residents with traditional advance directives. There were no differences between residents with or without POLST forms on symptom assessment or management measures. POLST was more effective than traditional advance planning at limiting unwanted life-sustaining treatments. The study suggests that POLST offers significant advantages over traditional advance directives in nursing facilities.[15,16]

In summary, more than a decade of research has shown that the POLST Paradigm Program serves as an emerging national model for implementing shared, informed medical decision-making. Furthermore, POLST more accurately conveys end-of-life care preferences for patients with advanced chronic illness and for dying patients than traditional advance directives and yields higher adherence by medical professionals.

CLINICAL CASE REVISITED

Let's consider if the physician for our 89-year-old woman with dementia had completed a POLST form with orders indicating "do not attempt resuscitation (DNR/no CPR)" and "comfort measures only, do not transfer to hospital for life-sustaining treatment and transfer if comfort needs cannot be met in current location."

The patient's respiratory distress and fever would have been treated at her nursing home with medication and oxygen. She would have been transferred to the hospital only if her comfort needs would not have been met at the nursing home. Unwanted life-sustaining treatment would have been avoided. The wishes of the patient, based on her values and careful consideration of options, would have been respected.

REFERENCES

1. **Dunn PM, Tolle SW, Moss AH, Black JS**. The POLST paradigm: respecting the wishes of patients and families. Ann Long-Term Care 2007; 15:33–40.
2. Patient Self-Determination Act of 1990. Pub. L. No. 101-508, ss 4206, 104 Stat. 1388.
3. **Bomba PA, Sabatino CP**. POLST: an emerging model for end-of-life care planning. The ElderLaw Report 2009; 20:1–5.
4. **Sabatino C, Karp**. AARP Public Policy Institute, Improving advance illness care: the evolution of state POLST programs 2011. http://assets.aarp.org/rgcenter/ppi/cons-prot/POLST-Report-04-11.pdf. Accessed May 30, 2012.
5. **Bomba PA**. Discussing patient preferences and end of life care, Journal of the Monroe County Medical Society, 7th District Branch, MSSNY 2011; 12–15. www.compassionandsupport.org/index.php/research_references/references. Accessed May 30, 2012.
6. **Citko J, Moss AH, Carley M, Tolle SW**. The National POLST Paradigm Initiative, 2ND ed. Fast Facts and Concepts 2010; 178. www.eperc.mcw.edu/fastfact/ff_178.htm. Accessed May 30, 2012.
7. Center for Ethics in Health Care, Oregon Health & Science University. www.ohsu.edu/polst/. Accessed May 30, 2012.
8. **Lee MA, Brummel-Smith K, Meyer J, Drew N, London MR**. Physician orders for life-sustaining treatment (POLST): outcomes in a PACE program. Program of All-Inclusive Care for the Elderly. J Am Geriatr Soc 2000; 48:1219–1225.
9. **Meyers JL, Moore C, McGrory A, Sparr J, Ahern M**. Physician orders for life-sustaining treatment form: honoring end-of-life directives for nursing home residents. J Gerontol Nurs 2004; 30:37-46.
10. **Dunn PM, Schmidt TA, Carley MM, Donius M, Weinstein MA, Dull VT**. A method to communicate patient preferences about medically indicated life-sustaining treatment in the out-of-hospital setting. J Am Geriatr Soc 1996; 44:785–791.
11. **Cantor MD**. Improving advance care planning: lessons from POLST. Physician Orders for Life-Sustaining Treatment (comment). J Am Geriatr Soc 2000; 48:1343–1344.
12. **Tolle SW, Tilden VP, Nelson CA, Dunn PM**. A prospective study of the efficacy of the physician order form for life-sustaining treatment. J Am Geriatr Soc 1998; 46:1097–1102.
13. **Schmidt TA, Hickman SE, Tolle SW, Brooks HS**. The Physician Orders for Life-Sustaining Treatment program: Oregon emergency medical technicians' practical experiences and attitudes. J Am Geriatr Soc 2004; 52:1430–1434.
14. **Hickman SE, Nelson CA, Moss AH, et al**. Use of the Physician Orders for Life-Sustaining Treatment (POLST) paradigm program in the hospice setting. J Palliat Med 2009; 12:133–141.
15. **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; 58:1241–1248.
16. **Hickman SE, Nelson CA, Moss AH, Tolle SW, Perrin NA, Hammes BJ**. The consistency between treatments provided to nursing facility residents and orders on the physician orders for life-sustaining treatment form. J Am Geriatr Soc 2011; 59:2091–2099.

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CORRECTION

In the June 2012 issue, on page 384 of the Clinical Picture article by Álvarez-Twose et al (Álvarez-Twose I, Vañó-Galván S, Sanchez-Muñoz L, Fernandez-Zapardiel S, Escribano L. The Clinical Picture: anemia, leukocytosis, abdominal pain, flushing, and bone and skin lesions. Cleve Clin J Med 2012; 79:384–386), Dr. Alvarez-Twose's first name was spelled incorrectly. The correct spelling is Iván. This error has been corrected in the online version.

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