



# POLST Minnesota: Frequently Asked Questions

*This document provides general information about the POLST program in Minnesota, known as POLST Minnesota. For simplicity, the term POLST is used throughout the document. The recognized POLST form in Minnesota includes the state name.*

## What is POLST?

POLST stands for Provider Orders for Life-Sustaining Treatment.

POLST is designed to facilitate communication between health care professionals and patients with serious illness or frailty (or their authorized surrogate) whose health care provider would not be surprised if they died within the next year or two. POLST encourages shared, informed medical decision-making leading to a set of portable medical orders that respects a patient's goals for care in regard to the use of cardiopulmonary resuscitation (CPR) and other medical interventions, is applicable across health care settings, and can be reviewed and revised as needed.

## What is a POLST form?

A POLST form helps individuals with serious illness or frailty, whose health care provider would not be surprised if they died within the next year or two, translate their treatment preferences into medical orders.

A POLST form is designed to improve patient care by creating a portable medical order form that records a patient's treatment wishes so that emergency medical services (EMS) or other health care professionals know what treatments the patient wants in the event of a medical emergency. The current standard of care during an emergency is for EMS or other health care professionals to attempt everything possible to attempt to save a life. Not all patients who are seriously ill or frail want that treatment, however, and the POLST form provides the option for them to state what level of treatment they do and do not want.

## Why should a patient have a POLST form?

A POLST form is a medical order that helps give seriously ill or frail patients more control over the treatments they do want to receive—as well as the treatments they do not want to receive—in the event they cannot speak for themselves during a medical crisis.

## What patients should be offered a POLST form?

The POLST form is not for everyone. Patients with serious illness or frailty, whose health care provider would not be surprised if they died within the next year or two, should be offered a POLST form. These patients are at the greatest risk of having a medical emergency. A POLST form creates standing medical orders for their emergent or future medical care. These patients may or may not want the current standard of care (i.e., doing everything

possible to attempt to save someone's life); a POLST form allows them to determine their level of care in advance.

For healthy patients, a health care directive is the most appropriate tool to make their future care preferences and wishes known to their loved ones and health care providers.

## Is a POLST form required?

No. Completion of a POLST form is always voluntary. Just as patients are not required to complete a health care directive, they are not required to complete a POLST form.

Health care facilities may have policies requiring that certain patients be offered the opportunity to have a conversation about POLST, but completion of a POLST form should always be voluntary. In some health care facilities, the POLST form may be used to document "code status" (full code (CPR) or DNR (Do Not Resuscitate)) for patients. If a patient chooses not to make a decision regarding code status, or does not complete a POLST form, the current standard of care requires that the patient be designated as full code.

It is important to note that without a POLST form or other medical orders that limit medical treatment, EMS or other health care professionals are obligated to provide full treatment. This could include CPR, intubation, mechanical ventilation, and ICU admission.

## Who can complete and sign the POLST form?

In Minnesota, the POLST form must be signed by a physician (MD or DO), advanced practice registered nurse (APRN), or a physician assistant (PA) to be a valid medical order. The form includes a statement that the health care provider's signature on the form indicates that the orders on the form are consistent with the patient's current medical condition and preferences. Minnesota patients or, as appropriate, their surrogates are strongly encouraged to sign the form. The form is valid, however, without a patient's (or surrogate's) signature. Patients should never be given a POLST form and asked to fill it out on their own.

Photocopied, faxed, or electronic versions of the POLST form are all valid and recognized.

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## What is done with a completed POLST form?

Health care providers should place the POLST form in the patient's medical record. Patients should keep a copy of the form with them, whether they are at home, in the hospital, or in another residence or care facility. Patients should keep the form in a location where it can be readily available and visible in case EMS professionals are called. Photocopied, faxed, or electronic versions of the POLST form are all valid and recognized.

## Can a POLST form be replaced or voided?

Yes. As with the completion of an initial POLST form, a decision to replace or void a current POLST form involves a discussion between the patient/surrogate and a health care professional. A POLST form cannot be amended; if changes are desired, a new form must be completed.

## When should the POLST form be reviewed?

A patient's POLST form should be reviewed periodically, particularly if:

- the patient is transferred from one care setting or level of care to another (including upon admission or at discharge); or
- there is a substantial change in the patient's health status; or
- the patient's goals of care and/or treatment preferences change; or
- the patient's primary health care provider changes.

A review of the patient's POLST form upon discharge or transfer from one care setting to another is critical. When a patient is leaving or entering a care setting, health care professionals should review the form with the patient to: 1) confirm the orders are still accurate; 2) determine if a replacement form is needed to reflect new care preferences or goals; or, 3) void a previous form.

## Can a health care agent be appointed using a POLST form?

No. A patient may only designate an agent through a health care directive.

## Are health care agents the only type of surrogate who can sign a POLST form on behalf of an incapacitated patient?

No. Although a patient's or surrogate's signature is not required on a POLST form, it is strongly recommended. If a POLST form is to be signed, it may be signed by a surrogate who is a health care agent designated in a health care directive or a court-appointed guardian. If neither of those surrogates are available, a POLST form may be signed by a person who the patient's health care provider believes will make decisions in accordance with the patient's expressed wishes and values, to the extent known, such as a spouse, domestic partner, adult child, sibling, parent of a minor, other relative, or close friend.

A health care agent is often referred to as a health care power of attorney. It is important to note that a health care agent or health care power of attorney is not the same as a power of attorney that deals with financial matters.

## Can health care providers presume that a POLST form presented to them is valid?

Consistent with the general rule for health care directives, health care providers should be able to presume the validity (or invalidity) of a POLST form. A health care provider who honors a POLST form should not be subject to any sanctions as a result of reliance on the form, so long as the health care provider believes "in good faith" that the form is valid and that it has not been voided. In this regard, reliance on a POLST form is equivalent to reliance on any other medical order.

## Is a POLST form different than a Do-Not-Resuscitate (DNR) order?

Yes. Like a DNR order, a POLST form lets EMS or other health care professionals know whether or not the patient wants cardiopulmonary resuscitation (CPR). A DNR order only applies when a person does not have a pulse, is not breathing, and is unresponsive. However, in most medical emergencies, a person does have a pulse, is breathing, or is responsive.

A POLST form provides more information than a DNR order by indicating in the treatment section of the form (Section B) that the patient wants:

- *Full treatment* – the patient wants to go to the hospital and all treatment options should be considered, including use of a breathing machine; OR
- *Selective treatment* – the patient does not want use of a breathing machine, wants basic medical treatments, and wishes to avoid the intensive care unit (ICU); OR
- *Comfort-focused treatment* – the patient does not wish to go to the hospital, but wants to be kept comfortable.

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Section B of the POLST form (medical treatment options) is very important. Research has shown that when a patient has a DNR order, many health care professionals incorrectly assume that the patient wants comfort-focused treatment only; in fact, many patients who choose DNR do want full treatment or selective treatment, as can be specified in Section B of the POLST form.

## Does a POLST form replace a health care directive?

No. The 5 key differences between a POLST form and a health care directive are as follows:

- POLST is appropriate for a limited patient population – patients who have serious advanced illness or frailty whose health care provider would not be surprised if they died within a year or two. Health care directives are for all capable adults.
- POLST provides specific medical orders based on a patient's goals of care and current state of health. POLST provides information about treatment the patient would or would not want today based on diagnosis, prognosis, goals of care, and current treatment options. Health care directives reflect a patient's general wishes about future care and generally require interpretation of those wishes in order to apply them to the immediate medical circumstances of the patient.
- POLST forms are followed in an emergency, because a POLST form is a set of medical orders. EMS or other health care professionals cannot follow the general wishes reflected in a health care directive during an emergency.
- A valid POLST form in Minnesota requires the signature of a physician, advanced practice registered nurse, or physician assistant. A health care directive does not require a health care provider's signature and some providers may be unaware a patient has one.
- A health care directive is often used to legally designate a health care agent. A health care agent cannot be named via a POLST.

For more information about POLST and health care directives, see *Advance Care Planning and POLST Minnesota* ([www.POLSTMN.org](http://www.POLSTMN.org))

## Who created POLST?

In 1991 leading medical ethicists in Oregon discovered that patient preferences for end-of-life care were not consistently honored. Recognizing that advance directives were inadequate for patients with serious illness or frailty — who frequently require emergency medical care — a group of stakeholders developed a new tool for honoring patients' wishes for end-of-life treatment. After several years of evaluation, the Oregon program became known as Physician Orders for Life-Sustaining Treatment (POLST).

In September 2004 the National POLST Advisory Panel, later known as the National POLST Paradigm Task Force (NPPTF), convened to establish quality standards for POLST Paradigm

Forms and Programs and to assist other states in developing a POLST program.

The POLST Minnesota program was established in 2008 by an interdisciplinary steering committee, led by the Minnesota Medical Association.

## Do other states have POLST programs?

Yes, nearly all states have a POLST program. POLST programs are developed at the state level, either through grassroots efforts or legislation. The POLST program fundamentals or standards are the same in recognized states, but there may be some programmatic differences among the states. The National POLST Paradigm Task Force creates quality standards for states to follow, helping to ensure patients can have their POLST form honored throughout the United States.

You can learn more about the current status of a state's POLST program at <http://polst.org/programs-in-your-state/>

*Adapted with permission from the National POLST Paradigm FAQs ([polst.org/faq](http://polst.org/faq)).*

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