

## New York Times Article Emphasizes the Need for POLST Education

January 2021 – Paula Span’s *New York Times* article (available [here](#)) shares how patients and families can be harmed when a system fails to honor a patient’s stated treatment wishes, as documented on a portable medical order or POLST form (called a Medical Orders for Life-Sustaining Treatment or MOLST in New York State). The Greenbergs’ tragic experience is one that could have been avoided if Mr. Greenberg’s portable medical order had been honored.

Everyone has the right to participate in medical decision-making and POLST offers one way for seriously ill and frail patients to consider and communicate their treatment preferences.

The critical part of the POLST process is the conversation that takes place between a patient who has a life-limiting condition, their loved ones and their providers. Together, this group makes decisions about preferred treatments, based on the patient’s current diagnosis, prognosis and goals. The patient’s decisions are then documented on a POLST (or comparable) form. The patient’s wishes, translated into medical orders, are then clear to emergency responders or other health care providers. What is clear from the cases in the *New York Times* article is that a good conversation and clear documentation are NOT enough.

Every health care system must also have systems in place that enable providers to easily see if a patient has a POLST form (or a state-specific form such as the MOLST) in the electronic medical record or in a registry and to require them to follow the patient’s treatment wishes documented in POLST form medical orders. National POLST is committed to educating providers to understand POLST forms and honor those stated wishes. It also has expertise in establishing systems to ensure that patients’ medical orders are known and respected.

It is regrettable that it took a lawsuit for Mr. Greenberg’s treatment wishes to be belatedly recognized, but if this and similar lawsuits end up clarifying the importance of honoring POLST orders, then patients and their loved ones will benefit tremendously.

### Additional Resources

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Appropriate POLST Form Use Policy: <https://polst.org/appropriate-use-pdf>

Incentive and Quality Assurance Policy: <https://polst.org/incentive-policy-pdf>

Quality Indicator Toolkit: <https://polst.org/qatoolkits>

### About POLST

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POLST is an approach to advance care planning 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. The POLST process emphasizes eliciting, documenting and honoring patients’ preferences about the treatments they want to receive during a medical emergency or as they decline in health. At the end of the process, a health care professional may document these treatment preferences in a portable medical order called a POLST form. POLST forms must be completed by health care professionals and signed by a physician, advanced practiced registered nurse or physician assistant in line within their scope of practice and state law. Learn more at [www.polst.org](http://www.polst.org)

## About National POLST

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POLST is a national movement implemented at the state level. The vision of National POLST is for states to adopt national standards, resulting in greater consistency of process, improved patient care and greater patient control and direction over medical treatment. Through National POLST the POLST Programs create policies, guidance and materials supporting that vision. The national office serves as the backbone of the initiative, coordinating guidance, research, education, policy and quality assurance for all POLST Programs to follow. All POLST Programs are invited to participate in national leadership; 44 states currently participate. For more information, visit <https://polst.org/leadership>