

Health Care Proxies, Living Wills, and POLST Forms, Oh My: Interpreting Advance Care Planning Documents

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There are two categories of advance care plans: medical orders and legal documents. POLST forms and advance directives are both types of advance care plans and serve different functions. A Health Care Proxy is a named individual who can make medical decisions for a patient when they become incapable of making decisions for themselves. Any of these can help an emergency physician to determine how best to help a patient in extremis and help to provide care consistent with a patient's care goals. An important caveat to this discussion is that knowing your individual state laws is critical to interpreting advance care planning documents. To get information regarding state-specific advance directives visit <https://www.nhpco.org/patients-and-caregivers/advance-care-planning/advance-directives/downloading-your-states-advance-directive>



they find a POLST form on the refrigerator which clearly explains that Mr. L does not want CPR. EMS explains to Mrs. L that Mr. L has no pulse and that they will honor his wishes by not performing CPR. Mr. L is declared dead at the scene without transport to the hospital.

The other type of advance care planning document is an advance directive. In contrast to a POLST form which is designed for certain populations, all adults should have an advance directive. An advance directive is a legal document. This gets a little complicated as an advance directive is called different things in different states. A living will is a type of advance directive in which patients indicate the types of life-prolonging medical care they would want if they became terminally ill, permanently unconscious, or in a vegetative state and unable to make their own decisions. A durable power of attorney for health care is another type of advance

The POLST* (Physician Orders for Life Sustaining Treatment) form is a medical order. This is the only type of advance care planning document that falls under this category. A POLST form is not appropriate for all patients – it addresses a set number of limited medical treatments and is designed for patients with life-limiting illness or frailty at the end of life. It serves as medical orders for a physician or emergency services to follow in the event of an emergency. It addresses whether or not a patient wants CPR attempted, full treatment, selective treatment, or comfort-focused treatment. The form briefly elaborates on these treatment options, giving examples of each. It also addresses the question of whether or not a patient would want medically assisted nutrition. It is signed by the patient or patient representative and a health care provider. It goes into effect only if the patient does not have decision-making capacity.

** also called MOLST (depending on what state you live in - Medical Orders for Life Sustaining Treatment)*

Let's take the example of Mr. L who is an 86-year-old gentleman with multiple comorbidities. One day he collapses at home. His wife, Mrs. L is frightened and calls EMS. When EMS arrives ready to perform CPR,

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directive that appoints a surrogate decision maker should the patient no longer have the capacity to make medical decisions.

The surrogate's decision making power is only invoked if the patient does not have decision making capacity. Advance directives can also provide insight into what the patient would or would not want for medical treatment. Unfortunately, it is often vague and left open to interpretation of the medical team to determine what should be done in the context of the patient's illness, prognosis, and guidelines in the advance directive, along with his or her surrogate. In the emergency department, it's very important to make sure that you're talking to the right person. If a patient does not have an advance directive indicating a decision-maker, the chain of surrogacy is as follows: legal guardian > spouse > adult children > parent > adult sibling > any adult relative > close friend. If the chain of



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surrogacy reaches adult children or adult siblings, remember that if a patient has multiple children (or adult siblings) they share equal decision making power.

Let's review advance directives with a sample case. Ms. J is a 76-year-old woman who was in an unexpected accident that left her in a coma. She has a living sister with whom she is not close. When it comes time to make decisions about her medical care, Ms. J's advance directive names her close friend, Ms. R as her surrogate. Ms. R knows Ms. J well and Ms. J chose her as a health care proxy because she felt that she would be able to speak on her behalf and ensure she receives the interventions she would have wanted.

It can be difficult for emergency physicians to hold back from resuscitation. We're trained to save lives. But we have all had cases where we've wondered if our life-saving interventions truly were in the best interests of the patient. Family members are often too distraught to make a measured decision. Advance care planning documents can help reassure the physician and the team that the medical care is in line with what the patient would have wanted. ●

References:

1. www.polst.org
2. <https://www.nhpco.org/patients-and-caregivers/advance-care-planning/advance-directives/downloading-your-states-advance-directive>
3. <https://www.aha.org/system/files/2018-01/putitinwriting.pdf>



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