

Session Four:
**POLST: End-of-life Advocacy
and Public Policy**

Moderator: Laurel Clark, MA, MSN-Ed, RN

Presenters:

- **Stuart J. Bagatell, MD, FACP**
- **Leonard Hock, DO, *MACOI, CMD, FAAHPM, HMDC***

Physicians Orders for Life Sustaining Treatments: POLST

Florida Bioethics Network

Florida Ethics: Debates, Decisions, Solutions 2019

April 12, 2019

The POLST Paradigm



Portable medical orders--created to foster high-quality, patient-directed care across health care sites

Avoid loss of care decisions



Not an advance directive

Does not name a substitute decision-maker such as a surrogate



For patients with serious illness (< 6 months) or frailty

Plan of Care

B Check One	MEDICAL INTERVENTIONS: If patient has pulse and is breathing.	
	<input type="checkbox"/>	Full Treatment – goal is to prolong life by all medically effective means. In addition to care described in Comfort Measures Only and Limited Additional Interventions, use intubation, advanced airway interventions, and mechanical ventilation as indicated. Transfer to hospital and /or intensive care unit if indicated. Care Plan: Full treatment including life support measures in the intensive care unit.
	<input type="checkbox"/>	Limited Medical Interventions – goal is to treat medical conditions but avoid burdensome measures 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. Generally avoid the intensive care unit. Care Plan: Provide basic medical treatments.
	<input type="checkbox"/>	Comfort Measures Only (Allow Natural Death) – goal is to maximize comfort and avoid suffering 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. Consider hospice or palliative care referral if appropriate. Care Plan: Maximize comfort through symptom management.
Additional Orders: _____		

Artificial Nutrition

C Check One	ARTIFICIALLY ADMINISTERED NUTRITION: Offer food by mouth if feasible.	
	<input type="checkbox"/>	Long-term artificial nutrition by tube.
	<input type="checkbox"/>	Defined trial period of artificial nutrition by tube.
	<input type="checkbox"/>	No artificial nutrition by tube.
Additional Instructions: _____		

Disposition

D HOSPICE or PALLIATIVE CARE (complete if applicable) - consider referral as appropriate			
Check One	<input type="checkbox"/> Patient/Resident Currently enrolled in Hospice Care	<input type="checkbox"/> Patient/Resident Currently enrolled in Palliative Care	<input type="checkbox"/> Not indicated or refused
	Contact: _____	Contact: _____	
SIGNATURES	Print Physician Name	MD/DO License #	Phone Number
	Physician Signature (mandatory)	Date	
	Print Patient/Resident or Surrogate/Proxy Name	Relationship (write 'self' if patient)	
	Patient or Surrogate Signature (mandatory)	Date	
SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED			
Use of original form is strongly encouraged. Photocopies and facsimiles of completed POLST are legal and valid.			

Documentation of the Discussion

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY			
E DOCUMENTATION OF DISCUSSION:			
Check All That Apply	<input type="checkbox"/> Patient (Patient has capacity)	<input type="checkbox"/> Health Care Representative or surrogate	
	<input type="checkbox"/> Parent of minor	<input type="checkbox"/> Court-Appointed Guardian	<input type="checkbox"/> Other (proxy)
Other Contact Information			
Name of Guardian, Surrogate or other Contact Person		Relationship	Phone Number/Address
Name of Health Care Professional Preparing Form		Preparer Title	Phone Number Date Prepared

Review of the Form

Review of this POLST Form			
Review Date	Reviewer	Location of Review	Review Outcome
			<input type="checkbox"/> No Change <input type="checkbox"/> Form Voided <input type="checkbox"/> New form completed
			<input type="checkbox"/> No Change <input type="checkbox"/> Form Voided <input type="checkbox"/> New form completed
			<input type="checkbox"/> No Change <input type="checkbox"/> Form Voided <input type="checkbox"/> New form completed

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

REVISED FORM (JULY 10,2015)

POLST and the FBN: “A Match Made in Heaven”

Stuart J. Bagatell, MD FACP

April 12, 2019

When DNR is not the most important question: Data from the Oregon POLST Registry

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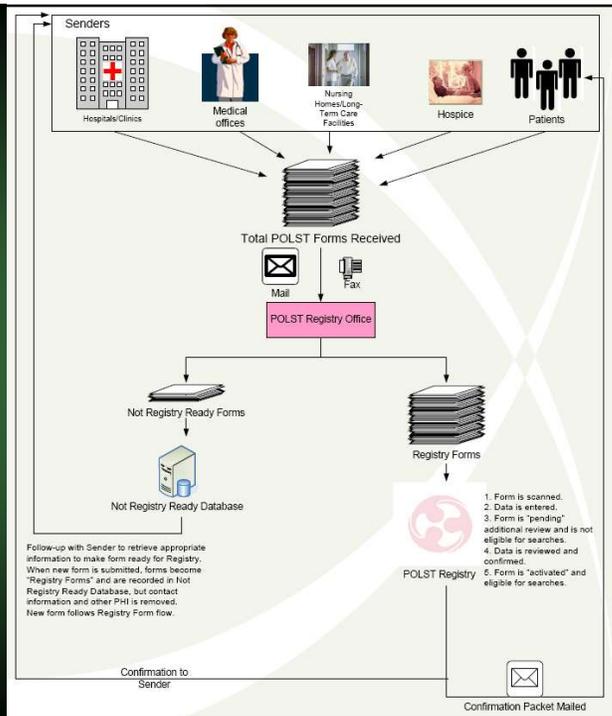
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POLST REGISTRY SUBMISSION AND ENTRY



CPR vs DNR

	If CPR	If DNR
Scope of Treatment order		
- Full treatment	75.7%	6.6%
- Limited additional interventions	21.6%	43.8%
- Comfort measures only	2.7%	49.6%
Antibiotic Use order		
- Use antibiotics	81.6%	34.2%
- Decide when infection occurs	17.8%	55.7%
- Do not use antibiotics	0.57%	10.1%
Artificial Nutrition Tube Order		
- Long-term feeding tube	21.5%	2.1%
- Time-limited trial	60.5%	24.0%
- No feeding tube	17.9%	73.9%

If a patient has a POLST DNR order, what's the likelihood they would want hospital transport?

	If CPR	If DNR	Hospital?
Scope of Treatment order			
- Full treatment	75.7%	6.6%	50.4% Yes
- Limited additional interventions	21.6%	43.8%	
- Comfort measures only	2.7%	49.6%	49.6% No
Antibiotic Use order			
- Use antibiotics	81.6%	34.2%	
- Decide when infection occurs	17.8%	55.7%	
- Do not use antibiotics	0.57%	10.1%	
Artificial Nutrition Tube Order			
- Long-term feeding tube	21.5%	2.1%	
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Conclusions

50/50

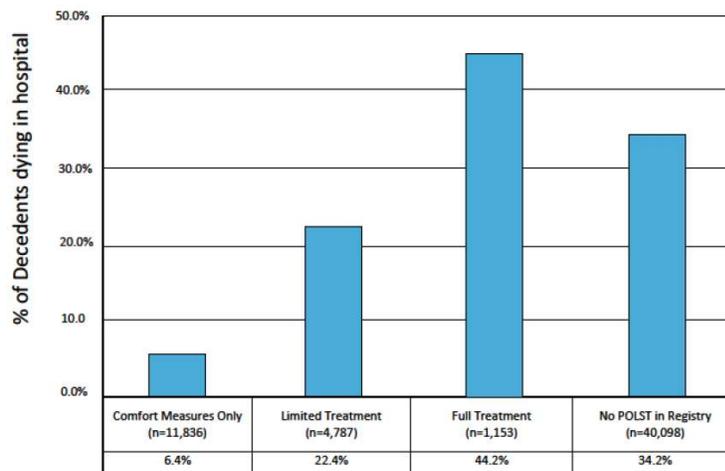


Implications

- DNR ONLY ORDERS SHOULD BE A NEVER EVENT



Patient's preferences recorded as medical orders on a POLST Form and how those orders match with death in the hospital



JAGS: Fromme et al 2014 62: 1246-1251

Table 1. Characteristics of 27,000 Decedents with Physician Orders for Life-Sustaining Treatment Forms in the Oregon and West Virginia Registries

Characteristic	West Virginia, n = 1,330	Oregon, n = 25,670	P-Value
Age at death, median (interquartile range)	79.7 (18.2)	83.6 (16.8)	<.001
Sex, %			.76
Male	44.4	44.0	
Female	55.6	56.0	
Residence, %			<.001
Urban county	55.3	84.5	
Rural county	44.7	15.5	
Cause of death, %			<.001
Cancer	35.6	28.4	
Heart disease	24.7	26.1	
Alzheimer's disease and other dementias	6.7	10.6	
Parkinson's disease and other nervous system disorders	6.8	10.1	
Respiratory disease	10.9	9.8	
All other natural causes	15.3	14.9	
Location of death, %			.27
Out of hospital ^a	42.1	44.3	
Home	42.8	40.8	
Hospital	15.1	14.9	
Medical intervention orders, %			<.001
Comfort measures only	55.5	57.7	
Limited additional interventions	37.4	32.5	
Full treatment	7.1	9.7	
Medical intervention orders of individuals who died in the hospital, %			<.001
Comfort measures	10.8	6.8	
Limited additional interventions	18.1	21.9	
Full-treatment order	33.0	39.1	

Those with full treatment orders are 3-6 times more likely to die in the hospital than those with comfort measures only orders.

Alvin Moss, et al. JAGS 2016.

A Hospital Based POLST Pilot



First Steps

- Physician Champion
- Letter to CEO/CMO
- Ethics Committee



Second Steps

- Medical Executive Committee
- Edit hospital's current DNR Policy
- Create a new POLST Policy

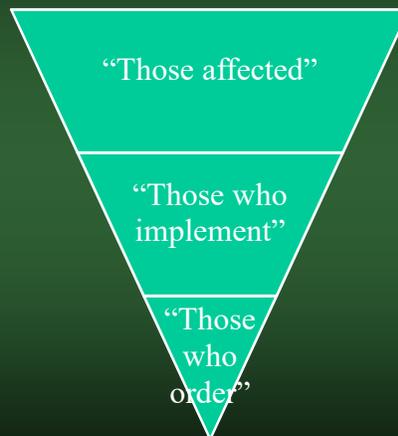


Third Steps

- Approve Order Form
- Work out the “Kinks”
- Distribute Hospital Wide



Education



“Those Who Order” - Physicians

- Intensive care units
- Hospitalists
- Primary care providers
- Select specialties



“Those Who Implement”

- Nursing Leadership
- Emergency Department
- Hospice units
- EMS Personnel
- ALF/SNF

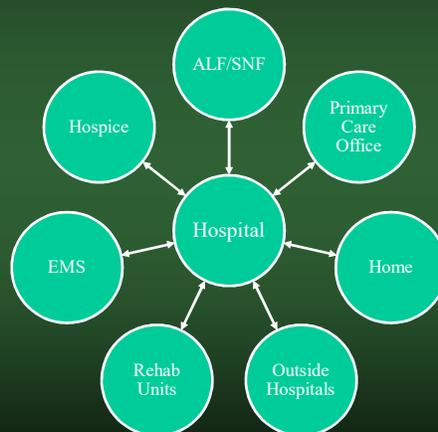


“Those Who Are Affected”

- Hospital Website
- Local newspaper/Radio
- Patient advocacy groups
- At the bedside when completing the form



Hospital Based Approach



We Need Legislation



Physician Orders for Life Sustaining Treatment

Leonard Hock, DO, MACOI, CMD, FAAHPM, HMDC

POLST, Goals and Objectives

- Support Patient's Goals of Care using the POLST Paradigm
- Know that the POLST form is valid in Florida for Patient's to express their wishes for care at a time of serious illness.
- Be able to express your opinions about POLST.
- If you choose, advocate to advance POLST in the Florida legislature.

The Problem with Modern Medicine

- “Everything” becomes too much for the patient and family to tolerate.
- “I don’t want to become a vegetable.”
- “I can’t stand to see her suffer on those machines.”
- “This is not my mother. She is just a shell.”
- “I want to live, but your treatment is killing me.”

Life is Good, but...

- Too much of “Do everything” can be too much.
- The first Code Blue was soon balanced with the first No Code.
- When care is futile.
- “The cure is worse than the disease.”
- When suffering outweighs benefit.
- The patients told us what mattered to them.

POLST

- Advance care planning tool
- Portable
- Never mandatory or coerced
- Patient directed goals shared with ordering physician
- Patient values, beliefs and goals of care are most important
- Comfort measures are foundational in POLST
- How do you want to live the rest of your life?

POLST Is For The Patient

- Patient centered decision making
- Their goals of care for the rest of their life their way
- Health care professionals support informed decisions

POLST Political Opposition

- RPPTL section of Florida Legislature
 - Possible exploitation
- Florida Council of Catholic Bishops
 - Possible coercion
- Florida Catholic Medical Association
 - Diane Gowski, MD, Bay Pines VA Medical Center

POLST in Florida

- Dr. Ken Brummel-Smith and Professor Marshall Kapp
- Senator Jeff Brandes, District 24, St Petersburg
- POLST bill submitted four times
- Did not meet procedural criteria
- POLST now housed at FMDA
- Many professional associations now endorse POLST