

# Taking the time to get it right on end-o

By Barbara Peters Smith, Herald-Tribune

Monday, November 21, 2011

BOSTON – “There are a lot of people in Florida who are very mad at me,” said M Florida State University Center for Innovative Collaboration in Medicine and La state’s initiative to adopt a policy for the POLST – short for Physician Order for



Some 14 states now have some form of the PC advance directives to provide very specific gu treatment a patient wants to receive near the resuscitation to ventilator care. Kapp said he understand why Florida is taking so long to j

The idea behind Polst is that some health care providers are unwilling or unable spelled out in their advance directives for care, sometimes because the language at hand, or the paperwork gets lost in the shuffle of emergency treatment. The P and the patient, represents their agreement after a conversation about possible l to carry more weight in a hospital setting.

Some patient advocates object to the POLST because it underscores the power th Kapp said. “That’s right,” he added, “but I think we need to adapt to that reality.”

He describes Florida as “in the developmental stage,” and said he has just begun Health on how the practice can be implemented. He hopes it will a question of n wait to get the technicalities right.

“A lot of people think that once there’s consensus on the concept, you can have a lot of issues that need to be dealt with once the concept is accepted.”

Among these issues:

- Patients’ rights to make decisions about their care, or have a proxy do it for them, are addressed in the statutes. But should there be legislation or regulation that makes the POLST easier to use?
- Should physicians be legally required to offer the POLST to patients? Who can sign a POLST, a physician or a nurse practitioner?
- Should a POLST from another state be recognized in Florida? What if a patient’s wishes in another state are in conflict with Florida law?
- What should be the penalty for a health care provider who does not respect the patient’s wishes?

Kapp was speaking at a symposium on end-of-life care at the annual meeting of the American Society of Geriatrics in Washington, D.C. Kathy Black, a professor of social work at the University of South Florida, was also speaking at the same session on the national movement to encourage people to have written advance directives. Black pointed out that most people fail to consider the possibility that they will need long-term care when the time comes.

“We know the majority of people will have years of functional cognitive decline before they enter an intensive care unit, 95 percent of people lose capacity to make decisions for themselves in the ICU.”

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## 2 COMMENTS

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**THOMAS G. BOWERY, PH.D.** MONDAY, NOVEMBER 21, 2011 AT 10:59 AM

I strongly urge that the State of Florida adopt POLST. Several years ago, my wife, a diabetic, had a heart condition. We both had "Advanced Directives". However, when she had a fatal heart attack, in a Florida hospital, late at night, the "Directive" was ignored. The emergency physician on duty, either deliberty ignored it, or couldn't find it in the files. This was in spite of the fact the "Directive" had been officially placed in her files at the hospital several years earlier. She suffered through medical procedures that were not supposed to occur.

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**KAY TARRANT, RN** MONDAY, NOVEMBER 21, 2011 AT 9:57 PM

I also strongly urge the State of Florida to adopt the POLST. I moved from Florida to Oregon, where the POLST is in use. I work in a healthcare facility where it is one of my responsibilities to discuss Advance Directives with my patients. Using the POLST makes it easier to talk with my patients and/or their families, asking specific questions using scenarios makes it easy for them to understand and gives them the ability to make their decisions in a more relaxed manner