

Provider Orders for Life-Sustaining Treatment (POLST)

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A POLST form (*Provider Orders for Life-Sustaining Treatment*) gives you control over your medical treatments near the end of life. Once signed by you and your physician, nurse practitioner, or physician assistant, the POLST form is recognized as an actual medical order that will be honored by all Montana health care providers.



MontGuide

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What is POLST?

A form called POLST (*Provider Orders for Life-Sustaining Treatment*) has been created that gives you control over your medical treatments near the end of life. Once signed by you and your physician, nurse practitioner, or physician assistant, your POLST form is recognized as an *actual medical order* that will be honored by all Montana health care providers. The POLST form becomes a part of your medical records and accompanies you when you are transferred between health care facilities.

How did POLST develop in Montana?

POLST was first established in Oregon in 1991 in response to seriously ill patients receiving medical treatments that were not consistent with their wishes. The program is now accepted or under development in 30 states. Participating states can be found at the National POLST website, www.ohsu.edu/polst.

Because of the program's success, the Montana health care community believed POLST should be made available in our state. The Montana Board of Medical Examiners and the Department of Public Health and Human Services (DPHHS) made the POLST form available on January 1, 2010. The POLST form and guidelines were revised in June, 2011 by the Montana POLST Coalition to make them substantially similar to those in other states. The Montana POLST website is www.polst.mt.gov.

Why is POLST needed in Montana?

Only 20 to 30 percent of Americans have some type of an advance health care directive in which they have provided instructions about future health care preferences should they be seriously ill and unable to make such decisions. However, these advance directives were often unavailable to health care providers because they were not transferred with the patient from one health care facility to another.

Other advance directives were not followed because they did not provide specific details about the patient's preferences for end-of-life treatment. In some cases, a person's advance directive was overridden by medical providers or family members because of vagueness within the document.

The Montana POLST form addresses these issues and assures that your wishes are defined and followed *if you have a serious life-limiting illness or if you are in a terminal condition*. Terminal condition is defined in the Montana Rights of the Terminally Ill Act as *"an incurable or irreversible condition that, without the administration of life-sustaining treatment, will, in the opinion of the attending physician or attending advanced practice registered nurse, result in death within a relatively short time."*

POLST is a *voluntary* form used by your providers for discussing and indicating what types of *life sustaining treatment* you want or do not want at the end of life. In the Montana Rights of Terminally Ill Act, *life sustaining treatment* is defined as *"any medical procedure or intervention that, when administered to a qualified patient, will serve only to prolong the dying process."*

I already have a living will/advanced directive and/or health care power of attorney, why should I complete a POLST form?

The Montana Rights of the Terminally Ill Act enables an individual who is of sound mind and who is an adult (18 or more years of age) to make a *declaration* (living will) that governs the *withholding* or *withdrawing* of life-sustaining treatment when he or she is in a *terminal condition*. A *declaration* must be signed by the person executing it and by two witnesses. A Montanan can also designate another individual (*designee*) to make decisions about the withholding or withdrawing of life-sustaining treatment if he or she is unable to do so. For more information about a *declaration*, read the MSU Extension MontGuide, *Montana Rights of Terminally Ill Act* (MT199202HR). A free copy is available from your local county Extension Office.

While Montana law allows you to convey your wishes about life-sustaining medical treatments in a *declaration*, this document is not an official *medical order* like the POLST form.

Montanans who want to provide additional details about their health care preferences are encouraged by health care providers and attorneys to have a health care power of attorney or an advance directive, in addition to POLST, but one is not required. Advanced directive forms are available from local hospitals and doctors. Attorneys can also write advance directives. The State Law Library of Montana also has information about advanced directives, www.courts.mt.gov/library/topic/end_life.mcp.x. If you do not have access to the Web, see page 6 for ordering information.

While Montana law allows you to convey your wishes about life-prolonging medical treatments in an *advance directive and health care power of attorney*, these documents are not an official *medical order* like the POLST form.

If you have several documents that address your desires about medical treatment near the end of life, you should review all of those documents to ensure consistency among them. Inconsistencies among multiple forms and documents may result in confusion to health care providers and limit their ability to make decisions on your behalf. Family members may also have disagreements about which document should have priority.

I already have a Comfort One or DNR order, why do I need to complete a POLST form?

Beginning in 1989 Montanans could limit the care they receive in a medical emergency with a *Comfort One* order that was completed by a physician. Enrollment was limited to those who had a terminal illness or to those for whom a physician had ordered a “do not resuscitate” (DNR). *Comfort One* was intended for a person who was not being cared for in a hospital.

By displaying the *Comfort One* form, wallet card or bracelet to emergency medical service personnel, a person could avoid all efforts of resuscitation. While the *Comfort One* program has been eliminated from the Emergency Medical Services system and replaced by POLST, existing *Comfort One* documents and bracelets will be honored by Emergency Medical Technicians (EMTs). However, *Comfort One* bracelets cannot be transferred from one individual to another.

A *DNR* is a doctor’s order instructing health care providers not to attempt cardiopulmonary resuscitation (CPR) if a patient’s heart or breathing stops. *DNRs* are facility-specific and each facility treating the patient has to get its own *DNR* form signed. While ambulance personnel must follow a physician’s verbal *DNR* order when they encounter a patient without POLST, there may be considerable delays because of lack of communications and/or cell phone service in rural areas.

POLST will be honored by all Montana health care professionals. EMTs in particular will only use the POLST form to make immediate decisions about resuscitation or comfort care for patients.

Where can I get a POLST form and a POLST bracelet?

Almost all health care providers have copies of the double-sided terra green POLST forms and envelopes. A reduced-in-size sample of the POLST form appears on pages 3 (front of form) and 4 (back of form). DPHHS also has POLST bracelets that are available for \$22 (address on page 6). Whenever someone orders a bracelet, a copy of the POLST form is required to be sure the person has declared on the POLST form that they do not wish to be resuscitated.

Only patients who have chosen 'Do Not Resuscitate' on their POLST form would choose to wear a POLST bracelet. EMS providers who find a POLST bracelet on a patient are not required to find any other documentation before making a decision not to resuscitate a patient who does not have a pulse and is not breathing.

6. **Section F:** Provides space to indicate what or who has further information regarding the patient's preferences such as an advance directive or court-appointed guardian. Lines for the signature of the patient (or the designated health care agent) and the professional who assisted with the completion of the form are provided. A space for the date the form was prepared is also listed.

If a patient can no longer communicate his or her wishes about life sustaining treatment, then the patient's legally designated health care representative can sign the form. This person could also be the *agent* named in a health care power of attorney, *designee* named in a living will, or *health care proxy* named in an advance directive.

The patient can indicate that a review and discussion of these orders is requested if there is a substantial change in his/her health status: advanced progressive illness, improved condition, close to death, extraordinary suffering, or permanent unconsciousness.

7. **Section G:** Provides for up to *four* reviews of the POLST form when the patient has changed health care settings or after changes have occurred in the patient's health status. The reviewer indicates one of the following: no change, form voided (new form completed), or form voided (no new form).

If I get moved from one health care facility to another, how will the providers at the new facility know about my POLST?

The advantage of the POLST form is that it is *transferable* from one health care facility to another including nursing homes, assisted living facilities, hospitals, hospices and emergency rooms. In any type of health care facility, the POLST form should easily be found in the clinical records because of the bright terra green color.

What if my POLST was completed before June 2011?

Previous versions of the POLST forms remain valid until they are replaced by a new version. The most recent form is printed on 8.5 x 11 inch double-sided terra green paper.

Section F	Patient/Resident (Parent of Minor Child) Preferences as a Guide for this POLST Form			
	I have given significant thought to life-sustaining treatment. I have expressed my preferences to my physician and/or health care provider(s). This document reflects my treatment preferences. The following have further information regarding my preferences.			
	Advance Directive	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
	Court-appointed Guardian	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
	Review and discuss these orders if there is substantial change in my health status, such as:			
Advanced progressive illness	Close to death	Extraordinary suffering		
Improved condition	Permanent unconsciousness			
Signature of Patient/Resident, Parent of minor or Guardian/Healthcare Agent (optional)				
Signature of Person preparing form		Preparer Name (please print)	Date form prepared	
Section G	Review of this POLST Form			
	Date	Reviewer	Location of Review	Outcome of Review
				<input type="checkbox"/> No change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form
				<input type="checkbox"/> No change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form
				<input type="checkbox"/> No change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form
				<input type="checkbox"/> No change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form
COMMENTS:				

Where should my POLST form be kept?

The original of the terra green POLST form should be kept with the patient. A photocopy of the POLST form (on white paper) should be made to accompany the patient when he/she is transferred from one health care facility to another such as being admitted from a nursing home to a hospital.

The Montana POLST Coalition recommends that a patient keep their form in a green POLST envelope on the outside of the kitchen refrigerator with a magnet. A safe deposit box is not recommended because of the difficulty of access.

Family members or friends who would be involved in decisions about health care should be informed of the specific location of the original POLST. They should also know the location of any copies and any other health care documents that have been executed, such as an advance directive, health care power of attorney or declaration (living will). Having all medical documents in a folder or three-ring binder makes the materials easily accessible to family members.

Where should I keep my POLST if I travel within the state or spend part of the year outside of Montana?

Montanans who have completed a POLST form should carry a copy with them when they travel. Because emergency personnel often look in billfolds, purses or glove compartments for medical information, these are excellent storage spaces when traveling.

Another possibility for storing your POLST form is the Montana End-of-Life Registry Website. The Montana Legislature authorized the Attorney General's Office to establish and maintain an End-of-Life Registry Website. The Website provides a place for residents to securely store their *advance directives* online and gives authorized health care providers immediate access to them 24 hours a day, seven days a week. As of August 2011, over 11,000 Montanans have taken advantage of this service. The POLST form, a health care power of attorney, advanced directive or a declaration (living will) can be stored with the Montana End-of-Life Registry, www.endoflife.mt.gov.

Montanans who wish to take advantage of this *free* service need to complete the Montana End-of-Life Consumer Registration Agreement and send it with their POLST form, health care power of attorney, advanced directive, or a declaration.

A copy of the Consumer Registration agreement is included in MSU Extension MontGuide, *Montana's End-of-Life Registry (MT200602HR)*. The form is also available from the Montana End-of-Life Registry, www.endoflife.mt.gov. If you don't have access to the Web, the address for the Office of Consumer Protection is on page 6.

Is POLST recognized in all states?

While POLST is in use or under development in over 30 states, each state has their own POLST requirements and reciprocity rules for forms. Other states have statutes that may or may not allow them to recognize Montana's POLST form. If you are going to be in another state for an extended period, check with a physician or other provider in that state to determine their procedures for end of life documentation.

Who can make medical decisions for me if I don't have a POLST, living will or any other type of advance care directive?

If a person has not indicated a health care representative in some type of legal document (a POLST form, health care power of attorney, an advance care directive or a living will), then Montana law provides that the authority to consent or to withhold consent for the administration of life-sustaining treatment may be exercised by the following individuals (in order of priority):

1. The spouse of the individual.
2. An adult child of the individual or, if there is more than one adult child, a majority of the adult children who are reasonably available for consultation.
3. The parents of the individual.
4. An adult sibling of the individual or, if there is more than one adult sibling, a majority of the adult siblings who are reasonably available for consultation, or
5. The nearest other adult relative of the individual by blood or adoption who is reasonably available for consultation.

Summary

The Montana POLST form clearly communicates an individual's wishes about *life-sustaining treatment* to his or her health care providers. If an individual chooses to execute a POLST form, it is recognized as a *medical order* that will be honored by *all* health care providers in Montana.

Family members or friends who may be faced with decisions about health care for a loved one should ask about the location of not only the original POLST, but also any other health care documents that have been executed (advance directive, health care power of attorney or declaration).

Acknowledgements

This MontGuide has been reviewed by representatives of the following agencies and professional organizations who recommend its reading by Montanans who want to learn more about POLST.

- MHA – An Association of Montana Health Care Providers
- Montana Board of Medical Examiners
- Montana Department of Justice, Office of Consumer Protection
- Montana Department of Public Health and Human Services
 - EMS & Trauma Section
 - Senior and Long Term Care Division
- Montana Medical Association
- Montana Nurses Association
- Montana State University, College of Nursing
- State Bar of Montana
 - Health Care Law Section
 - Business, Estates, Tax, Trusts and Real Property Section

Further Information

MONTANA:

- Montana POLST, www.polst.mt.gov
POLST forms, envelopes and bracelets:
Department of Public Health and Human Services
EMS & Trauma System Section
P.O. Box 202951
Helena MT 59620
Phone: (406) 444-3895
E-mail: emsinfo@mt.gov
- Montana End-of-Life Registry, www.endoflife.mt.gov
Consumer Registration Agreement:
Office of Consumer Protection
Department of Justice
2225 11th Avenue
P.O. Box 201410
Helena, MT 59620-1410
Phone: (406) 444-0660
E-mail: contactdoj@mt.gov
- State Law Library, www.courts.mt.gov/library/topic/end_life.mcp
Advance Directive and Living Will forms:
Reference Desk
P.O. Box 203004
Helena, MT 59620
Phone: (800) 710-9827
E-mail: mtlawlibrary@mt.gov
- Montana State University Extension
MontGuides (Montana Rights of Terminally Ill Act and Montana End-of-Life Registry): These MontGuides are also available free from your local County Extension office or through the MSU Extension Distribution Center:
MSU Extension Distribution Center
P.O. Box 172040
Bozeman, MT 59717
Phone: (406) 994-3273
Website: www.msuextension.org/store
E-mail: orderpubs@montana.edu

NATIONAL:

- MHA – An Association of Montana Health Care Providers, www.mtha.org/index.htm
Montana Health Care Providers
Consumers Guide
1720 Ninth Avenue
Helena, MT 59601
Phone: (406) 442-1911
- National Hospice and Palliative Care Organization (search for hospice or palliative care, by clicking Find a Provider), www.nhpco.org
End-of-Life Care Publications
1731 King Street, Suite 100
Alexandria, VA 22314
Phone: (703) 837-1500
- National POLST Paradigm Task Force, www.ohsu.edu/polst

Educational Materials:

Center for Ethics in Health Care
Oregon Health and Science University
3181 S.W. Sam Jackson Park Road
Mailcode: UHN-86
Portland, OR 97239-3098
Phone: (503) 494-3965

Other Resources

Caring Connections. This program of the National Hospice and Palliative Care Organization provides several more in-depth resources on Advance Directives, Planning Ahead, Caregiving, End-of-Life Care, Grief, and much more. www.caringinfo.org/i4a/pages/index.cfm?pageid=3407

Five Wishes, published by Aging with Dignity, is a widely distributed advance directive that focuses on talking about health care wishes and personal needs in a straightforward way. www.agingwithdignity.org

Health-care Agents: Choosing One and Being One, by Caring Connections. www.caringinfo.org/i4a/pages/index.cfm?pageid=3286

The following publications are available free online through the American Bar Association Website, www.americanbar.org/groups/law_aging/publications.html, and browsing under "Online Publications for Consumers":

- *Consumer's Tool Kit for Health Care Advance Planning*
- *Legal Guide for the Seriously Ill: Seven Key Steps to Get Your Affairs in Order*
- *Making Medical Decisions for Someone Else: A How-To Guide*



To order additional publications, please contact your county or reservation MSU Extension office, visit our online catalog at www.msuextension.org/store or e-mail orderpubs@montana.edu

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