

The Physician Orders for Scope of Treatment (POST) Form

Effective June 6, 2002, the Code of West Virginia incorporates the Physician Orders for Scope of Treatment (POST) form into the West Virginia Health Care Decisions Act and the West Virginia Do Not Resuscitate Act. The POST form is a standardized “hot pink” form containing orders by a physician who has personally examined the patient regarding that patient’s life-sustaining wishes. The form provides physician orders regarding CPR-code or no code status; level of intervention (comfort care, intermediate, or full treatment); and use or withholding of antibiotics and feeding tubes. The comfort care level stipulates that “the patient is not to be hospitalized unless comfort interventions [in the present setting] fail.” The hope is that the use of this form will lead to better identification and respect of patient’s preferences regarding end-of-life care. A similar form has worked well in Oregon, and in 85% of the cases in one Oregon study, “the patient’s wish for comfort care and not for treatment to extend life was respected.” Use of the POST form should lead to better recognition of those patients in nursing homes or at home who prefer to remain in that setting for end-of-life care without transfer to the hospital. The POST form complements and does not replace advance directives.

During the 2002 legislative session, passage of Senate Bill 658 amended the West Virginia Health Care Decisions Act and the West Virginia Do Not Resuscitate Act to incorporate the Physician Orders for Scope of Treatment (POST) form into the West Virginia Code. The important aspects of this legislation are as follows:

- It establishes a standard form to be used by all health care professionals and providers in West Virginia.
- It establishes the POST form as a legally recognized means of West Virginia Do Not Resuscitate identification.
- It provides legal protection--health care providers are not subject to civil or criminal liability for good faith compliance with or reliance upon POST forms.
- It provides a protocol for use of POST forms by all providers during interinstitutional transfers.

Completion of POST forms is highly recommended for hospitalized patients being discharged to nursing homes or home with hospice or home health care. Completion of POST forms is also highly recommended for nursing home residents either at the time of admission to nursing homes or during quarterly care planning. For reasons to complete POST forms for patients, see “The POST Form: A New Way to Improve Implementation of Advance Care Planning” in the Summer 2001 issue of the WVNEC Newsletter (call our office, 877-209-8086 if you would like a copy of the article). Call this same number to receive copies of POST forms for use with your patients. The POST form is modeled after the Physician Orders for Life-Sustaining Treatment (POLST) form that has been used very successfully in Oregon for over 6 years. Terri Schmidt, MD, Professor of Emergency Medicine at Oregon Health Sciences University and one of the developers of the POLST form in Oregon, will be speaking about the use of the POLST form at the West Virginia Network of Ethics Committees’ Forum September 11, 2002 at the Days

Inn in Flatwoods, WV. See the Calendar of Events on the West Virginia Initiative website for more details (www.wvinitiative.org).

The POST form requires a physician's signature to become effective. In practice in Oregon and so far in West Virginia, a social worker or nurse has been talking to the patient and family, completing the POST form, and arranging for the attending physician to review and sign the form. Consequently, not only physicians, but also social workers and nurses need to be knowledgeable about use of the form and the issues addressed by it. This teleconference provides an introduction to the POST form for just this purpose.