POLST:
Physician Orders for Life-Sustaining Treatment

Honoring Treatment Preferences Across Settings of Care

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Susan Tolle has no relevant financial relationships to disclose that would present a conflict of interest.
DIFFERENCE BETWEEN POLST & ADVANCE DIRECTIVE

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<th>Advance Directive</th>
<th>POLST</th>
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<td>For whom</td>
<td>For all adults to express preferences for future treatment</td>
<td>For persons of any age with advanced illness to guide current treatment</td>
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<td>Purpose</td>
<td>To express values and to appoint a surrogate</td>
<td>Medical orders that turn a patient's values into action</td>
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<td>Guide actions by emergency medical personnel</td>
<td>Usually not</td>
<td>Yes</td>
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POLST PARADIGM INITIATIVE

1990

- Developing Programs
- No Program (Contacts)
EFFECTIVENESS DATA

POLST USE IN SNF 1996

0/180 NH residents with POLST
orders of DNR/comfort measures only
received CPR/ICU

5% died in acute care hospital

JAGS 46:1097-1102, 1998
EFFECTIVENESS DATA

OHSU PALLIATIVE CARE CONSULTATIONS 2004

- 183 discharged alive
- 5% died in an acute care hospital

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EFFECTIVENESS DATA

DATA FROM MULTISTATE POLST NURSING FACILITY STUDY

Susan Hickman PI

90 facilities
3 states OR, WI, WV
1711 subject

In Press: A Comparison of Methods to Communicate Treatment Preferences in Nursing Facilities: Traditional Practices versus the Physicians Orders for Life-Sustaining Treatment (POLST) Program
Susan E. Hickman, PhD, Christine A. Nelson, PhD, RN, Nancy A Perrin, PhD, Alvin H Moss, MD, Bernard J Hamme, PhD, and Susan W. Tolle, MD
POLST IS ENTIRELY VOLUNTARY

• No one has to complete a POLST
• Choice to have or limit treatments
• Revoke or change at anytime
• Comfort measures are always provided
CULTURE CHANGE IN END OF LIFE

• Takes time
• Public education
• Health care professional education
• Policy & systems reform

NEW STANDARD OF END OF LIFE CARE

• Advanced care planning becomes the norm
• Health professionals outraged when system fails
The Oregon POLST Registry

POLST.org