

A SAMPLE POLST FORM FOR CATHOLICS

AN EXPLANATION OF CHURCH TEACHING ON PHYSICIAN'S ORDERS FOR LIFE-SUSTAINING TREATMENT

WHAT IS POLST?

POLST stands for “Physician Orders for Life-Sustaining Treatment.” It is an actionable medical order signed by a qualified clinician that authorizes the medical treatment(s) a patient chooses to receive, or not receive, at the end of life. POLST is a portable document that travels with the patient and applies across multiple health care settings including hospitals and long-term care facilities. When healthcare providers see the POLST form, they are expected to implement its instructions just as they would if ordered to do so by a qualified clinician. There are other documents that, although having different names, serve the same function. These include MOLST (“Medical Orders for Life-Sustaining Treatment”), POST (“Physician Orders for Scope of Treatment”), and various others.

WHY AN NCBC POLST?

POLST forms are becoming more widely used, and in some states they are the primary means by which patients communicate end-of-life treatment choices. The NCBC offers its version of POLST because, as explained throughout this document, we have numerous concerns with both the POLST paradigm and many of the POLST forms presently in use. In order to address these concerns, we have devised this alternative document to help ensure consistency with the Catholic health care tradition as expressed through the Ethical and Religious Directives for Catholic Health Care Services (henceforth ERDs). Overall, the NCBC’s decision to issue its own document should not be viewed as an endorsement of the POLST movement. Instead, we recognize that the increasing influence of POLST has created the need for a form that allows patients to document end-of-life treatment choices in a way that is compatible with Catholic moral teaching.

POLST AND ADVANCE DIRECTIVES

POLST is different from, and should not be confused with, other more familiar advance directive documents such as the Living Will and the Health Care Proxy. (Note: the NCBC has published a separate “Catholic Guide to End-of-Life Decisions” that more fully explains both the Living Will and the Health Care Proxy; it is available on the NCBC website).

The Living Will is a legal document that patients use to indicate their treatment preferences should they become

incapacitated and unable to direct their own care. If there is a medical crisis, family members and healthcare providers review the document to see what the patient directed should be done, or not done. The Living Will is not a medical order so if the indicated treatment preferences are contrary to the patient’s overall good, or violate Church teaching, they will not be followed (see ERDs Directive 24). This may not be true of POLST. POLST is a medical order so, even if it commands actions that are inappropriate or harmful to the patient, there is an expectation that it will be followed. Failure to comply with a POLST may result



in legal action against the healthcare provider and/or the institution.

The Health Care Proxy (or Durable Power of Attorney for Health Care) is a legal document that patients use to designate another person to make medical decisions on their behalf, and in their best interests, in the event that they lose decision-making capacity. This designated person is called a surrogate or proxy. When this document is in force, healthcare provider(s) will consult with the surrogate about the best course of action based on information relayed to the surrogate by the patient. The POLST form, in contrast, does not require that healthcare provider(s) consult with the surrogate, or with any family member or loved one, before implementing the order.

In accord with ERD Directive 25, the National Catholic Bioethics Center advises its clients that in situations where patients are not able to direct their own care, a family member or loved one is in the best position to make ethical and effective decisions on their behalf. As such, Catholics are best advised to choose a surrogate or proxy who can be trusted to follow Catholic teaching in making end-of-life treatment decisions. The POLST form we present here does not alter this advice, but seeks to reduce the likelihood of ethical and legal abuse associated with other such forms. In light of this, the NCBC recommends that every adult should legally designate a health care surrogate in accord with his/her state laws for establishing a proxy decision-maker. To be clear, the surrogate is NOT designated through the POLST form, but through a state-recognized Health Care Proxy (or similar) document. The NCBC also recommends that the designated surrogate be granted final decision-making authority over the patient's care, regardless of whether a POLST has been completed or not.

Finally, it is important to note that the POLST form does not replace the patient's advance directives, it complements them. POLST should be viewed as the instrument that "activates" the treatment preferences the patient has indicated through the Health Care Proxy and/or Living Will. As such, if a POLST is completed, the patient must assure that the surrogate has a copy of the form, and both the patient and surrogate must assure that the treatment decisions indicated on the POLST form are consistent with those indicated on the Health Care Proxy and/or Living Will, if they exist.

CONCERNS WITH POLST

The POLST paradigm has gained significant support because it encourages advance care planning and fosters shared decision-making among patients, their health care providers, and their loved ones with regard to end-of-life care. While POLST can be used for these good ends, there are serious concerns with it as well. Here are some of the most important concerns with POLST, as well as NCBC responses.

Who Should Complete a POLST?

The National POLST Paradigm Task Force states that POLST is appropriate for patients "with serious illness or frailty, whose health care professional would not be surprised if they died within one year." This language raises some red flags. "Serious illness" and "frailty" are never defined on a standard POLST form, and no guidance is offered for how to apply these terms in a clinical setting— other than the clinician "would not be surprised" if the patient died as a result of them within the next year. This ambiguous language may lead to confusion and possibly even abuse. In light of this, the NCBC advises that its POLST form is only appropriate for patients who have been diagnosed with a terminal illness, defined as when death is anticipated within six months.

Facilitator vs. Clinician

Another red flag with the standard POLST form is that it can be completed by a "trained facilitator," not a clinician. While it may be appropriate for a trained facilitator to conduct initial advance care planning conversations, these individuals should not be directly involved in making treatment decisions. We believe that such involvement encroaches upon, and could interfere with, the traditional physician–patient relationship. It is precisely for this reason that we do not include a space on the NCBC POLST for a facilitator signature. The clinician – which includes the physician, physician assistant (PA), or advance practice registered nurse (APRN) – has the medical knowledge to understand and order treatment options that are in the patient's best interests. As such, the NCBC insists that it be a clinician, not a facilitator, who discusses the various treatment options with the patient (and surrogate), aids the patient in making appropriate treatment decisions, completes the POLST form to accurately document these decisions, and signs it.

Mandatory Review

Standard POLSTs state that there should be a periodic review of the form, but many do not specify how often. The NCBC POLST recommends that the form be reviewed at a minimum every six months. This review helps to ensure that the POLST addresses any changes in the patient's medical condition and/or treatment wishes. Boxes are provided to record the date of the most recent review, and the required signature of the qualified clinician. If a patient is transferred to another facility, experiences a significant change in health, or updates treatment preferences, a new POLST should be completed.

Undermines Informed Decision-Making

The final, and most important, concern with the standard POLST form is that it can undermine informed decision-making. The reason for this is that the POLST form allows patients to make treatment decisions about a future medical condition for which they may not have sufficient knowledge at the time they complete it. Stated differently, the future-looking POLST offers no guarantee that a patient's consent to treatment (or non-treatment) will be informed by the concrete circumstances of his/her medical condition at the actual time the treatment needs to be implemented. As such, completing a POLST form may "lock in" treatment decisions that are medically inappropriate, for example withholding care that is otherwise proportionate and beneficial, or that undermine human dignity, for example when patient is denied basic care.

Directives 26 & 27 of the ERDs state that informed consent is an essential aspect of health care decision-making. To properly consent to (or refuse) a treatment, one must have full knowledge about the nature of the treatment, its benefits, risks, side-effects, consequences, costs, and any alternatives to it. As such, medical decisions—which are moral decisions—generally should be made "in the moment," at the actual time

USE THIS FORM ONLY WHEN DEATH IS ANTICIPATED WITHIN SIX MONTHS.

Send this form with patient whenever transferred or discharged.

Completing a POLST form is optional and requires patient/surrogate consent.



**Physician Orders for
Life-Sustaining
Treatment (POLST)**

Last Name
First/Middle Name
Date of Birth

FIRST follow these orders, **THEN** contact physician, physician assistant, or certified registered nurse practitioner (CRNP), **THEN** contact family or surrogate. This Order Sheet is based on the person's medical condition and wishes when the orders were issued. Any section of the form not completed implies FULL TREATMENT for that section.

A Check Only One	CARDIOPULMONARY RESUSCITATION (CPR): Person has no pulse <u>and</u> is not breathing. <input type="checkbox"/> CPR/Attempt Resuscitation <input type="checkbox"/> DNR/ Do Not Attempt Resuscitation (Allow Natural Death) When not in cardiopulmonary arrest, follow orders in B, C, and D.
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B Check Only One	MEDICAL INTERVENTIONS: Person has pulse <u>and/or</u> is breathing. <input type="checkbox"/> COMFORT MEASURES Use medication by any route. Apply positioning, wound care, and other easily administered and beneficial measures for symptom control. Use oxygen, oral suction, and manual treatment of airway obstruction as needed for comfort. Keep clean, warm, and dry. Transfer to hospital only if comfort needs cannot be met in current location. Do not transfer to hospital for life-sustaining treatment. <input type="checkbox"/> LIMITED ADDITIONAL INTERVENTIONS Includes care described above. Use medical treatment, IV fluids, and cardiac monitor as indicated. Avoid intubation, advanced airway interventions, or invasive ventilation, unless indicated. Transfer to hospital if indicated. Avoid intensive care if possible. Always provide comfort care. Additional orders/instructions _____ <input type="checkbox"/> FULL TREATMENT Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. Transfer to hospital if indicated. Includes intensive care. Always provide comfort care.
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C Check Only One	ANTIBIOTICS: <input type="checkbox"/> Use antibiotics if life can be prolonged. <input type="checkbox"/> Trial period of antibiotics if and when infection occurs. <input type="checkbox"/> Consult with family and/or surrogate.	D Check Only One	MEDICALLY ASSISTED NUTRITION AND HYDRATION: Always offer food and liquids by mouth if tolerated. <input type="checkbox"/> Long-term nutrition and hydration by any route. (See section 3.4 on back.) <input type="checkbox"/> Trial period of nutrition and hydration by any route. <input type="checkbox"/> Consult with family and/or surrogate.
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E Check Only One	SUMMARY OF GOALS, MEDICAL CONDITION, AND SIGNATURES:		
	Discussed with <input type="checkbox"/> Patient <input type="checkbox"/> Authorized surrogate	Patient Goals/Medical Condition/Additional Orders: <input type="checkbox"/> Please contact a member of the clergy on my behalf.	
	By signing this form, I acknowledge that I have discussed the decisions herein with the patient or the authorized surrogate and affirm that they conform to the patient's goals for treatment to the best of my knowledge.		
	Physician/PA/CRNP Printed Name:	Physician/PA/CRNP Phone #:	
	Physician/PA/CRNP Signature (Required):	Date Prepared	
	I am aware that completing this POLST form is optional and that the form can be reviewed and updated at any time to reflect changes in my treatment preferences. My signature below affirms that what is indicated on this form accurately communicates my goals of treatment.		
	Signature (required)	Name (print)	Relationship (write "self" if patient)

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED

Contact Information

Surrogate	Relationship	Phone Number	Email Address
Family	Relationship	Phone Number(s)	Email Address

Directions for Health Care Professionals

After following the orders on this form, this POLST document requires medical professionals to contact the patient's family or surrogate. Ensuing decisions about medical care should be made in conjunction with the family or surrogate and based on the actual condition of the patient. If the patient wants a DNR order issued in section "A," the physician/PA/CRNP should discuss the issuance of an Out-of-Hospital DNR order, if the individual is eligible, to assure that an EMS provider can honor his/her wishes. Contact your state Department of Health, Bureau of EMS, for information about Out-of-Hospital Do-Not-Resuscitate orders, bracelets, and necklaces. Contact The National Catholic Bioethics Center for information about sample forms for advance health care directives. This POLST form may be obtained online (www.ncbcenter.org).

1. Completing POLST

- 1.1 This document refers to the person for whom the orders are issued as the "individual" or "patient" and refers to any other person authorized to make health care decisions for the patient covered by this document as the "surrogate."
- 1.2 This POLST document may be completed by surrogates on behalf of a person lacking decisional capacity consistent with law and facility/community policy; not recommended for pregnant women.
- 1.3 At the time a POLST is completed, any current advance directive, if available, must be reviewed and any inconsistencies resolved.
- 1.4 Must be signed by the physician/PA/CRNP who discussed it and patient/surrogate to be valid. Verbal orders are acceptable with follow-up signature by physician/PA/CRNP in accordance with facility/community policy. A person designated by the patient or surrogate may document the patient's or surrogate's agreement.
- 1.5 Photocopies and Faxes of signed POLST forms should be respected where necessary. Use of original form is strongly encouraged.

2. Revoking POLST

- 2.1 The patient who gave consent to this order, or the authorized surrogate, can REVOKE CONSENT to any part of this order at any time and request alternative treatment.
- 2.2 If the POLST becomes invalid or is replaced by an updated version, draw a line through sections A through E of the invalid POLST, write "VOID" in large letters across the form, and sign and date the form.

3. Using POLST

- 3.1 An automated external defibrillator (AED) should not be used on a person who has chosen "Do Not Resuscitate."
- 3.2 An IV medication for symptom control may be appropriate for a person who has chosen "Comfort Measures."
- 3.3 A patient who has designated either "comfort measures" or "limited additional interventions" requires transfer or referral to a facility with a higher level of care only if these measures cannot be provided in the current setting.
- 3.4 Nutrition and hydration must always be offered if tolerated by the patient. Prevention of dehydration and starvation is part of ordinary care, except in situations when food and water cannot be assimilated, its administration creates excessive burden for the patient, or when death is imminent. The determination of burden refers to the provision of medical interventions, not to the quality of the patient's continued life.
- 3.5 Never use without the signature of patient or authorized surrogate. If a person's condition changes and time permits, the patient or surrogate must be contacted to assure that the POLST is an up-to-date and accurate representation of the patient's preferences.
- 3.6 Nothing in this POLST document should be construed to compel a health care provider or agency to violate a judgment of conscience or religious belief.

4. Reviewing POLST

- 4.1 This form shall be reviewed every six months.
- 4.2 A new form shall be completed if:
 - (1) The patient is transferred from one care setting or care level to another, or
 - (2) There is a substantial change in the patient's health status, or
 - (3) The patient's treatment preferences change.

Review Date	
1	2
Physician/PA/CRNP Signature	Physician/PA/CRNP Signature

the treatment needs to be implemented when the patient or surrogate has full knowledge of all relevant medical facts. The NCBC POLST provides for this “in the moment” decision-making.

In sum, the POLST paradigm and form is one response to the challenge of treating patients in accord with their wishes at the end of life. To bring clarity and certainty to a range of decisions which patients often do not consider in advance, the POLST form was designed to be simple, clear, and authoritative. Unfortunately, as we have demonstrated, these qualities can create problems of their own. If patients are going to use POLST to document their end-of-life treatment choices, great care must be taken in the form’s completion and in its implementation.

HOW TO COMPLETE THE NCBC POLST

1. The POLST form is only appropriate for, and should only be completed by, patients who have been diagnosed with a terminal illness, defined as when death is anticipated within six months.
2. Completing a POLST form is OPTIONAL. Patients (or surrogates) are under no obligation to complete the form, and health care providers cannot compel a patient (or surrogate) to complete a POLST as a condition for receiving treatment.
3. A patient (or surrogate) must sign the POLST form in order for it to be valid. This signature signifies the patient’s (or surrogate’s) consent to complete the form, and it affirms that what is indicated on the form accurately communicates the patient’s treatment preferences.
4. Physicians are under NO OBLIGATION to complete a POLST form for their patients, and no physician can be forced to sign a POLST form contrary to his or her medical judgment or rightly formed conscience.
5. Patients (and surrogates) can use a POLST form to indicate that the most comprehensive treatment shall be provided, or that all indicated forms of life support shall be used to conserve life.
6. Patients (and surrogates) can alter or revoke a POLST form at any time to meet changing medical conditions and/or treatment preferences.
7. If any section of the POLST form is not completed, the patient will receive the most comprehensive treatment for that section. For example, if Section A is left blank, medical personnel will provide full CPR/resuscitation efforts. If Section B is left blank, medical personnel will provide “Full Treatment.” If Section C is left blank, medical personnel will provide antibiotics if life can be prolonged. If Section D is left blank, medical personnel will provide long-term assisted nutrition & hydration as tolerated.

Section A: Cardiopulmonary Resuscitation (CPR)

This section applies ONLY in situations where the patient is unresponsive, has no pulse, and is not breathing.

If one checks the box “CPR/Attempt Resuscitation,” medical personnel will attempt to restart the heart following a cardiac arrest (heart stoppage) and reestablish pulmonary function (breathing). Methods used can range from airway management, to chest compressions, to cardioversion. If one checks the box “DNR/Do Not Attempt Resuscitation,” medical personnel will not attempt to do so, but rather allow natural death to occur. Catholic teaching permits a patient to have a DNR (Do Not Resuscitate order) when it is appropriately geared toward his or her medical condition. For example, patients who are in very ill health or very aged often will not benefit from resuscitation efforts. In fact, CPR can cause them grave injury. In these cases, CPR may be declined on the grounds that it constitutes an extraordinary means of treatment.

Section B: Medical Interventions

This section concerns situations where a patient does not need CPR, but experiences a medical emergency and cannot communicate his or her health care wishes. Section B presents three general directions for care:

COMFORT MEASURES are designed to keep patients as comfortable as possible (see ERDs, Directive 61). These measures include medications to control pain and other symptoms, as well as any routine prescription medications. Generally speaking, if the COMFORT MEASURES box is checked, the patient will not be transported to the hospital.

LIMITED ADDITIONAL INTERVENTIONS allows patients to distinguish between ordinary and extraordinary means of care. The ERDs define ordinary means of care as any treatment that, in the patient’s or surrogate’s judgment, offers a reasonable hope of benefit and does not entail excessive burden. *Ordinary means of care are morally obligatory* (Directive 56).

Examples can include the standard treatment(s) for a medical condition, IV fluids to provide nutrition and hydration, and the monitoring of heartbeat and respiration. An extraordinary means of care is any treatment that, in the patient’s or surrogate’s judgment, does not offer reasonable hope of benefit or imposes an excessive burden.

Extraordinary means of care are not morally obligatory (Directives 32 and 57). Examples can include treatments that have harmful side effects, those that are highly invasive (such as intubation), or those that entail significant discomfort or excessive cost. It is important to note that that determination of burden refers to the medical intervention itself, and not to the perceived quality of the patient’s continued life. It is also important to note that the determination of whether a particular treatment is ordinary or extraordinary is made by the patient or surrogate in consultation with the health care provider, and not by the healthcare provider alone. The NCBC

POLST form offers space for patients to include treatment instructions based on their specific medical condition. Generally speaking, a patient who checks the LIMITED ADDITIONAL INTERVENTIONS box will be transported to the hospital.

FULL TREATMENT authorizes the use of any and all available treatments to preserve life. Patients who check the FULL TREATMENT box will be transported to the hospital.

Regardless of the medical intervention chosen, COMFORT MEASURES must always be provided.

Sections C and D: Antibiotics and Medically Assisted Nutrition & Hydration

The NCBC has significantly modified these sections of the standard POLST form to make them consistent with Catholic moral teaching. Standard POLST forms offer patients the option of declining antibiotics, the NCBC POLST does not. The reason for this is that in most cases, antibiotics constitute an ordinary means of care. These medications are highly effective in treating infection and they can be easily administered in pill or liquid form (including through IV).

Standard POLST forms also offer patients the option of declining medically assisted nutrition & hydration (feeding tube), but again the NCBC POLST does not. In accord with Directive 58 of the ERDs, providing nutrition & hydration by either natural or medically assisted means (feeding tube) is consistent with basic human care. It is, in principle, ordinary and thus morally obligatory. Medically assisted nutrition & hydration becomes extraordinary, and thus not morally obligatory, when one of the following conditions is met:

1. The patient's body is unable to assimilate nutrition and/or hydration. Evidence of this can include bloating or ongoing diarrhea.
2. The provision of assisted nutrition & hydration constitutes an excessive burden to the patient. Examples of this can include aspiration pneumonia, recurring infection at the site of the feeding tube, or a non-decisional patient continually removing the tube. Again, it is important to note that that determination of burden refers to the medical intervention (in this case, medically assisted nutrition & hydration), and not to the perceived quality of the patient's continued life.
3. Death is imminent due to the patient's underlying medical condition. In this case, withholding or withdrawing nutrition & hydration does not result in starvation or dehydration, it does not cause or hasten death.

If any of these conditions exists, it is permissible for the patient, surrogate, or clinician to withhold or withdraw medically assisted nutrition and hydration.

Overall, the NCBC POLST does not offer the option of declining either antibiotics or assisted nutrition & hydration in advance because the question of whether their provision

is appropriate for a particular patient most often cannot be answered at the time the POLST form is completed. Such decisions need to be based on the patient's medical condition at the time the specific decision about antibiotics or nutrition & hydration must be made, and with a full knowledge of all relevant medical facts. The NCBC does not foreclose the possibility that these treatments might be legitimately declined at some future point. However, it seeks to ensure that the appropriateness of the treatments is determined by the clinician and the legally responsible decision-maker(s) at the actual time such a decision needs to be made, not at the time the POLST form is completed. Given that the administration of antibiotics or assisted nutrition & hydration are not emergency medical actions, there is time to make deliberate, informed decisions about them. One should not rule out their possibility in advance.

Section E: Summary of Goals, Medical Condition, and Signatures

Summary of Goals: Use this section of the POLST form to indicate any goals, condition-related issues, or other information that you want healthcare providers to know in situations where you are not able to communicate for yourself. For example, you can use this section to request that your clergy member be contacted to administer the sacraments. You can also use this section to express your desire to have all medical orders interpreted, and all care provided, in accord with Catholic teaching.

1. Physician/PA/CRNP completing the POLST form: Print and sign your name in the appropriate spaces, indicate a contact telephone number, and date the form. Your signature attests that you have informed the patient of available treatment options, and that you will provide care consistent with the treatment options indicated on the form.

2. Patient (or surrogate if the patient cannot sign): Sign and print your name in the appropriate spaces, and indicate your relationship to the patient (if the surrogate). Your signature attests that you are informed of what is documented on the POLST form, and that it accurately communicates your treatment preferences.

Although designed to be valid in many states, this POLST is a representative model. Before using it, you should consult with your state medical board, health care attorney, or local Catholic Conference to ensure that it fulfills the medical and legal requirements of your state.

NOTICE

This sample POLST form may not be used without the permission of The National Catholic Bioethics Center. Please contact the NCBC at info@ncbcenter.org.