

End-of-life care: an Oregon innovation helps people avoid unwanted interventions

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An end-of-life care innovation developed in Oregon is proving a reliable way for people to avoid unwanted medical interventions.

Undesired treatments such as breathing machines, CPR and dialysis were withheld as requested 94 percent of the time, in a study of 870 nursing home residents in Oregon, West Virginia and Wisconsin. People spelled out their wishes with a document called Physician Orders for Life-Sustaining Treatment, or **POLST**.

Oregon caregivers developed POLST in the 1990s to overcome limits of advance directives such as living wills. Very ill or elderly people create those directives to outline treatment they want to have or avoid in a medical crisis. But those forms can be hard to find in an emergency or too vague to be useful.

Printed POLST forms are brightly colored for visibility and have check boxes to record specific preferences. An Oregon statewide electronic registry established in 2009 gives emergency medical technicians and hospital staff around-the-clock access to POLST orders. People are free to modify or revoke them at any time.

"Our intention is to do exactly what you want done," says study co-author Dr. Susan Tolle, an internal medicine physician at Oregon Health & Science University who helped develop POLST.

About 70,000 Oregonians have filed a POLST, and more than 30 states have or plan similar programs. POLST has gained strong endorsements from Catholic medical ethicists such as the Rev. John Tuohey of Providence Health & Services.

"It provides a validated way for medical orders, prudently reflecting both patient wishes and clinical reality, to assure that these vulnerable patients are only benefited, never subjected to futile care and certainly never burdened," Tuohey concludes in **a recent essay** co-authored with Dr. Marian O. Hodges, a palliative care expert at Providence Portland Medical Center.

Susan Hickman, an associate professor at the Indiana University School of Nursing and at OHSU, led **the new study** appearing in the Journal of the American Geriatrics Society. Researchers compared patients' preferences for care with the treatments they ended up receiving over a 60-day period. Nearly half the patients died during the study.

Among those who died, none of the 299 who requested no resuscitation received unwanted CPR, the researchers found. Among the 300 residents who requested comfort measures only, 41 received potentially unwanted medical interventions. But a closer look at those cases showed that three out of four interventions were necessary to relieve pain, and were consistent with the goal of providing comfort, Tolle says.

Antibiotics and feeding tubes were the treatments most often given against patients' wishes. Nine of the 28 residents who declined antibiotics received them anyway. And four of the 417 patients who declined a feeding tube had one put in. Some patients who requested limited use had feeding tubes for long periods. Researchers concluded practice was consistent with requests for limits in only 14 of 22 cases. Six residents failed to receive CPR out of the seven who desired it and had a cardiac arrest. Researchers weren't able to pin down the reasons, but said it's possible some nursing facilities withhold CPR because it is rarely successful. They cite a recent study of 12,000 nursing homes in which caregivers attempted CPR in fewer than 3 percent of deaths.

In **an earlier analysis** of the same nursing home population, researchers found no overall difference in life-extending care between people whose POLST specified full treatment and those with other requests for full treatment. The study found no statistically significant difference in how many days POLST users and others spent in pain or short of breath.

By Joe Rojas-Burke, The Oregonian The Oregonian