

ADVANCE DIRECTIVES

WHAT YOU GONNA DO
WHEN THEY COME FOR
YOU?!?!?!?

GOALS

- Identify the ethical principle that is involved with advance directives
- Define the role of the patient and the surrogate decision maker.
- Provide a brief outline of the POLST program
- Discuss the differences between POLST and other types of Advanced Directives
- Discuss the POLST pilot project in Wyoming
- Discuss future directions for the Wyoming POLST project

PATIENT AUTONOMY

- Advance directives based in this ethical principle
- Advance directives allow more autonomy during periods of incapacity and at the end of life
- Advance directives empower patient and family to express their preferences for medical treatment in a way that will be honored by the medical system.

ROLE OF PATIENT



Think
What are your preferences for health care in the future?



Talk
with provider /surrogate decision maker about health care preferences




Write
Fill out and sign advance care directive



Review
Make sure document says what you want and revise /revive previous advance care directives/periodically update

ROLE OF THE SURROGATE

- Surrogate =person is authorized to make health care decisions when **patient lacks decision making capacity**
- Substitute judgment = **stating what they believe the PATIENT would want regarding medical treatment if they could see their current medical condition.**
- Ask questions 
- Keep a copy of advance care planning documents

THE PHYSICIANS ORDERS FOR LIFE SUSTAINING TREATMENT (POLST) PILOT PROJECT IN WYOMING

- Jim Little Jr. MD
- Medical Director
- St. John's Family Health
- Jackson, WY

SOME PROBLEMS WITH ADVANCED DIRECTIVES

- Written by attorneys who have limited knowledge about end of life care, often as a “freebie” with a will
- No discussion by healthcare provider about patient wishes, or context of patients health
- Often require 2 physicians, sometimes attorney and/or judge to interpret
- Not usable by EMS
- Patients wishes may not be followed
- Often “All or None”, or address rare circumstances
- Terry Schiavo had an “Advanced Directive”

WHAT DOES THIS ORDER MEAN?

- “DNR”

WHAT IS POLST?

- A written physician/provider ORDER
- EXPLICITLY outlines PATIENT WISHES for life sustaining and medical treatment
- ACTIONABLE - contains explicit instructions for treatment
- PORTABLE - Accompanies patients across care settings
- SINGLE PAGE

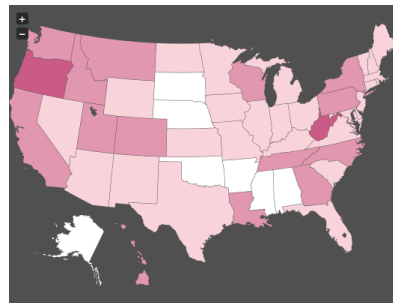
POLST VS ADVANCED DIRECTIVE

POLST	Advanced Directive
Written by provider based on patients wishes	Written by attorney
Valid medical order for <u>current</u> treatment	Instructions for future treatment
Valid across hospital & outpatient environments including EMS **	Not valid for EMS
Patient can opt-in or opt-out of specific treatments	Vague, may not cover specific treatments or covers them in general terms
For any person with advanced illness	For anyone over 18

HISTORY OF POLST

- Originated in 1990’s by patients, medical ethicists and physicians in Oregon
- 16 states have adopted as law
- 27 states have developing programs

STATES WITH POLST PROGRAMS - 2013





WYOMING AND POLST

- Only formal implementation in Jackson at St. John's Medical Center
 - Dr. Jim Little, Jr. MD one of key champions
 - Tried to have formally legislated but unsuccessful
 - Have form and hospital policy
 - Would like to see form implemented statewide in a consistent standardized manner
- Informal use
 - Casper - University of Wyoming Family Medicine Clinic and for nursing home patients
 - Torrington - Nursing Home
 - Cheyenne several practitioners familiar unsure of actual use
 - Albany County using POLST form since 1990's

HISTORY OF POLST PILOT PROJECT IN WYOMING

- Started in 2008 as "Pilot Project" in Teton County
- Teton County ideal due to geographic isolation, limited number of facilities, small population
- Implemented via policy as a pilot project at St. John's Hospital in 2010
- Adopted by Fire/EMS, assisted living centers through policy
- 2012 Bill introduced in Wyoming Legislature
- 2013 growing grassroots coalition looking at statewide implementation

ISSUES WITH POLST IMPLEMENTATION THROUGH POLICY

- How to handle orders from non-credentialed providers?
- Need to each facility and EMS organization to adopt the form individually
- Limits the portability of the form in other parts of state

SAMPLE POLST FORM

St John's POLST-Physician Orders for Life-Sustaining Treatment

MailID: _____
 Address: _____
 Name: _____
 Phone: _____
 Mobile: _____
 DOB: _____

HIPPA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY
Physician Orders for Life-Sustaining Treatment (POLST)
 FIRST follow these orders, THEN contact physician, nurse practitioner, or PA-C. This is a Physician Order Sheet based on the person's current medical condition and wishes. Any section not completed implies full treatment for that section. Everyone shall be treated with dignity and respect.

Last Name/First/Middle Initial: _____
 Date of Birth: _____ Last 4 #SSN: _____ Gender: M F

A CARDIOPULMONARY RESUSCITATION (CPR): Person has no pulse and is not breathing.
 Check one
 CPR/Attempt Resuscitation DNR/Do Not Attempt Resuscitation (Allow Natural Death)
 When not in cardiopulmonary arrest, follow orders in B, C and D.

B MEDICAL INTERVENTIONS: Person has pulse and/or is breathing.
 Check one
 COMFORT MEASURES ONLY Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, oral suction and manual treatment of airway obstruction as needed for comfort. Patient prefers no transfer. EMS contact medical control to determine if transport indicated to provide adequate comfort.
 LIMITED ADDITIONAL INTERVENTIONS includes care described above. Use medical treatment, IV fluids and medical resuscitation as indicated. Do not use intubation or mechanical ventilation. Allow care, base location, always.

PATIENT INFORMATION

HIPPA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY
Physician Orders for Life-Sustaining Treatment (POLST)
 FIRST follow these orders, THEN contact physician, nurse practitioner, or PA-C. This is a Physician Order Sheet based on the person's current medical condition and wishes. Any section not completed implies full treatment for that section. Everyone shall be treated with dignity and respect.

Last Name/First/Middle Initial: _____
 Date of Birth: _____ Last 4 #SSN: _____ Gender: M F

CPR?

A CARDIOPULMONARY RESUSCITATION (CPR): Person has no pulse and is not breathing.
 Check one
 CPR/Attempt Resuscitation DNR/Do Not Attempt Resuscitation (Allow Natural Death)
 When not in cardiopulmonary arrest, follow orders in B, C and D.

OTHER MEDICAL INTERVENTIONS?

B Check one

MEDICAL INTERVENTIONS: Person has pulse and/or is breathing.

COMFORT MEASURES ONLY Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, oral suction and manual treatment of airway obstruction as needed for comfort. Patient prefers no transfer. **EMT** contact medical control to determine if transport indicated to provide adequate comfort.

LIMITED ADDITIONAL INTERVENTIONS includes care described above. Use medical treatment, IV fluids and cardiac monitor as indicated. Do not use intubation or mechanical ventilation. May use less invasive airway support (e.g. CPAP, BiPAP). Transfer to hospital if indicated/avoid intensive care if possible.

FULL TREATMENT includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. Transfer to hospital if indicated. Includes intensive care.

Additional Orders (e.g. dialysis, etc.): _____

ANTIBIOTICS?

C Check one

ANTIBIOTICS:

No antibiotics. Use other measures to relieve symptoms

Determine use or limitation of antibiotics when infection occurs, with comfort as goal.

Use antibiotics if life can be prolonged.

Additional Orders _____

ARTIFICIAL NUTRITION?

D Check one

ARTIFICIALLY ADMINISTERED NUTRITION:
Always offer food and liquids by mouth if feasible

No artificial nutrition by tube

Trial period of artificial nutrition by tube.
(Goal _____)

Long-term artificial nutrition by tube.

Additional Orders _____

PATIENT GOALS

E MEDICAL CONDITION/GOALS: _____

SIGNATURES

F SIGNATURES: The signatures below verify that these orders are consistent with the patient's medical condition, known preferences, and best known information.

Discussed with: <input type="checkbox"/> Patient <input type="checkbox"/> Parent of a Minor	EDMT-Physician/ARNP/PA-C Name	Phone Number
<input type="checkbox"/> Legal Guardian	Physician/ARNP/PA-C Signature (mandatory)	Date Time
<input type="checkbox"/> Health Care Agent (DPOAHC)	_____	_____
<input type="checkbox"/> Spouse/Other:	Patient or Legal Surrogate Signature	Date Time
_____	_____	_____

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED
Use of original form is strongly encouraged. Photocopies and FAXes of signed POLST forms are legal and valid.

2012 WYOMING POLST LEGISLATION - HB0075

- Introduced in committee in 2012
- A well organized and vocal but misinformed opposition group opposed the bill
- It was killed by the sponsoring legislator
- Timing was bad - on heels of national election cycle where "death panels" were debated

Laramie, Wyo.
www.uwyo.edu/cic



FUTURE DIRECTIONS

- Organize a statewide, grassroots coalition
- Build support for statewide implementation
- Educate public about actual intent of the program
- Consider future legislation?

LEARN MORE

- [POLST wikipedia](#)
- [POLST.org](#)