

National POLST Paradigm Public 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 form completion should always be voluntary.
- POLST forms are medical orders and, as such, should only be completed by health care professionals (not patients).
- POLST 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 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.