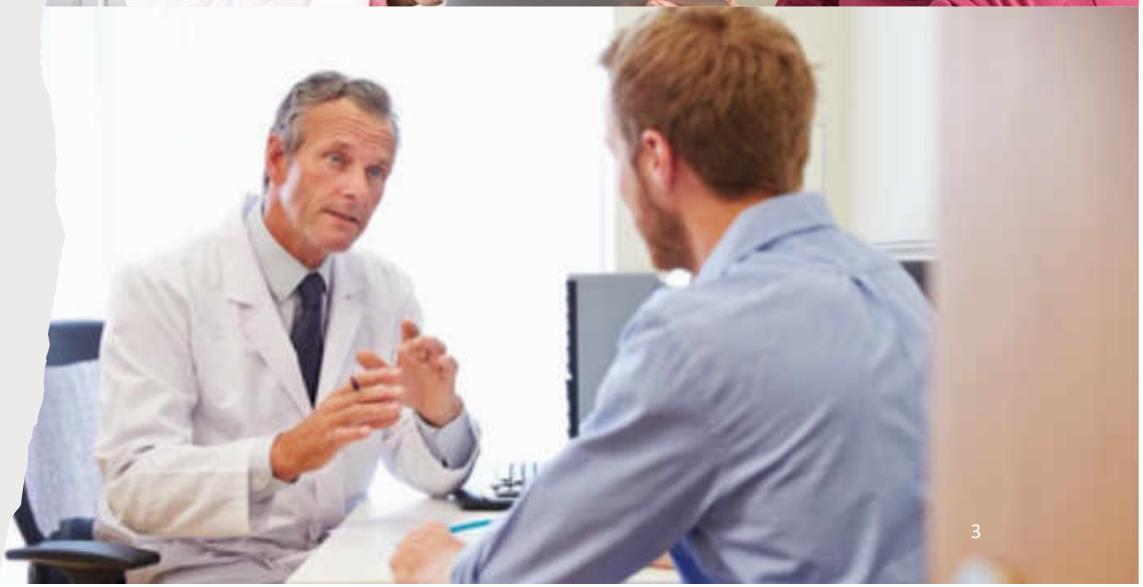

Let's Start
Your
Advance Care Planning
By Understanding Advance Directive, POLST
and DNR
City of Lake Oswego
Adult Community Center Presentation
April 2, 2025
Time to Get Your Ducks in a Row!
1

Advance Care Planning

- Involves discussing and preparing for future decisions about your medical care, should you become very sick and unable to communicate your wishes.
- The most important step is having meaningful conversations with your loved ones.

Advance Care Planning

- You have a say in your care. Treatments only work if they work for you.
- Tell your doctors what matters most to you, so that you will get the care that's right for you.
- **Available as a Medicare-covered service.**
- Medicaid and most insurances also cover this type of "visit".



Advance Care Planning Journey

Time to Get Ones Ducks in a Row!

Healthy

Name Surrogate Decision Maker

Talk to the people who matter most about the care that one want

Complete Advance Directive

Review and update after experiencing any of the "Six D's"

Complete POLST

For individuals with advanced serious illness or frailty who want to limit treatments

Update as needed

EOL Care Decisions

Selective Treatment

Hospice care

Comfort Measure Only Care

Less Healthy and/or Older

Ongoing Conversations and Dialogues with Loved Ones and Medical Team

The 3 Gifts of Your ACP

1. **To Yourself**: **You will live your life more FULLY**, because thinking and talking about the "What if's" and 'Dying,' **forces** you to think about **what matters to you** and **for you MOST** in your life. And, most likely you will get care you wish when you are very sick.
2. **To Your Loved Ones**: You could significantly reduce the burden on your loved ones.
3. **To Your Care Team**: Your care team will be less distressed knowing your preferences and wishes for your care.

Advance Care Planning

≠

Advance Directive/POLST Completion

History

1990: Congress passed the Patient Self-Determination Act (PSDA)

→Incentivizes hospitals, nursing facilities, hospices, and health maintenance organizations to implement programs that provide all adult patients at the time of admission or enrollment with information about their rights under state laws;

→Institutions **must inform** patients of the right to:

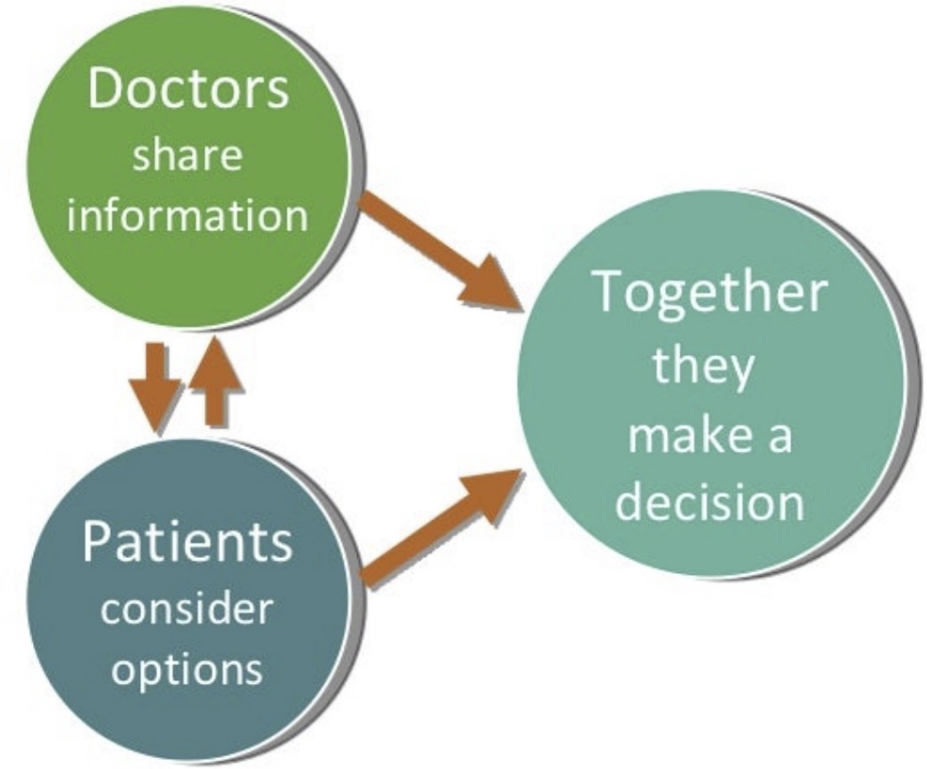
- **Prepare an AD**
- Participate in and direct their own healthcare decisions
- Refuse medical or surgical treatment
- Review information on the institutional policies governing these rights.

Shared-Decision-Making

A process in which clinicians and patients work together to make decisions regarding **"Whole Person Care"** plans, based on clinical evidence that balances risks and expected outcomes with patient goals, values and preferences.

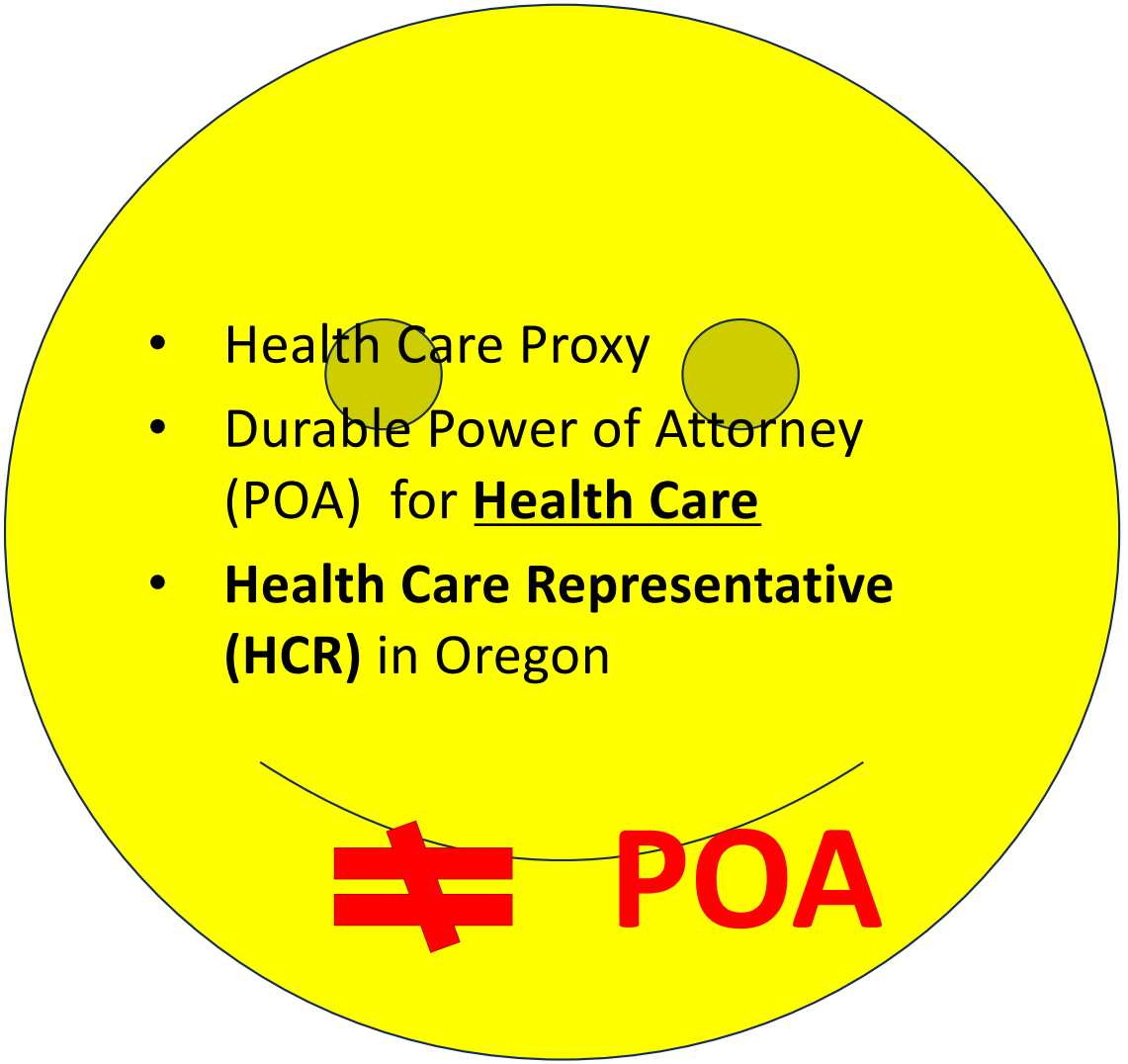
- **Patient is the *personal* expert**
- **Medical Providers and/or team are the *clinical* experts**

Partnership



Terminology

Surrogate Decision Makers



Choosing a Health Care Representative (HCR)

1. Someone you are comfortable talking with
2. Someone who will honor your wishes and do as you ask
3. Someone who is trustworthy
4. Someone who can handle others' conflicting opinions
5. Someone who is willing and available to serve
6. <u>Need not be a family member</u>
7. You can have more than one

Who makes these decisions if you don't have a Health Care Representative?

Oregon: ORS 127.635
Withdrawal of life-sustaining procedures

… if the principal **does not have an appointed health care representative or applicable valid advance directive,** the principal's health care representative shall be the first of the following, in the following order, who can be located with reasonable effort by the health care facility and who is willing to serve as the health care representative:

(a) A **guardian** of the principal who is authorized to make health care decisions, if any;
(b) The principal's **spouse**;
(c) An adult designated by the others listed in this subsection who can be so located, if no person listed in this subsection objects to the designation;
(d) A majority of the **adult children** of the principal who can be so located;
(e) Either **parent** of the principal;
(f) A majority of the **adult siblings** of the principal who can be located with reasonable effort; or
(g) Any adult relative or adult friend.

If none of these are available, *life-sustaining procedures may be withheld or withdrawn on the direction and* ***under the supervision of the attending physician or attending health care provider.***

Who Should Initiate Your End-of-Life Care?

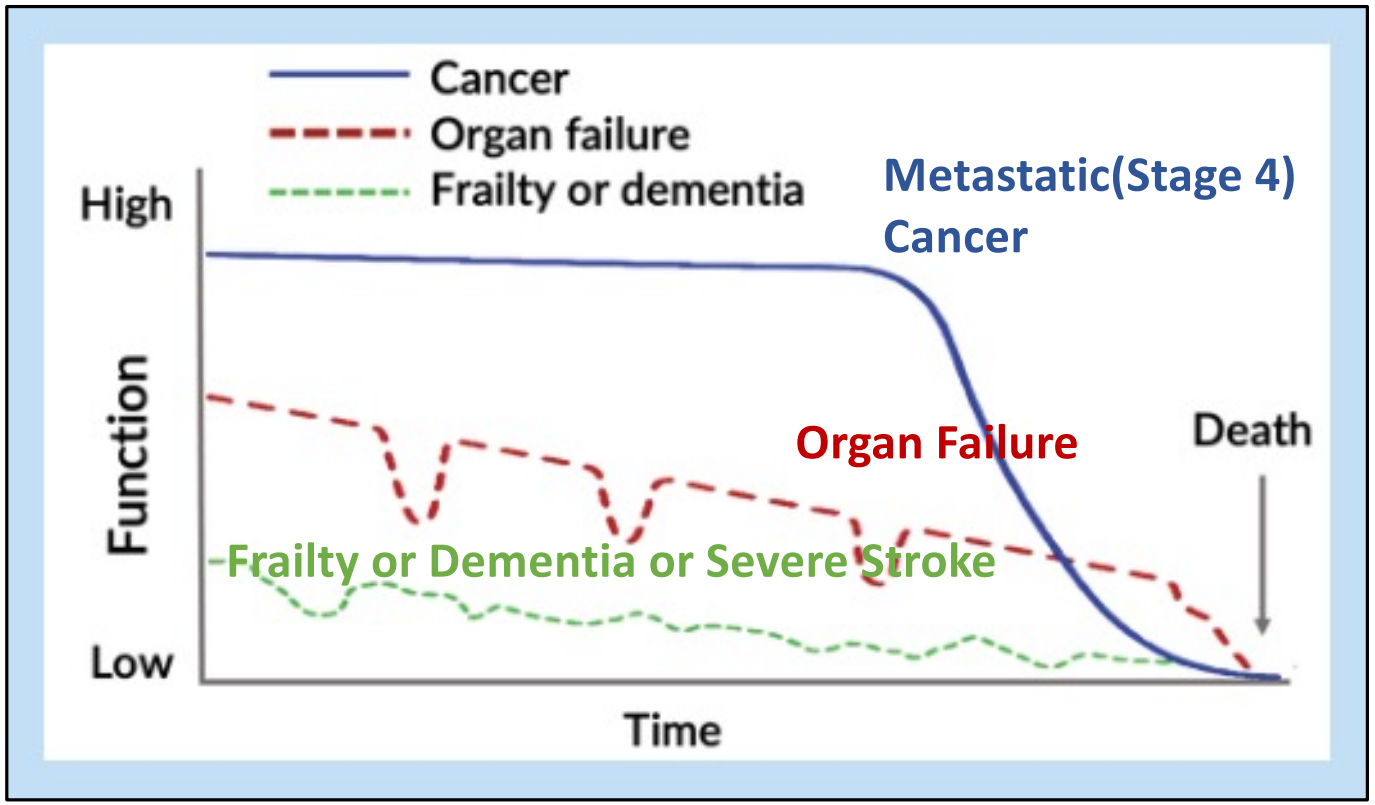
- Ideally **YOU** and Your Family/Loved ones, accompanied by discussion with your medical team as you **approach end of life**
- The Timing depends on individual preferences … !?

Definitions

- **Withholding treatment**: Choosing not to start a life-sustaining intervention.
- **Withdrawing treatment**: Stopping a treatment that is already in place.
- **Withholding and withdrawing treatments are ethically and legally identical**.
- **Life sustaining treatments:** Medical interventions used to extend a person's life when their body is unable to sustain essential functions on its own.
  - Ventilators - breathing machines that support oxygenation
  - Dialysis - clean blood when kidneys are not working well
  - Artificial Nutrition and Hydration - via feeding tube, IV hydration

How do I know that I am approaching End of Life?

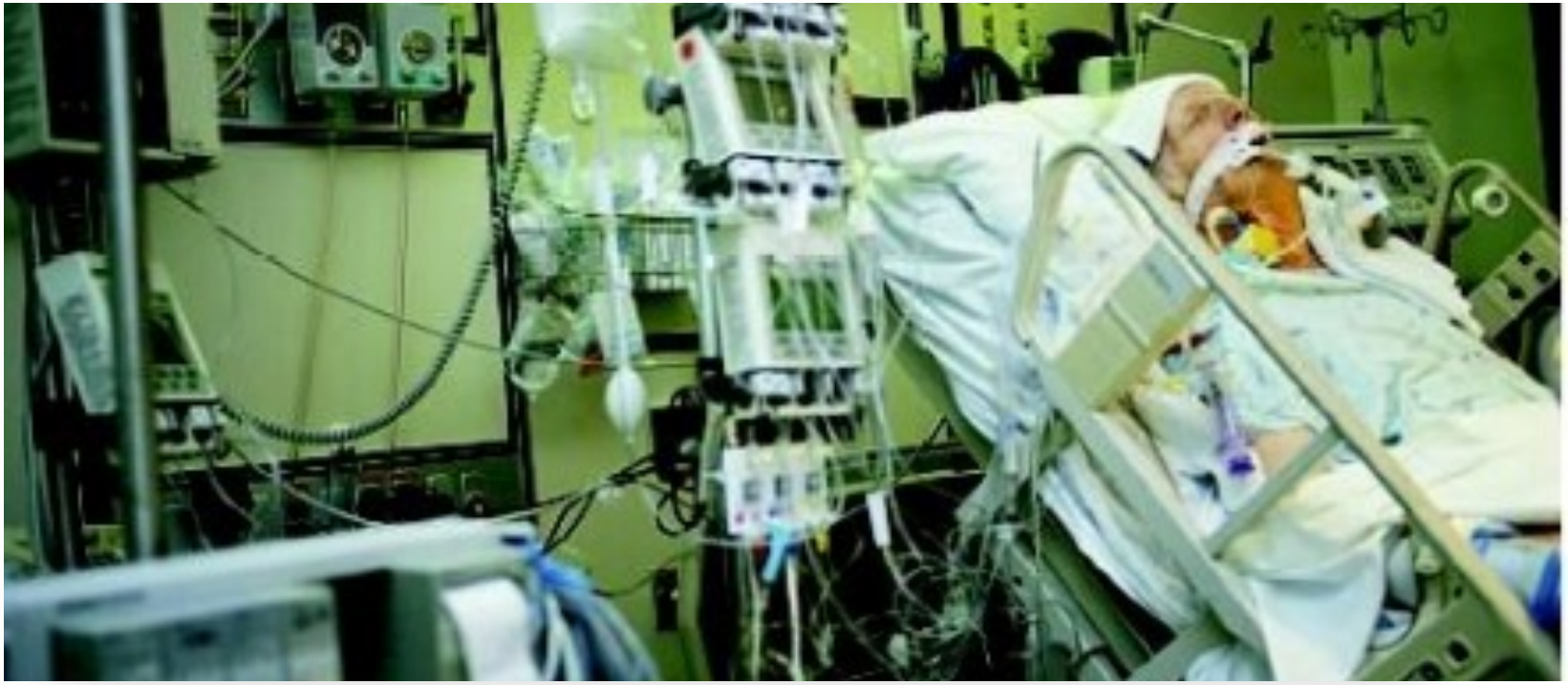
Three Most Common Illness Trajectories



Organ Failure:
Heart Failure
Severe Lung disease
Kidney Failure
Liver Failure

Living Well at the End of Life: Adapting Health Care to Serious Chronic Illness in Old Age, J. Lynn and D. Adamson

THE TRUTH



Withholding or withdrawing treatment is eventually part of every Care Plan … because Death is Inevitable.

If a patient doesn't Withdraw or Withhold before imminent death, they may choose …

CPR

Cardiopulmonary Resuscitation

ECMO

Extracorporeal Membrane Oxygenation

Intubation

A "breathing machine"

Dialysis

Surgery

Medications

… and find themselves a ‘box’ on an endless conveyor-belt, and sometimes feeling like a ‘pin cushion’ ...

… and eventually, the medical team will rush in like a marching army, intent on saving a life ...

…and will initiate CPR.

Cardiopulmonary Resuscitation

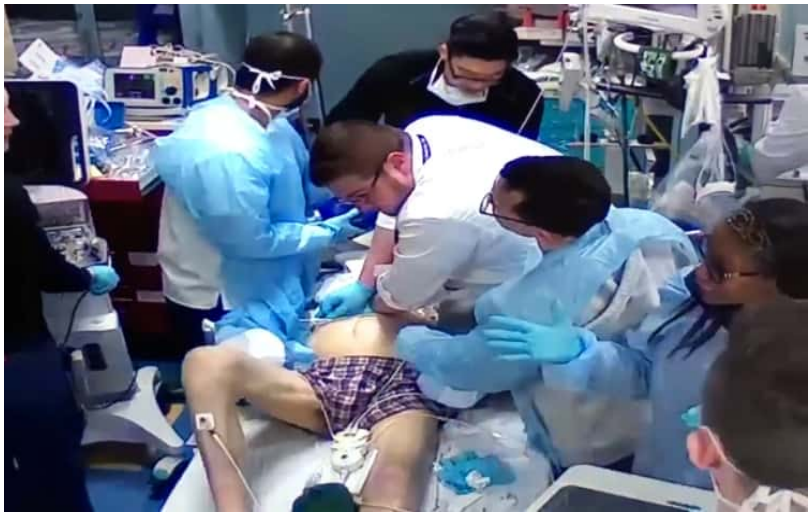
An emergency procedure performed when the heart has stopped beating and there is no breathing (DEATH)

More About **Cardiopulmonary Resuscitation (CPR)**

- CPR often includes strong and fast pushes to the chest to keep blood moving through the body and giving air to the lungs, sometimes with a breathing tube.
- The success of CPR, even in the hospital, is not always good and depends on the person's health and age. Sometimes, it can harm more than help.

At the Time of Patient Death

With CPR:
Surrounded by a Medical Team



Without CPR:
Surrounded by Loved Ones

Do not Resuscitate (DNR) or Do not Attempt Resuscitate (DNAR)

- DNR is a medical order that tells doctors and nurses **Not to Do** CPR if a person's heart or breathing stops, and to let the person die naturally.

DNR ≠

- Giving up
- Not getting treatments
- Not cared by medical team

Rather

- Be in control
- Accepting
- Allowing Natural Death

OFFICE OF THE DIRECTOR
Office of the State Public Health Director

Oregon Health Au

Oregon Advance Directive for Health Care

This Advance Directive form allows you to:

- Share your values, beliefs, goals and wishes for health care if you are not able to express them yourself.
- . Name a person to make your health care decisions if you could not make them for yourself. This person is called your health care representative and they must agree act in this role.

Be sure to discuss your Advance Directive and your wishes with your health care re resentative. This will allow them to make decisions that reflect your wishes. It is recom mended that you complete this entire form.

The Oregon Advance Directive for Health Care form and Your Guide to the Oregon Advance Directive are available on the Oregon Health Authority's website.

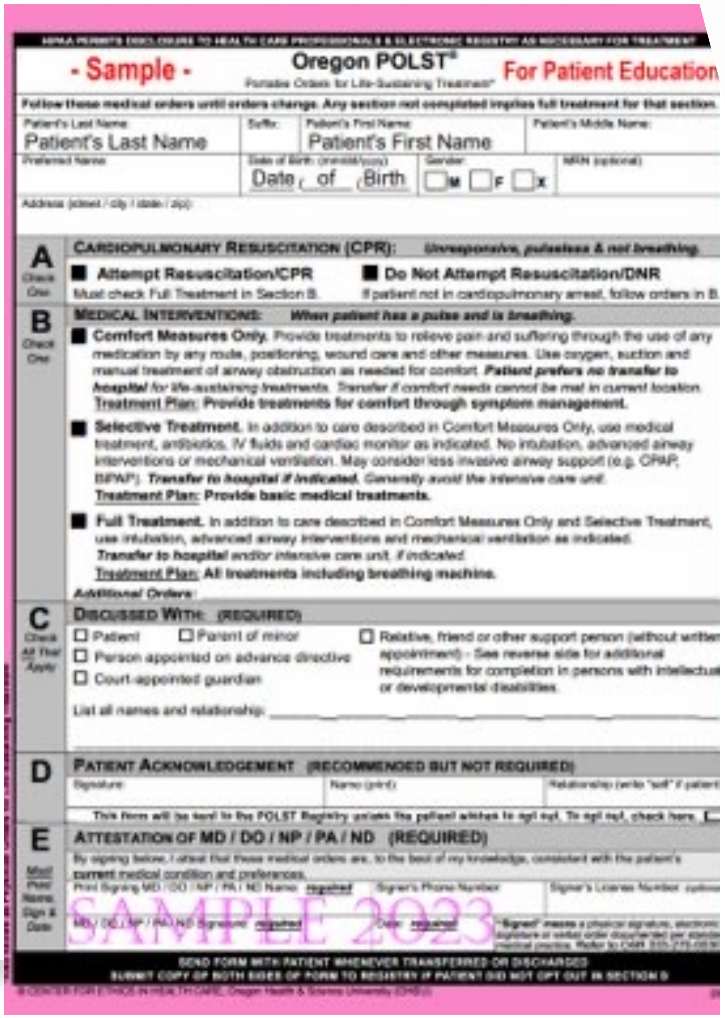
- In sections 1, 2, 5, 6 and 7 you appoint a health care representative.
- In sections 3 and 4 you provide instructions about your care.

The Advance Directive form allows you to express your preferences for health care. not the same as Portable Orders for Life Sustaining Treatment (POLST) as defined in (127.663. You can find more information about the POLST in Your Guide to the Oregon vance Directive.

This form may be used in Oregon to choose a person to make health care decisions you if you become too sick to speak for yourself or are unable to make your own medical decisions. The person is called a health care representative. If you do not have effective health care representative appointment and you become too sick to speak for yourself, a health care representative will be appointed for you in the order of priority se forth in ORS 127.635 (2) and this person can only decide to withhold or withdraw life sustaining treatments if you meet one of the conditions set forth in ORS 127.635 (1).

This form also allows you to express your values and beliefs with respect to health decisions and your preferences for health care.

If you have completed an advance directive in the past, this new advance directive v replace any older directive.



- Sample -

Oregon POLST®

Portable Orders for Life-Sustaining Treatment

For Patient Education

Follow these medical orders until orders change. Any section not completed implies full treatment for that section.

Patient's Last Name | Suffix | Patient's First Name | Patient's Middle Name

Preferred Name | Date of Birth | Gender: M F X | MRN (optional)

Address (street / city / state / zip)

A Check One — CARDIOPULMONARY RESUSCITATION (CPR): Unresponsive, pulseless & not breathing

■ Attempt Resuscitation/CPR — Must check Full Treatment in Section B.

■ Do Not Attempt Resuscitation/DNR — If patient not in cardiopulmonary arrest, follow orders in B.

B Check One — MEDICAL INTERVENTIONS: When patient has a pulse and is breathing.

■ **Comfort Measures Only.** Provide treatments to relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. ***Patient prefers no transfer to hospital*** *for life-sustaining treatments. Transfer if comfort needs cannot be met in current location.*
Treatment Plan: **Provide treatments for comfort through symptom management.**

■ **Selective Treatment.** In addition to care described in Comfort Measures Only, use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation, advanced airway interventions or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). ***Transfer to hospital if indicated.*** *Generally avoid the intensive care unit.*
Treatment Plan: **Provide basic medical treatments.**

■ **Full Treatment.** In addition to care described in Comfort Measures Only and Selective Treatment, use intubation, advanced airway interventions and mechanical ventilation as indicated. ***Transfer to hospital*** *and/or intensive care unit, if indicated.*
Treatment Plan: **All treatments including breathing machine.**

Additional Orders:

C Check All That Apply — DISCUSSED WITH: (REQUIRED)

☐ Patient ☐ Parent of minor ☐ Relative, friend or other support person (without written appointment) - See reverse side for additional requirements for completion in persons with intellectual or developmental disabilities.
☐ Person appointed on advance directive
☐ Court-appointed guardian

List all names and relationship:

D PATIENT ACKNOWLEDGEMENT (RECOMMENDED BUT NOT REQUIRED)

Signature | Name (print) | Relationship (write "self" if patient)

This form will be sent to the POLST Registry unless the patient wishes to opt out. To opt out, check here.

E Must Print Name, Sign & Date — ATTESTATION OF MD / DO / NP / PA / ND (REQUIRED)

By signing below, I attest that these medical orders are, to the best of my knowledge, consistent with the patient's current medical condition and preferences.

Print Signing MD / DO / NP / PA / ND Name: required | Signer's Phone Number | Signer's License Number (optional)

MD / DO / NP / PA / ND Signature: required | Date: required

"Signed" means a physician signature, electronic signature or verbal order documented per standard medical practice. Refer to OAR 333-715-0010

SAMPLE 2023

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED
SUBMIT COPY OF BOTH SIDES OF FORM TO REGISTRY IF PATIENT DID NOT OPT OUT IN SECTION D

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IMPORTANT NOTICE

AD

VS

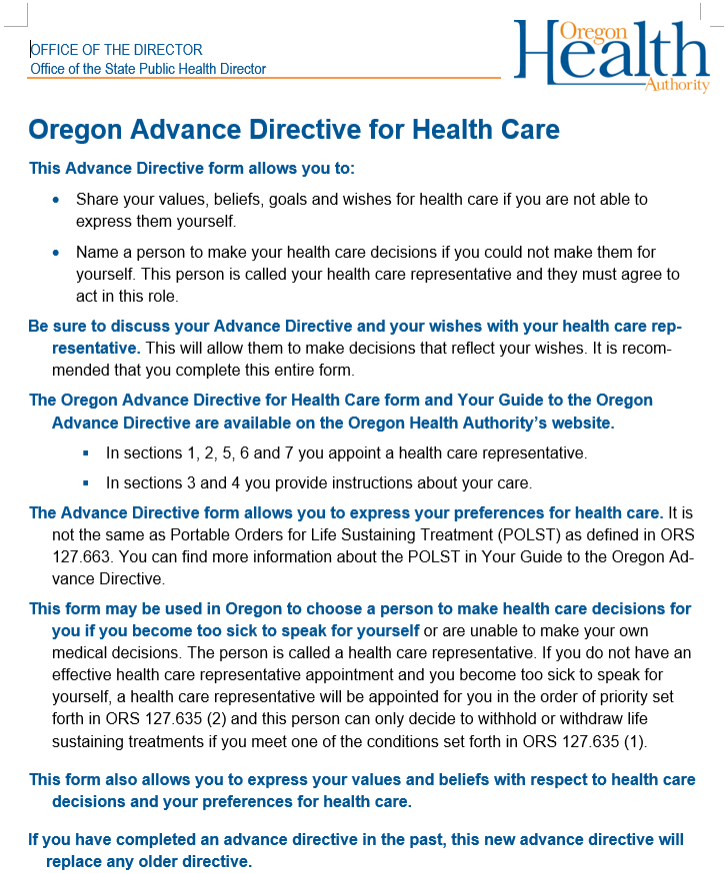
POLST

Advance Directives

- Legal documents with medical care instructions that **only go into effect** if you can't communicate your own wishes.
- Help to create your medical care plan by:
  1. having someone who knows your wishes (a **Health Care Representative**) participate in shared decision making on your behalf

     AND/OR

  2. providing your written preferences or instructions.



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Be sure to discuss your Advance Directive and your wishes with your health care representative. This will allow them to make decisions that reflect your wishes. It is recommended that you complete this entire form.

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This form also allows you to express your values and beliefs with respect to health care decisions and your preferences for health care.

If you have completed an advance directive in the past, this new advance directive will replace any older directive.

What does the Oregon Advance Directive Do?

1. **Appoints a Health Care Representative**
   - Oregon allows you to appoint up to **3** representatives: **One primary** and **two alternates (optional)**
   - Each HCR must accept the appointment

2. **Provides written medical instructions, based on your personal preferences**
   - You can choose the options presented in the multiple-choice form,
   - You can write your own narratives, any topics of particularly individual importance

   (e.g. faith community, rituals, sacraments, healing practices, etc.)
   - You can attach a supplementary document

OREGON POLST®

Core Principles

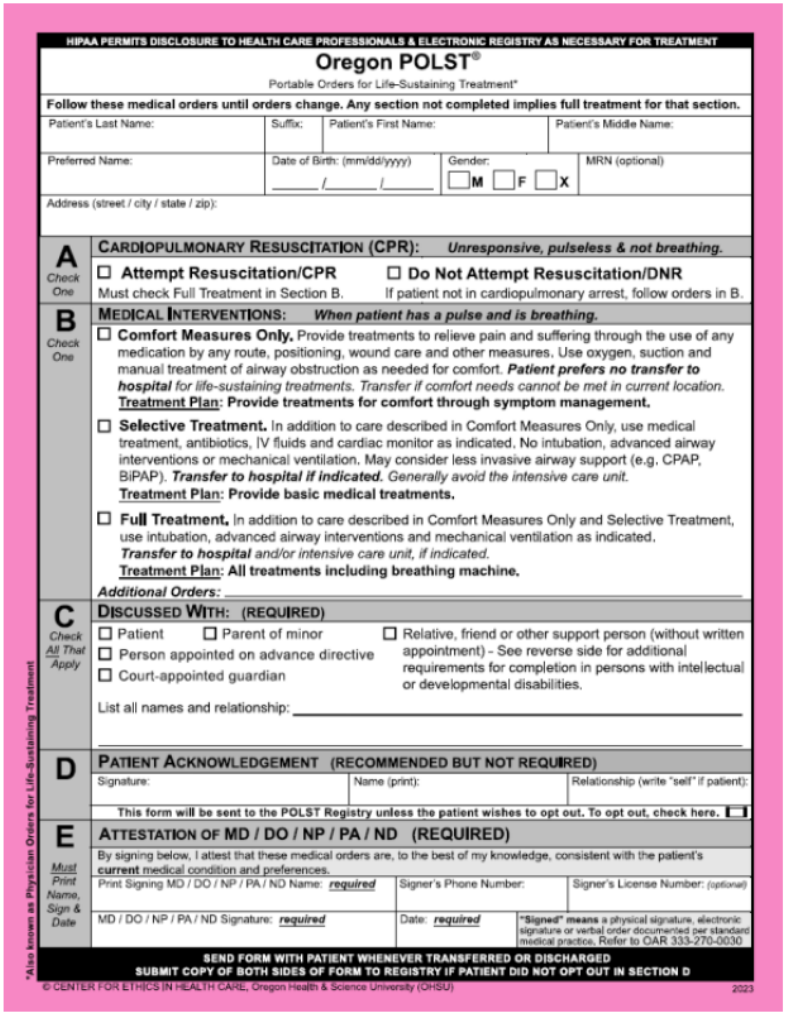
Portable Orders for Life-Sustaining Treatment

1. A medical order written by health care providers, intended to be followed by emergency medical personnel as an **out-of-hospital** medical order set.
2. POLST is always **voluntary.**
3. POLST forms should be completed for patients **who wish to set limits on their treatment and who have advanced illness or frailty.**
4. POLST is **unnecessary** for patients discharged to a Skilled Nursing Home, unless the they fall under item #3.
5. POLST is **inappropriate** for healthy, older adults or patients with stable chronic disabilities.

ACP related Documents	Advance Directive	POLST
1. Who is it for?	Anyone 18 years old and above, who has full capacity	Patients who are old or frail or seriously ill AND who may NOT want all possible treatments
2. What type of document is it?	Legal document	Medical order
3. Can you use it to appoint surrogate(s)?	Yes	No
4. Who fills it out?	Individual	Health care provider (MD, DO, NP, PA, NP), after discussion with the patient or HCR*
5. Who signs it?	Individual, HCR*, and either 2 witnesses or a Notary Public	Health care provider (with individual or HCR*'s input)
6. Do you need a lawyer?	No	No
7. Who keeps the form?	Individual, HCR*, and health care provider	Individual, health care provider, and Oregon POLST registry
8. Can you change the form?	Yes (as long as you have full capacity)	Yes
9. What if there is a medical emergency and you cannot speak for yourself?	Medical care team will try to honor your wishes (with or w/o) HCR*	Medical care team obtains the POLST and follows its order
10. Can surrogates create/sign the form?	No	Yes, with a health care provider
11. Can emergency responders use it?	No	Yes
12. Comments *HCR: Health care representative	It is not always easy to find the document in different health care settings. Patients must provide copies in every HC setting.	Upon hospital admission CODE status will be discussed. DNR on a POLST does not necessarily invoke DNR in a hospital setting.

Let's Review The POLST Form

Section by Section



HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS & ELECTRONIC REGISTRY AS NECESSARY FOR TREATMENT

Oregon POLST®

Portable Orders for Life-Sustaining Treatment*

Follow these medical orders until orders change. Any section not completed implies full treatment for that section.

Patient's Last Name:	Suffix:	Patient's First Name:	Patient's Middle Name:
Preferred Name:	Date of Birth: (mm/dd/yyyy) ____/____/____	Gender: ☐M ☐F ☐X	MRN (optional)
Address (street / city / state / zip):			

A *Check One*

CARDIOPULMONARY RESUSCITATION (CPR): ***Unresponsive, pulseless & not breathing.***

☐ **Attempt Resuscitation/CPR** — Must check Full Treatment in Section B.

☐ **Do Not Attempt Resuscitation/DNR** — If patient not in cardiopulmonary arrest, follow orders in B.

B *Check One*

MEDICAL INTERVENTIONS: ***When patient has a pulse and is breathing.***

☐ **Comfort Measures Only.** Provide treatments to relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. ***Patient prefers no transfer to hospital*** *for life-sustaining treatments. Transfer if comfort needs cannot be met in current location.*
Treatment Plan: **Provide treatments for comfort through symptom management.**

☐ **Selective Treatment.** In addition to care described in Comfort Measures Only, use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation, advanced airway interventions or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). ***Transfer to hospital if indicated.*** *Generally avoid the intensive care unit.*
Treatment Plan: **Provide basic medical treatments.**

☐ **Full Treatment.** In addition to care described in Comfort Measures Only and Selective Treatment, use intubation, advanced airway interventions and mechanical ventilation as indicated. ***Transfer to hospital*** *and/or intensive care unit, if indicated.*
Treatment Plan: **All treatments including breathing machine.**

Additional Orders: _____

C *Check All That Apply*

DISCUSSED WITH: (REQUIRED)

☐ Patient ☐ Parent of minor ☐ Relative, friend or other support person (without written appointment) - See reverse side for additional requirements for completion in persons with intellectual or developmental disabilities.

☐ Person appointed on advance directive

☐ Court-appointed guardian

List all names and relationship: _____

D

PATIENT ACKNOWLEDGEMENT (RECOMMENDED BUT NOT REQUIRED)

Signature:	Name (print):	Relationship (write "self" if patient):

This form will be sent to the POLST Registry unless the patient wishes to opt out. To opt out, check here. ☐

E *Must Print Name, Sign & Date*

ATTESTATION OF MD / DO / NP / PA / ND (REQUIRED)

By signing below, I attest that these medical orders are, to the best of my knowledge, consistent with the patient's **current** medical condition and preferences.

Print Signing MD / DO / NP / PA / ND Name: ***required***	Signer's Phone Number:	Signer's License Number: *(optional)*
MD / DO / NP / PA / ND Signature: ***required***	Date: ***required***	**"Signed" means** a physical signature, electronic signature or verbal order documented per standard medical practice. Refer to OAR 333-270-0030

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED
SUBMIT COPY OF BOTH SIDES OF FORM TO REGISTRY IF PATIENT DID NOT OPT OUT IN SECTION D

*Also known as Physician Orders for Life-Sustaining Treatment

Section A: Cardiopulmonary Resuscitation (CPR)

A Check One	CARDIOPULMONARY RESUSCITATION (CPR): *Unresponsive, pulseless & not breathing.*	
	☐ Attempt Resuscitation/CPR Must check Full Treatment in Section B	☐ Do Not Attempt Resuscitation/DNR If patient not in cariopulmonary arrest, follow orders in B

Apply only when the patient is unresponsive, pulseless, and not breathing

❑ **Attempt Resuscitation/CPR**
(RARELY should be used this way)

- If the patient **wants** emergency personnel to attempt CPR, check this box.

❑ **Do Not Attempt Resuscitation/DNR**
(POLST is mainly for this purpose)

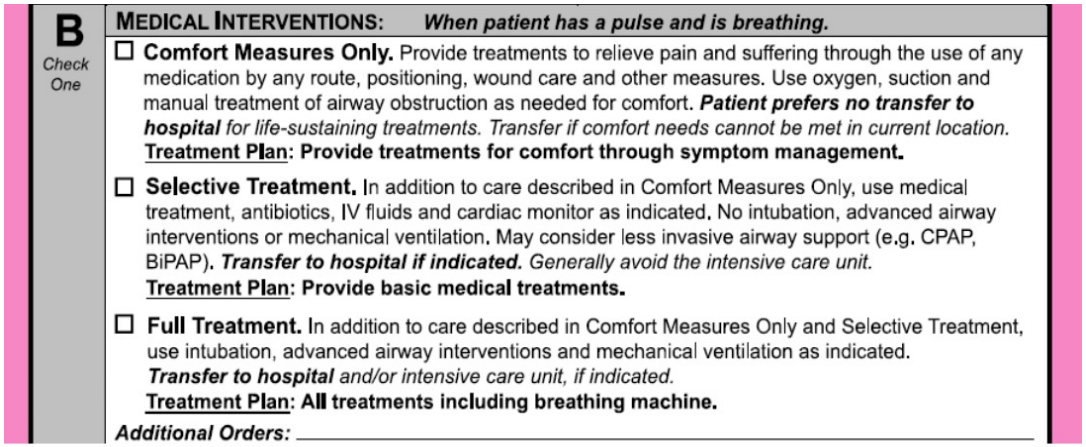
- If the patient has indicated that they do not want CPR attempted in the event that there is no pulse or breathing, check this box.

CPR on a 92 Year Old Male with Metastatic Malignancy

Tracy A. Brader, a third-year resident in Emergency Medicine at Christiana Care in Newark, Delaware, published this painting in the AMA Journal of Ethics. [2018;20(8):E774-775]

Section B:
Medical Interventions

Apply Only to Patients with a Pulse and Breathing



B *Check One*

MEDICAL INTERVENTIONS: ***When patient has a pulse and is breathing.***

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Treatment Plan: **Provide basic medical treatments.**

☐ **Full Treatment.** In addition to care described in Comfort Measures Only and Selective Treatment, use intubation, advanced airway interventions and mechanical ventilation as indicated.
Transfer to hospital *and/or intensive care unit, if indicated.*
Treatment Plan: **All treatments including breathing machine.**

Additional Orders: _____

❑ Comfort Measures Only

- Goals: **maximize comfort, symptom management** and **avoid hospitalization** (unless necessary to ensure meeting comfort needs)
- ***A care plan model (hospice care or a long-term care facility setting where CMO care can be provided) is strongly recommended.***

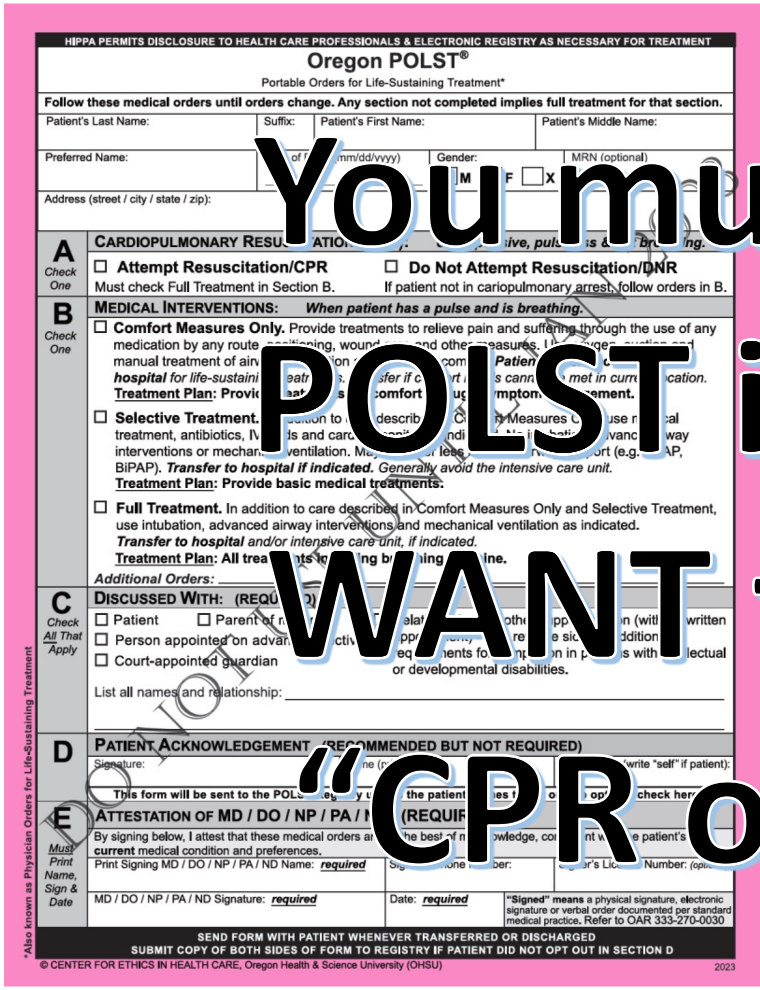
❑ Selective Treatment

- Desires being hospitalized if needed, **avoid mechanical ventilation,** and generally **avoid the intensive care unit**.

❑ Full Treatment

- Desires all life-sustaining treatments: intubation, advanced airway interventions, and mechanical ventilation - as indicated. Transfer to hospital and/or intensive care unit, if indicated. No limits to treatment.

A Preemptive Medical Order Outlining Specific Choices


HIPPA PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS & ELECTRONIC REGISTRY AS NECESSARY FOR TREATMENT

Oregon POLST®

Portable Orders for Life-Sustaining Treatment*

Follow these medical orders until orders change. Any section not completed implies full treatment for that section.

Patient's Last Name: | Suffix: | Patient's First Name: | Patient's Middle Name:

Preferred Name: | Date of Birth (mm/dd/yyyy) | Gender: ☐ M ☐ F ☐ X | MRN (optional)

Address (street / city / state / zip):

A Check One — **CARDIOPULMONARY RESUSCITATION**

☐ **Attempt Resuscitation/CPR** Must check Full Treatment in Section B.

☐ **Do Not Attempt Resuscitation/DNR** If patient not in cariopulmonary arrest, follow orders in B.

B Check One — **MEDICAL INTERVENTIONS:** *When patient has a pulse and is breathing.*

☐ **Comfort Measures Only.** Provide treatments to relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. ... manual treatment of airway ... **Treatment Plan:** ...

☐ **Selective Treatment.** ... treatment, antibiotics, IV fluids and cardiac ... interventions or mechanical ventilation. ... BiPAP). ***Transfer to hospital if indicated.*** *Generally avoid the intensive care unit.* **Treatment Plan: Provide basic medical treatments.**

☐ **Full Treatment.** In addition to care described in Comfort Measures Only and Selective Treatment, use intubation, advanced airway interventions and mechanical ventilation as indicated. ***Transfer to hospital*** *and/or intensive care unit, if indicated.* **Treatment Plan: All treatments ...**

Additional Orders:

C Check All That Apply — **DISCUSSED WITH:** (REQUIRED)

☐ Patient ☐ Parent of minor ...

☐ Person appointed on advance directive ...

☐ Court-appointed guardian ... or developmental disabilities.

List all names and relationship:

D — **PATIENT ACKNOWLEDGEMENT** (RECOMMENDED BUT NOT REQUIRED)

Signature: ... (write "self" if patient):

This form will be sent to the POLST Registry ... check here

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MD / DO / NP / PA / ND Signature: *required* | Date: *required* | **"Signed"** means a physical signature, electronic signature or verbal order documented per standard medical practice. Refer to OAR 333-270-0030

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED
SUBMIT COPY OF BOTH SIDES OF FORM TO REGISTRY IF PATIENT DID NOT OPT OUT IN SECTION D

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*Also known as Physician Orders for Life-Sustaining Treatment

You must complete a POLST if You DO NOT WANT to be tried on "CPR or Intubation"

A. Cardiopulmonary Resuscitation (CPR)

❑ Attempt Resuscitation/CPR → Do it

X Do Not Attempt Resuscitation/DNR → Do not do it

B. Medical Interventions

X Comfort Measures Only

Symptom management for comfort, usually no hospital care

❑ Selective Treatment

Basic medical treatments, including hospital care

❑ Full Treatment

All treatments available

Advance Care Planning

≠

AD/POLST Completion


My Journey in Advance Care Planning
Healthy
Less Healthy and/or Older
Name Surrogate Decision Maker
Complete Advance Directive
Complete POLST
EOL Care Decisions
Ongoing Conversations and Dialogues with
Your Loved Ones and Medical Team

The Relationship of ACP to ADs and POLST

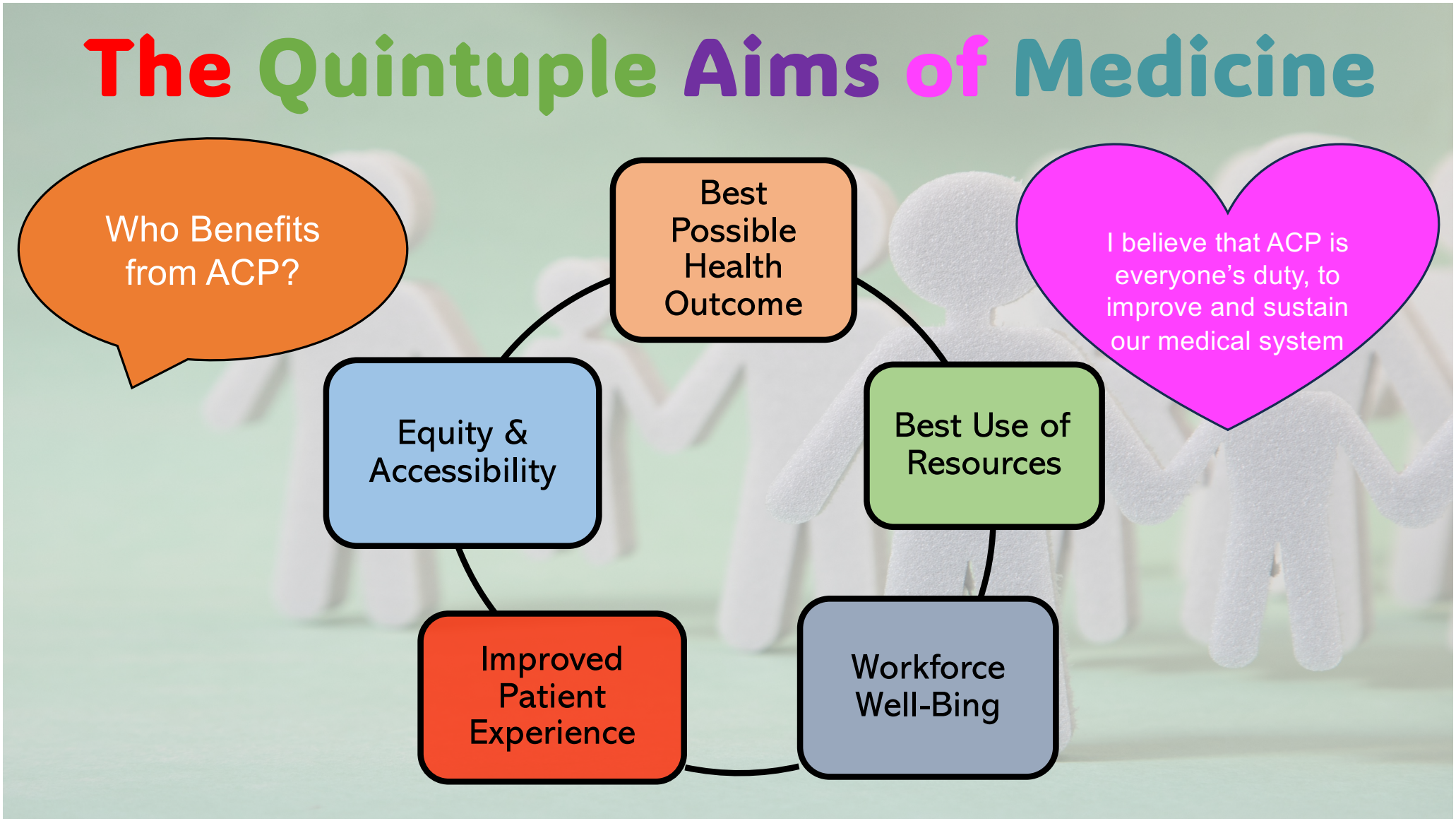
- **The success of an AD/POLST is directly tided to <u>the quality of the planning process =ACP.</u>**
- If the person planning *<u>does not understand, reflect on, or discuss</u>* their options adequately with their family and HCR,

→the plan has a high probability of failure…..even when AD is completed

ACP= Understanding
+ Reflection
+ on going Discussion

→ AD/POLST will naturally follows

The Quintuple Aims of Medicine



- Advance Care Planning is a process to prepare and discuss what important to you with your loved ones and medical team regarding future medical care if and when you cannot speak for yourself.
- An **Advance Directive** is a legal form, **POLST** is a medical order. Both are important, but the most crucial aspect is to communicate your care preferences and goals with your loved one and medical team.
- At some point, fortunately, most of us will have some control over our End-of-Life care.