



Medical Council Malta

Date: 21th April 2026

Circular 2/2026

To All Medical Professionals

Subject- **Best Practice Guidance on Palliative Care and End-of-Life Interventions**

(Issued in alignment with the National Palliative Care Strategy for Malta 2025–2035)

The Medical Council provides this guidance as a set of best practice principles to support medical practitioners in making ethical, lawful, and professionally sound clinical decisions in the care of patients approaching the end of life.

These recommendations reflect established standards of palliative care in alignment with the National Palliative Care Strategy for Malta 2025–2035, as well as based on several discussions with experts and expert bodies which provide reassurance to practitioners who, as highlighted in recent local research, may experience uncertainty or concern when administering accepted end-of-life interventions.

In patients approaching the end of life, where life-prolonging treatments no longer provide overall benefit, it is ethically and legally appropriate to consider withholding or withdrawing such interventions. These decisions should be based on careful clinical judgement, taking into account the balance of treatment benefits and burdens, the patient's wishes and values, and where appropriate the views of those close to them.

The appropriate use of morphine and other opioids is a fundamental component of palliative care. Treatment should be initiated and titrated proportionately to symptom severity, with clear documentation that the primary clinical intention is symptom control. Where applicable, the doctrine of double effect applies and remains lawful and professionally acceptable when the primary aim is the relief of suffering.

Practitioners are reminded of the importance of clear documentation and communication, including the recording of goals of care, clinical indications and justifications for chosen interventions, and discussions with patients and relatives. Advance Care Plans and Do Not Attempt Resuscitation (DNAR) decisions, where applicable, should be integrated into patient care and communicated effectively within multidisciplinary teams thereby further ensuring continuity, alignment and professional accountability.

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In line with national policy objectives, the Council recommends that the healthcare sector, through its governing bodies and licensed health-care providers, ensure that the following measures are implemented across all health-care settings:

- Health-care professionals, administrators, patients, and relatives are provided with opportunities to enhance their understanding of the ethical and legal dimensions of end-of-life care;
- Doctors are encouraged to maintain open and empathetic communication with patients and families, explaining expected symptom progression and the rationale for analgesia or other comfort-focused interventions. Addressing common misconceptions—particularly surrounding the use of morphine—helps build trust and reduces distress for all involved.
- Appropriate clinical ethics support is accessible to health-care staff according to their role;
- A clear, established, and accessible DNAR policy is implemented across all health-care settings, including a defined pathway for advising patients and their legally recognised representatives.

The Council reassures practitioners that adherence to this guidance constitutes accepted medical practice. Collaboration with specialist palliative care teams is encouraged since it is intended to support clinicians and should be used freely and without fear of undue criticism.

Finally, the Medical Council encourages ongoing quality assurance in palliative care practice, including regular auditing of symptom management and adherence to PRN protocols. Through continued vigilance, reflection and collaboration, practitioners can ensure high standards of care for patients and families during some of the most vulnerable stages of life.

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