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Letter to the Editor

□ IN RESPONSE TO LETTER TO THE EDITOR

We would like to respond to Drs. Mirarchi and Cammarata's letter regarding our article, "The Oregon POLST Registry: A preliminary study of EMS utilization" (1). First, we appreciate your interest in patient safety and certainly share it. We would, however, appreciate a clearer definition of the threat to patient safety. We assume it is either not getting care that you did want or getting care that you did not want. We wonder if the risk might not be even higher if there is no Physician's Orders for Life-Sustaining Treatment (POLST) form or advance directive.

We also share your concern that health care professionals may, at times, misinterpret a do not resuscitate (DNR) order to mean "do not treat" when, as you note, these orders only apply when the patient is in cardiopulmonary arrest. One of the reasons that POLST was designed was to address that issue. The Scope of Treatment orders are designed to help direct treatment when the person is not in cardiopulmonary arrest. Therefore, we believe that the POLST orders decrease the likelihood of overly relying on DNR orders. Although our sample size was small, our study showed that emergency medical technicians were able to correctly interpret the orders on the form and that surrogates believed that the patient received the level of treatment that they would have wanted.

We also strongly agree that the quality of the documents is a reflection of the quality of the conversation. POLST is not an end in itself but rather the documentation of a process. While the purpose of our study was not to assess the quality of goals of care conversations, we agree on the importance of education for health professionals about how to have these conversations and the need for health systems to develop education and procedures to help facilitate conversations.

POLST orders are not advance directives and no advance directive documents are contained in the Oregon POLST Registry. Although patients may have both an advance directive and POLST for turning their wishes into medical orders, most people who have an advance directive are planning for future health events that may happen years or even decades in the future. POLST is designed to apply in the patient's current state of health. Therefore, the references to studies about advance directives do not apply.

Although beyond the intent of this study, there is a growing body of evidence showing that the POLST paradigm is effective in conveying patient preferences for, or against, resuscitation. In the first study of portable medical orders (then called a Medical Treatment Coversheet), the authors used theoretical scenarios to determine whether or not 19 primary care physicians, 20 emergency physicians, 26 paramedics, and 22 long-term care nurses could correctly interpret the orders. Overall, providers were able to correctly identify treatments to provide or withhold (2). A study of 180 nursing home patients at one facility who had a POLST form indicating "do not attempt resuscitation" and "comfort measures only" were prospectively followed for 1 year. During that time, 38 died. The authors found that for these nursing home residents, 100% of the orders regarding cardiopulmonary resuscitation (CPR) were honored (3). The charts of all patients (n = 58) who died in a Program of All-Inclusive Care for the Elderly (PACE) during 1 year were reviewed. All but one had a POLST form. The authors found that the form was generally effective in limiting unwanted interventions. Specifically, the POLST indicated "do not attempt resuscitation" for 50 participants and CPR use was consistent with these instructions for 49 participants (91%) (4). A study of the use of POLST in three states surveyed 71 hospice programs that use POLST and did a chart review in 15 programs. Treatment limitations were respected in 98% of cases and no one received unwanted CPR (5). Another study by Hickman et al. confirmed a strong association between how a patient's POLST form was marked related to Scope of Treatment orders in section B and the treatments patients received (6). A recent study of concordance of POLST orders with patient or surrogate recall of their preferences did find that 72% of forms were concordant (7). This is higher than the less than one third reported in another recent study, but it still means that there is a group of patients whose preferences may not be correctly conveyed (8).

POLST is far more than a CPR/DNR order set. For example, a *Journal of the American Medical Association* report in 2012 showed that 50% of patients who have POLST orders for "do not attempt resuscitation" have orders in section B, indicating instructions reflecting their desire to return to the hospital for further treatment (9).

Therefore, although we agree that a large-scale study to confirm that POLST forms accurately reflect the wishes of the patient would be a great addition to the current body of evidence, we also believe that the current evidence supports the use of POLST paradigm documents as the best practice for striving to honor patient preferences for or against various life-sustaining interventions as they approach the end of life.

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