

To POLST or Not to POLST

“BUT I NEED A POLST FORM because that is a stronger form,” the very healthy elderly patient explained to her internist at her annual wellness check. The internist smiled and asked a few clarifying questions, as any good internist would do. “Why do you feel that way?,” the internist responded. That question led to a good discussion about concerns with aging and possibly losing the ability to make medical decisions for oneself.

POLST is just one form used in end-of-life care. Oregon pioneered the development and use of the form starting in 1995. Originally called “physician orders for life-sustaining treatment,” the word “physician” was replaced in 2019 with “portable” to recognize that other healthcare professionals, such as physician assistants, can sign off on what essentially are a clinician’s standing orders about a patient’s care when they become unable to speak for themselves.

A POLST form stands in contrast to an “advance directive.” They are different forms and there can be confusion about the use of the forms.



An advance directive truly is advance planning by any adult patient regardless of health status. The directive is completed by the patient and expresses their wishes about certain types of care to be provided should the patient become unable to speak for themselves. The form varies slightly from state to state, but generally calls out the level of treatment the patient wants

to see happen or not happen. Usually the form, or part of it, references who will be the patient’s healthcare representative that clinicians can turn to for assistance with making decisions about treatment plans and obtaining consent to continue care for the patient.

Notably, both POLST and an advance directive are voluntary forms, and neither form should be used as a condition for establishing or continuing treatment or care.

Whereas the rule of thumb is that every adult patient should consider completing and circulating an advance directive with their care team to help clarify their wishes, the use of POLST should be much narrower and only implemented after a full discussion with a clinician upon the diagnosis of serious illness or frailty.

The key distinction between POLST and an advance directive is that POLST can be relied upon by medical personnel



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because it is a medical order. POLST does not name a surrogate decision-maker for a patient, however, only an advance directive form that includes the appointment of a healthcare representative would do that. ○

For more information on POLST in Oregon, visit OregonPOLST.org. And for more information on advance directives in Oregon, visit OregonHealthDecisions.org.

