POLST: Advancing the Advance Directive

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Objectives

• The history of POLST
• Current use in WI and around the country
• How it works
• Benefits
• Controversies and concerns
• The future of POLST

Mr. Smith

• 85 yo male with severe COPD
• Lives in SNF now after hospitalization for pneumonia
• Developed shortness of breath and AMS
• 911 called and taken to hospital
• DNR per paperwork from SNF
• ER doc unable to reach family
• Patient intubated and taken to ICU
• Patient had a living will and he talked with family and SNF staff about not wanting to go back to the hospital or receive aggressive treatment but no documentation
The origin

- In 1991, ethicists in Oregon observed that patient preferences for end-of-life care were not always honored

- Recognized that standard advance directives were not adequate for patients with serious illnesses

We’re always talking about goals

- Goals:
  - Patients receive the care they want and not receive care they don’t want
  - Get preferences elicited, communicated, and honored
  - Gives patients the peace of mind that their wishes will be honored
What makes it different

• For seriously ill patients with a prognosis of less than one year

• Encourages patients and health care professionals to talk about a patient’s end-of-life care

• Wishes are translated in to medical orders

This may come as a surprise…

• Advance directives are not often looked at by emergency personal

• Even when advance directives are available, emergency personal generally follow the standard of care
Who’s in charge of it?

• Not a federal program but developed state by state

• Some states have legislation in place to regulate use

• The National POLST Paradigm Task Force has quality standards for states to follow

Where is it now

• First form used in 1994

• Use now exists at varying levels in 49 states

• Part of advance care planning

• Does not replace other advance directives
How it works

• A trained facilitator or provider meets with patient AND surrogate decision maker to fill out the form

• Must be signed by a physician, PA, or NP
Section A

CARDIOPULMONARY RESUSCITATION (CPR): Unresponsive, pulseless, & not breathing.

☐ Attempt Resuscitation/CPR
☐ Do Not Attempt Resuscitation/DNR

If patient is not in cardiopulmonary arrest, follow orders in B and C.
Section B

**MEDICAL INTERVENTIONS:** If patient has pulse and is breathing.

☐ Comfort Measures Only: Provide treatments to relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. **Patient prefers no transfer to hospital** for life-sustaining treatments. Transfer if comfort needs cannot be met in current location. **Treatment Plan:** Provide treatments for comfort through symptom management.

☐ Limited Treatment: In addition to care described in Comfort Measures Only, use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation, advanced airway interventions, or mechanical ventilation. May consider less invasive airway support (e.g., CPAP, BiPAP). **Transfer to hospital** if indicated. **Treatment Plan:** Generally avoid the intensive care unit.

☐ Full Treatment: In addition to care described in Comfort Measures Only and Limited Treatment, use intubation, advanced airway interventions, and mechanical ventilation as indicated. **Transfer to hospital and/or intensive care unit** if indicated. **Treatment Plan:** All treatments including breathing machine. **Additional Orders:**

Adapted from http://polst.org

Section C

**ARTIFICIALLY ADMINISTERED NUTRITION:** Offer food by mouth if feasible.

☐ Long-term artificial nutrition by tube.

☐ Defined trial period of artificial nutrition by tube.

☐ No artificial nutrition by tube.

**Additional Orders** (e.g., defining the length of a trial period):__

Adapted from http://polst.org
Other Sections of the Form

- Health care professional signature
- Patient or surrogate signature
- Backside of form may include additional information such as:
  - Instructions
  - Preparer information
  - How to void the form
  - Contact information for surrogates

Once it’s been filled out

- Patient receives original copy
- Copy goes in medical record
- Conversation should be documented in the medical record
- Copy sent to state POLST registry (if applicable)
What happens once the form leaves the office

- Patient’s treatment wishes are now medical orders
- The orders transfer across care lines
- Are to be reviewed with changes in medical condition or transfer of care
When to review/revise

- Patient is transferred to another care setting or to another care level
- Change in patient’s health status
- When primary provider changes
- If patient requests or surrogate for patient without capacity requests it
- Patient care conference

Where else the form might be found

- Some states have databases that providers can access to see patient’s forms
- Some EHRs are set up so form can be filled out in the medical record
- May have an alert on screen that patient has a POLST
Limitations of Current ACP Documents

- Vague
- Often filled out years before serious illness
- Can be filled out at any time with no discussion with anyone
- Surrogates may not feel comfortable making decisions
- No one can find them
- Can’t reach surrogate
- EMS will follow standard of care regardless of advance directives
- Not often looked at until patient in the hospital and stabilized
### TABLE 1

**Differences between POLST and advance directives**

<table>
<thead>
<tr>
<th>CHARACTERISTICS</th>
<th>POLST</th>
<th>ADVANCE DIRECTIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>For the seriously ill</td>
<td>All adults</td>
</tr>
<tr>
<td>Time frame</td>
<td>Current care</td>
<td>Future care</td>
</tr>
<tr>
<td>Who completes the form</td>
<td>Health care professionals</td>
<td>Patients</td>
</tr>
<tr>
<td>Resulting form</td>
<td>Medical orders (POLST)</td>
<td>Advance directive</td>
</tr>
<tr>
<td>Health care agent or surrogate role</td>
<td>Can engage in discussion if patient lacks capacity</td>
<td>Cannot complete</td>
</tr>
<tr>
<td>Portability</td>
<td>Provider responsibility</td>
<td>Patient/family responsibility</td>
</tr>
<tr>
<td>Periodic review</td>
<td>Provider responsibility</td>
<td>Patient/family responsibility</td>
</tr>
</tbody>
</table>

POLST = Physician Orders for Life-Sustaining Treatment

Adapted from http://americanbar.org

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### How An Advance Directive and POLST Form Work Together

Adapted from http://polst.org

1. Complete an Advance Directive
2. Complete a POLST Form
3. Update Advance Directive Periodically
4. Diagnosed with Advanced Illness or Frailty (at any age)
5. Update POLST as Health Status Changes
6. Treatment Wishes Honored

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Adapted from http://polst.org
Are treatment wishes followed?

- Generally POLST forms with comfort measures indicated are associated with lower rates of hospital death.
- Evidence suggests orders to withhold interventions are usually honored.
- Individuals with orders for full treatment received the same number of interventions as those without POLST forms.

What does it mean for patients who fill it out?

- Less likely to die in the hospital:
  - 6% with POLST orders for comfort measures
  - 22% with POLST orders for limited interventions
  - 34% with no POLST
- More likely to have an out-of-hospital death:
  - 56.9% with advance directive only
  - 75.9% with POST with limited or full intervention orders
  - 88.4% with POST comfort measures order
Lessons from Oregon in Embracing Complexity in End-of-Life Care

Controversies and Concerns

- Does it adequately reflect preferences
- Inconsistencies or contradictions
- Confusion among providers in interpreting
- Fear of litigation
- Legal barriers in states
- Not standardized nationally
- Ethical concerns
A couple big barriers

<table>
<thead>
<tr>
<th>Time</th>
<th>Effort</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1.png" alt="Clock" /></td>
<td><img src="image2.png" alt="Effort" /></td>
</tr>
</tbody>
</table>

A lot of players

- Health clinics
- Hospitals
- EMS
- Public health departments
- Home health organizations
- Senior Centers
- Religious leaders
- Independent and assisted living centers
- Adult day health centers
- Nursing homes
- Lawyers
- Private caregivers
- Prisons
- Higher education centers
Catholic Physician and Healthcare Providers

- Limits good clinical care
- Not real time
- May not be done with time needed
- Done by a facilitator
- Scripts contain bias
- Wishes change when questions asked differently
- Facilitators often employed by facility
- State lack of evidence that POLST reflects patient wishes

Wisconsin Catholic Conference

- Cannot determine in advance if treatment is necessary or optional
- Form presents treatment options as morally neutral
- Risk of euthanasia
- Lacks signature
- Potential conflict with law and/or other advance directives
- Does not protect facilities or providers who cannot follow the form
Addressing concerns

- Keep it voluntary
- Select patients appropriately
- Fill out at the right time
- Nonbiased approach to discussion
- Review form with transfer across system and/or change in medical condition

FAQs

- Can a surrogate fill out the form?
- What if the patient has other advance directives?
- What if the provider disagrees with the patient’s wishes?
- What is the provider who signed the form does not have admitting privileges?
- What if the patient filled out the form in another state?
Remember Mr. Smith

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Back to Mr. Smith

- Mr. Smith would have been transported to the hospital and intubated even if:
  - Living Will was presented to emergency personnel
  - SNF personnel said he had told them he didn’t want aggressive interventions
More information

• polst.org
  – Contact information available for each state

Why is use limited in Wisconsin?

• Effort
• Opposition from Catholic Bishops in the state
• Lack of legislative support
Future in Wisconsin

• Wisconsin POST Coalition
  – Recently formed with members from various organizations around the state interested in utilizing POLST in their health care system
  – Hope is to establish use of the form in different parts of the state and eventually statewide recognition and use

POLST Paradigm Stories
References

• www.polst.org/toolkit
• www.wisconsincatholic.org
• Stuart RB, Thistle S. Standardizing protection of patients’ rights from POLST to MOELI (medical orders for end-of-life care). J Am Med Direct Assoc. 2015;16(9):741-746.

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