

POLST Philosophical Principles

1. **A POLST 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. **POLST is voluntary**—it should *never* be mandatory to complete a POLST form.
3. It is imperative to the POLST process that the completion of a POLST 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. **POLST is not for everyone**; POLST decision-making process and resulting medical orders are intended for patients who are considered to be at risk for a life-threatening clinical event because they have a serious life-limiting medical condition, which may include advanced frailty.
5. **A POLST form allows patients to have their religious values respected.** For example, the POLST form allows Catholics to make decisions consistent with the [United States Conference of Catholic Bishops](#)* and ensures that those decisions will be honored in an emergency and across care transitions.
*United States Conference of Catholic Bishops Ethical and Religious Directives for Catholic Health Care Services, 5 ed. (2009)
6. **A POLST 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 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. **POLST requires health care professionals be trained** to conduct informed shared decision-making discussions with patients and families so that POLST forms are completed properly.
10. **A POLST 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. National POLST encourages patient or surrogate signatures (or witnessed verbal consent) be required on POLST forms.
11. **POLST is not about how you want to die, it is about how you want to live with the time you have left.**
12. National POLST recognizes that **allowing natural death to occur is not the same as killing.** See [Death with Dignity – POLST Statement](#).