



About the National POLST Paradigm

The National POLST Paradigm is an approach to end-of-life planning that helps elicit, document and honor patient treatment wishes. The POLST Paradigm emphasizes:

- (i) advance care planning conversations between patients, health care professionals and loved ones;
- (ii) shared decision-making between a patient and his/her health care professional about the treatment the patient would like to receive at the end of his/her life; and
- (iii) ensuring patient wishes are honored.

As a result of these conversations, patient treatment wishes may be documented on a POLST Form, which translates the shared decisions into actionable medical orders. The POLST Form assures patients that health care professionals will provide only the treatments that patients themselves wish to receive, and not the treatments they wish to avoid.

The POLST Paradigm is not for everyone. Only patients with serious illness or frailty whose health care professional would not be surprised if they died within one year should have a POLST Form. For these patients, their current health status indicates the need for standing medical orders. Another way to look at it: patients appropriate for a POLST conversation are those who are most likely to have a medical crisis (predictable based on diagnosis) but who may not want our current standard of care, which is to do everything possible in an attempt to save someone's life. A health care professional determines if a patient is appropriate for a POLST conversation. For healthy patients, an advance directive is an appropriate tool for making future end-of-life treatment wishes known.

The National POLST Paradigm embodies and promotes the essential elements of a POLST Paradigm Program; individual states and regions implement POLST programs. As a result, state programs vary in name (e.g. MOLST, MOST, and POST), how their programs are implemented, and in the appearance of their forms. Although these programs may be identified by the National POLST Paradigm Task Force (Task Force) as "Developing Programs" and use the term "POLST" or a similar term, they do not represent the POLST Paradigm until they have been endorsed by the Task Force. Only state programs that have demonstrated to the Task Force that their POLST Paradigm Program and Form meet Task Force standards can be endorsed. 23 states have Task Force endorsed programs, 23 states have developing programs, 1 state plus the District of Columbia are not yet considered developing, and 3 states have programs that don't conform to National POLST Paradigm requirements.

To learn more please visit www.polst.org

