

# POLST

*physician orders for life-sustaining treatment paradigm*

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## FROM THE EXECUTIVE DIRECTOR

Dear POLST friends,

Even as we enter the prime time for summer vacations, the momentum of POLST is not slowing. POLST continues to be featured at major end of life care meetings, including the Coalition to Transform Advanced Care and the Institute of Medicine's Committee on Approaching Death.



Yet we recognize that conversations about the end of life are concerning for many, especially vulnerable populations. At National POLST, we are deeply committed to creating strong safeguards to protect these populations *and* ensuring that all individuals have access to high quality end of life care. As you address these issues in your states, review the **guidance** Oregon POLST created regarding individuals with disabilities and work with vulnerable populations to address their concerns.

After all, POLST is about something we can all agree upon: improving end of life care by honoring patient's wishes.

Best wishes,

Amy Vandenbroucke, JD  
Executive Director

## News

### Judy Citko at C-TAC

On June 27th, **Coalition for Compassionate Care of California** Executive Director Judy Citko presented to the **Coalition to Transform Advanced Care**. Citko presented the results of a recent survey of Californians' attitudes and experiences related to the end of life, including knowledge of and interest in POLST.

## FEATURED NEWS

### National Media Attention

In the near future, USA Today will feature a story on the POLST Paradigm. This opportunity to share the value of POLST with a national audience is rare and offers a chance to increase understanding about the POLST Paradigm and state POLST programs. National POLST encourages states to contact local broadcast media outlets about reporting on your state's POLST program in conjunction with this national article. At the same time, plan to utilize your social media channels to highlight the article and raise awareness about the role of POLST in ensuring that patient wishes are honored.

To view the slides from Citko's presentation, [click here](#).

## POLST at the July IOM Meeting

The Institute of Medicine Committee on Approaching Death: Addressing Key End-of-Life Issues met on July 23, 2013, to delve further into the POLST Paradigm model. Susan Hickman, PhD, from the Indiana University School of Nursing and RESPECT Center at IUPUI, was invited to provide a critical evaluation of the evidence base for POLST.

To learn more about Dr. Hickman's presentation, [click here](#).

To view the slides from her presentation, [click here](#).

## Don't Forget to Save the Date

The 2014 [National POLST Leadership Conference](#) seems like a long time away, but it will be here before you know it. Be sure to save the date and make your travel plans. The conference will be held February 13-14, 2014 at the Hyatt Place Atlanta Airport-South Hotel.

Conference information was sent to state contacts and additional information will follow later this year. If there are any questions, please contact the POLST National Office at [polst@ohsu.edu](mailto:polst@ohsu.edu).

While interviews with program leaders are important for spreading the word about POLST, it is the testimony of individuals and families who have utilized POLST that truly demonstrates its importance. In preparation for the release of the USA Today article, National POLST recommends that states identify individuals and families who have used POLST and are willing to share their stories. It takes time to find and build trust with those who will tell their stories, and waiting until you have made contact with the media is too late. We hope you will begin this important work now.

Follow National POLST on [Twitter](#) and like us on [Facebook](#) to keep up to date about the release of the article and our efforts to publicize it.

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## FEATURED RESOURCE

### Use of POLST for Individuals with Disabilities

Several disability rights groups have recently raised concerns about the POLST Paradigm and its use for disabled individuals. National POLST takes the concerns of the disability community very seriously. POLST is committed to ensuring that those patients with disabilities receive the same opportunities for advance care planning and high quality end of life care as everyone else. The POLST Paradigm encourages educating all health care professionals to conduct the same evaluation for each patient with advanced illness or frailty to determine if the patient falls within the intended population for POLST *prior* to offering it as an option.

As part of that education, we are highlighting the Oregon POLST Task Force's document "POLST: Use for Persons with Significant Physical Disabilities, Developmental Disabilities and/or Significant Mental Health Condition who are Now Near the End of Life." This document provides guidance about the appropriate use of POLST for persons with disabilities, and includes a case presentation and discussion. Most importantly, the document emphasizes that POLST is not intended for persons with stable disabilities.

National POLST encourages each state program to utilize this document to create explicit policies to ensure the protection of individuals with disabilities and to prevent individuals with disabilities from being underserved at the end of life.

To access the document, [click here](#).

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## FEATURED RESEARCH

### Demographics of POLST Use and Outcomes

A 2012 article in the Journal of Palliative Medicine reported on the demographics of POLST use and outcomes in LaCrosse County, Wisconsin. The authors conducted a retrospective assessment of death certificates and medical records for 400 individuals who died in 2007 and 2008.

They compared the demographics of individuals with POLST forms to individuals with Powers of Attorney for Health Care (POAHCs) alone. The authors found that POLST was frequently used, with more than 65% of decedents having a POLST form at the time of death. Furthermore, individuals with POLST forms were older than those with POAHCs alone, and were also more likely to have died from a terminal or chronic disease. POLSTs were consented to by decedents alone in 37% of cases, by surrogates alone in 41% of cases, and by multiple individuals in 23% of cases.

The outcomes of POLST forms demonstrate high efficacy. Overwhelmingly, wishes documented in a POLST form were honored in the care provided. Notably, the authors found only two cases of potential over-treatment compared to wishes documented in a POLST form and no cases of under-treatment.

The authors conclude that POLST effectively guides health care decisions, but that POAHCs are still crucial in advanced care planning. Specifically, they note that many of the decedents with only POAHCs were younger and had unexpected illnesses - a population for whom POLST may be inappropriate.

To access the full article, click the citation below:

**Hammes, BJ et al. (2012). "The POLST Program: A Retrospective Review of the Demographics of Use and Outcomes in One Community Where Advance Directives Are Prevalent." Journal of Palliative Medicine 15(1): 77-85.**

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