Position Statements for Florida Hospices and Palliative Care
Advance Health Directives,
Physicians Orders for Life Sustaining Treatment (POLST),

Adopted by the Florida Hospices and Palliative Care Board of Directors on July 29, 2011

Background
The consensus of research statistics indicates that Advance Health Directives (AHD) and Living Wills (LW) alone are often not heeded during the end-of-life process in the vast majority of cases in acute care settings, and that medical measures and procedures which are contrary to the patients wishes are a common occurrence. Hospice collectively, is particularly attuned to honoring the patient’s end-of-life health care wishes. FHPC and its members are well-positioned to be thought-leaders in advancing the POLST Paradigm in Florida to develop a system that better enables acute care settings to honor the patients’ end-of-life treatment wishes, to provide logistical support, public policy expertise, and motivation to keep forward momentum in a process that is likely to take time to gain widespread acceptance.

There is a national movement to adopt an actionable medical order tool such as the “Physician Orders for Life–Sustaining Treatment” (POLST) or its equivalent (“Medical Orders…” - MOLST, “Clinical Orders…” - COLST), with twelve states currently using one of these forms. This national movement operates independently in each state but with the support of the “National POLST Paradigm Task Force”, and in collaboration with the states that are currently using a POLST-type medical order.

The POLST is a tool for translating patients’ goals into medical orders in a highly visible, portable way, which enables patients to choose from a full range of care options, from aggressive treatment to limited interventions for comfort care.

Ten of the Twelve states enacting a POLST-type document have required legislative action, and two have been able to achieve it through regulatory means. This collective national experience has identified a number of areas that must be considered in moving towards and acceptance of the POLST Paradigm, including identifying key facilitators, considering and taking steps to address concerns and barriers (particularly during initial enactment), training and educational needs, formal monitoring and evaluation processes, fostering a culture of meaningful discussions of options and preferences between patients and clinicians, and adapting the POLST to the unique demographics and “politics” of each state.

FHPC staff and program members have been engaged for many years with a statewide POLST Workgroup. Within the last two years the workgroup has been reenergized by the cooperative efforts of the “Center for Innovative Collaboration in Medicine & Law Florida State University College of Medicine” and “Project GRACE”, and a renewed interest by a wide array of stakeholders in changing the status quo.
Position Statements

Advanced Health Directives are Important and Necessary
1. FHPC supports the use of the AHD because it is a tool that gets people talking about end-of-life health care before they are faced with end-of-life circumstances and records those wishes in writing.
2. FHPC believes that continued efforts should be made to educate and stimulate discussion about AHD among all demographics of our society.
3. FHPC advocates the importance of completing the AHD, sharing and communicating those wishes to loved ones, health decision surrogates, and with physicians.

Advanced Health Directives Alone are Not Enough
1. FHPC acknowledges the consensus of research statistics that indicate that AHD and LW alone are often not heeded during the end-of-life process and as a result, medical measures and procedures which are contrary to the patients wishes are a common occurrence.

Physicians Orders are Necessary to Implement Advance Health Directives and patient wishes
1. FHPC supports, by regulatory, legislative, and educational means, the adoption and utilization of a tool such as a Physician Order for Life Sustaining Treatment (POLST) to assure that patients’ end-of-life health care wishes are honored.
2. FHPC ardently supports the explicit inclusion of hospice as a treatment choice on any POLST form adopted for use.
3. FHPC advocates that patients share their AHD and/or LW with their health decision surrogates and physician for the purposes of incorporating them into a POLST.
4. FHPC acknowledges that the absence of an AHD or LW in no way precludes the completion of a POLST.
5. FHPC acknowledges that Physician orders are the tool that gives a patient the best chances of having AHD or LW wishes honored in most acute care settings. In order to maximize the likelihood of having their AHD or LW will honored, patients or their health surrogates should communicate them to the physician and have them implemented in the form of a POLST at the appropriate time.
6. FHPC supports the concept that any POLST form adopted is to implement the patient AHD or wishes by transferring them to a clear, concise, clinical document that can travel with the patient across care settings.
7. FHPC supports providing immunity for providers from civil or criminal liability, and from disciplinary action for complying with a POLST. [ref. s. 765.109 (1) F.S., pertaining to Advance Health Directives]

This position statement was considered by the FHPC Public Policy Initiative on July 11, 2011 and recommended to the FHPC Board of Directors for adoption. The FHPC Board of Directors adopted this position statement on July 29, 2011 for guidance in the FHPC Public Policy Program and for the basis of conducting supporting research and documentation, creating talking points, etc.

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