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To do CPR or not? New form can help answer that question



Doing CPR on a patient who did not want life-saving measures, and had a document saying so, could legally be considered battery, one expert said. (Justin Sullivan / Getty Images / June 1, 2010)

By Diane C. Lade, Staff writer
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You draft a living will, thinking it will keep you from ending life tethered to a machine.

But even those far-sighted enough to have advance medical directives often don't understand in which situations they work and how. The results can be traumatic for patients, their families and caregivers, as demonstrated by the outrage and confusion that followed a recent incident involving an elderly California woman who died after being denied CPR.

[VIDEO: Senior home apologizes after employee refuses to give CPR to dying woman](#)

In Florida, end-of-life care experts are testing a new document — called a Physician Orders for Life-Sustaining Treatment, or POLST — they say could better ensure a person's final wishes are

followed. It's a medical form that covers not just CPR but a patient's feelings about feeding tubes, aggressive medical treatment, hospice and pain control.

The best part? It requires an in-depth conversation with your doctor, something experts recommend patients also do when preparing living wills.

"If people don't speak up, they might have things done to them in their final moments that they don't want. Or have things not done that they did want," said Dr. Stuart Bagatell, ethics committee chairman at JFK Medical Center near Lake Worth.

JFK is one of six places statewide experimenting with POLSTs now, hoping to gather evidence about their effectiveness. The document usually is used for people who are terminally ill, or have less than a year to live.

While a 2006 bill to create POLSTs under state law failed, a statewide coalition of attorneys, doctors and ethicists is hoping to try again next year. If passed, a state law would help ensure POLSTs would be accepted in all care facilities. Still, hospitals and nursing homes can create and use them now within their own networks.

Marshall Kapp, director of the Center for Innovative Collaboration in Medicine and Law at Florida State University's College of Medicine, said there is a coverage gap between the two most commonly used documents: the living will and the "Do Not Resuscitate Order," or DNRO.

Living wills, which don't require professional preparation, can contain extensive details about patient wishes for treatment and care in and out of a hospital. Every adult should have one, said Kapp, whose center is coordinating the statewide POLST efforts.

But because living wills aren't signed by a physician and often aren't medically explicit, health care providers sometimes are reluctant to honor them in an emergency, Kapp said, especially given growing legal liability concerns.

DNROs, medical documents designed for people who are seriously ill, are prepared and signed by a doctor. In Florida, they must be on yellow paper so they can be quickly identified. But these cover only restarting a patient's heart and restoring breathing, Kapp said, meaning those who survive could find themselves hooked up to tubes or machines.

Florida's model POLST form, by comparison, covers most medical interventions, not just CPR. And because it's signed by a physician, it carries more clout with health care workers. Oregon created the first POLST in the 1990s, out of frustration with living wills not being honored, and they now are used in 15 states.

"We have so many more ways to keep people alive these days. Patients need to decide for themselves when we should use the machines and when we should not," said Ken Goodman,

director of the University of Miami's bioethics program. "POLST will succeed in letting us have that conversation."

Last month, a staff member at a California independent living center refused a 911 operator's pleas to perform CPR on 87-year-old Lorraine Bayless, who had collapsed in the dining room, saying it violated the facility's policy.

It turned out Bayless knew about the center's policy that non-medical staff could not perform life-saving measures. Yet without seeing specific documents, the emergency operator and paramedics were obligated to try to save Bayless once the retirement center called.

Dr. Nabil El Sanadi, medical director for Broward Sheriff's Fire Rescue, said the more information medical providers have to help them make split-second decisions, the better.

Once paramedics are called, they must try to revive the patient, El Sanadi said — unless they see a properly prepared DNRO. Doing CPR on a patient who did not want life-saving measures, and had a document saying so, could legally be considered battery, El Sanadi said.

But on the other hand, not performing life-saving measures when it's unclear what the patient wanted also puts emergency workers in jeopardy, he said.

Dr. Karl Dhana, senior vice president of medical affairs at MorseLife, a West Palm Beach elder care complex, said family members often are unaware that life savings measures typically don't work on very frail, elderly people — or if they do, leave them so injured, they soon die.

Studies show that among people age 85 and older who are living at home, fewer than four out of every 100 who undergo CPR leave the hospital, according to the University of California-Los Angeles Health System Ethics Center. The majority survive with neurological issues.

Life-saving measures often involve compressions that can break an older patient's ribs, being shocked with electric paddles and having tubes inserted, Dhana said.

"There are no guarantees when you are in true cardiac arrest, and it's unlikely you'll be like you were before," Dhana said.

Dhana said MorseLife developed its own form to use in its nursing home and rehab unit several years ago. But he said it is considering adopting the POLST.

"There are a lot of gray areas with a DNRO. It just says 'Don't restart my heart,'" Dhana said. "With the POLST, you don't have to guess about treatments."

Meanwhile, Bagatell's JFK POLST project now has 35 patients with completed forms, and another 15 outpatients. Bagatell, a UM Miller School of Medicine assistant professor, will track

POLST patients through hospitalizations, and nursing home and hospice admissions, to see if their care wishes are honored.

He said [Broward County](#) hospitals run by HCA, which also owns JFK, are asking about implementing POLSTs.

The University of Miami also has been working on a POLST program. Within the next few months, Jackson Memorial Hospital and other university medical centers will start using the forms, UM's Goodman said.

For more information, go to floridahealthfinder.gov and type "advance medical directive" in the search field.

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