

National POLST Ethical Principles & Standards

National POLST is one tool among many used in advance care planning (ACP). POLST is an approach to end-of-life planning that emphasizes eliciting, documenting and honoring patients' preferences about the medical treatments they want or do not want to receive during a medical crisis or as they decline in health. Fundamentally, POLST is not a form: it is a *process*.

The POLST form is a voluntary portable medical order 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.¹ It is instructive during an emergency, providing critical orders when conversation (even with a surrogate) is impossible, and also supports patients across the care continuum and in many facilities. POLST supports patient self-determination in medical decision making regarding their treatment plan, informed consent and the principles of person-centered care.

ACP is supported by a long history of ethical consensus and legal milestones recognizing an individual's right to accept or refuse medical care. Support can be found as medical 'standard of care' as well as in the state and federal law; history has evolved standards and obligations for patients² as well as health care professionals and health care systems. The goal of ACP is shared decision-making that leads to patient goal concordant care.

Principles

General principles are essential and necessary considerations. Their intent is to guide and inspire anyone using the POLST toward the highest ethical ideals and strive towards using the POLST appropriately in order to honor documented patient treatment preferences.

Principle 1. Respect for Autonomy

Everyone has the right to accept or decline treatment. In order to exercise their autonomy, individuals must be informed of what their treatment options are and have decisional capacity to make decisions about their treatments. Advance care planning is part of accepting or declining treatment and, similarly, must be voluntary and directed by the patient desire and willingness.

Just as patients may choose to refuse treatment or decide to not have an advance directive, patients may refuse to have a POLST form. It is inappropriate to require patients to have a POLST form because it may be forcing them into either making decisions that they may not be ready to make or participating in advance care planning, which they may not want to do.

Principle 2. Integrity

Health care professionals are obligated to promote accuracy, honesty and truthfulness in using the POLST. This includes making time for thoughtful conversations between patients and health care professionals that support shared-decision making. Conversations should include the patient's goals of care, current diagnosis, prognosis, and treatment options (including risks and benefits of each). It is important that health care professionals share treatment options utilizing decision aides as appropriate.

The quality of these conversations and their accurate documentation in a POLST form impact directly on the ultimate goal of achieving goal concordant medical care.

¹ <https://polst.org/guidance-appropriate-patients-pdf>

² The term "patient" includes their surrogate <https://polst.org/surrogate-pdf>

Principle 3. Fidelity and Responsibility

Health care professionals are responsible for upholding the standards of POLST and recognizing that compliance with these obligations and standards are necessary to ensure patient treatment wishes are appropriately elicited, documented and honored, throughout the United States. This includes ensuring that health care professionals who have these conversations with patients are appropriately trained. Conversation is the cornerstone of POLST: the POLST form is only as good as the conversation(s) preceding it. Skilled advance care planning facilitation is essential for completion of a POLST form. Subsequently, failure to uphold these principle obligations with obvious negligence should trigger appropriate consequences.

Principle 4. Beneficence and Nonmaleficence

The value and integrity of POLST depends on appropriate use. POLST should be *offered* to all patients considered to be at risk for a life-threatening clinical event because they have a serious life-limiting medical condition, which may include advanced frailty³ —regardless of patient age or where they live. Failure to offer POLST to appropriate patients may do harm by allowing unwanted, non-beneficial medical treatments. All POLST appropriate patients deserve to receive the care and treatment they desire based on shared decision-making.

Principle 5. Justice

POLST is a resource to help honor the treatment preferences for all individuals who are considered at risk for a life-threatening clinical event, without regard to race, ethnicity, age, religion, language, geographic location, social or economic status, or any other characteristic or background. All patients have the right to be treated equally with equal access to treatment options and respect of patient goals for care. Health care professionals have a moral obligation for equality and equity in offering and honoring of POLST.⁴

Standards for Health Care Professionals

Health care professionals should assess patients for their appropriateness for a POLST and offer POLST in coordination with other members of the health care team. HCPs should look for existing advance directives and POLST forms; review POLST forms periodically with patients including whenever there are changes in medical conditions and/or settings.

Standards for Health Care Facilities, Systems, and Organizations

Health care systems should provide patients and HCPs with materials and tools to facilitate ACP, including education on the value of ACP; completion of advance directives and POLST forms; and comprehensive documentation of conversations, forms, and decisions in the medical record so that they are accessible and easily available to guide the medical plan of care. Access to ACP documentation should be available to HCPs across the care team and not restricted based upon system-based affiliations.

Standards for Collaboration

Interprofessional collaboration is crucial to patient safety and upholding standards of care.⁵ Collaboration across disciplines, settings, services, and systems is imperative to this goal and may require coordination of patient care among both POLST advocates and POLST novices. HCPs have an obligation to be proactive and intentional in collaboration among the full spectrum of a patients care team to ensure patient wishes are known and care preferences honored in all settings and throughout transitions of care.

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

⁴ https://www.ccne-ethique.fr/sites/default/files/publications/avis_106_anglais.pdf

⁵ <https://journalofethics.ama-assn.org/article/safety-collaboration-upholding-standards-care/2010-01>