Advance Directive & Physician Orders for Life-Sustaining Treatment

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An advance directive is also known as a living will or advance health care directive. It is a legal document in which an individual specify what action should be taken for their health if they are unable to decide for themselves due to incapacity and illness. The advance directive was created in response to the increasing prevalence and sophistication of medical technology. Many studies have demonstrated the main deficit in the medical care of dying. There are many formats of advance directives. Some follow forms that are outlined in state law while others are created by patients themselves and lawyers. Court and state law decides whether these documents are valid or not. The advance directive can be used to indicate health care treatment preferences such as dying process management and personal values about quality of life. The law allows but does not need other preferences to be documented such as the arrangement of autopsy and funeral, appointment of a guardian and tissue and organ donation. Under the California state law, a person has a legal right to express their health care wishes and to have them considered when they are not able to make decisions themselves(Yadav et al., 2017). California consolidated different earliest forms of personal health care preferences into one advance care directives. California health care directive form can be valid in other states but it can confuse the person's wishes because the laws of other states can give different meanings to the terms which are used in this document. The Health Care Decision Act formulated an advance directive in California and is based on the uniform law commission act. This advance directive is in the California probate code under section 4670.

Advance directive form of California consist of 5 different parts. Part 1 is known as the power of attorney for health care. This part allows a person to name someone who can decide on his health care. The power of attorney becomes effective when a doctor determines that the patient is not able to understand the consequences and nature of his health care decision. Part two of this form includes instruction for individuals. In this part, choices are provided to the patient to express his wishes regarding withholding and provision of treatment. Part 3 allows the person to express his wishes regarding organ donation. Part four of the advance directive form allows the patient to designate his physician to have the main responsibility for his health care. The last part of this form includes the signature and provision of witnesses required to make the document effective. The physician orders for life-sustaining treatment (POLST) is an order for the physician that outlines a plan of end of life care reflecting both judgments of physicians based on medical evaluation and preferences of the patient concerning care at life ends. The main aim is to allow patients and physicians to establish default order concerning life end care which can be conveyed clearly to other health care and emergency personnel. The POLST form is completed by the physician in collaboration with the patient regarding the treatment preferences and current and future health conditions of the patient. POLST form must be signed by both physicians and patients. In a case where a patient is not able to make a medical decision then legally recognized decision makes of the patient can participate in signing and completion of a form. This form should specifically be considered for patients with metastatic disease or those having the metastatic diagnosis. This form is also appropriate for patients residing permanently in long term health care facilities. This form should be filled by a person who is seriously ill and towards the end of life. This form will give medical orders to emergency personnel based on the patient current medical situation. The form is completed by the health care provider after discussing with the patient what is important for him, his diagnosis and future prediction of disease. To make POLST form legal signatures of legal representatives, patient, witness, and authorized practitioner are necessary (Shenk, Vranas, Lin, Slatore, & Sullivan, 2019)

An advance directive is written on plain white paper whereas POLST is printed on brightly colored paper such as bright green or shocking pink. Although the white color is not mandatory it does promote recognition and visibility. Both of these are developed in a non-emergency situation. An advance directive is witnessed by two non-relatives or signed by a notary. To be legal, the POLST form must be signed by both the physician and the patient. An advance directive can be for anyone above age 18 and is developed at any stage of disease whereas POLST is developed for a person with serious illness at any age. An advance directive provides instruction for future treatment whereas POLST provides a medical plan for current treatment.

Patient autonomy means that a patient has a right to make his decision about medical care without the influence of health care providers. Patient autonomy allows health care professionals to educate patients but does not allow them to decide a treatment plan for them. Registered nurses seek to involve patients and help them understand different treatment options and collaborate with patients to achieve the goals of wellbeing. The nurse should respect the autonomy of the patient by giving them appropriate information and encourage them to participate in the decision-making process. Nurses play an important role in facilitating communication between patients and family members. Nurses should also demonstrate empathy for the patient and family members (Sutton, Brewster, & Tarrant, 2019).

**References**

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