Field Activity Paper

[Name]

[Institution]

Author Note

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# Part 1

Advance directives (AD) are legal documents that operate under the premise of a living will. It informs an individual’s family and their healthcare specialists about their end-of-life care and the relevant decisions. It relays an individual’s wishes, especially if he or she is not capable of making his own decisions at the moment, and what would their decision be at this point in life (O’Sullivan, Mailo, Angeles, & Agarwal, 2015). AD gives an individual the right to accept or refuse care, especially if it is used to prolong an individual’s life using medical assistance. The various types of medical assistance that should be considered while drafting one’s end of life decisions include (Mason, 2013):

* Use of breathing machines.
* Use of dialysis.
* Tube feeding.
* Resuscitation following a code blue.
* Organ and tissue donation.

I obtained the AD for the state of Florida from the Caring Info Website. After following a series of instructions, I downloaded the file that was particular to my state. Unlike many states, under Chapter 765 of Florida Statutes, it allows an individual to obtain an AD to safeguard their end of life decisions (Grosso, 2019). Furthermore, it also ensures that the healthcare authority on the matter respects an incapacitated individual’s decisions about healthcare. This is usually done ahead of such an occurrence in the form of writing or through filling a form.

According to the state of Florida, an incapacitated individual is anyone that is either a minor, lack the ability to manage the property, or cannot meet their own health and safety requirements. Furthermore, Florida law also allows an individual to appoint a ‘healthcare surrogate’ to make health-related decisions for him on his behalf.

# Part 2

POLST or the Provider Orders for Life-Sustaining Treatment is a measure of improving end-of-life care for an individual in the US. It encourages healthcare providers to work on creating specific medical orders for an individual. These orders should be honored by healthcare providers and family members in case of a medical crisis (Rahman, Bressette, & Enguidanos, 2017). The POLST form gives an individual the right and the control to choose the treatments they would like to receive and avoid treatments they would rather not receive in case of an event where they cannot choose for themselves. POLST comes into play in case of a medical emergency, and that individual does not have a medical proxy in place by safeguarding an individual’s wishes. Thus, it is ideal to be filled prior to the occurrence of such an event (Sabatino & Karp, 2011).

A POLST form is completed by a certified healthcare professional. However, this form is only filled after the healthcare professional has been briefed on the wishes of the patient this form is being filled for. POLST operates as a medical order and needs the signature of a medical healthcare professional to be valid (Hickman et al., 2009). Furthermore, in order for POLST to be valid, an individual need to verify who constitutes a medical healthcare professional in a particular state. This is because it only exists at some level in about 42 states in the US, while it meets the national standard in the remaining 18 states. The name of POLST order also varies on a state to state basis. In some state it is known as MOLST i.e. Medical Orders for Life-Sustaining Treatment, POST i.e. Physician's Orders on Scope of Treatment and TPOPP i.e. Transportable Physician Orders for Patient Preferences to name a few.

# Summary and Conclusion

While both the Advance Health Care Directive (AD) and the Provider Orders for Life-Sustaining Treatment (POLST) work on the same principle and has a similar purpose, the execution of the two differ. POLST, rather unlike AD, summarized the wishes of the patient in the form of medical orders (Frieden, 2008). On the other hand, AD is a legal document that holds power and authority. It makes a team of healthcare professionals abide by the wishes of the patients whether they are in compliance with the wishes of the patient’s family members. It designates a surrogate or a medical proxy for an individual, which gives the proxy autonomy over the health and well-being of the patient (Meier & Beresford, 2009). Furthermore, a medical surrogate can only be named in an AD, while a surrogate cannot be designated in POLST. AD usually gives a general overview of the treatments that the patient would like to receive in a medical crisis. However, POLST goes into vivid detail regarding the patient’s wishes to healthcare professionals (Bomba, Kemp, & Black, 2012).

An RN plays an exclusively important role with regard to helping a patient choose his or her end-of-life directives. While both POLST and AD have their own merits, choosing either one of them ahead of time can help a patient in a number of ways. Given the complex nature of the decisions that need to be made, they can either serve as an information broker, providing them with the right information in a manner that does not overwhelm them. They can also play a supportive role in the matter, enabling patients to make their own choice with regard to their end-of-life decisions. However, you can still give suggestions and help where you can so their wishes can be fulfilled without any problem. Lastly, they can serve as an advocate of the part of the patient, ensuring that they are being given the sort of help that they need just how they require it, without getting into complexities. Thus, they can not only suggest strategies and activities that are effective in aiding patients and families in their decisions, but also contribute towards future research (Adams, Bailey, Anderson, & Docherty, 2011).

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