

## Important forms have been updated

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If you've never filled out an Advance Directive (AD) in Oregon, this might be the perfect time to do so. And if you're someone who might require a Physician's Orders for Life Sustaining Treatment (POLST) form as well, it too has been updated.

Some of this information has come from retired local physician Dr. William Southworth, who is always current on these important topics. Here are the details.

The AD is for all competent individuals, meaning just about everyone 18 and older. It allows you to complete two tasks: let your end-of-life wishes be known, and appoint a representative who can be your voice and advocate if you're not able to speak for yourself. The POLST has a more limited use for those who have an advanced illness, fragility or dementia. Since this is a medical order, if you call the emergency personnel (EMTs), these orders must be followed. It is often thought of as the "do not resuscitate" or DNR orders. Since I have written about both of these several times, this column is to let you know about the new changes to these important documents.

Let's start with the POLST form. A new edition was approved Jan. 2, 2019, and providers were required to use the new form by April. Don't be concerned if you have an older version — it's still applicable. Old forms currently in effect remain valid until they are canceled or revised. What has changed is that in the new form, they've eliminated Part C regarding options for choosing artificially administered nutrition. It's not really needed, since decisions about tube feeding are not made in a field setting during an emergency by the EMTs. They've also changed the official title to "Portable Orders ..." And, finally, instead of the entire document being a hot pink color, only the borders are this color now. You might talk with your physician about a POLST form. It might not be needed until much later, but it's good to consider this now.

The advance directive has made a couple of big improvements. One is that you can now appoint a health care representative and two alternatives. Many times, people did not know how to include more than one alternative to be able to speak on their behalfs, and now it's very simple. The other major change was in the portion of this document which was ambiguous. In Section 3, it now gives you the choice of two much clearer instructions for your representative. They must advocate only for your wishes as put forth in the AD, or they can consider your wishes just guidelines to follow when making decisions about your care. There is also room to describe your own specific directions.

Here's an example. If you were in the hospital, not able to communicate and the doctor approached your representative with a choice of treatments, depending on how you filled this out, they have two options. They must abide by your wishes only, or they can make a different choice than yours, based on what the doctor is telling them at that time. For some people, they never want anyone, even a trusted family member, to make a decision other than the one they chose when they were able. For others, they could foresee a circumstance where there might be a reason for the representative to take the doctor's advice, which would be different from the specified choices.

If you already have an AD, you really need to take a look at it every year anyway. Those you have appointed to this role of health care representative might no longer be able to fulfill that responsibility. Or the choices you made were prior to a more recent diagnosis and you'd like to reconsider them. In either case, or if you prefer to use this new form, you can do this by yourself. You don't require an attorney or need to have the AD notarized for it to be valid. The hospital and doctor's offices all have copies of this new version, or will very soon. Here is the Oregon website to get more info about both documents: [oregonpolst.org](http://oregonpolst.org). Take care of these soon and you'll have all the support you need, if and when the time comes.