



POLST Paradigm Fundamentals

1. A POLST Paradigm Form is not an advance directive, but it is an advance care planning tool. An advance directive is a mechanism for naming a health care agent or durable power of attorney for health care and providing general treatment wishes. A POLST Paradigm Form is a portable, actionable medical order that helps ensure patient treatment wishes are known and honored and helps prevent initiation of unwanted, disproportionately burdensome extraordinary treatment.
2. The POLST Paradigm is voluntary- it should never be mandatory to complete a POLST Paradigm Form.
3. It is imperative to the POLST Paradigm that the process of completing a POLST Paradigm Form involve informed, shared decision-making between patients and health care professionals. The conversation involves the patient discussing his/her values, beliefs and goals for care, and the health care professional presents the patient's diagnosis, prognosis, and treatment alternatives, including the benefits and burdens of life-sustaining treatment. Together they reach an informed decision about desired treatment, based on the patient's values, beliefs and goals for care.
4. The POLST Paradigm is not for everyone; only patients with serious illnesses or frailty for whom their health care professionals would not be surprised if they died within a year should have a POLST Paradigm Form. For these patients, their current health status indicates the need for standing medical orders for emergent or future medical care. For healthy patients, an advance directive is an appropriate tool for making future end-of-life care wishes known to loved ones.
5. A POLST Paradigm Form allows patients to have their religious values respected. For example, the POLST Paradigm Form allows Catholics to make decisions consistent with the [United States Conference of Catholic Bishops Ethical and Religious Directives for Catholic Health Care Services, 5 ed. \(2009\)](#) and ensures that those decisions will be honored in an emergency and across care transitions.
6. A POLST Paradigm Form enables health care professionals to order treatments patients would want during a medical crisis, helping avoid the provision of treatments patients would not want, such as those that the patient considers "extraordinary" and excessively burdensome.
7. A POLST Paradigm Form requires that "ordinary" measures to improve the patient's comfort, and food and fluid by mouth as tolerated, always be provided.
8. State law authorizes certain health care professionals to sign medical orders; the POLST Form is signed by those health care professionals who are accountable for the medical orders.
9. A POLST Paradigm requires health care professionals be trained to conduct informed shared decision-making discussions with patients and families so that POLST Paradigm Forms are completed properly.
10. A POLST Paradigm Form may be signed by the patient or designated decision-maker (HCA, DPOA for Healthcare, or surrogate), but this is not required in all states. The National POLST Paradigm Task Force encourages patient or surrogate signatures (or witnessed verbal consent) be required on POLST Paradigm Forms.
11. The POLST Paradigm is not about how you want to die, it is about how you want to live with the time you have left.
12. The National POLST Paradigm recognizes that allowing natural death to occur is not the same as killing. See [DWD – POLST Statement](#)