Revista MedEs
Revista Científica Estudiantil de Matanzas
MedEst. 2025 Vol.5: e445 ISSN: 2789-7567 RNPS: 2524

EDITORIAL

International and national policies and regulations on palliative care training: coherences, gaps and challenges

Normativas internacionales y nacionales sobre la formación en cuidados paliativos: coherencias, vacíos y desafíos

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Received: 01/11/2025

Accepted: 01/12/2025

How to cite this article: Estrada-Rodríguez Y, García-Herrera AL. International and national policies and regulations on palliative care training: coherences, gaps and challenges. MedEst. [Internet]. 2025 [citado acceso fecha]; 5:e445. Available in: https://revmedest.sld.cu/index.php/medest/article/view/445

Dear readers:

Palliative care training has gained progressive recognition on the global health agenda, supported by a set of international regulatory frameworks that underline its essential nature in guaranteeing the right to health. However, a significant gap persists between regulatory recognition and its effective implementation in educational and health systems, particularly at the undergraduate medical level.

At the international level, the World Health Organization has played a central role in promoting palliative care as an integral component of health systems. Resolution WHA67.19 explicitly establishes the need to integrate palliative care at all levels of care, including the training of health professionals as a

strategic element [1]. This recognition positions palliative education as an essential component of health systems rather than an optional element.

Complementarily, the Council of Europe, through Recommendation CM/Rec (2003)24, emphasizes the mandatory inclusion of palliative care training in undergraduate curricula of health professions, highlighting its cross-cutting nature [2].

Likewise, the European Association for Palliative Care has contributed significantly to the operationalization of these guidelines by defining specific competencies in palliative care, structured by training levels [3]. Along these same lines, the EDUPALL project has developed a European curriculum framework aimed at standardizing palliative care training in medicine, providing concrete pedagogical tools for its implementation [4].

However, despite these advances, various studies indicate that the implementation of these recommendations is uneven and often limited, frequently remaining at a declarative level without effective translation into structured curricular reforms [5]. This gap between policy and practice constitutes one of the main challenges in contemporary palliative education.

In the Cuban context, although there is no specific regulation that explicitly mandates the inclusion of palliative care in the undergraduate medical curriculum, the current legal framework establishes solid principles that support its integration.

The Constitution of the Republic of Cuba recognizes the right to health and to comprehensive care [6], which implies the need to incorporate approaches such as palliative care into medical training.

At the sectoral level, the Cuban Ministry of Public Health has promoted regulations aimed at guaranteeing humane and comprehensive care, such as Resolution 150/2018, as well as the strengthening of the Primary Care model through the Family Doctor and Nurse Program [7].
However, these regulations have a relevant limitation: the absence of a direct explicit mention of palliative care as a mandatory training competency at the undergraduate level. This omission contributes to its curricular invisibility, as no learning objectives, specific content, or associated evaluation mechanisms are established.

In the authors' opinion, the ongoing development of a national palliative care strategy constitutes a strategic opportunity to address these limitations,

provided that it is effectively articulated with undergraduate medical training processes. The joint analysis of international and national frameworks reveals a structural tension between the regulatory recognition of palliative care and its effective integration into medical training curricula.

Internationally, there is broad consensus on the need to train professionals with palliative competencies; however, this consensus does not always translate into binding educational policies or evaluation mechanisms that guarantee its implementation [5]. Nationally, although the principles of comprehensive care are clearly established, the absence of specific guidelines limits their operationalization in the curriculum.

This situation can be interpreted as a form of systemic misalignment, in which the objectives of the health system do not fully correspond with training processes. In the case of palliative care, this misalignment results in insufficient preparation of professionals to care for patients with advanced diseases and complex needs.

The identified limitations highlight the need to strengthen coherence between health policies, curricular design, and educational practice. This implies moving toward the explicit incorporation of palliative care into study plans, with clearly defined competencies, aligned pedagogical strategies, and pertinent evaluation systems.

From a research perspective, it is essential to analyze how these regulations translate into educational practice and what their impact is on clinical performance and quality of care. Current evidence suggests that insufficient training in palliative care continues to be a significant barrier to providing quality care to patients with advanced diseases [8].
In this context, the present research is justified as a contribution aimed at reducing the gap between policy, curriculum, and practice, through the design of a curricular integration model for palliative care adapted to the Cuban context.

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AUTHORSHIP STATEMENT

YER: Conceptualization, research, methodology, project management, validation, drafting of the original manuscript, revision, and editing.

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CONFLICT OF INTEREST

The authors declare no conflicts of interest.

FUNDING SOURCES

The authors received no funding for the development of this article.