

## National POLST Paradigm Fundamental Policy Principles

The National POLST Paradigm supports advance care planning and improves the quality of care for patients who are seriously ill or frail by creating a voluntary process that elicits, documents, communicates and honors patient medical treatment wishes through shared decision-making and portable medical orders that are honored across all care settings.

Principle 1. All POLST Paradigm Programs should incorporate the following fundamental principles:

- All patients are to be treated with dignity and respect.
- POLST Paradigm Form completion should always be voluntary.
- POLST Paradigm Forms are medical orders and, as such, should only be completed by health care professionals (not patients).
- POLST Paradigm Forms should always reflect informed shared-decision making after a thoughtful conversation (or multiple conversations) that include diagnosis, prognosis, treatment options (benefits and burdens of options), and patient goals of care.
- Relief of pain and suffering and measures to promote comfort should be provided to all patients regardless of the level of medical intervention they choose on their POLST Paradigm Form.
- Patients are to be offered food and fluids as tolerated; for patients who are unable to safely swallow and decline other treatment modalities such as a feeding tube, food and fluids should be offered for comfort and as safely as possible.

Principle 2. Health care professionals should encourage and offer assistance to all adults to designate a surrogate for health care decision-making and document their treatment goals and preferences. Designated surrogates should be included in health care treatment decision-making when the patient lacks capacity to speak for him/herself.

Principle 3. Health care professionals should receive appropriate training to convert treatment goals and preferences of persons who are seriously ill or frail into medical orders using a medical order form endorsed by the National POLST Paradigm to ensure that the information is portable and able to be honored across all care settings.

Principle 4. Universal implementation of electronic medical records shall prominently include and integrate timely information about patient surrogate designations, treatment goals and preferences, and medical orders for life-sustaining treatment. Any POLST Paradigm medical order information should be available in a single click from the patient header.

Principle 5. The federal government should support research, education, and development of best practices relating to the quality and continuity of advance care planning and eliciting, documenting, and honoring patient treatment wishes.