

### **Advance Care Planning and POLST in Illinois**

“In this world, nothing can be said to be certain, except death and taxes.” ~ Benjamin Franklin

From April 16-22, 2017, healthcare providers and citizens celebrated the 10<sup>th</sup> Annual National Health Care Decisions “Day” (NHDD), which for the first time will be a weeklong event. Across the country, we attended to the critical process of Advance Care Planning: empowering our patients, ourselves and our loved ones to make medical decisions now for a future time when we might not be able to speak for ourselves. This year’s NHDD theme was “It Always Seems Too Early, Until It’s Too Late” (nhdd.org). There was, and still is, a myriad of resources to facilitate this process, encouraging us to have appropriate conversations with our loved ones and put our wishes in writing, as a gift to those who might be in the future position of having to speak on our behalves to our medical teams.

One particular aspect of Advance Care Planning, the Physician Orders for Life-Sustaining Treatment (POLST) paradigm, has received particular attention. POLST, a national, evidence based program ([polst.org](http://polst.org)), embraces an informed decision-making model that uses a standardized form containing practitioner orders to communicate the scope of emergency medical treatment determined by patient preferences. Over the past twenty-five years, POLST has become a standard of care in 48 states.

A uniform out-of-hospital order form directing emergency care has existed in Illinois since 2000, starting with the release of the original IDPH DNR Order form (sometimes known colloquially as the “orange DNR form”). Since then, the Illinois Department of Public Health has worked with the legislature and other interested parties to modify the out-of-hospital form to its current version, released in May of 2016, the “Illinois Department of Public Health Uniform Practitioner Orders for Life Sustaining Treatment (POLST) Form” ([polstil.org](http://polstil.org)).

#### **General Facts about POLST:**

- *POLST is not for everyone*-- it is meant to be used for people with advanced illness and the frail elderly.
- In order to identify these individuals, clinicians are encouraged to ask themselves the “surprise question”: “Would I be surprised if this person died within the next year?” If death within the year would not be unexpected, then this is certainly a person with whom advance care planning should be discussed, and in particular, wishes for end-of-life emergency care. The POLST form can then be used to document these wishes and convert them into medical orders.
- Although Illinois statute may identify the form as an “advance directive”, it really functions as actionable physician’s orders based on patient wishes.

- The completed form should be a reflection of a detailed conversation amongst a patient, loved ones, and healthcare providers; this is a holistic dialogue which should incorporate clinical aspects *and* patient values and goals.
- The form does not replace the power of attorney for health care (POAHC) form. The POAHC names a proxy decision-maker if the patient becomes non-decisional. The POLST form is a set of actionable medical orders that reflect patient wishes. Both are recommended for this group of patients.
- The POLST form should *not* be used solely because a patient has a disability or mental illness.
- If the decisions represented by the form are discussed too early (i.e., not in the context of a real-time medical condition), they may not ultimately reflect the patient’s wishes when such an event arises.
- Health care providers and professionals are obligated to follow the orders on the POLST form, and are legally protected when doing so in good faith.
- It is appropriate to review the contents of the form with the patient or legal representative whenever the patient’s medical status changes and before any procedure.
- The form can be suspended or revoked at any time by the patient or legal representative only.
- Patients may change their preferences, which necessitates voiding the form and completing a new one.

The form provides an immediate guide for first responders and emergency department staff about whether to initiate life-supporting care. Without these medical orders, emergency medical personnel are required to do everything they can to attempt to save a person’s life. When done properly, the POLST discussion and resulting form allow the patient to align wishes with what is medically realistic in his/her own circumstance to result in an informed care plan in case of emergency at the end of life.

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A recent online survey conducted by the Illinois State Medical Society in collaboration with the POLST Illinois Committee identified that there is a great demand for further education about the use of the POLST form, including about how to discuss POLST with appropriate patients and how to interpret POLST forms when a patient is in crisis. If you would like more information about the use of the POLST form, please send an email to [info@polstil.org](mailto:info@polstil.org) or go to [www.polstil.org](http://www.polstil.org).

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