

Too Much of a Good Thing? Not Everyone Needs a POLST Form

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The Oregon POLST Taskforce (now Coalition) was founded in the early 1990s with the goal of building a statewide system of portable medical orders to honor patient treatment preferences across care settings. Over the past two decades, the distinctive pink POLST forms became ubiquitous throughout Oregon and spread across the country as the standard for ensuring clear communication of preferences for emergency care through transitions from home, to health care facility, to alternative living settings, and back home again in patients with advanced illness or frailty.

The 2019 version of the Portable Orders for Life-Sustaining Treatment (POLST) form is now white with a pink border and provides options for the patient to answer two questions regarding end-of-life or emergency care. Section A indicates the patient's wishes regarding resuscitation in the event of cardiopulmonary arrest (no pulse and not breathing). Section B indicates the desired level of treatment for illness up to but not including cardiopulmonary arrest. Options include: Comfort Measures Only, without a focus on curative or life-extending treatment; Limited Intervention, with basic medical interventions excluding intubation and mechanical ventilation and generally avoiding the ICU setting; and Full Treatment, including intubation and mechanical ventilation in the ICU setting.

Who needs a POLST form?

According to the Oregon

POLST Coalition, the opportunity to complete a POLST form should be offered to patients with advanced illness or frailty who wish to turn their preferences into action as medical orders. When death is expected in the foreseeable future, consider discussing wishes for care at the end of life and completion of a POLST form. Completion of a POLST form must be voluntary and should reflect informed decision making by the patient. Orders should be updated with changes in patient wishes or medical condition.

Who does not need a POLST form?

A recent concern in Oregon is patients

being asked to complete a POLST form who are neither frail nor dealing with advanced illness. A healthy 65-year-old does not need to complete a POLST form as part of a routine Medicare Wellness Exam. That person should complete an advanced directive, which is appropriate for every adult. Similarly, not every patient in a nursing home is there due to advanced illness or frailty. Many otherwise healthy patients require skilled nursing care for rehabilitation after injury or illness; and others may have chronic conditions requiring long-term care but unlikely to cause their death in the near future. While facilities may require a code status order upon admission, these otherwise healthy patients should

not be required to have a POLST form. The default for care in case of emergency is resuscitation with full treatment. A POLST form is most helpful when the patient desires something other than this default. A high number of POLST forms requesting resuscitation and full treatment probably indicates an overuse in patients that are "too healthy" for a POLST form.

Oregon is celebrated across the country for leading the way in care at the end of life. Responsible use of the POLST form will ensure that we provide only as much or as little medical treatment as the patient desires while their condition changes over time. For more information regarding the use of POLST in Oregon, or to order the 2019 POLST form, go to www.oregonpolst.org.