

End-of-Life Care Decisions

A new California law creates a standardized physician order form to broaden the vision of resuscitative or life-sustaining treatment.

by Ann Whitehead, RN, JD
Risk Management & Patient Safety Specialist



Effective January 1, 2009, Assembly Bill (AB) 3000 amends existing law adding an optional standardized physician order form, the Physician Orders for Life-Sustaining Treatment (POLST) form, to the currently recognized “do not resuscitate” (DNR) order form. This law does not remove any of the currently recognized health care advanced directives requirements; rather it seeks to include POLST orders as an addition or an alternative to the other forms. The use of the POLST form is not mandatory but highly recommended for seriously or terminally ill individuals. If used, there are specific requirements which must be met, which are explained below.

“POLST is a physician’s order form that outlines a plan of care reflecting the patient’s wishes concerning care at life’s end.”

The value of the POLST form is that it compliments the advanced directive by taking a patient’s wishes regarding life-sustaining treatment, which may be set forth in the advanced directive, and converting them to

medical orders. The POLST form becomes an actual set of physician orders which will follow the patient across all health care settings. It allows the patient to identify specific issues related to end-of-life care. The advanced directive may include this and additional information such as designation of a surrogate decision maker, general health care wishes and post-death wishes. The POLST form addresses a the patient’s wishes about specific medical treatments, including cardiopulmonary resuscitation (CPR), antibiotic use, artificial nutrition, and degree of medical intervention desired by a patient when he or she is not in cardiac arrest, such as intubation, or artificial ventilation. The form also provides more detailed instructions as to when, where, to what extent, and under what circumstances life-sustaining or resuscitative measures should be employed.

“The POLST form becomes an actual set of physician orders which will follow the patient across all health care settings.”

What is important for you to know:

For a POLST form to be valid in CA:

- It must be explained by a licensed health care provider to the patient (or the patient’s legal health care decision-maker under CA law).
- The provider should, also, inform the patient about the difference between a health care advanced directive and the Physician Orders of Life Sustaining Treatment form. This should be documented in the patient’s medical record.
- The form should be pink and must be signed by a physician and the patient or legal representative.

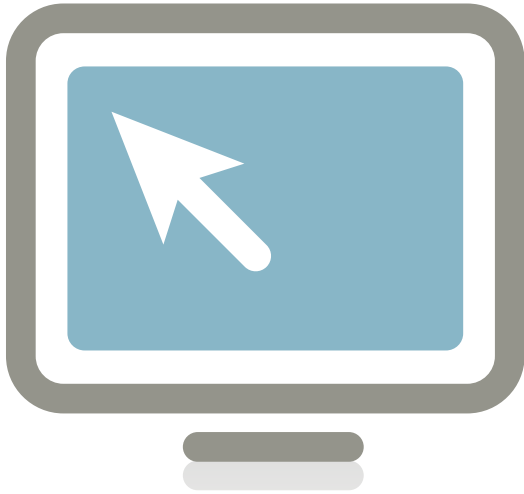
Other important information:

- Like the DNR form, the POLST form will apply both in and out of hospitals. Any health care provider who honors a POLST form in good faith is protected from liability.
- Your patient should be instructed to keep a copy of their POLST form on their refrigerator, by their bed

or in their wallet for easy access, if needed. If the form is part of your medical record, forward it to the hospital with admission orders.

- It is also important to determine how your hospital is going to honor a patient POLST order form.

More information about POLST in California, a sample form and patient brochure may be found at the California Coalition for Compassionate Care website at <http://www.finalchoices.org>.



Risk E-Notes

by Ann Whitehead, RN, JD
Risk Management & Patient Safety Specialist

Earlier this year, the Cooperative of American Physicians, Inc. Risk Management & Patient Safety Department launched a new online communication. This bi-monthly e-mail newsletter, *Risk E-Notes*, is designed to provide a brief piece of risk management information to education your office management staff. With the introduction of this risk management communication tool, it is our goal to assist you to improve patient care, establish consistent office systems and reduce the number and severity of professional liability claims brought against you.

We know you will want your staff to get this important communication to help keep them up-to-date.

Please provide an office or personal e-mail address, your membership number and an office staff contact (first and last name) to llopez@cap-mpt.com so that we may send this informative newsletter to your office starting in January 2009.

CAPsules

is a publication of the
Risk Management & Patient Safety
Department of the Cooperative
of American Physicians, Inc.

333 S. Hope St., 8th Floor
Los Angeles, CA 90071
Phone 213-473-8600
Fax 213-473-8773

Toll Free 800-252-7706
Hotline 800-252-0555

www.cap-mpt.com

San Diego • Orange • Los Angeles
Mountain View • Sacramento

Your comments are welcome!
Please submit to
communications@cap-mpt.com

Published comments of the cases/laws contained in this publication should not be considered legal advice applicable to a specific situation. Legal guidance for individual matters should be obtained from a retained attorney.