POLST Case Study – 2024 Q4

Mary has been living with Alzheimer's dementia for the past seven years. She lives at home with her husband Greg who cares for her. Her condition has progressively worsened, leading to dysphagia (difficulty swallowing). She is currently able to eat and drink with careful hand feeding. Her most recent evaluation revealed a FAST 6D.

Mary's family has been actively involved in her care and decision-making process. Mary can no longer make her own medical decisions, as the progression of her dementia has led to an impaired decision-making capacity. Mary's husband Greg is her healthcare power of attorney agent. Greg and his children are deeply committed to ensuring that Mary's wishes and quality of life are respected.

Given her advanced dementia and the challenges related to her swallowing difficulties, the family is now faced with making important decisions about her end-of-life care. Mary's family have kept themselves well informed of the disease trajectory of dementia with help from Mary's care providers and other reputable resources including the Alzheimer's association.

After conversation with Mary's care team, Mary's husband Greg has completed a Physician Orders for Life-Sustaining Treatment (POLST) form on Mary's behalf. He completed this based on his best understanding of Mary's goals and values in context of her current state of health. Her POLST form specifies:

- **NO CPR:** Do Not Attempt Resuscitation (DNAR)
- **Selective Treatment:** Mary wishes to receive selective treatments if she becomes acutely ill. This includes intravenous (IV) fluids if she becomes dehydrated, but not artificial nutrition, such as a feeding tube.
- **No Artificial Nutrition or Hydration:** Mary explicitly declines the use of a feeding tube, recognizing that such a measure could also lead to a diminished quality of life and suffering, given her current condition.

Mary's husband feels at peace knowing the POLST form respects Mary's autonomy by allowing documentation of her wishes regarding medical interventions.

A few weeks later, Mary is admitted to the hospital with a urinary tract infection and dehydration. Greg brings her POLST form to the hospital and discusses her wishes with her care team. She receives the appropriate treatment for her illness and based on her wishes, this includes IV fluids and careful hand feeding.

Several months later, Mary's dementia progresses (she is evaluated at a FAST 7C), her quality of life is very poor, and she is no longer getting out of bed or communicating well and has had a recent hospitalization for aspiration pneumonia. Her family continues to offer food and drink as tolerated, knowing that artificial nutrition via tube does not prevent or lower the risk for aspiration pneumonia. Greg discusses her condition with her care team. In light of the irreversible dementia progression, Greg thinks Mary would find hospitalization to treat reversible problems to be excessively burdensome and lacking benefit in improving her quality of life. At this time, he elects to void her POLST form and complete a new one with the selections:

- **NO CPR:** Do Not Attempt Resuscitation (DNAR)
- **Comfort Focused Treatment:** Primary goal is maximizing comfort through symptom management. Allow natural death.
- **No Artificial Nutrition or Hydration.** Offer food by mouth if tolerated.

Greg understands that Mary is approaching the end of her life and opts to enroll her in home hospice care. The hospice team works with Greg to support Mary's comfort through careful hand feeding and good oral care. Greg shares her POLST with the hospice care team and has a copy at home for emergency purposes.

POLST Best Practice Highlights

- The POLST can be completed by a healthcare POA agent when the patient lacks decision making capacity. It should be reflective of the *patient's* wishes for care (substituted judgement).
- The POLST model extends beyond the documentation itself and starts with a conversation about the patient's goals and values in light of the medical condition, treatment options, and prognosis.
- Resources are available to help patients and their families understand the options available on the POLST. In this case, the Alzheimer's Association on feeding issues in advanced dementia was helpful for family: https://www.alz.org/media/documents/feeding-issues-statement.pdf
- Those with wishes for **No artificial nutrition and hydration** by tube are still eligible for IV fluid administration (as appropriate for illness).
- Changes in the patient's condition or disease progression should prompt a review of an existing POLST form. Any changes require completion of a new POLST form.