

at the front lines

A matter of life and death

When your mother was younger and healthier, she did the smart thing and filled out an advance directive. Part of the reason was that she didn't want her physicians to use extreme measures to keep her alive when she became seriously ill. Life went on.

Eventually, she did become seriously ill. Somehow, as she moved from home to nursing home to hospital and back, her physicians either never saw or never seriously considered her end-of-life wishes. They gave her medical treatments she didn't want.

The point is not that an advance directive or living will is worthless. The point is that, by itself, it's not enough.

What she needed in addition was something that would turn her treatment wish into an actionable medical order, the kind of document that any physician would understand and take seriously.

There's a name for such a document: a POLST. That's shorthand for the Physician Orders for Life-Sustaining Treatment Paradigm, a program that a College of Medicine professor helped create in Oregon years ago. Now the Center for Innovative Collaboration in Medicine & Law at the medical school is coordinating efforts to implement POLST in Florida.

One reason patients' wishes sometimes get ignored, said Marshall Kapp, director of



the center, "is that doctors are afraid of legal consequences if they don't do a full-court press for every patient."

That's what the POLST Paradigm is trying to change. Kenneth Brummel-Smith, M.D., chair of the College of Medicine's Department of Geriatrics, was involved in starting the POLST program when he led the center on aging at Oregon Health & Science University.

Two words make all the difference. "All medical treatments are provided through what are called 'doctor's orders,'" he said. "If you're in a hospital, you can't even get an aspirin without a doctor's order. What POLST does is take the kinds of wishes that patients state in their advance directive, and converts them into a set of doctor's orders. Emergency personnel, nurses and other doctors are used to dealing with that kind of communication." The system works, Brummel-Smith said. He completed a study in Oregon indicating that when the patient had a POLST, 94 percent of his or her wishes were followed in the hospital, compared with just 50 percent without one.

A September conference in Orlando was the first step in developing a legal strategy for the POLST to become an accepted document in Florida.

COLIN HACKLEY



Marshall Kapp is director of the Center for Innovative Collaboration in Medicine & Law.