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For Immediate Release

Contact: Rachael Telleen, Director

polstillinois@gmail.com, 1-855-765-7845

PRESS RELEASE

On January 1, 2015, the Illinois Department of Public Health issued changes to the Practitioner Orders for Life-Sustaining Treatment form (POLST). The changes include authorizing nurse practitioners and physician assistants to sign the form, reinforcing that the form is voluntary and changing some of the language to make it easier to complete and honor.

The POLST form is a medical order that accompanies a patient to assure that treatment preferences are honored across all settings of care (hospital, nursing home, assisted living facility, home, emergency room etc.). The POLST Illinois Task Force emphasizes that the use of the form is part of an extended conversation regarding advance care planning. The form is NOT for everybody; it is meant to be discussed with patients for whom death within a year would not be unexpected. These patients are generally those with advanced, serious illness and the frail elderly. The form may be changed by the patient or appropriate substitute decision-maker at any time if their condition or preferences change.

Recently, more than 60 leaders in medicine and health from across the state met to discuss how to advance the POLST paradigm in Illinois. The Task Force held the meeting at the offices of the Illinois State Medical Society in Springfield and Chicago to discuss the new legislation that gives additional support for the conversations that clinicians have with their patients regarding cardiopulmonary resuscitation, feeding tubes and other procedures.

Most adults report that they would like to die at home. In contrast, as the Institute of Medicine's (IOM) 2014 Report *Dying in America* describes, the U.S. health care system is poorly designed to meet the needs of patients at the end of life, and because of this, patients and their loved ones are suffering. Studies show that most health care costs are incurred in the hospital setting within the several months prior to death, and that much of the testing and treatments performed during this time do little to extend the patients' lives or improve their health. The POLST paradigm allows seriously ill patients to decide with their practitioner exactly how much treatment they want to receive when they reach the end of life. It is a completely voluntary form that replaces previous versions of the out-of-hospital "do not resuscitate" or DNR form.

Leadership meeting participants emphasized that the form is just one product of a detailed conversation amongst patients, their loved ones, and their health care providers. “Individuals should decide who they want to make medical decisions for them if they can’t, and officially assign that person as agent with Power of Attorney for Health Care,” stated POLST Illinois Task Force chair Julie Goldstein, M.D. “There should be an ongoing conversation about a person’s specific disease process and his/her goals and values that inform wishes for care at the end of life. The POLST form is a vehicle to make sure that their decisions about life sustaining treatments are respected.”

The POLST form is used in 42 states. For more information on POLST in Illinois go to www.POLSTIL.org.