

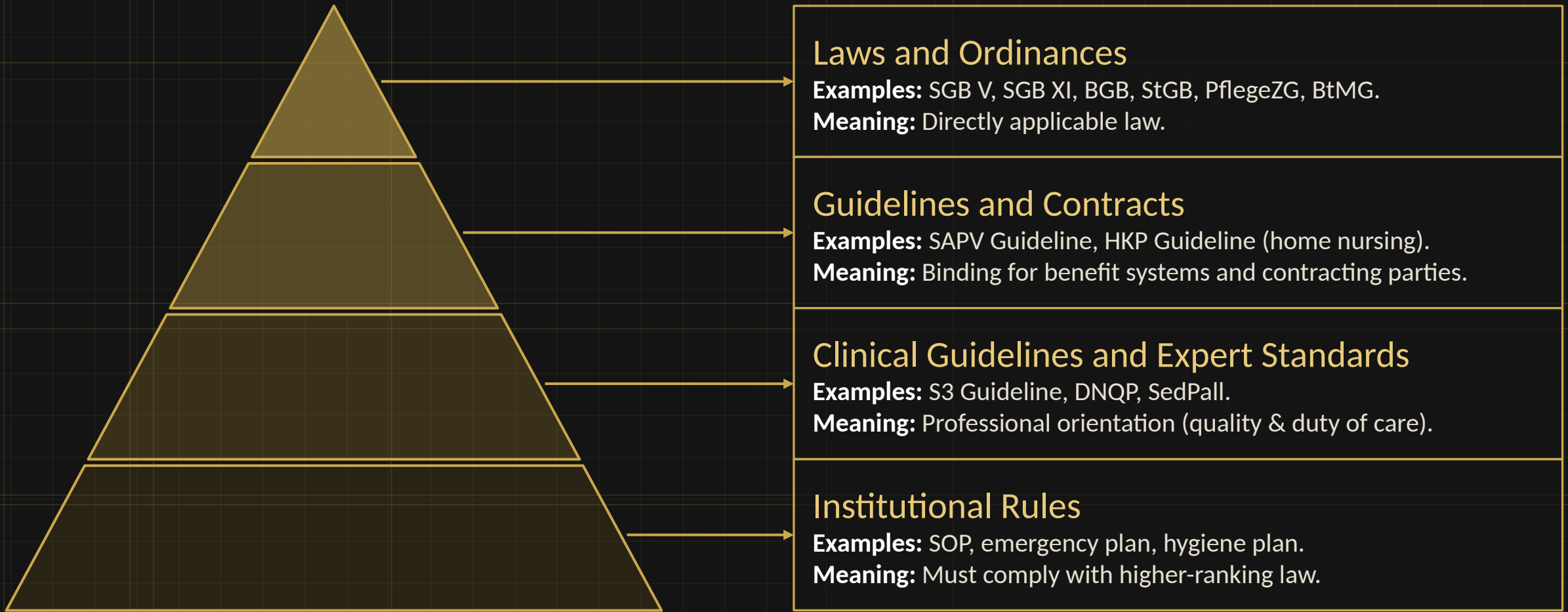
# Palliative Care: The Architectural Foundation

Legal Foundations, Regulations and Professional Standards

Updated refresher for professionals, affected persons and relatives

Legal status  
2026

# The Four Levels of the Legal Framework



# The Legal Building Blocks of Palliative Care



## **SGB V**

(Statutory Health Insurance)

**Core meaning:** Carries the medical/specialised care (SAPV, hospice).



## **SGB XI**

(Long-Term Care Insurance)

**Core meaning:** Based on care level (PG 2-5), not automatically on a palliative diagnosis.



## **BGB**

(Civil Law)

**Core meaning:** Governs consent, advance directive, representation and court approvals.



## **StGB**

(Criminal Law)

**Core meaning:** Defines limits regarding confidentiality, deprivation of liberty and killing on request.



## **PfIBG**

(Nursing Professions Act)

**Core meaning:** Governs reserved tasks and, since 2026, extended authority for defined medical tasks.



## **BtMG**

(Narcotics Law)

**Core meaning:** Strict requirements for prescription, storage and proof of use.

# The Care Landscape: Which Service Applies Where?



# Specialised Access: SAPV & Hospice

## SAPV (Specialised Outpatient Palliative Care)

### **Prerequisite:**

Incurable, advanced disease, limited life expectancy, complex needs.

### **Scope:**

Advice, coordination, partial or full care.  
(Not every prescription is full care!)

### **Exclusion (HKP Guideline 24a):**

With full SAPV care, dual provision by home nursing care (symptom control) is excluded.

## Inpatient Hospice

### **Delimitation:**

Not a hospital department.

### **Access:**

Hospital treatment not necessary, outpatient care not sufficient. Medical certificate mandatory.

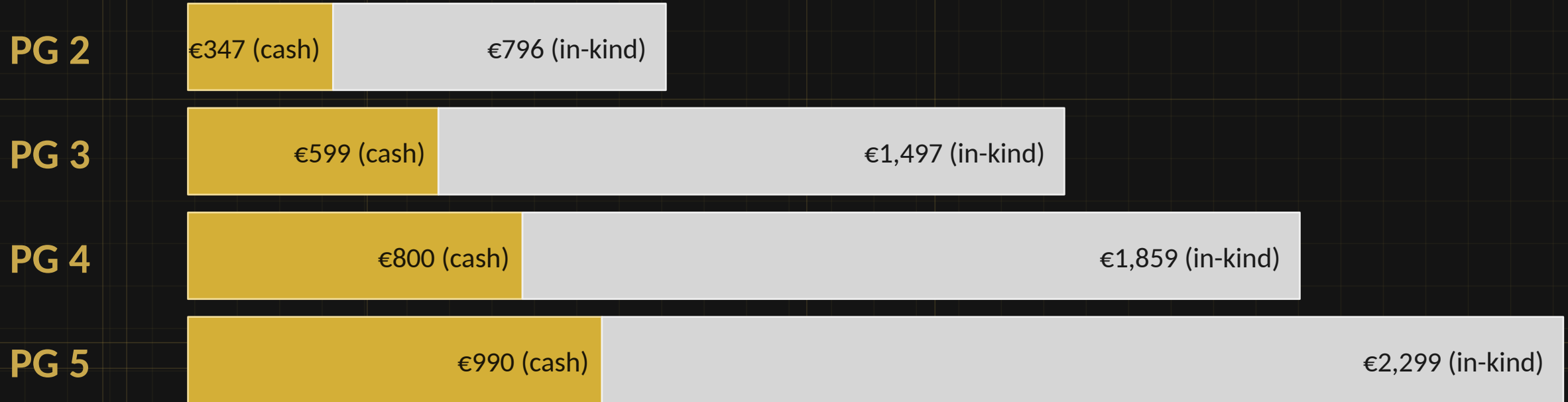
### **Funding:**

Health insurance covers 95% of the daily rate. 0% co-payment for the insured person.

### **Transfer:**

From a care home only possible if the needs cannot be met there on an outpatient basis.

# Financial Architecture: Long-Term Care Insurance 2026



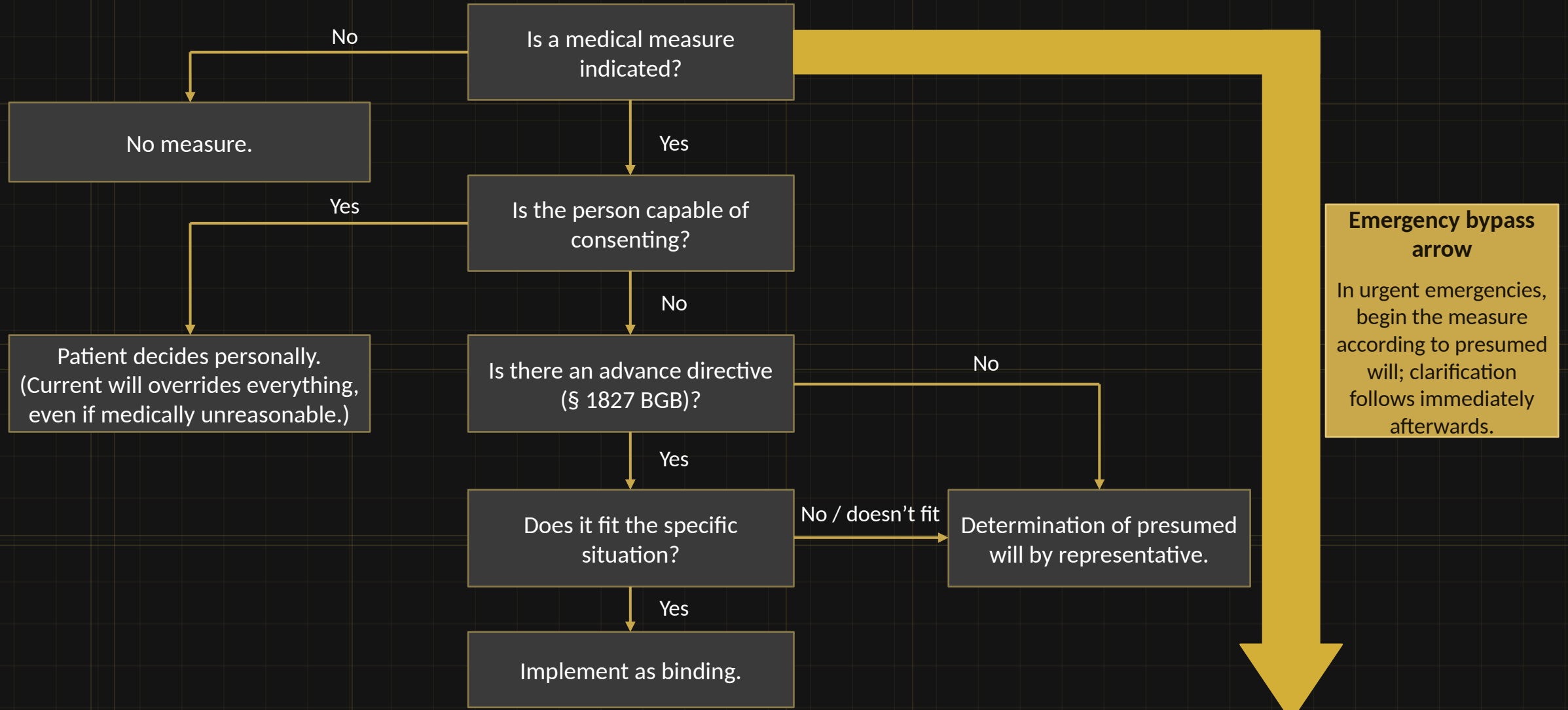
PG = Pflegegrad (care level)

## The joint annual amount:

Since 1 July 2025, PG 2–5 have a budget of **€3,539** for **respite care and short-term care** (each usable up to 8 weeks/year; 50% of care allowance continues to be paid).

**Practically relevant:** A palliative diagnosis does not automatically lead to PG 4/5. What matters is the degree of independence. Assessment deadline for palliative/hospice cases shortened to 5 working days.

# Decision Architecture: Consent & Representation



# Diagnostics of Representation Authority

|                                                                                                                                          | Effect                                                    | Hard limit                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
|  <p>Power of attorney<br/>(Vorsorgevollmacht)</p>       | Represents within the defined scope.                      | For discontinuing treatment/deprivation of liberty, the authority must be granted expressly and in writing. |
|  <p>Care directive<br/>(Betreuungsverfügung)</p>        | Names wishes for a possible court-appointed guardianship. | Alone does not confer power of representation.                                                              |
|  <p>Legal guardianship<br/>(Rechtliche Betreuung)</p>  | Court defines areas of responsibility.                    | Does not abolish self-determination; wards capable of consent continue to decide for themselves.            |
|  <p>Spousal emergency representation (§ 1358 BGB)</p> | Time-limited representation in an acute health crisis.    | Ends after 6 months at the latest. Does not apply in case of separation or objection.                       |

# Clinical Limits: Treatment, Sedation and Suicide

|                                                                                                                 | Treatment limitation                                      | Palliative symptom therapy (incl. sedation) | Assisted suicide                                            | Killing on request                 |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------|-------------------------------------------------------------|------------------------------------|
|  Legal classification          | Permissible (if indication or patient's will is lacking). | Permissible (diligence/consent required).   | § 217 StGB declared void (not punishable, but unregulated). | Punishable under § 216 StGB.       |
|  Primary goal                 | Allowing the natural dying process.                       | Relief of suffering, not death.             | Premature ending of life.                                   | Death.                             |
|  Who performs the final act? | Physician/nursing staff (by omission).                    | Medical staff.                              | The person wishing to die themselves.                       | Another person (e.g. a physician). |

# Professional Responsibility I: Authority & Documentation 2026



## Nursing Professions Act 2026 (PfIBG)

**Medical-practice authority:** Since 2026, extended option to independently perform defined medical tasks (depending on competence).

**The Red Line:** This does not grant a blanket authority to independently start, discontinue or change physician-prescribed palliative medication.



## Documentation (§ 630f BGB)

**Limitation vs. duty:** The statutory “de-bureaucratisation” does not remove the duty to record decision-relevant data.

**Mandatory:** Treatment goal, capacity to consent, will, effect/side effects of medication, team agreements.

# Professional Responsibility II: The Red Lines (BtMG & Coercion)



## Deprivation of Liberty & Coercion (§ 1831/1832 BGB)

**Rule:** Accommodation, bed rails or sedating medication (with the purpose of restricting movement) require approval by the guardianship court for persons under guardianship in facilities.

**Delimitation:** A consented palliative sedation purely for symptom relief is not a deprivation of liberty.



## Narcotics (BtMG/BtMVV)

**Strict requirements:** Prescriptions, as-needed medication, maximum dose, minimum interval and escalation pathway must be absolutely unambiguous.

**Duty:** Verifiable storage and documentation of stock and whereabouts. Proper opioid therapy must be strictly distinguished from deliberate killing.

# The Professional Toolbox: Guidelines & Standards

## G-BA Guidelines (SAPV & Home Nursing)

**Focus:** Eligibility  
requirements.



**New:** Home nursing  
guideline no. 24a explicitly  
regulates symptom control  
for palliative patients (in  
force since Aug 2025).

## S3 Guideline Palliative Care

**Focus:** Cancer diseases.



**Status:** Version 3.0  
published 21 July 2026  
(valid until 20 July 2031);  
replaces version 2.2.

## DNQP Expert Standards

**Focus:**

- Pain management
- Wounds
- Discharge management
- Relationship-building in  
dementia care



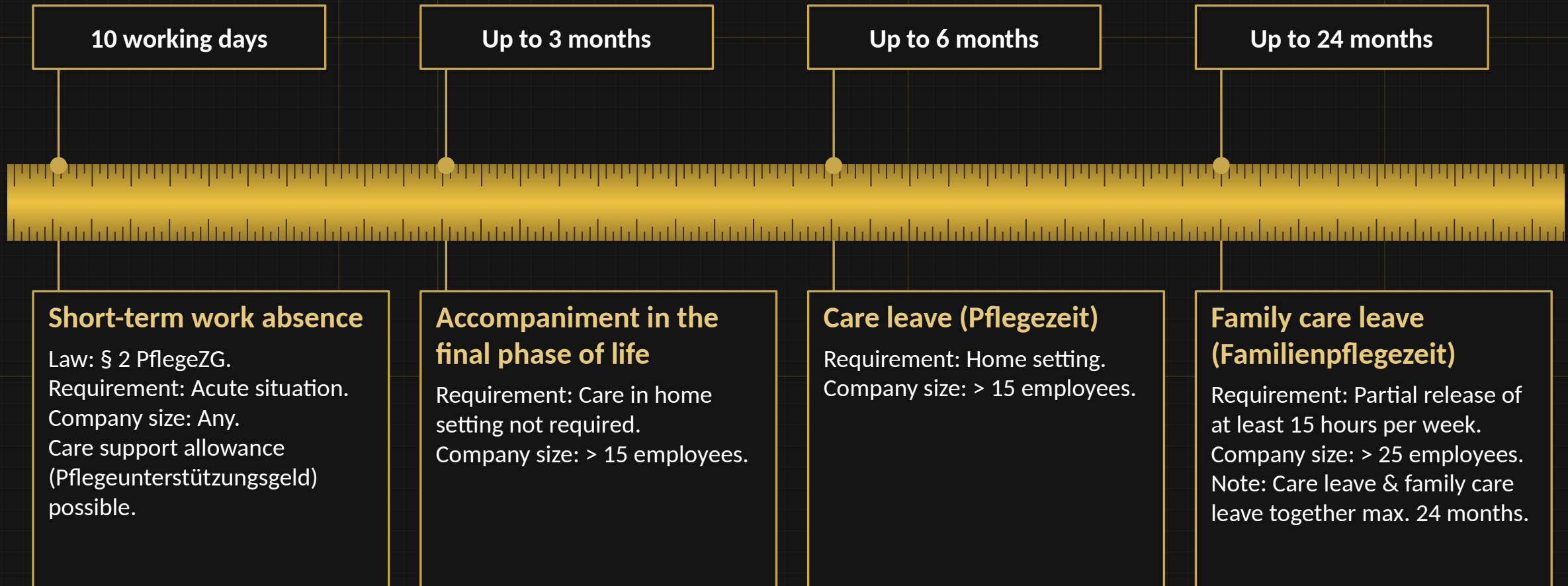
## SedPall (DGP)

**Focus:** Recommendations  
for action on the use of  
sedating medication.

*(Not a formal S3 guideline, but  
a professional standard.)*



# Rights of Relatives: Leave from Work



# Update Synthesis: What Changed in 2026

| Outdated                                                        |   | Current                                                                                                                  |
|-----------------------------------------------------------------|---|--------------------------------------------------------------------------------------------------------------------------|
| The advance directive is § 1901a BGB.                           | ✗ | ✓ Regulated in <b>§ 1827 BGB</b> since 2023.                                                                             |
| Short-term and respite care are separate budgets.               | ✗ | ✓ Since July 2025 there is the <b>joint annual amount</b> (€3,539).                                                      |
| Nursing professionals need a flat 160 hours of Palliative Care. | ✗ | ✓ <b>No nationwide obligation in the PflBG</b> ; depends on contracts (e.g. hospice framework agreement).                |
| There is a right to supervision/bereavement support.            | ✗ | ✓ <b>No individual entitlement under federal law</b> ; regulated via occupational health and safety and local offerings. |
| Palliative phase = care level 4 or 5.                           | ✗ | ✓ <b>No automatism</b> ; only the assessment of independence decides.                                                    |

# The Practice Check: Decisions at the End of Life

- ☐ 1. Medical indication clarified & treatment goal documented?
- ☐ 2. Person capable of consenting to this specific decision?
- ☐ 3. Current will, advance directive or emergency plan available?
- ☐ 4. Authority to represent (power of attorney/guardianship/§ 1358) checked?
- ☐ 5. Benefits/burdens and right to refuse discussed in an understandable way?
- ☐ 6. Relatives involved only to the permitted/desired extent?
- ☐ 7. As-needed medication, maximum doses and escalation pathways unambiguous?
- ☐ 8. Care network (SAPV, hospice service, aids) coordinated?
- ☐ 9. Emergency plan (what should happen, what should be omitted?) defined?
- ☐ 10. State-law & internal requirements taken into account?
- ☐ 11. Documentation precise enough for the next team member to take over safely?

In case of conflict: Do not act hastily. Involve ethics consultation, representative or guardianship court.  
In an absolute emergency: presumed will applies.