

## The Case for Physician Orders for Life-Sustaining Treatment

Susan W. Tolle, Alvin H. Moss, Susan E. Hickman

**To the Editor** Dr. Halpern and colleagues<sup>1</sup> note that the U.S. health care system provides many dying patients with unwanted medical interventions. They acknowledge the widespread and growing use of the Physician Orders for Life-Sustaining Treatment (POLST) Paradigm and appeal for greater research about the effectiveness of POLST in supporting informed, patient-centered decision-making. We agree and are actively engaged in POLST research and continuous quality improvement. Where we diverge in our views is about the strength of existing evidence.

The POLST paradigm is supported by a growing body of research. A review of 58,000 deaths in Oregon found a strong association between POLST treatment orders and location of death. Of Oregon decedents without POLST forms, 34% died in the hospital compared to 6% with POLST orders for comfort measures only and 44% of those with POLST orders for full treatment.<sup>2</sup> A 3-state study of 1,711 residents in 90 nursing homes found significant associations between POLST use, scope of treatment orders, and level of treatment received.<sup>3</sup> These data and other studies led the Institute of Medicine to recommend that states should “develop and implement a [POLST] paradigm program in accordance with nationally standardized core requirements.”<sup>4</sup>

Recent data indicate that POLST form completion happens most often in close proximity to death, suggesting the decisions are relevant to the patient’s present situation and the context of decisions is known. In a study of 18,285 decedents with POLST forms, the median time

from POLST form completion to death was 6.4 weeks. The timing of POLST completion varied by cause of death, with those dying of cancer a median of 5.1 weeks prior to death, those with organ system failure a median of 10.6 weeks and those with dementia a median of 14.5 weeks. Reevaluation and revision of orders occurred in 11% of the sample during the 2-year period with 78% reflecting preferences for less life-sustaining treatment.<sup>5</sup>

The challenges of studying an evolving area of practice are real and complex. It is important to discuss how much evidence is needed before the dissemination of practice innovations. However, given almost 20 years of research on thousands of patients, we believe the documented benefits of the POLST paradigm support its nationwide implementation while researchers continue to evaluate the quality of POLST decisions and assess its effects on care outcomes.

Word count: 382

Susan W. Tolle, MD

Alvin H. Moss, MD

Susan E. Hickman, PhD

Author Affiliations: Center for Ethics in Health Care, Division of General Internal Medicine and Geriatrics, Oregon Health & Science University, Portland, OR (Tolle); Center for Health Ethics and Law, Robert C. Byrd Health Sciences Center, West Virginia University, Morgantown, WV (Moss); School of Nursing, Indiana University, IUPUI RESPECT (Research in Palliative and End-of-

Life Communication and Training) Center, IU Health Fairbanks Center for Medical Ethics,  
Indianapolis, Indiana (Hickman).

Corresponding Author: Susan W. Tolle, MD, Center for Ethics in Health Care, Division of General  
Internal Medicine and Geriatrics, Oregon Health & Science University, 3181 Sam Jackson Park  
Road, UHN-86, Portland, OR 97239 (tolles@ohsu.edu)

## References

1. Moore KA, Rubin EB, Halpern SD. The problems with Physicians Orders for Life-Sustaining Treatment. *JAMA*. 2016;315(3):259-260.
2. Fromme EK, Zive D, Schmidt TA, Cook JN, Tolle SW. Association between Physician Orders for Life-Sustaining Treatment for scope of treatment and in-hospital death in Oregon. *J Am Geriatr Soc*. 2014; 62(7):1246-1251.
3. Hickman SE, Nelson CA, Perrin NA, Moss AH, Hammes BJ, Tolle SW. A comparison of methods to communicate treatment preferences in nursing facilities: traditional practices versus the physician orders for life-sustaining treatment program. *J Am Geriatr Soc*. 2010;58(7):1241-1248.
4. Institute of Medicine. *Dying in America: Improving Quality and Honoring Individual Preferences near the End-of-Life*. Washington, D.C.: National Academies Press, 2014.
5. Zive DM, Fromme EK, Schmidt TA, Cook JN, Tolle SW. Timing of POLST form completion by cause of death. *J Pain Symptom Manage*. 2015; 50(5):650-658.