

National POLST

Distinguishing POLST From Medical Aid In Dying¹

There is a critical distinction between POLST and Medical Aid In Dying²:

- POLST is a medical order reflecting patients' treatment wishes when they are at risk for a life-threatening clinical event because they have a serious life-limiting medical condition, which may include advanced frailty³.
- Medical Aid In Dying is the practice of a physician providing a terminally ill patient who has decisional capacity—at the patient's request—with a prescription for a lethal dose of medication that the patient intends to self-administer to end their own life.

This distinction is clear from both an ethical and legal perspective and, for both, intent matters. The intent of the POLST process and form is to inform and ultimately allow a patient (or surrogate⁴) to select medical treatment they do or do not want. This is both a common law and constitutional right. In contrast, the intent of Medical Aid In Dying is to cause death by a direct medical intervention in a terminally ill patient with decisional capacity.

POLST is a comprehensive approach to end-of-life planning that starts with a shared decision-making conversation between health care professionals and patients. This conversation allows the patient to discuss their values, preferences, beliefs, and goals for care, and an authorized health care professional to present the patient's diagnosis, prognosis, and treatment alternatives. Together they reach a shared informed decision about the patient's treatment plan. With POLST, the intent is to record a patient's treatment preferences using a portable medical order known as a POLST form. A POLST form can be used by patients to clarify whether they want to attempt to sustain their life by all medically effective means, have selective treatments, or comfort-focused treatments. A POLST form provides a way to record specific medical treatment orders of the kind already valid in all 50 states.⁵

In contrast, Medical Aid In Dying is legal only in some states. Patients may choose this practice only in states where there is Medical Aid In Dying legislation or a court decision that enables this option.

National POLST recognizes that there is a distinct difference between allowing death to occur naturally versus providing a lethal prescription to intentionally cause death. Though an individual availing themselves of the Medical Aid In Dying law in one's state may also have a POLST form, neither the National POLST form nor any nationally recognized POLST form will include orders for Medical Aid In Dying.

¹ These statutes use a variety of terms including death with dignity, medical aid in dying, medically assisted death, physician assisted suicide, etc.

² Ibid.

³ <http://polst.org/guidance-appropriate-patients-pdf>

⁴ <http://polst.org/surrogate-pdf>

⁵ The 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.