

March 4, 2026
ACCESS TO HEALTH CARE
2025

FINANCIAL DIFFICULTIES WERE, IN 2025, THE MAIN REASON FOR UNMET NEEDS IN DENTAL EXAMINATION

According to the results of the Survey on Living Conditions and Income carried out in 2025, 79.5% of the population aged 16 and over reported having had at least one general and family medicine consultation in the 12 months prior to the interview, 59.6% a dental consultation and 53.3% a consultation with another specialty. In all three cases, women reported having had more medical consultations than men: 84.1% in the case of general and family medicine, 62.4% for dental care and 59.9% for other specialties (respectively, 74.5%, 56.4% and 46.0% for men).

The proportion of people who reported having had medical consultations, whether in general and family medicine, or in other specialties, increased as the age group advanced, the same was not true in the case of dental care, where the proportion of users is substantially higher in the younger age groups. Oral health monitoring was higher for higher education levels and for the employed population, and lower for the population at risk of poverty.

The results for 2025 reveal that, in Portugal, the proportion of people whose need for examination or treatment was not met was 3.8% for medical care and 10.2% for dental care. The main reason for not having medical exams/treatments was waiting lists (1.5% in relation to the total number of persons aged 16 and over), while the main reason for not having dental exams/treatments was lack of financial availability (7.7%).

The proportion of households that assessed the financial burden of dental care as heavy in 2025 (47.2%) was higher than that observed for the costs of medicines (45.7%) and, above all, medical care (39.3%). The negative assessment of the weight of financial burdens with dental care and medicines was higher in the case of households at risk of poverty and in households with elderly people.

Less use of dental consultations in older age groups

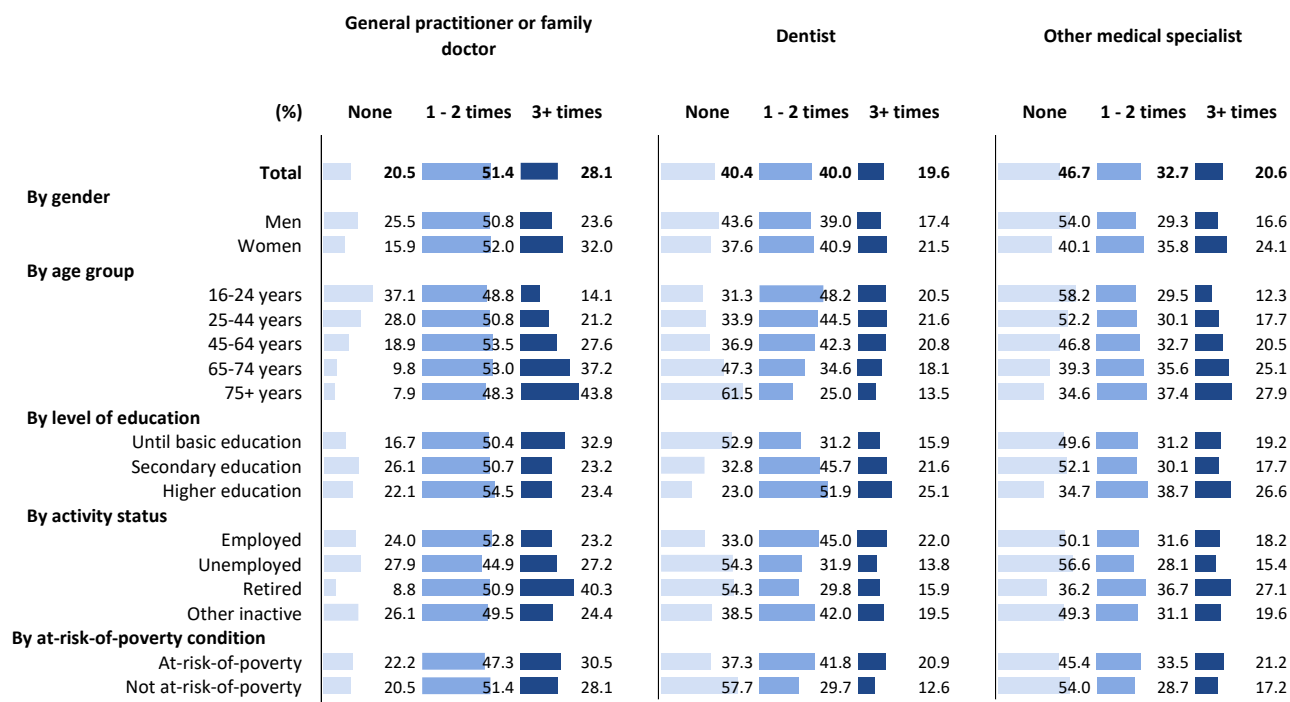
In 2025, 79.5% of the population aged 16 and over reported having had at least one general and family medicine consultation in the 12 months prior to the interview, 59.6% a dental medicine consultation and 53.3% a consultation with another specialty. In all three cases, women reported having had more medical consultations than men: 84.1% in the case of general and family medicine, 62.4% for dental care and 59.9% for other specialties (respectively, 74.5%, 56.4% and 46.0% for men).

The proportion of people who reported having had medical consultations, whether in general and family medicine, or in other specialties, increased as the age group advanced, the same was not true in the case of dental care, where the proportion of users is substantially higher in the younger age groups.

The proportion of the population that reported having used a general practitioner/general and family medicine was higher among those with less schooling (83.3%) than for those who had completed secondary education (73.9%) or higher education (77.9%). On the contrary, the use of a general practitioner was more expressive in the population with higher education (65.3%, which compares with 50.4% for the population with basic education and 47.9% for the population with secondary education). Oral health monitoring was higher for higher education levels.

Figure 1

FREQUENCY OF MEDICAL CONSULTATIONS AND CHARACTERISTICS OF THE POPULATION AGED 16 OR MORE, PORTUGAL, 2025



Considering the working condition, the results reveal that retired people are the ones who most frequently resort to general practice/general and family medicine consultations and other specialties. In the case of dental care, the proportion is higher in the employed population.

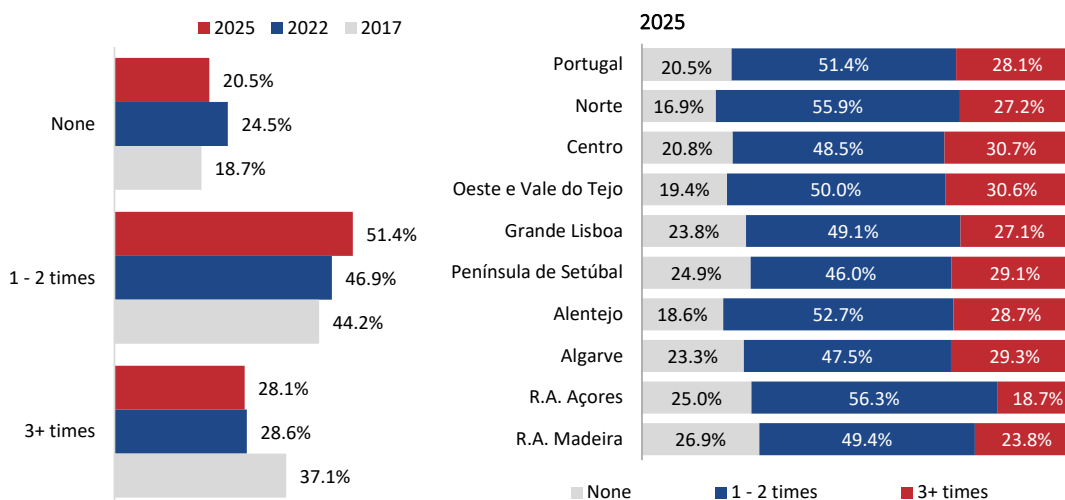
There are no significant differences in access to general practice/general and family medicine consultations between the population at risk of poverty and the rest of the population. However, contrary to what was observed for general practice consultations, the proportion of persons at risk of poverty who had consulted a specialist doctor was noticeably lower (46.0%) than that obtained for the rest of the population (54.6%). Similarly, the use of a dentist was lower for the population at risk of poverty (42.3%) than for the rest of the population (62.7%).

4/5 of people have consulted a general practitioner or family doctor

In 2025, 79.5% of the resident population aged 16 and over reported having consulted a general practitioner or family doctor in the 12 months prior to the interview, which translates into a higher proportion than in 2022 (75.5%) and slightly lower than in 2017 (81.3%). The proportion of people who reported having consulted a general practitioner in the last year only exceeded the national average in the Norte, Alentejo and Oeste e Vale do Tejo regions. On the contrary, in the Autonomous Regions, the proportions of persons who reported not having consulted a general practitioner or general practitioner were higher (25.0% in the Região Autónoma dos Açores and 26.9% in the Região Autónoma da Madeira).

Figure 2

FREQUENCY OF CONSULTATIONS WITH A GENERAL PRACTITIONER OR FAMILY DOCTOR, PORTUGAL, 2017, 2022 AND 2025 AND NUTS 2, 2025



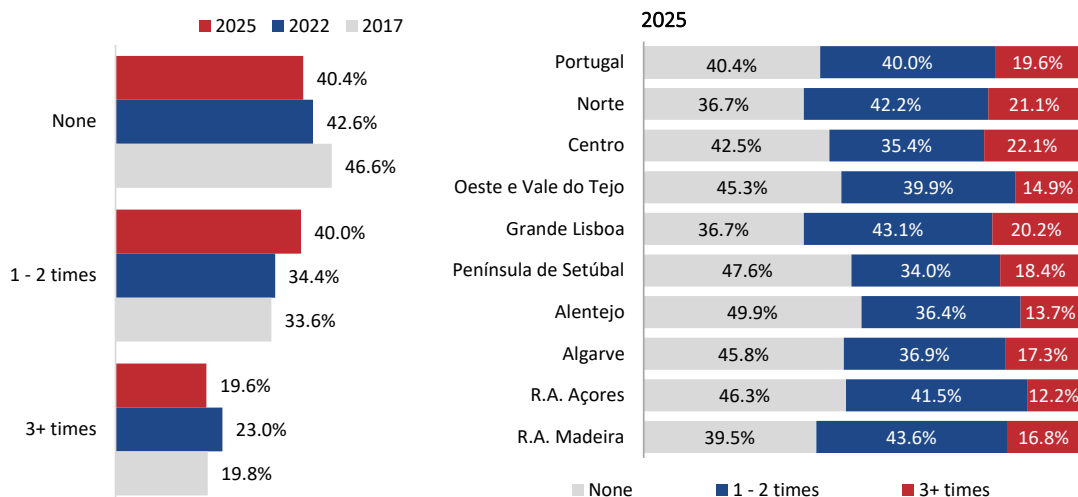
3/5 of people have consulted a dentist

In 2025, 59.6% of the resident population aged 16 and over reported having consulted a dentist¹ in the 12 months prior to the interview, which translates into a higher proportion than in 2022 (57.4%) and 2017 (53.4%). The highest regional proportions were recorded in the Norte and Grande Lisboa regions (63.3% in both cases), where about 20% reported having seen a dentist 3 or more times.

¹ Consultations with orthodontists, stomatologists and oral hygiene consultations are also considered.

Figure 3

FREQUENCY OF CONSULTATIONS WITH A DENTIST, PORTUGAL, 2017, 2022 AND 2025 AND NUTS 2, 2025

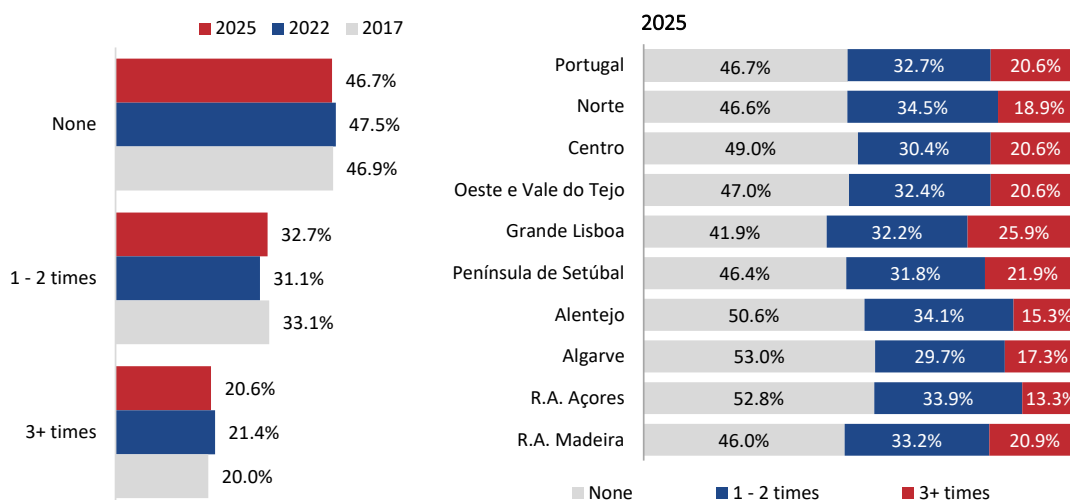


Just over half of the people consulted a doctor from another specialty

In 2025, the resident population aged 16 and over who reported having consulted specialist doctors (except general and family medicine, stomatology and dentists) in the 12 months prior to the interview was 53.5%, which corresponds to a proportion similar to those observed for 2022 (52.5%) and 2017 (53.1%).

Figure 4

FREQUENCY OF CONSULTATIONS OF OTHER MEDICAL OR SURGICAL SPECIALISTS, PORTUGAL, 2017, 2022 E 2025 AND NUTS 2, 2025



The proportion of residents in Grande Lisboa who consulted specialist doctors was higher (58.1%) than in the other regions and did so more often in the reference period (25.9% with three or more consultations). On the contrary, less than half of the residents in the Algarve (47.0%) and in Região Autónoma dos Açores (47.2%) less than half of the residents had resorted to specialist consultations in the year prior to the interview.

Financial unavailability was the main reason for not performing dental examination or treatment

In 2024, 3.9% of the population living in Portugal aged 16 and over reported that there was at least one occasion when the person needed a medical examination or treatment, but in which this need was not met. This is a proportion just above the European average of 3.8%. However, with regard to dental examination or treatment, Portugal had the 5th worst performance in the context of the European Union, with a proportion of 9.9%, more than double the European average of 4.6%.

Figure 5

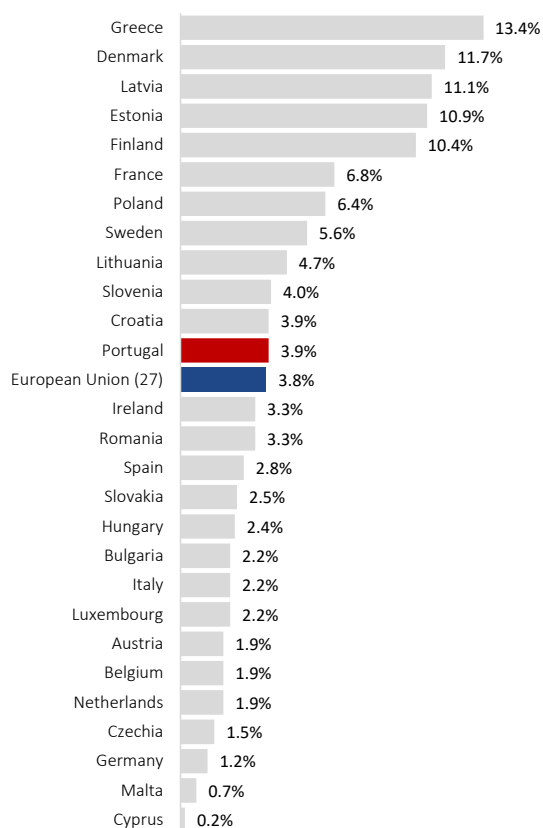
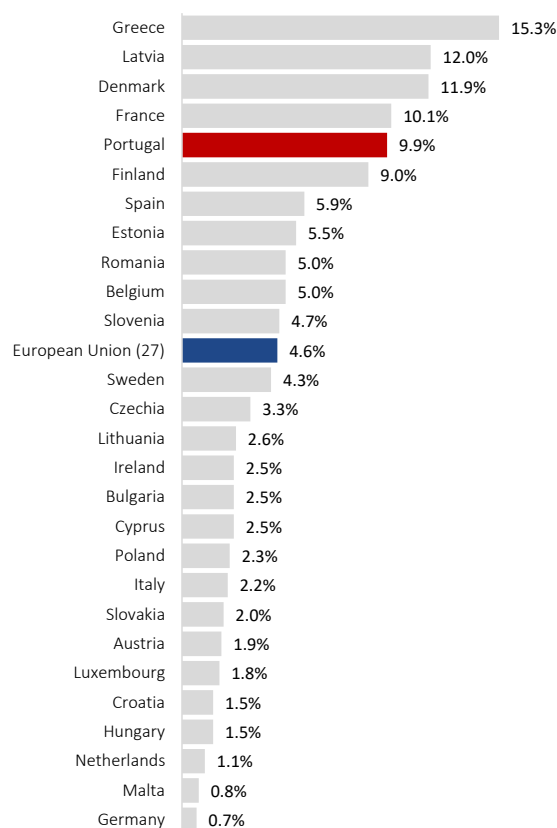
 UNMET NEED FOR MEDICAL EXAMINATION OR
 TREATMENT, 2024
Fonte: Eurostat [[hlth_silc_08](#)].

Figure 6

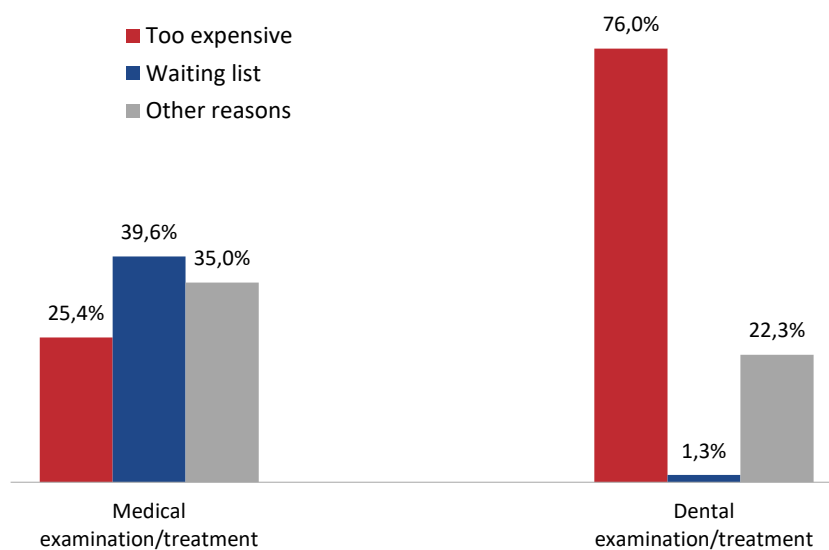
 UNMET NEED FOR DENTAL EXAMINATION OR
 TREATMENT, 2024
Fonte: Eurostat [[hlth_silc_09](#)].

The update of the results for 2025 reveals that, in Portugal, the proportion of people whose need for examination or treatment was not met was 3.8% for medical care and 10.2% for dental care.

Considering people with unmet needs for medical examinations/treatment, the main reason given for not undergoing them was waiting lists (39.6%), followed by lack of financial resources (25.4%). For people with unmet needs for dental examinations/treatment, the pattern corresponding to the main reasons was substantially different, with lack of financial resources being the most frequently referred reason (76.0%), while waiting lists were much less significant (1.3%).

Figure 7

MAIN REASON FOR UNMET NEED OF MEDICAL/DENTAL EXAMINATION OR TREATMENT, 2025



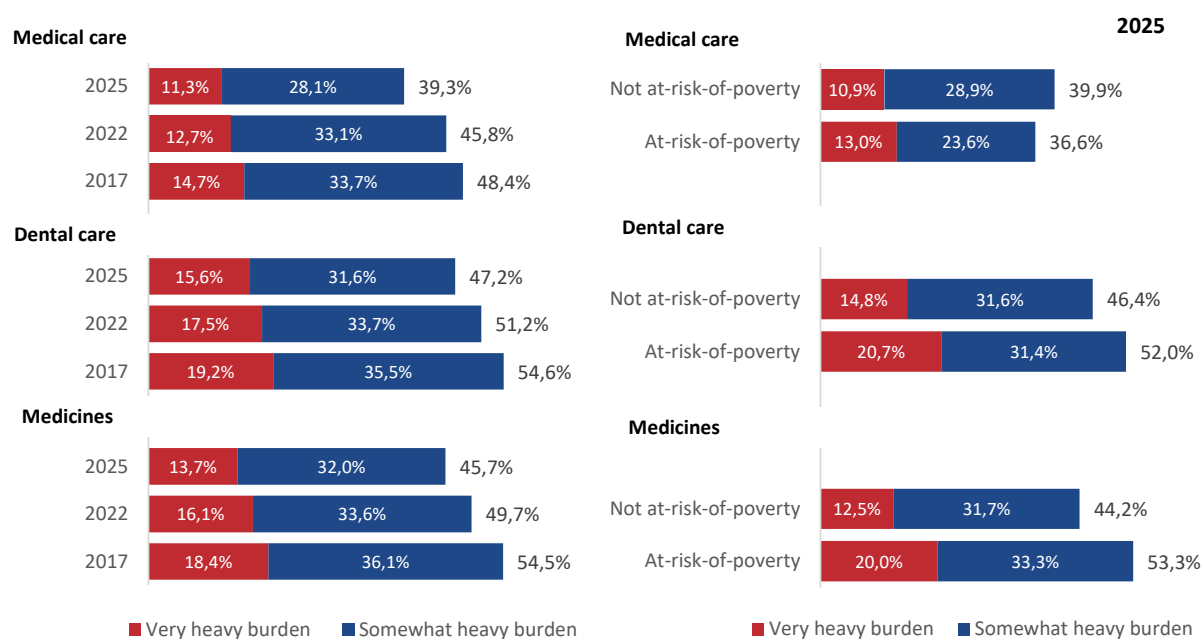
Financial burden considered heavy especially in the case of dental care

In 2025, the proportion of households that assessed the financial burden of dental care as heavy (47.2%) was higher than that observed for the costs of medicines (45.7%) and, above all, medical care (39.3%). This differentiation was also evident in the 2017 and 2022 results.

For the three types of health care, there was a decrease in the percentage of households that reported a negative assessment of financial burdens both in relation to 2022 and in relation to 2017. The decrease was particularly evident in the assessment of the financial burden on medicines: in 2025, 45.7% of households considered the financial burden on medicines to be somewhat or very heavy burdensome, while in 2017 the proportion was 54.5%.

Figure 8

PROPORTION OF HOUSEHOLDS THAT ASSESSED THE FINANCIAL BURDEN OF HEALTH CARE AS SOMEWHAT OR VERY HEAVY, 2017, 2022 AND 2025 AND BY POVERTY CONDITION IN 2025

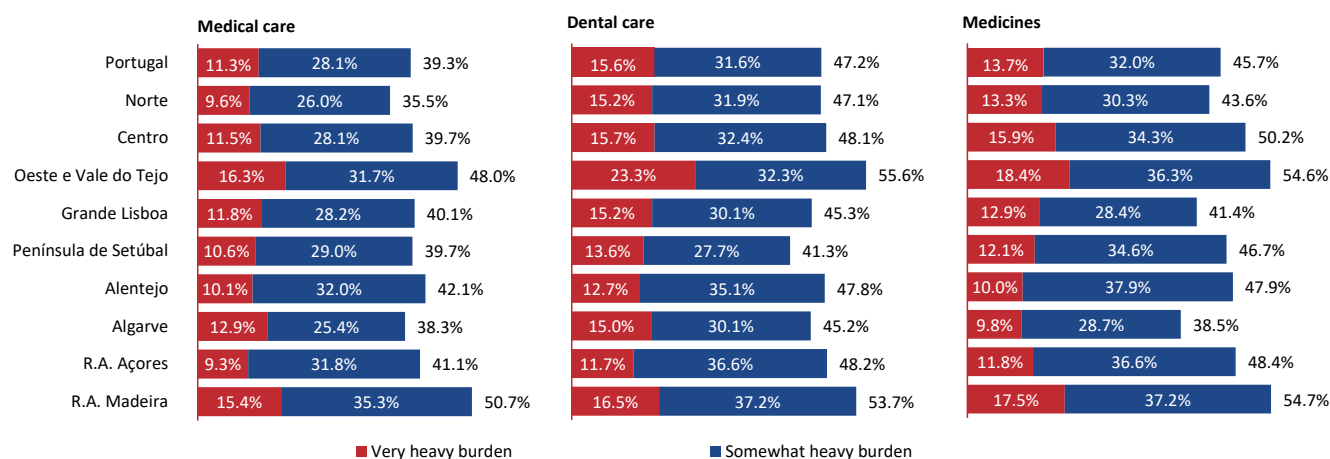


The negative assessment of the weight of financial burdens with dental care and medicines was higher in the case of households at risk of poverty: 53.3% of households at risk of poverty for medicines and 52.0% for dental care. With regard to medical care, the proportion of households at risk of poverty that consider the financial burden to be very heavy (13.0%) was higher than the same proportion in the remaining households (10.9%), but the situation is reversed when assessments of somewhat heavy burdens are also included (36.6% for households at risk of poverty and 39.9% for households not at risk of poverty).

Região Autónoma da Madeira and Oeste e Vale do Tejo presented, in 2025, the highest proportions of households that assessed the financial burden of health care as heavy. This result applies to medical care, dental care and medicines. **Error! Reference source not found.** also shows that, in the Centro region, more than half of the households considered the financial burden of medicines to be heavy.

Figure 9

PROPORTION OF HOUSEHOLDS THAT ASSESSED THE FINANCIAL BURDEN OF HEALTH CARE AS SOMEWHAT HEAVY OR VERY HEAVY, PORTUGAL AND NUTS 2, 2025

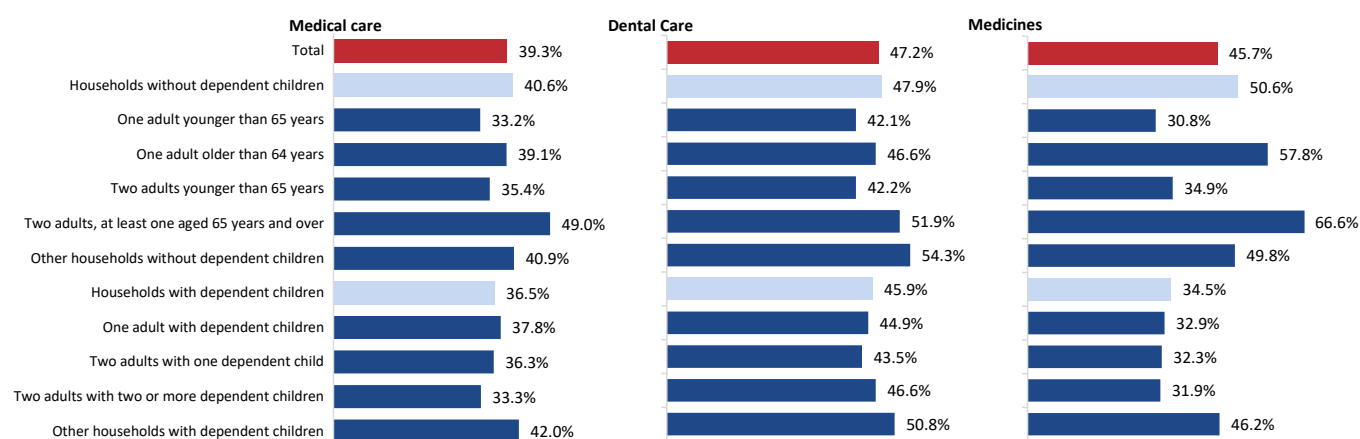


Analysis by household composition reveals that households without children more frequently assessed the financial burden of health care as heavy than households with children. The difference was particularly evident in the case of medicines, in which 60.6% of families without children assessed the burden as heavy, compared to 34.5% of households with children.

In the case of medicines, the proportions of adults aged 65 and over who lived alone and households composed of two adults in which at least one was elderly stood out: 57.8% and 66.6%, respectively, of these households assessed the financial burden of medicines as heavy.

Figure 10

PROPORTION OF HOUSEHOLDS THAT ASSESSED THE FINANCIAL BURDEN OF HEALTH CARE AS HEAVY BY HOUSEHOLD COMPOSITION, PORTUGAL, 2025





TECHNICAL NOTE

The Survey on Living Conditions and Income has been carried out in Portugal since 2004. Until 2020, the survey was conducted within the framework of specific European legislation (Regulation 1177/2003), establishing a harmonised European system of production of statistics on poverty, deprivation and social exclusion. As of 2021, the survey is being carried out in the context of new specific European regulations, in accordance with Regulation (EU) 2019/1700 of the European Parliament and of the Council, of 10 October 2019.

In addition to a set of data to be obtained annually, the new Regulation establishes a set of detailed topics to be obtained regularly and the development of ad hoc modules to be applied every two years, consisting of matters of particular interest to users at a given time, but which are not included in the regular data sets. In 2025, one of the modules implemented for the second time, following the 2022 edition, was the regular module about 'Health', to be applied every 3 years, which includes variables related to health status, health determinants and health care. Some variables of the regular module on 'Health' replicate the 2017 ad hoc module, so the comparative results with 2017 and 2022 are presented whenever possible.

In 2025, data was collected through computer-assisted face-to-face interviews (CAPI, or Computer Assisted Personal Interviewing) and telephone interviews (CATI, or Computer Assisted Telephone Interviewing) between April and July.

The estimated results for the indicators on health were obtained using individual weights for respondents aged 16 or more. The household and individual weights used in ICOR are adjusted by region, household size, age, and sex. In the calculation of weights, a correction factor of total non-responses was incorporated, as well as a calibration procedure based on the results of the 2nd quarter 2025 of the Labour Force Survey for household-level variables and Estimated Resident Population as of 31 December 2024 for the variables at the individual level. The auxiliary variables (margins) were the number of households by NUTS 2 and the number of households according to their size (1, 2, 3 and 4 or more individuals), and, at the level of individuals, the estimates of resident population by sex and five-year age groups (except the first and last levels comprising, respectively, individuals under 16 years of age and individuals 75 years of age or older).



SOME CONCEPTS

Appointment: health act in which a health professional evaluates the clinical situation of a person and plans the provision of health care.

At-risk-of-poverty: resident population whose available equivalent income is below the poverty line.

At-risk-of-poverty threshold: income threshold under which a household is considered to be living in risk of poverty. It was conventionalised by the European Commission as 60% of the median national equivalent income.

Family medicine: specialisation in medicine that deals with the health problems of individuals and families on an ongoing basis and in the context of the community.

Health status: health profile of an individual or population that can be measured using an organized set of indicators.

Medical appointment: appointment made by a doctor.

Medical doctor: health professional with a degree in medicine and authorization by the respective professional order for the exercise of medicine.

Medical specialist: doctor qualified to practice a speciality in medicine.

Speciality appointment: medical appointment carried out within a speciality or subspecialty of hospital basis that should follow a clinical indication.

INDICATORS

With the release of these results, Statistics Portugal updates the following set of indicators in www.ine.pt.

- [Distribution of resident population with 16 and more years old \(%\) by Sex, Age group and Self perceived health status; Annual](#)
- [Proportion of resident population with 16 and more years old reporting any chronic disease or long-standing health problem \(%\) by Sex and Age group; Annual](#)
- [Distribution of resident population with 16 and more years old \(%\) by Sex, Age group and Limitation in performing activities due to health problem; Annual](#)
- [Proportion of resident population with 16 and more years old reporting unmet needs for medical examination in the last 12 months \(%\) by Sex, Age group and Reason for unmet needs for consult; Annual](#)
- [Proportion of resident population with 16 and more years old reporting unmet needs for dental examination in the last 12 months \(%\) by Sex, Age group and Reason for unmet needs for consult; Annual](#)
- [Prevalence rate of moderate or severe food insecurity \(%\) of resident population; Annual](#)
- [At-risk-of-poverty rate \(After social transfers - %\) of resident population with 16 and more years old by Limitation in performing activities due to health problem; Annual](#)
- [Proportion of resident population with 16 and more years old at-risk-of poverty or social exclusion \(Europe 2030\) \(%\) by Limitation in performing activities due to health problem; Annual](#)