

A CATHOLIC GUIDE TO POLST

AN EXPLANATION OF CHURCH TEACHING ON PHYSICIAN ORDERS FOR LIFE SUSTAINING TREATMENT

WHAT IS POLST?

POLST stands for “Physician Orders for Life-Sustaining Treatment.” It is an actionable medical order signed by a qualified clinician that authorizes medical treatments a patient chooses to receive or not receive at the end of life. POLST is a portable document that travels with the patient and applies across multiple health care settings, including hospitals and long-term care facilities. When health care providers see the POLST form, they are expected to implement its instructions just as they would if ordered to do so by a qualified clinician.

There are other documents that, despite having different names, serve the same function. These include MOLST (Medical Orders for Life-Sustaining Treatment), POST (Physician Orders for Scope of Treatment), and TPOPP (Transportable Physician Orders for Patient Preferences).

WHY A CATHOLIC GUIDE TO POLST?

POLST forms are becoming more widely used, and in some states they are the primary means by which patients communicate end-of-life treatment choices. The National Catholic Bioethics Center (NCBC) offers *A Catholic Guide to POLST* because, as explained below, we have concerns with many of the state-approved POLST forms presently in use. To address these concerns, we have devised this guide to help patients make end-of-life treatment decisions that are consistent with the Catholic health care tradition as expressed through the *Ethical and Religious Directives for Catholic Health Care Services* (ERDs). It is important to note that the NCBC’s decision to issue this guide should not be viewed as an endorsement of the POLST movement. Instead, we recognize that the increasing influence of POLST has created the need for educational materials that will help patients document end-of-life treatment choices in ways that are consistent with Catholic moral teaching.



WHAT ARE THE BENEFITS OF POLST?

Supporters argue that POLST benefits both the patient and the processes of end-of-life decision-making and documentation. In terms of the patient, it promotes autonomy and honors the patient’s values, beliefs, and goals of care. It allows patients to minimize unwanted treatments at end-of-life and prevent overaggressive care. As a standing medical order, POLST also integrates the patient wishes into the physician’s orders, thus allowing physicians and other clinicians to more easily understand and respect what medical interventions the patient wants—and does not want—at end-of-life.

In terms of process, supporters maintain that POLST fosters shared decision-making among the patient, the clinician(s), the health care proxy, and family members. It also standardizes and simplifies end-of-life documentation as patients complete a single form rather than multiple advance directive documents. Finally, because is portable, POLST provides a means to more easily communicate end-of-life treatment decisions—and thus ensure consistency in patient care—across different health care settings.

While POLST can be used for these good ends, the NCBC has serious concerns with it as well.

NCBC’S CONCERNs WITH POLST

1. Some patients are given a POLST form at admission to a hospital or skilled care facility and are asked to complete it without being provided any information or direction. In addition, these patients may feel pressured to complete the POLST as a condition for admission or treatment.
2. Medical decisions are moral decisions. The checkbox format of the standard POLST form may undermine critical evaluation of the moral principles involved in a patient’s health care situation and it may short-circuit complex decision-making.

The future-looking POLST offers no guarantee that a patient's consent to treatment (or non-treatment) will be informed by the concrete circumstances of his or her medical condition at the time the treatment needs to be implemented.

3. A major concern with the standard POLST form is that it can be completed by a “trained facilitator” instead of a clinician. While it may be appropriate for a facilitator to conduct initial advance-care-planning *conversations*, these individuals should not be directly involved in making treatment *decisions*. The NCBC believes that such involvement encroaches on—and could interfere with—the traditional physician–patient relationship. The clinician, who could be a physician, physician assistant, or advance practice registered nurse, has the medical knowledge to understand and order treatment options that are in the patient’s best interests. As such, the NCBC insists that a clinician, not a facilitator, discusses the various treatment options with the patient and surrogate, aids the patient in making appropriate treatment decisions, completes the POLST form to accurately document these decisions, and signs it.

4. Standard POLSTs state there should be a periodic review of the form, but many do not specify how often this should occur. The NCBC recommends that the form be reviewed, at minimum, every six months. The review helps to ensure that the POLST addresses any changes in the patient’s medical condition and/or treatment preferences.

5. As a medical order, the POLST may compel clinicians and institutions to provide (or not-provide) medical interventions that violate the clinician’s conscience or that in the clinician’s medical judgment are contrary to the patient’s best interests. It may also compel health care institutions to violate their policies and/or medical guidelines, in particular the *Ethical and Religious Directives*. POLST forms and legislation must incorporate clear and robust conscience protections for both health care professionals and institutions.

6. Catholic teaching maintains that an individual has a moral obligation to accept treatments deemed ordinary but may forgo those deemed extraordinary (see “NCBC sample POLST” Section B below). The standard POLST form

does not address, let alone adequately distinguish between, ordinary and extraordinary means. It assumes that all medical interventions are morally neutral.

7. Catholic teaching maintains that, in principle, nutrition and hydration even by medically assisted means (feeding tube) is morally obligatory with some exceptions (ERDs, n. 58). Standard POLST forms allow patients to categorically refuse nutrition and hydration, a direct violation of Church teaching.

8. POLST may undermine informed consent. Directives 26 and 27 of the ERDs state that informed consent is an essential aspect of health care decision making. To properly consent to or refuse a medical intervention, one must have full knowledge about the nature of the intervention and its benefits, risks, side-effects, consequences, costs, and alternatives. As such, medical decisions—which are moral decisions—generally should be made “in the moment,” that is, at the actual time the intervention needs to be implemented and when the patient or surrogate has knowledge of all relevant medical facts and can consult with the attending physician(s). In contrast, the standard POLST form allows patients and surrogates to make treatment decisions about a future medical condition for which they may not have sufficient knowledge or have not adequately consulted with their physician(s). Stated differently, the future-looking POLST offers no guarantee that a patient’s consent to treatment (or non-treatment) will be informed by the concrete circumstances of his or her medical condition *at the time the treatment needs to be implemented*. In fact, a completed POLST may “lock in” treatment decisions that are medically and/or ethically inappropriate.

9. POLST may override a surrogate’s decision-making authority. Patients have the legal and moral right to designate a surrogate (or proxy) decision-maker to make medical decisions on their behalf in the event they lose decision-making capacity (ERDs nos. 24 & 25). This designation is normally accomplished by completing a Power of Attorney for Health Care (POA-HC) form. However, POLST does not require that health care providers consult with the surrogate, family members, or loved ones before implementing its orders. In addition, depending on local laws and circumstances, the POLST may take precedence over the POA-HC. This creates a situation where a pre-signed POLST can override, even negate, a legally-designated surrogate’s decision-making authority. The NCBC maintains that the well-informed surrogate who knows the patient and his/her values, understands the patient’s present medical condition, and respects both the natural law and Church teaching can far better determine how a patient’s wishes should be respected than can a general checklist that is not tied to any specific patient care situation.

GUIDELINES FOR COMPLETING POLST

If you are thinking about completing a standard POLST form or have been asked by a health care provider to complete one, please keep the following guidelines in mind:

1. The POLST form is appropriate only for and should be

completed only by patients who have been diagnosed with a terminal illness, defined as when death is anticipated within six months.

2. Completing a POLST form is OPTIONAL. Patients or surrogates are under no obligation to complete the form, and health care providers cannot compel a patient or surrogate to complete a POLST as a condition for receiving treatment.
3. Physicians are under no obligation to complete a POLST for their patients, and no physician can be forced to sign a patient's POLST contrary to his or her medical judgment or rightly-formed conscience.
4. The POLST form is not an advance directive. If a POLST is completed, both the patient and the surrogate should ensure that the treatment decisions indicated on the POLST are consistent with those indicated on the patient's advance directives (Power of Attorney for Health Care or Living Will) if they exist. The legally designated surrogate should have final decision-making authority over the patient's care, regardless of whether a POLST has been completed.
5. Patients and surrogates can use the POLST form to indicate that the most comprehensive treatment shall be provided or that all indicated forms of life support shall be used to conserve life.
6. A patient or surrogate must sign the POLST form for it to be valid. This signature affirms that what is indicated on the form accurately communicates the patient's treatment preferences.
7. If a POLST is completed, it should be reviewed, at minimum, every six months. This review helps ensure that the form addresses any changes in the patient's medical condition and/or treatment wishes.
8. Patients and surrogates can alter or revoke a POLST at any time to meet changing medical conditions and treatment preferences.

NCBC SAMPLE POLST

To address the concerns identified above, the NCBC has drafted a sample POLST form grounded in the Catholic health care tradition. The NCBC's sample POLST was drafted to be used by organizations and individuals dealing with the many challenges posed by standard POLST forms, including but not limited to those engaged in legislative efforts and those who desire an advance-care-planning tool that is in accord with Catholic moral teaching. Here we comment on the most important elements of the sample form.

Section A: Cardiopulmonary Resuscitation (CPR)

This section is similar to that of the standard POLST form, and it applies only in situations where the patient is unresponsive, has no pulse, and is not breathing.

If one checks the box "CPR/Attempt Resuscitation," medical personnel will attempt to restart the heart following a cardiac arrest (heart stoppage) and reestablish pulmonary function (breathing). If one checks the box "DNR/Do Not Attempt Resuscitation," medical personnel will not attempt to do so, but rather, will allow natural death to occur. Catholic

teaching permits patients to have a DNR (do-not-resuscitate) order when it is appropriate for their medical condition. For example, patients who are in very ill health or who are very aged often will not benefit from resuscitation efforts. In fact, CPR can cause them grave injury. In these cases, CPR may be declined on the grounds that it constitutes an extraordinary means of treatment.

It is important for the patient and surrogate to know that if any section of the POLST form is not completed, the patient will receive the most comprehensive treatment for that section. For example, if Section A is left blank, medical personnel will provide the patient with full CPR and resuscitation efforts.

Section B: Medical Interventions

This section addresses situations where a patient does not need CPR but experiences a medical emergency and is unable to communicate his or her health care wishes. Section B presents three general directions for care.

FULL TREATMENT: authorizes the use of all therapeutic interventions indicated to preserve life. Patients who check the "Full Treatment" box will be transported to the hospital. If Section B is left blank, the patient will receive full treatment.

SELECTED INTERVENTIONS: This section of the NCBC's sample POLST is significantly different from that of the standard POLST form. The NCBC form specifies that, in consultation with the medical team, the patient or the patient's legally designated surrogate determines the interventions to be provided based on an assessment of the ordinary or extraordinary nature of available treatment options. An ordinary means of care is any intervention that, in the patient's or surrogate's judgment, offers a reasonable hope of benefit and does not entail excessive burden. In the Catholic tradition, ordinary means of care are morally obligatory (ERDs, no. 56). An extraordinary means of care is any intervention that, in the patient's or surrogate's judgment, does not offer reasonable

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hope of benefit or imposes an excessive burden. Extraordinary means of care are not morally obligatory; they are optional (ERDs, no. 57). It is important to note that the determination of burden refers to the use of a particular medical intervention, not to the perceived quality of the patient's continued life. It is also important to note that the determination of whether a particular treatment is ordinary or extraordinary is made by the patient or surrogate in consultation with the health care provider, not by the health care provider alone. Generally speaking, a patient who checks "Selected Interventions" will be transported to the hospital.

COMFORT MEASURES ONLY: Comfort measures are designed to keep patients as comfortable as possible and include routine prescriptions and medications to control pain and other symptoms. Catholic teaching maintains that medicines capable of alleviating or suppressing pain may be given to a dying person even if they indirectly shorten the person's life so long as the intent is not to hasten death (ERDs no. 61). Generally speaking, if the "Comfort Measures Only" box is checked, the patient will not be transported to the hospital. However, if appropriate measures cannot be provided in the current setting, the patient will be referred or transferred to a facility with a higher level of care.

Regardless of the medical intervention chosen, comfort measures must always be provided.

Section C: Medically Assisted Nutrition and Hydration

The NCBC has significantly modified this section of the standard POLST form to make it consistent with Catholic moral teaching. Many standard POLST forms offer patients the option of categorically declining medically assisted nutrition and hydration (feeding tube). The sample NCBC POLST does not. Reasons for this include that (1) in many cases nutrition and hydration constitute ordinary care (even basic human care) and thus are morally obligatory (ERDs, n. 58), and (2) most often the question of whether the provision of medically assisted nutrition and hydration is appropriate for a particular patient cannot be answered at the time the POLST form is completed. Such decisions need to be made "in the moment" and with full knowledge of all relevant medical facts.

Many standard POLST forms also offer patients the option of declining antibiotics. The NCBC's sample POLST does not and in fact this section has been removed from our form. The reason for this is that in most cases, antibiotics constitute an ordinary means of care. These medications are highly effective in treating infection and they can be easily administered in pill or liquid form, and even intravenously. Patients should not have the option of refusing them out-of-hand.

The NCBC does not rule out the possibility that antibiotics or medically assisted nutrition and hydration may be legitimately declined at some future point. However, it seeks to ensure that their appropriateness is determined by the legally designated

surrogate in consultation with the attending physician(s) at the actual time such a decision needs to be made, not at the time the POLST form is completed which may be months or even years in advance. Given that antibiotics and assisted nutrition and hydration are not aspects of emergency medical care, there is time to make deliberate, informed decisions about them. Again, one should not rule out their possibility in advance.

Signatures

Signatures are essential to complete a valid POLST. The physician, physician assistant, or advance practice registered nurse who completes the POLST form must print and sign his or her name in the appropriate spaces, indicate contact information, and date the form. The clinician's signature attests that he or she has informed the patient of available treatment options and will provide care consistent with what is indicated on the form. The patient or surrogate (if the patient is unable) must sign and print his or her name in the appropriate spaces and indicate the relationship to the patient. A signature attests that the patient or surrogate is informed of what is documented on the POLST form and that this documentation accurately communicates the patient's treatment preferences.

Resource for Individuals and Organizations

A Catholic Guide to POLST, along with the sample NCBC POLST form, are valuable resources that both individuals and organizations can employ to address and ultimately overcome the concerns associated with many standard POLST forms. The guide and form aid individuals in making ethically acceptable end-of-life treatment decisions and they can assist organizations in formulating advance-care-planning tools that are consistent with Catholic teaching. Although designed to be legally valid, the NCBC sample POLST is a representative model. Before using it, consult with your state medical board, health care attorney, or local Catholic Conference to ensure that it fulfills the medical and legal requirements of your state. The NCBC remains willing to assist in the implementation of this guide and its sample POLST form as needed.

References:

NCBC, "A Catholic Guide to End-of-Life Decisions," <https://www.ncbicenter.org/store/catholic-guide-to-end-of-life-decisions-english-pdf-download>.

NCBC Ethicists, "Guide to POLST," *Catholic Health Care Ethics: A Manual for Practitioners*, ed. Edward Furton, 3rd ed. (Philadelphia: National Catholic Bioethics Center, 2020), 24.11–24.19.

United States Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services*, 6th ed. (Washington DC: USCCB, 2018).

Jozef Zalot, "Durable Power of Attorney and Living Will," *Catholic Health Care Ethics: A Manual for Practitioners*, ed. Edward Furton, 3rd ed. (Philadelphia: National Catholic Bioethics Center, 2020), 24.1–24.11.

USE THIS FORM ONLY WHEN DEATH IS ANTICIPATED WITHIN SIX MONTHS.

Send this form with patient whenever transferred or discharged.

Completing a POLST form is optional and requires patient/surrogate consent.



**Physician Orders for
Life-Sustaining
Treatment (POLST)**

Last Name

First/Middle Name

Date of Birth

This order sheet is based on the patient's medical condition and wishes when the orders were issued. Follow these orders. Contact the patient's surrogate or family if necessary. Contact physician, physician assistant (PA), or advance practice nurse (APRN) if necessary. Any section of the form not completed implies FULL TREATMENT for that section.

A Check Only One	<p>CARDIOPULMONARY RESUSCITATION (CPR): Person has no pulse <u>and</u> is not breathing.</p> <p><input type="checkbox"/> CPR/Attempt Resuscitation <input type="checkbox"/> DNR/ Do Not Attempt Resuscitation (Allow Natural Death)</p> <p>When not in cardiopulmonary arrest, follow orders in B, C, and D.</p>																	
B Check Only One	<p>MEDICAL INTERVENTIONS: Person has pulse <u>and/or</u> is breathing.</p> <p><input type="checkbox"/> FULL TREATMENT: Provide all therapeutic interventions indicated for the patient's medical condition. Transfer to hospital if indicated. Includes intensive care. Always provide comfort care.</p> <p><input type="checkbox"/> SELECTED INTERVENTIONS: In consultation with the medical team, the patient or surrogate determines interventions to be provided based on an assessment of the ordinary or extraordinary nature of available treatment options. (See 3.2 on back of form). Patient or surrogate has final decision-making authority.</p> <p><input type="checkbox"/> COMFORT MEASURES ONLY: Use medication by any route, including IV. Apply positioning, wound care, and other easily administered and beneficial measures for symptom control. Use oxygen, oral suction, and manual treatment of airway obstruction as needed for comfort. Keep clean, warm, and dry.</p> <p>Transfer to hospital only if comfort needs cannot be met in current location.</p> <p>Do not transfer to hospital for life-sustaining treatment.</p>																	
C Check Only One	<p>MEDICALLY ASSISTED NUTRITION AND HYDRATION: Always offer food and liquids by mouth if tolerated. (See section 3.3 on back.)</p> <p><input type="checkbox"/> Long-term nutrition and hydration by any route. <input type="checkbox"/> Trial period of nutrition and hydration by any route. <input type="checkbox"/> Consult with family and/or surrogate.</p>																	
D Check Only One	<p>SUMMARY OF GOALS, MEDICAL CONDITION, AND SIGNATURES:</p> <table border="1"><tr><td>Discussed with</td><td>Patient Goals/Medical Condition/Additional Orders:</td></tr><tr><td><input type="checkbox"/> Patient <input type="checkbox"/> Authorized surrogate</td><td><input type="checkbox"/> Please contact a member of the clergy on my behalf.</td></tr><tr><td colspan="2">By signing this form, I acknowledge that I have discussed the decisions herein with the patient or the authorized surrogate and affirm that they conform to the patient's goals for treatment to the best of my knowledge.</td></tr><tr><td>Physician/Physician Assistant (PA)/Advance Practice Registered Nurse (APRN) Printed Name:</td><td>Physician/PA/APRN Phone #:</td></tr><tr><td>Physician/Physician Assistant (PA)/Advance Practice Registered Nurse (APRN) Signature (Required):</td><td>Date Prepared</td></tr><tr><td colspan="2">My signature below affirms that what is indicated on this form accurately communicates my goal of treatment. I am aware that completing this POLST form is optional and that the form can be updated or revoked at any time to reflect changes in my treatment preferences.</td></tr><tr><td>Signature (required)</td><td>Name (print)</td><td>Relationship (write "self" if patient)</td></tr></table>			Discussed with	Patient Goals/Medical Condition/Additional Orders:	<input type="checkbox"/> Patient <input type="checkbox"/> Authorized surrogate	<input type="checkbox"/> Please contact a member of the clergy on my behalf.	By signing this form, I acknowledge that I have discussed the decisions herein with the patient or the authorized surrogate and affirm that they conform to the patient's goals for treatment to the best of my knowledge.		Physician/Physician Assistant (PA)/Advance Practice Registered Nurse (APRN) Printed Name:	Physician/PA/APRN Phone #:	Physician/Physician Assistant (PA)/Advance Practice Registered Nurse (APRN) Signature (Required):	Date Prepared	My signature below affirms that what is indicated on this form accurately communicates my goal of treatment. I am aware that completing this POLST form is optional and that the form can be updated or revoked at any time to reflect changes in my treatment preferences.		Signature (required)	Name (print)	Relationship (write "self" if patient)
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Signature (required)	Name (print)	Relationship (write "self" if patient)																

Contact Information

Surrogate	Relationship	Phone Number	Email Address
Family	Relationship	Phone Number	Email Address

Directions for Health Care Professionals

If the patient indicates DNR (Do Not Resuscitate) in section "A," the physician/PA/APRN should discuss the issuance of an Out-of-Hospital DNR order, if the individual is eligible, to assure that EMS providers can honor his/her wishes. The patient should also contact his/her state department of Health-Bureau of EMS for information about Out-of-Hospital DNR orders, bracelets, and necklaces. Contact the National Catholic Bioethics Center for information about sample forms for advance health care options.

If the patient indicates "Selected Interventions" in section "B," this POLST requires medical professionals to contact the patient's surrogate or family if the patient is not able to make decisions for him/herself. Ensuing decisions about medical care should be made in conjunction with the surrogate or family. Decisions should be based on the patient's current medical condition and should be in accord with Catholic moral teaching.

1. Completing POLST

- 1.1 This document refers to the person for whom the orders are issued as the "individual" or "patient" and refers to any other person authorized to make health decisions for the patient as the "surrogate."
- 1.2 This POLST document may be completed by surrogates on behalf of a person lacking decisional capacity consistent with law and facility/community policy; not recommended for pregnant women.
- 1.3 At the time a POLST is completed, any current advance directive, if available, must be reviewed and any inconsistencies resolved.
- 1.4 This POLST must be signed by the physician/PA/APRN and patient/surrogate to be valid. Verbal orders are acceptable with follow-up signature by physician/PA/APRN in accordance with facility/community policy. A person designated by the patient or surrogate may document the patient's or surrogate's agreement.
- 1.5 Electronic copies of signed POLST forms should be respected where necessary. Use of original form is strongly encouraged.

2. Revoking POLST

- 2.1 The patient who gave consent to this order, or the authorized surrogate, can REVOKE CONSENT to any part of this order at any time and request alternative treatment.
- 2.2 If the POLST becomes invalid or is replaced by an updated version, draw a line through section A through E of the invalid POLST, write "VOID" in large letters across the form, and sign and date the form.

3. Using POLST

- 3.1 If the appropriate measures cannot be provided in the current setting, a patient who has designated either "comfort measures" or "limited additional interventions" will require a transfer or referral to a facility with a higher level of care.
- 3.2 An ordinary means of care is any intervention that, in the patient's or surrogate's judgement, offers a reasonable hope of benefit and does not entail excessive burden. This treatment is morally obligatory. An extraordinary means of care is any intervention that, in the patient's or surrogate's judgement, does not offer resonable hope of benefit or imposes an excessive burden. This treatment is not morally obligatory. The determination of benefit and burden refers to the provision of a particular medical intervention, not to the perceived quality of the patient's life. See United States Conference of Catholic Bishops, *Ethical and Religious Directives*, 6th edition, nos. 56 & 57.
- 3.3 Nutrition and hydration must always be offered if tolerated by the patient. Prevention of dehydration and starvation is part of ordinary care, except in situations when food and water cannot be assimilated, its administration creates excessive burden for the patient, or when death is imminent.
- 3.4 Never use this document without the signature of patient or authorized surrogate. If the patient's condition changes and time permits, the patient or surrogate must be consulted to assure that the POLST is an up-to-date and accurate representation of the patient's preferences.
- 3.6 Nothing in this POLST document should be construed to compel a health care provider or agency to violate a judgement of conscience or religious belief.

4. Reviewing POLST

- 4.1 This form shall be reviewed every six months.
- 4.2 A new form shall be completed if: (1) The patient is transferred from one care setting or care level to another; or (2) There is a substatiantial change in the patient's health status; or (3) The patient's treatment preferences change.

Review Date	Review Date	Review Date	Review Date
1	2	3	4
Physician/PA/APRN Signature	Physician/PA/APRN Signature	Physician/PA/APRN	Physician/PA/APRN