



FLORIDA CONFERENCE OF CATHOLIC BISHOPS
The nonpartisan public policy voice of the Catholic Church in Florida

201 West Park Avenue, Tallahassee, Florida 32301-7715 * (850) 205-6820 * www.flaccb.org

PHYSICIAN ORDERS FOR LIFESUSTAINING TREATMENT (POLST): Concerns to Address July 11, 2016

POLST is an approach to end-of-life planning that emphasizes advance care planning conversations between patients, health care professionals and loved ones. It entails shared decision-making between a patient and his/her health care professional about care the patient would like to receive at the end of his/her life; and seeks to better ensure patient wishes are honored.⁽¹⁾

POLST generates actionable medical orders that are purported to be based on the patient's **current** condition and preferences. Serious questions arise regarding the individual's ability to offer informed consent when the POLST form is prepared for their future medical conditions and treatment options that may be warranted and available at a later date.

Critics of POLST note that the idealized description of POLST differs from its actual implementation of POLST. Studies have shown that POLST forms have been initiated on relatively healthy individuals entering assisted living facilities and nursing homes, in some cases by clerical or business office personnel.

Each state adopting POLST by legislation or resolution has designed and implemented a paradigm to establish and reflect community standards. The FCCB seeks to ensure that Florida's end-of-life public policies respect the dignity of each person. Several key concerns must be addressed through statutory safeguards, including the following:

Ensure POLST Participation Is Voluntary: Completion of a POLST form must be voluntary. The POLST form must allow amendment or revocation at any time by the patient or legal proxy. The POLST form should not be required as a condition of treatment of any kind or admission to a health care facility. Physicians and health care personnel who coerce or misrepresent this notion to a patient must be subject to discipline by their respective governing board, department or agency.

Define Patient Population Clearly: For relatively healthy individuals, end-of-life planning tools such as designations of surrogates or living wills are most appropriate and should be preferred. To avoid abuse and misuse POLST must be limited to those individuals with end-stage conditions (as defined in 765.101, F.S.) or in the clinical judgement of the examining physician, the individual is suffering from at least one end-stage condition that will likely result in the death of the patient within the next year. Without such a requirement, patients who do not have a reasonable expectation of the decisions required will be giving consent prematurely.

Provide Context for Future Health Care Providers: The form must include a diagnosis / rationale or the basis for instituting the POLST in order to facilitate shared decision making between a patient and his/her health care professionals about the benefits and burdens of the

various treatment options and ultimately informed consent. A patient may have given consent for one condition that was unanticipated when the document was executed, rendering its application questionable. Put another way, when a patient with an end-stage condition is admitted to a treatment facility, the diagnosis / rationale on the POLST form provides the receiving healthcare team with a better sense of whether the crisis that prompts the transfer or the admission to their care was foreseen or not.

Require Signatures of the Examining Physicians and the Patient: At the conclusion of the physician-patient conference both the examining physician and the patient (or legal proxy) should sign and date the POLST form attesting to informed consent for the treatment decisions outlined. This will help to ensure the quality of the informed consent discussion.

Capacitated Patients Should Always Direct Their Own Care: Health care personnel must respect that a patient with decision-making capacity should always direct their own care. As can happen with POLST and other end-of-life planning tools executed for use when the patient is incapacitated, the provider focuses too much on a document and not enough on the preferences of the capacitated patient, whose wishes should always be followed.

Hydration Decisions Determined in Context When Needed: The POLST form should not include a direction regarding hydration. Decisions to provide or withhold oral or intravenous (IV) hydration should only be made in the context of the patient's actual clinical condition at the time of such decision when weighing benefits and burdens to the patient.

Prohibiting Euthanasia and Self-Directed Death: The FCCB fully supports Florida laws prohibiting euthanasia and assisted suicide. Because of the concern for the integrity of the physician-patient relationship, POLST legislation must specify that nothing on the Florida POLST form or the Florida POLST Paradigm shall be construed as condoning, authorizing or approving euthanasia, mercy killing or any affirmative or deliberate act to end a person's life including, but not limited to, any form of self-directed death including suicide, physician-assisted suicide / death or voluntary stopping of eating and drinking (VSED).

(1) About the National POLST Paradigm www.polst.org