I. What is a POLST Form?

The Pennsylvania Orders for Life-Sustaining Treatment (POLST) Program allows guardians and health care representatives, in conjunction with the person in their care, or the individual himself, if he has capacity, to pre-plan for end-of-life decisions by putting the individual's wishes in writing. The POLST form is intended for use by individuals with terminal medical conditions likely to result in their death within the next year. It puts an individual's goals for his end-of-life care into a medical order that is portable and can be used across settings (e.g., hospital, nursing home, hospice care etc.)

A POLST is especially useful in an emergency, as it is a standardized form that is familiar to medical professionals and easy for them to interpret. POLSTs are always voluntary (i.e., a healthcare facility cannot force a patient or his substitute decision-maker to sign a POLST before administering care).

II. Differences Between POLSTs and Advance Healthcare Directives

A POLST is a healthcare order written when someone has a serious illness, and it is drafted only after a discussion has occurred between the patient, his substitute decision-maker (if applicable), and his treating physician(s). In contrast, an advance healthcare directive, which is a living will, healthcare power of attorney, or a combination of the two, is often drafted when an individual is still healthy and only when he has capacity since an incapacitated person cannot sign a living will or power of attorney.

If an incapacitated person already has an advance healthcare directive in effect, his substitute decision-maker may still sign a POLST on his behalf, after first consulting with the individual and his physician. A POLST form might be used in this situation to summarize what is already spelled out in the living will, or it might put the healthcare agent’s decisions about end-of-life care in writing.

[1] A healthcare agent is the person designated to make healthcare decisions for an individual in his power of attorney.
However, if there is a conflict between the POLST and an advanced healthcare directive, the substitute decision-maker should amend whichever document does not represent the patient’s values and choices for medical treatment. Both an advance directive and a POLST should be consistent with the patient’s values, regardless of his capacity. If there is a crisis situation and the goals of care are not clear, the patient should be given the higher level of care until more information is known about his values and preferred methods of treatment.

III. Use of POLSTs for Incapacitated Individuals

When an individual lacks capacity, his guardian or health care representative may complete a POLST form on his behalf. The POLST form should always reflect the patient’s wishes, and he should be included in all conversations regarding his care, even if he is incapacitated. The substitute decision-maker must first discuss end-of-life options with the individual’s attending physician and the patient himself. The substitute decision-maker then indicates on the form whether, and in what circumstances, to withhold or withdraw life-sustaining treatment, such as CPR and mechanical ventilation.

Life-sustaining treatment is that which is provided to a person who either has an end-stage medical condition or who is permanently unconscious. Pennsylvania law defines an “end-stage medical condition” as an incurable and irreversible medical condition in an advanced state, caused by injury, disease, or physical illness that will, to a reasonable degree of certainty, result in death. It defines “permanently unconscious” to mean total and irreversible loss of consciousness and capacity for interaction with the environment. The purpose of life-sustaining treatment is to simply keep someone alive, and therefore, prolong a person dying; it is not meant to cure or otherwise improve the symptoms of the underlying medical condition. In the case of someone who is permanently unconscious, life-sustaining treatment aims to prolong his unconscious state.
A guardian or health care representative cannot use a POLST to refuse life-preserving care, which is treatment or interventions that are necessary to save the life of an individual who does not have an end-stage medical condition or who is not permanently unconscious. Such treatment might include surgery or chemotherapy.

If an individual signed a POLST form prior to becoming incapacitated, his guardian or health care representative may have the power to revoke it. However, the individual’s wishes as expressed on the POLST form are entitled to substantial weight, and the substitute decision-maker should make decisions in accordance with what the POLST states, so long as it is not void. A POLST may become void if there is a substantial change in the individual’s health status, as the form itself notes that it “is an Order Sheet based on the person’s medical condition and wishes at the time the orders were issued.” The individual, regardless of capacity, may only revoke a POLST if he or his substitute decision-maker refused life-sustaining treatment therein. He cannot revoke a POLST that calls for his physicians to provide him with life-sustaining treatment.

Contact Information

If you need more information or need help, please contact Disability Rights Pennsylvania (DRP) at 800-692-7443 (voice) or 877-375-7139 (TTY), or email us at intake@disabilityrightspa.org.

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