

May 2015

POLST

physician orders for life-sustaining treatment paradigm

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Dear Friends,

I am very proud of all the work by POLST Programs to recognize **National Healthcare Decisions Day (NHDD)** last month and to raise awareness of the POLST Paradigm - thank you! I saw lots of good information and creativity (including this **NHDD video** from a Pennsylvania emergency physician). Each of these activities stressed the importance of understanding advance directives, DNR orders, and POLST Forms. For those POLST Programs that didn't participate this year, hopefully our NHDD letter gave you suggestions for next year!



The time to celebrate advance care planning and POLST is not over. May is **Older Americans Month** and is another opportunity to highlight the ways that POLST allows patients to have their wishes honored. There was recently a **New York Times blog post** that may be useful for you to use in educating about the value of POLST. **Let us know** what your POLST Program is doing to recognize Older Americans Month!

Finally, I am excited to introduce our new National POLST Paradigm Coordinator - **Hanna Nelson!** Hanna is a POLST veteran who previously worked with the Oregon POLST registry. She is looking forward to working with many of you directly and she can be reached at **hanna@polst.org** or 503-494-4463. Welcome Hanna!

Best wishes,

Amy Vandenbroucke, JD
Executive Director

Our News

New National POLST Phone Number

The National POLST Paradigm has a new main office phone number. Please utilize 503-494-4463 for general communication with us or to contact Hanna Nelson, our new National POLST Paradigm Coordinator.

POLST Article in Caring for the Ages

Coalition for Compassionate Care of California Executive Director and National POLST Paradigm Task Force (NPPTF) Chair Judy Thomas has published an article on POLST in **Caring for the Ages**, the newspaper of the **American Medical Directors Association**. The article highlights the importance of POLST, as well as the outcomes for patients with POLST Forms.

To read the article, [click here](#).

California POLST Registry Policy Brief

The California Health Care Foundation (CHCF) has released a policy brief that explores the establishment of a POLST registry in California and surveys existing POLST registries to identify best practices.

To read the policy brief, [click here](#).

Oregon for Launches ePOLST

Congratulations to the **Oregon POLST Program** for launching the Oregon ePOLST on April 7th! ePOLST is designed to make POLST Forms easier to complete and facilitate the incorporation of POLST Forms into electronic medical records (EMRs). Look for more information from the Oregon POLST Program in the coming months.

Georgia Passes POLST Legislation

In April, the Georgia General

FEATURED NEWS

POLST Featured in ABA Journal

BiFocal, a journal of the American Bar Association's **Commission on Law and Aging** recently published an article that clarifies the differences between POLST Forms and Advance Directives. The article, written by NPPTF members Amy Vandembroucke, Susan Nelson, Pat Bomba, and Woody Moss, provides clear comparisons between the documents to help providers and patients understand when each should be used.

In addition, the article clears up potential confusion about the POLST Paradigm. For example, the authors emphasize the importance of NPPTF endorsement, noting that "States not endorsed may still use POLST terminology (or something similar) in developing their programs but they have not shown they meet the NPPTF's established standards."

This is an excellent article for POLST Programs to share with media outlets or providers to explain the need for the POLST Paradigm and the appropriate use of POLST Forms.

To read the full article, [click here](#).

FEATURED RESOURCE

Voicing My Choices

A recent **New York Times article** discussed allowing seriously ill adolescents to express their wishes for end-of-life care. The article notes that much of the national focus on increasing patient input into end-of-life care has focused on older adults. However, there is a growing trend to incorporate adolescents' views into their care.

One major strategy that the article mentions that fosters adolescent participation in decision making is the guide **Voicing My Choices**. Voicing My Choices is a guide developed and published by **Ageing with Dignity** that clearly and simply encourages adolescents to share their wishes for treatment, as well as things for friends and family to know, spiritual perspectives, and preferences for funerals and memorial services.

Voicing My Choices is a valuable guide for adolescent patients and should be considered by any palliative care practitioners who want to understand adolescent patients' values and goals.

To read the guide, [click here](#).

Featured Research

Allow Natural Death vs. Do Not Resuscitate

A recent article in the **Journal of Palliative Medicine** assessed

Assembly passed Senate Bill 109. SB 109 clarifies the use of the POLST Form and the definition of "life-sustaining treatment".
Congratulations to Georgia!

To learn about the Georgia POLST Program, [click here](#).

To read SB 109, [click here](#).

2016 National POLST Paradigm Conference

The 2016 National POLST Paradigm Conference will be held February 3-5 in Chicago, IL at the Hyatt Regency Chicago. The current draft schedule has the conference starting at 2 pm on February 3rd and ending at 3 pm on February 5th.

To reserve hotel rooms for the conference, [click here](#).

Registration for the conference will begin this summer. Stay tuned!

the attitudes and knowledge of advanced cancer patients towards end-of-life care. Specifically, the authors set out to investigate patient preferences regarding the language of Do Not Resuscitate (DNR) as compared to Allow Natural Death (AND). They hypothesized that the term AND would be more acceptable to patients with advanced cancer. The authors surveyed 93 patients with advanced cancer to determine how they thought about resuscitation and whether they would choose Full Code or DNR/AND in various hypothetical scenarios.

In most scenarios, a majority of patients chose DNR/AND orders rather than Full Code orders. This remained true when a number of variables, such as income or education, were controlled for. Notably, there was no significant difference between patients preferences for DNR and AND orders. These results show that the terms used to decline life-sustaining treatment may be less important than previously thought.

There were two additional notable findings in the study. First, the patients surveyed considered themselves as terminally ill less than half as frequently as their health care professionals. In addition, only a quarter of respondents thought that their oncologist was aware of their wishes for the end of life.

Miljkovic, MD, D Emuron, L Rhodes, J Abraham, and K Miller (2015). ""Allow Natural Death" versus "Do Not Resuscitate:" What Do Patients with Advanced Cancer Choose?" Journal of Palliative Medicine, accessed 5/28/2015 at
"<http://online.liebertpub.com/doi/abs/10.1089/jpm.2014.0369>

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