

## National POLST Paradigm Initiative Task Force Newsletter

### POLST.org Redesigned

The screenshot shows the new POLST.org website layout. At the top, there is a navigation bar with tabs for 'About Us', 'Programs', 'Developing a Program', 'Resources', 'News & Events', and 'For Patients & Families'. A search bar and a 'Select State' dropdown menu are also visible. Below the navigation is a large image of hands being held, with the text: 'we're here to respect treatment choices. we're POLST Paradigm. Find out more about physician orders for life-sustaining treatment >'. To the right, there is a section titled 'POLST Paradigm Programs' with a map of the United States. The map uses a color key: red for 'Endorsed Programs', pink for 'Developing Programs', and light blue for 'No Programs (Contacts)'. The map shows that several states, including California, Oregon, and Washington, are in the 'Endorsed' category. Below the map is a 'News' section with a small image of a person at a computer and text about a recently published manuscript and new resources. At the bottom of the screenshot, there are links for 'Task Force', 'Programs', 'Developing a Program', 'News & Events', and 'For Patients and Families', along with a 'Contact Us' link and the text 'Center for Ethics in Health Care, Oregon Health & Science University. Copyright: 2008'.

- ◆ More information
- ◆ New Resources

[Click here to view the new polst.org website](#)

### New Manuscript Illustrates potential state legal barriers to POLST Paradigm Implementation

#### The POLST (Physician Orders for Life-Sustaining Treatment) Paradigm to Improve End-of-Life Care: Potential State Legal Barriers to Implementation

Susan E. Hickman, Charles P. Sabatino, Alvin H. Moss, and Jessica Wehrle Nester

The Physician Orders for Life-Sustaining Treatment (POLST) Paradigm is designed to improve end-of-life care by ensuring patient treatment preferences are reflected in medical orders that are transmittable throughout the health care system. It was initially developed in Oregon, but is now implemented in multiple states with many others considering its use. Accordingly, an observational study was conducted in order to identify potential legal barriers to the implementation of a POLST Paradigm. Information was obtained from experts in state emergency medical services and long-term care organizations, agencies in combination with a review of relevant state law. Legal analysis of survey responses and existing laws identified several potential state legal barriers to a POLST Paradigm implementation. The most potentially problematic barriers are detailed in various specific sections of a report. Other potential barriers include limitations on the authority to consent to large life-sustaining treatments in 23 states, medical practitioners' liability and malpractice concerns in 12 states, and the use of hospital DNR protocols. State leaders interested in the development of a POLST Paradigm Program are advised to work with legal counsel to address the potential legal barriers identified in this report. It is widely agreed that advance directives have failed to achieve their "intended purpose" of helping patients articulate end-of-life treatment, and researchers have identified numerous reasons for this failure. Many people do not complete advance directives, and when they do, they often fail to understand the form language and the implications of their decisions. Patients' goals and preferences for care may change over time, but their advance directives are rarely revisited, and proxy decision makers appointed by patients to make decisions on their behalf upon incapacitation, often do not understand the patients' wishes. Furthermore, advance directives are frequently unavailable when needed, as health care providers may not know about the directives or may not think they apply to the patient's situation. Even when they are available, the language is often too vague to provide helpful guidance. As a result, advance directives typically do not affect patient care.

The POLST (Physician Orders for Life-Sustaining Treatment) Paradigm was originally developed in Oregon to improve end-of-life care by ensuring more of the advance directives' functions. It is designed to ensure patient preferences for life-sustaining treatment are transmittable, actionable, and available. The development of the program is a multidisciplinary effort for multidisciplinary communication, medical interventions, archival systems, and notification. It is implemented on an interconnection among health care professionals with the patient and/or the appropriate proxy decision maker, in conjunction with any existing advance directives for incapacitated patients. The POLST form is recommended for persons who have

### Join the discussion!

The National POLST Paradigm Initiative Task Force will be hosting a national conference call Thursday, October 23rd 8:00-9:00am Pacific time to discuss your questions on development, implementation and evaluation.

*[Click here](#) to let us know if you'd like to participate and what you'd like to discuss.*

### POLST New Design

The new POLST Paradigm design illustrates the meaning of our initiative: honoring treatment wishes through communication between patient, family and health care professionals. Design may be used by programs endorsed by the National Task Force.

*[Click here to learn more about endorsement.](#)*

More information available at:  
[www.polst.org](http://www.polst.org)  
 Contact us at: [polst@ohsu.edu](mailto:polst@ohsu.edu)  
 Phone: 503-494-3965