferences
3. Strengthening and aligning relationships between patients, loved ones and health care professionals
4. Preparing for death and help loved ones to come to terms with end-of-life and death
5. Reducing over-treatment and unnecessary medical interventions

Fleuren N, et al. Underlying goals of advance care planning (ACP): a qualitative analysis of the literature. *BMC Palliative Care* 19, 27 (2020).  
<https://doi.org/10.1186/s12904-020-0535-1>

# Opportunities – what we can build on



- Training : design and add to existing training programmes, create new modules - looking internationally to inspire us – what works abroad ?
- Raising awareness campaigns – provide impactful information to each targeted public
- Use our legislation and policies to integrate and open access to ACP :
  - advance directives are legislated – educate on the differences AD and ACP, perfect opportunity to promote ACP
  - the new law promotes use of augmentative and alternative communication (AAC)
- Tap into current initiatives and look at potential growth

# Perspectives – what we still need

- Finance – secure sustainable financing for developing ACP – any ideas please !
- Integrate into healthcare system with commitment from the government
- Follow the impact and outcomes for the person and their loved ones, and healthcare professionals
- Development for a national ACP website – work out who, how, when ?
- Technological advances – ACP in shared electronic medical records and ACP prompts linked to social security reminders
- Inclusive to wider communities and translate to different language, ACP literacy
- Famous people to champion ACP
- Introducing the concept of ACP into educational settings : high school, higher education
- Learn from others and coordinate our efforts - Australia “main challenges are (too many) initiatives fragmenting the system and inconsistent legal frameworks across states.” \*



\*Krones, T et al. (2023) Editorial: Advance Care Planning as Key to Person Centered Care : Evidence and Experiences, Programmes and Perspectives. *ZEFG*, 180, 1–6. <https://doi.org/10.1016/j.zefq.2023.07.001>

# Closing reflections

- The latest French strategy and law create significant openings for ACP, we now need to agree on terminology, strengthen the research and develop and integrate ACP into practice
- Don't give up – allow challenges to drive action and open doors
- Stay focused – believe in ACP and know why
- Battles in the healthcare field will always arise – ACP is one worth fighting
- We think terminology is key
- Think long term, think systems, think big





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# Thank you for listening

## Over to you

