

Distinguishing the POLST Paradigm from Death with Dignity Statutes

Approved by the National POLST Paradigm Task Force on September 18th, 2015

Some may have questions about the critical distinction between the Physician Orders for Life-Sustaining Treatment (POLST) movement and Death with Dignity (DWD) legislation. A fundamental difference between POLST and DWD is the intent of the patient: **POLST is about how people want to live and be cared for with their serious illness or frailty and DWD is about deliberately ending life.**

The POLST Paradigm is a comprehensive approach to end-of-life planning that starts with a conversation between health care professionals and patients. This conversation allows the patient to discuss his or her values, beliefs, and goals for care, and the health care professional presents the patient's diagnosis, prognosis, and treatment alternatives.

Together they reach a shared decision about the patient's treatment plan that is informed and based on the patient's values, beliefs and goals for care. With POLST, the intent is to record a patient's treatment preferences as they near the end of his/her life. POLST is a medical order and is portable. For patients who are seriously ill or frail, a POLST Form can be used to clarify whether the patient wants treatments provided to attempt to extend his/her life, wants to receive limited medical interventions or wants to let nature take its course and allow death to occur naturally. POLST provides a way to record specific medical treatment orders of the kind already valid in all 50 states¹.

DWD legislation allows a physician, at the request of a patient diagnosed as terminal, to write a prescription for a lethal amount of medication that the patient self-ingests with the intention of causing death. Patients may choose this practice, called "physician aid-in-dying" (PAD) or "physician assisted suicide" (PAS), only in states where a court decision or DWD legislation makes this option available.

The National Physician Orders for Life-Sustaining Treatment Paradigm recognizes that allowing natural death to occur is not the same as providing a lethal prescription to intentionally cause death. Neither the POLST Paradigm nor any POLST Form allows for PAS or PAD, nor does either authorize a health care professional to prescribe medication that would intentionally shorten life.

POLST originated in Oregon in 1991. The Death with Dignity Act passed as a ballot initiative in 1994. The programs **developed completely independently** of each other by different groups with different goals.

¹The primary reason that legislation is sought in most states is to make the POLST program uniform and portable across treatment settings as well as legislated immunity.