



Documenting End-of-Life Wishes With Physician Orders for Life-Sustaining Treatment (POLST) Paradigm

People with serious illnesses or frailty often receive treatment not aligned with what they want, in part because they haven't discussed or documented their treatment preferences, or the documentation cannot be located when it's needed. The Physician Orders for Life-Sustaining Treatment (POLST)¹ form helps address this problem by effectively capturing people's wishes and making these preferences accessible to health care professionals as medical orders that are honored throughout the health care system.

What is POLST?

Using an approach known as the POLST Paradigm, health care professionals and individuals engage in an informed, shared decision-making process to elicit, document, and honor the patient's treatment wishes. The process results in a medical order signed by the health care professional and, in many states, by the individual or a legally authorized surrogate as well.

How do POLST forms differ from advance care directives?

These forms complement one another, and both play important roles in advance care planning, but POLST forms and advance directives differ in several ways:

- A POLST form is not for everyone. Unlike advance directives, these forms are intended only for seriously ill or frail individuals whose condition is such that their doctors would not be surprised if they died within the next 12 months. A study of the form in the Oregon POLST registry found that the median time between completion of a POLST form and death is 6.4 weeks and that more than half of all forms were completed in the final two months of life.²
- Advance directives are designed to be completed before any serious illness and may specify the general extent of treatment measures someone prefers. The POLST form is completed once someone is seriously ill or frail, allowing that person to choose specific treatment options—such as CPR, intubation, and artificial nutrition—in light of their current condition.³
- POLST forms are immediately actionable medical orders that are followed by emergency medical service professionals. In contrast, advance directives do not give orders to emergency medical services and must be interpreted by a physician before they are determined to be in effect. Additionally, POLST forms are designed to physically stay with the patient or be included in the patient's electronic health record or state registry where they will be easily available in an emergency.

The POLST Paradigm has several core elements, including:⁴

- Completing POLST forms must always be voluntary.
- It is imperative that the process involve informed, shared decision-making between individuals and health care providers.
- Forms need to be portable and follow individuals across care settings.
- People are able to express their personal goals and values in choosing treatment options from a spectrum that ranges from the full course of treatment to comfort care—and then to have these wishes honored.
- POLST orders address an individual’s current medical condition and are revised accordingly as either that condition or the person’s treatment preferences change. One study found that POLST orders do change over time, with data indicating that people usually request fewer treatments as they get closer to death.⁵

National POLST Paradigm Task Force

The POLST Paradigm is implemented at the state level via legislation or clinical consensus.* Although there is no federal oversight of state POLST programs, the National POLST Paradigm Task Force, composed of representatives from state programs, maintains POLST quality standards across the country and supports state efforts to develop programs.† Once a state program has met a set of requirements, the task force endorses it. As of December 2015, the task force has endorsed 18 of the 45 state POLST programs.‡ The task force also conducts research and develops quality measures to assess the impact of the POLST Paradigm on patient outcomes.§

* National POLST Paradigm, *POLST Legislative Guide*, Feb. 28, 2014, <http://www.polst.org/wp-content/uploads/2014/02/2014-02-20-POLST-Legislative-Guide-FINAL.pdf>.

† National POLST Paradigm, “The National POLST Paradigm Task Force Goals,” Aug. 23, 2012, <http://www.polst.org/wp-content/uploads/2013/06/TheNationalPOLSTParadigmTaskForcegoals2012.pdf>.

‡ National POLST Paradigm, “Programs in Your State,” 2015, <http://www.polst.org/programs-in-your-state>.

§ National POLST Paradigm, “The National POLST Paradigm Task Force Goals.”

The benefits of POLST

Research shows that by recording people’s wishes based on their present condition and updating those orders as the condition or wishes change, a POLST form is not only effective in capturing treatment preferences⁶ but also does so more accurately than traditional advance directives for individuals with serious illness or frailty.⁷ Individuals with POLST orders reflecting a preference for comfort measures proved less likely to receive life-sustaining medical intervention compared with those who had either full treatment orders or no POLST orders.⁸

A 2006-07 survey of hospices in West Virginia, Oregon, and Wisconsin found that POLST was useful in preventing unwanted medical care and for initiating conversations about treatment preferences. The survey also found that providers respected treatment limitations specified in POLST documents 98 percent of the time and that no patients received unwanted CPR.⁹ A study of nursing home residents with POLST orders for Do Not Resuscitate and Comfort Measures Only found that none received unwanted CPR, intensive care unit services, or

- Ensure that all POLST Paradigm programs follow the nationally recognized standards established by the National POLST Paradigm Task Force and that they are based on research, quality assurance, and evidence-based information.

The bipartisan Personalize Your Care Act 2.0, introduced in 2016 in the U.S. House of Representatives, would instruct the U.S. Department of Health and Human Services to provide grant funding to accomplish many of these goals. Legislation such as this is an important step in ensuring that the treatment preferences of people who are seriously ill and frail are competently discussed, recorded, and honored throughout the health care system.

Endorsements

Numerous organizations, including the National Quality Forum, AARP, and the Institute of Medicine (IOM), have called for nationwide implementation of POLST programs. Influential medical groups, including the American Hospital Association and the National Hospice and Palliative Care Organization, have endorsed the POLST Paradigm.¹³ The IOM has called for greater use of POLST programs that comply with nationally standardized core requirements as a method for providing high-quality, comprehensive, person-centered, and family-oriented care.¹⁴

Endnotes

- 1 POLST is known by many names, including MOLST (Medical Orders for Life-Sustaining Treatment), MOST (Medical Orders for Scope of Treatment), POST (Physician Orders for Scope of Treatment), LaPOST (Louisiana Physician Order for Scope of Treatment), COLST (Clinician Orders for Life-Sustaining Treatment), IPOST (Iowa Physician Orders for Scope of Treatment), SMOST (Summary of Physician Orders for Scope of Treatment), TPOPP (Transportable Physician Order for Patient Preference), and WyoPOLST (Wyoming Provider Orders for Life-Sustaining Treatment). For simplicity, the term POLST is used when referring to POLST forms or programs in general.
- 2 Dana Zive et al., "Timing of POLST Form Completion by Cause of Death," *Journal of Pain and Symptom Management* 50, no. 5 (2015): 650–58, <http://dx.doi.org/10.1016/j.jpainsymman.2015.06.004>.
- 3 Judy Citko et al., "Fast Facts and Concepts #178: The National POLST Paradigm Initiative," Palliative Care Network of Wisconsin, <http://www.mypcnw.org/blank-k2dh9>.
- 4 National POLST Paradigm, "What Is POLST?" accessed July 2, 2015, <http://www.polst.org/about-the-national-polst-paradigm/what-is-polst>.
- 5 Zive et al., "Timing of POLST Form Completion by Cause of Death."
- 6 Erik K. Fromme et al., "Association Between Physician Orders for Life-Sustaining Treatment for Scope of Treatment and In-Hospital Death in Oregon," *Journal of the American Geriatrics Society* 62, no. 7 (2014): 1246–51, doi:10.1111/jgs.12889.
- 7 Sandra L. Pedraza et al., "POST Forms More Than Advance Directives Associated With Out-of-Hospital Death: Insights From a State Registry," *Journal of Pain and Symptom Management* 51, no. 2 (2016): 240–46, doi:10.1016/j.jpainsymman.2015.10.003.
- 8 Susan E. Hickman et al., "A Comparison of Methods to Communicate Treatment Preferences in Nursing Facilities: Traditional Practices Versus the Physician Orders for Life-Sustaining Treatment (POLST) Program," *Journal of the American Geriatric Society* 58, no. 7 (2010): 1241–8, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2963454/>.
- 9 Susan E. Hickman et al., "Use of the Physician Orders for Life-Sustaining Treatment (POLST) Paradigm Program in the Hospice Setting," *Journal of Palliative Medicine* 12, no. 2 (2009): 133–41, <http://dx.doi.org/10.1089/jpm.2008.0196>.
- 10 Susan Tolle et al., "A Prospective Study of the Efficacy of the Physician Order Form for Life-Sustaining Treatment," *Journal of the American Geriatrics Society* 46, no. 9 (1998): 1097–1102.

- 11 Fromme et al., "Association Between Physician Orders for Life-Sustaining Treatment for Scope of Treatment and In-Hospital Death in Oregon"; see also Zive et al., "Timing of POLST Form Completion by Cause of Death."
- 12 Hickman et al., "Use of the Physician Orders for Life-Sustaining Treatment (POLST) Paradigm Program in the Hospice Setting."
- 13 Institute of Medicine, "Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life" (2014), <https://iom.nationalacademies.org/-/media/Files/Report%20Files/2014/EOL/Report%20Brief.pdf>.
- 14 Ibid.

This fact sheet was updated in July 2016 to reflect new POLST programs and updated endorsements from the National POLST Paradigm Task Force.

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