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What is the appropriate use for a POLST form?

Physician Orders for Life-Sustaining Treatment (POLST) started in Oregon in the early 1990's with the goal of developing a state-wide system of portable medical orders across care settings that would assist in honoring patient treatment preferences. They are now available in many states, including Pennsylvania. Nevertheless, a Healthcare Power of Attorney and Advance Directive/Living Will is the cornerstone of a good estate plan, stating the principal's philosophy regarding end of life choices. However, these documents state the patient's *wishes* and are not a doctor's order. A recent blog in *Health Affairs* entitled "Counting POLST Form Completion Can Hinder Quality" points out what happens when POLST forms are used more like a Living Will substitute without the proper consideration and discussion that should accompany them.

(<https://www.healthaffairs.org/doi/10.1377/hblog20180709.244065/full/>).

In Pennsylvania, the POLST form is called the Pennsylvania Orders for Life-Sustaining Treatment. It is to be printed on bright pink cardstock, and, when completed, should travel with the patient from facility to facility and back again. For instance, if someone is a resident in a skilled nursing facility, and must go to the hospital, the POLST form is to go with the patient to the hospital and back to the skilled care facility after discharge from the acute care facility. Unfortunately, the POLST form is not well known, or is distributed indiscriminately to people for whom it is not appropriate.

A POLST form is a physician order. It is to be completed by a physician/PA/CRNP after a conversation with the patient. POLST is not designed for healthy people but those who are facing end of life decision making. In the directions of the PA POLST form for Healthcare Professionals, it states that "Any individual for whom a Pennsylvania Order for Life-Sustaining Treatment form is completed should ideally have an advance health care directive that provides instructions for the individual's health care and appoints an agent to make medical decisions whenever the patient is unable to make or communicate a healthcare decision." It goes on to say that if a patient chooses comfort care only, a discussion should be initiated regarding an Out-of-Hospital DNR order.

The blog article begins the discussion with an example of how the POLST form works well. Proper use of this form allowed a 92 year old woman with inoperable coronary artery disease to remain in her own apartment with hospice and pass away in her own bed. In another example, however, reference is made to a healthy 65 year old who was handed a POLST document; POLST was not intended for healthy persons of any age. When healthcare professionals encourage those who are "too healthy" to complete these forms, when the situation arises that he or she may have desired a comfort-oriented approach rather than full CPR, he or she may have lost decision making capacity.

POLST forms are an important part of the end-of-life decision making process but they are not a substitute for Healthcare Powers of Attorney with Living Wills for most persons. Contact your attorney today for guidance on the correct forms needed.