



**Physician Orders for Life-Sustaining Treatment (POLST):
Translating the goals of seriously ill patients into a medical order**
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Case: Ms. B, a 70-year old woman diagnosed with Stage IV (T3N3M1b) non-small cell lung cancer, has experienced a decline in her Palliative Performance Score to 40%, and most recently developed deep venous thrombosis. Prior to her diagnosis of lung cancer, she met with her attorney and completed an advance directive, formally designating her brother as her healthcare surrogate, and indicating in writing she wanted no CPR should she develop an illness for which there would be no improvement and an ever worsening status. At the time of completing her advance directive, she hoped to live a long and healthy life, and couldn't picture the experience of a terminal illness, so she didn't indicate any further wishes. Now, however, after meeting with her oncologist and the primary care physician, she realizes that state-of-the-art therapies have failed to improve her health, and understands her survival is limited to probably less than 6 months. She has elected community-based hospice care, and wants to make some additional specific choices regarding the medical aspects of her own end-of-life care. In response, her physician (who has determined she is capable of making her own decisions) asks her if she has heard of POLST.

Discussion: Physician Orders for Life-Sustaining Treatment (POLST) is designed to translate the wishes of seriously ill patients (life expectancy less than one year) into an actionable medical order.

The POLST Paradigm Program started in Oregon in 1991. As of 2010, POLST has been adopted by at least 12 states. States may use different terminology for POLST (e.g. POST (physician orders for scope of treatment) and MOLST (medical orders for life-sustaining of treatment)). Requirements and guidelines for completing POLST may differ to some degree from state to state.

As a result of POLST Paradigm initiatives, community-based awareness of POLST, education and training of healthcare providers, and implementation of initiatives that offer POLST to seriously ill patients in long-term care facilities, hospitals, and hospices are occurring in many states and regions of the United States. Research findings suggest that POLST accurately reflects patient preferences, and are honored by first responders.

POLST is a physician order that clarifies - never restricts - a patient's medical preferences. POLST translates patient choices - which may range from resuscitation and admission to a hospital intensive care unit to comfort measures only and no hospital transfer - into an actionable medical order that is honored at the time of critical medical decision making. POLST is not a DNR form; the POLST is an order that honors choices. Unlike an advance directive that states preferences for future medical circumstances, the POLST is a physician's order that pertains to the current condition of a seriously ill patient.

The POLST form itself is a brightly colored one-page order to be completed and signed by a physician (in some states, a CRNP or PA may sign), after a shared discussion of goals by the physician and the patient (or his/her designated surrogate). POLST is voluntary, designed to follow patients through all care settings (e.g. home, hospital, long-term care), and can be changed or made void by the patient (or his/her surrogate) at any time.

The POLST form contains 4 sections, each of which addresses and offers a check box to indicate patient preference regarding 4 medical aspects of care. The sections are summarized below:

A. CPR: resuscitate vs. allow natural death



- B. Medical interventions: comfort measures only vs. limited intervention vs. full therapy
- C. Antibiotics: none vs. limited use vs. use to prolong life
- D. Artificially administered nutrition (and in some states, fluids): none vs. trial period vs. long-term use
- A 5th section (E) requires the healthcare professional's dated signature, and in some states, the patient's or surrogate's signature.

It is important for healthcare providers in the United States caring for seriously ill patients to become familiar with POLST, and to understand their state's specific guidelines and requirements for completing POLST so that patients can be best served and the POLST honored.

Back to the Case: Ms. B and her physician talk together, her physician using medical expertise to offer insight into the course of her illness and her limited prognosis, and Ms. B bringing her own experience, values, and goals to the discussion (while the physician listens); they review the decision making that infused her previous advance directive. Ms. B maintains she wants no resuscitation, but does choose some limited interventions: she wants to try going to the hospital for antibiotics if she develops an infection, such as post-obstructive pneumonia, but wants to avoid the ICU. She decides that in the future, if she becomes too ill to take by mouth, she does not want artificial hydration or nutrition. Her physician completes the POLST, reviews with Ms. B that her preferences are correctly reflected, and she signs the order form. The completed POLST, now a signed medical order, remains with Ms. B, and may accompany her should she change healthcare settings.

References:

1. www.polst.org
2. www.aging.pitt.edu
3. Meier DE, Beresford L. POLST offers next stage in honoring patient preferences. *Journal of Palliative Medicine* 2009; 12; 4: 291-295.
4. Sabalino CP, Karp N. AARP Public Policy Institute. Improving Advanced Illness Care: the Evaluation of State POLST Programs.

Editor's note: The Commonwealth of Pennsylvania has adopted the POLST for use by health professionals and facilities throughout Pennsylvania. Copies of the form and instructions for its use are available on the Department of Health website, [http://www.portal.state.pa.us/portal/server.pt/community/emergency_medical_services/14138/polst - out-of-hospital_dnr_orders/556979](http://www.portal.state.pa.us/portal/server.pt/community/emergency_medical_services/14138/polst_-_out-of-hospital_dnr_orders/556979). An educational presentation on the POLST is available from the University of Pittsburgh Institute on Aging at <http://aging.upmc.com/professionals/polst-part2.htm>