

Right to Life of Greater Cincinnati
Grave Concerns: Bishops Apply Catholic Medical Ethics to POLST
A State-by-State Analysis

The Physician's Orders for Life-Sustaining Treatment (POLST) form—sometimes called a MOLST, Medical Order for Life-Sustaining Treatment (e.g. in Ohio), MOST or POST—identifies what medical treatments should be given, not given, or withdrawn, under specific circumstances. It is a checklist that goes into effect as soon as it is signed or someone signs for the patient and becomes a permanent part of a person's medical record.

POLST originated from the Oregon Health and Science University Center for Ethics in Health Care, an organization active in Oregon's euthanasia movement. Among the center's supporters is the pro-euthanasia group Compassion and Choices (formerly the Hemlock Society). Members of both groups have been active in the subsequent development and promotion of POLST.

POLST are directed toward doctors and healthcare entities rather than patients, oversimplify complex medical decisions, take decision-making authority out of the hands of competent patients and/or their legally designated proxies, are open to fraud and abuse, and can be used to promote euthanasia or physician-assisted suicide.

Due to increasing pressure on states to legislate physician-assisted suicide—for which such forms are often a prelude—and the lack of understanding among citizens, documented here is the status of guidelines available from Catholic bishops' conferences in each state.

SUMMARY:

The USCCB has issued cautions on POLST in its document, [*Advance Medical Directives: Planning for Your Future*](#).

Only two bishops' councils are on record in favor of POLST—California and Utah. The California conference recommends POLST unreservedly. The Utah council claims that POLST can be used morally and ethically, but cautions that POLST can also violate Catholic teachings on the sanctity of life. Both states have a state-legislated POLST form. In Utah the POLST is the only form that can serve as a standing Do Not Resuscitate order for citizens who are not being treated in a hospital or other facility.

Eight state bishops' councils caution against or oppose POLST: Florida, Maryland, Minnesota, New Hampshire, New York, North Carolina, Wisconsin, and Texas.

Four state bishops' councils are working against pending legislation to enshrine POLST in law: Florida, Minnesota, Texas, and Wisconsin.

Three state bishops' councils officially oppose living wills, for some of the same reason the councils oppose POLST: New Hampshire, Missouri, and South Dakota.

All bishops councils recommend the durable power of attorney (or similar document used in their states) as the best solution to address end-of-life medical issues.

Nearly all bishops' councils that recommend a living will (recommendations range from enthusiastic to cautionary) provide amended or customized documents written from a Catholic perspective.

BISHOPS' STATED REASONS FOR OPPOSING POLST:

- POLST anticipate health problems before they occur, requiring the person completing the form to anticipate what the patient would choose in a hypothetical future; people often respond differently to real challenges when they arise
- POLST was created by and for hospitals and other medical entities to automatically authorize or reject specific treatments
- POLST is inflexible and does not permit adjustments to circumstances
- POLST classify all possible treatments and solutions as "neutral," with no differentiation between moral obligations and optional treatments
- Others can sign POLST on the patient's behalf—a risk for fraud or coercion
- Though originally designed for people with fatal diagnoses, POLST do not require that fatal diagnosis or diagnosis of extreme frailty—or any diagnosis at all—be indicated
- If they conflict, POLST could override a patient's other legal directives (living will, durable power of attorney)
- POLST do not include conscience protections for doctors and other healthcare workers, who might find some POLST choices unethical but cannot refuse to comply
- POLST goes into effect immediately, and will thus direct required non-emergency treatments, for example, from an accident or for non-fatal illness from then on, not solely end-of-life care
- Because POLST goes into effect immediately, not when the patient becomes incapacitated, it could supercede treatment requested by a competent patient
- Other, less problematic end-of-life documents are available in most states
- POLST requires patients to decide under which circumstances they would prefer to die, corrupting the healthcare and hospice systems by encouraging euthanasia and physician-assisted suicide
- POLST identify nutrition and hydration, which is basic medical care in most cases, as optional or extraordinary
- POLST identify pain medications and life-sustaining drugs such as antibiotics, which are basic medical care in most cases, as optional or extraordinary

- POLST are simple checklists, requiring people to choose or refuse certain treatments ahead of time; true medical conditions are rarely so clear, are unpredictable, and require medical judgement on a case-by-case basis
- Although POLST were originally intended to direct medical care for the terminally ill or extremely frail expected to live less than a year, some hospices and hospitals recommend that every person complete a POLST regardless of physical condition
- POLST do not expire. If a person recovers from a presumed fatal illness, their POLST intended to govern care in the last few months of life will direct all care
- While sustaining a critically ill person's life for a short time may be important for legal, emotional, or other reasons, POLST will not permit medical staff to deviate from the directive

BISHOPS' COUNCILS ON POLST AND END-OF-LIFE ISSUES BY STATE

Arizona:

No end-of-life issue information on website

California:

- supports POLST
- gives no specific guidance or caution against any document
- “Catholic moral teaching on health care nurtures a truly interpersonal patient-physician relationship. The faith that inspires Catholic health care guides medical decisions in ways that support the patient's stewardship responsibilities and the physician's professional duties. POLST has proven that it can bolster this relationship and protect the patient's dignity in reaching decisions about life-sustaining treatment.”
- recommended document: advance care directive/durable power of attorney , [Advance Health Care Directive](#)

Colorado:

- No end-of-life issue information on website
- recommended document: durable power of attorney, [A Catholic Health Care Directive](#)
- no caution about any other document

Connecticut:

No end-of-life issue information on website

Delaware:

- no information about POLST on website
- recommended document: durable power of attorney, [Catholic Advance Health Care Directive for Delaware](#)

Florida:

- opposes POLST
- “Capacitated patients should always direct their care... Directives [living wills] were meant to empower patients in making preferences known at the end of life and have certainly had mixed results in that regard,” and the POLST does not help that goal.” [Letter to Florida legislators](#)

- recommended document: durable power of attorney/living will (with most of the living will form already completed to meet Catholic bioethical standards) [Catholic Declaration on Life and Death Advance Directive \(Health Surrogate Designation/Living Will\)](#)

Georgia:

- no information about POLST on website
- recommended document: durable power of attorney and directives (amended official state document), [Georgia Advance Directive for Health Care in Conformity with Catholic Teaching](#)

Illinois:

- no information about POLST on website
- recommends durable power of attorney over living will but says living will is okay
- recommended document: none; posts official Illinois advance directive, a durable power of attorney, without comment or instruction, [Illinois Power of Attorney for Health Care](#)

Indiana:

- no information about POLST on website
- recommended document: durable power of attorney form given in the final page of an end-of-life document, [A Catholic Guide to Health Care Directives: A resource for Indiana Catholics that include end of life care \(combined with\) Indiana Catholic Health Care Directive: A supplement](#)

Iowa:

- no information about POLST on website
- recommended document: Christian durable power of attorney with extended addendum, [Durable Power of Attorney for Healthcare](#)

Kansas:

- no information about POLST on website
- recommended document: declaration of life and natural death (similar to a living will), [Catholic Declaration on Life & Natural Death](#) and durable power of attorney, [Durable Power of Attorney for Health Care Decisions](#)

Kentucky:

- no information about POLST on website
- recommends appointing a proxy (durable power of attorney)

- recommended document: KY state living will and healthcare surrogate form, amended for Catholic use, found in [Kentucky's Advance Health Care Directives and Organ Donation: A Catholic Perspective](#)

Louisiana:

- no information about POLST on website
- takes no position on various documents discussed on website
- recommended document: a statement on artificially prolonging life (found on last page of booklet for end-of-life issues), [Approaching Death, the Moral Choices: A Statement from the Catholic Bishops of Louisiana and a Recommended Health Care Advance Directive for Catholics](#)

Maine:

- no information about POLST on website
- recommended documents: durable power of attorney and living will with special instructions, [Advance Health Care Directive letter and instructions](#)

Maryland:

- cautions against MOLST/POLST but does not recommend against it
- website gives overview of various state documents and guidelines to complete
- recommended documents: Catholic Declaration for Health Care Decision Making (in [Comfort and Consolation: Care of the Sick and Dying](#))
- has web page [opposing physician-assisted suicide](#):

Massachusetts:

- no information about POLST on website
- recommended document: amended state healthcare proxy form, [Roman Catholic Health Care Proxy](#)
- also has information and resources [opposing physician-assisted suicide](#)

Michigan:

- no information about POLST on website
- recommended documents: durable power of attorney and alternative to living will (living wills are not recognized in Michigan, or were not at the time the booklet was published), in [Guidelines for End of Life Decisions: Patient, Physician, and Family](#)

Minnesota:

- opposes POLST
- pastoral letter discouraging use of POLST and encouraging development of an alternate document, [Stewards of the Gift of Life: A Pastoral Statement on Physician Orders for Life-Sustaining Treatment \(POLST\) from the Catholic Bishops of Minnesota](#)
- recommended document: revised state health care directive, combined durable power of attorney and directive somewhat like POLST, [Minnesota Catholic Health Care Directive](#)

Missouri:

- no information about POLST on website
- recommends against living will/declaration for future care
- recommended document: durable power of attorney, [A Catholic Guide to End-of-Life Decisions for Individuals and Families: Missouri's Durable Power of Attorney for Health Care and Planning Tools](#)

Montana:

No end-of-life issue information on website

Nebraska:

- no information about POLST on website
- recommended document: appointment of health care agent, in Medical Treatment Decision-Making: Moral Guidance and Considerations from Catholic Teaching ([linked here](#))

New Hampshire

- opposes POLST
- recommended document: Durable Power of Attorney for Health Care for New Hampshire Catholics, in [Three Beliefs: A Guide for New Hampshire Catholics on End-of-Life Decisions](#)

New Jersey

- no information about POLST on website
- recommended document: Combined advance directive for healthcare and proxy form, in [Advance Directives for Health Care: A Catholic Perspective](#)

New York

- opposes MOLST
- "...extreme caution is urged with regard to MOLST orders. The philosophy behind the MOLST is absolute patient autonomy, raising individual preferences about end-of-life care to the level of

an enforceable legal right. As noted previously, no person has absolute autonomy over his or her life or health care decisions. It is always morally unacceptable to refuse ordinary treatments with the intention of hastening death of self or others... MOLST can become a dangerous instrument when it is completed in advance of a fatal diagnosis. A person's theoretical decisions about what care they should or should not receive may be radically different than decisions made in the context of a real disease at the present moment. Even for those who are terminally ill, MOLST orders can easily and implicitly allow patients to mandate non-treatment in a way that constitutes euthanasia." [Now and at the Hour of Our Death: A Catholic Guide to End-of-Life Decision-Making](#)

- recommended document: health care proxy (in booklet above)

North Carolina

- cautions against MOST
- short booklet outlines end-of-life issues without recommending any documents, [Comfort and Compassion: A Catholic Declaration on Life and Death](#)

North Dakota:

- no information about POLST on website
- recommended form: custom [Catholic Health Care Directive](#) with [downloadable forms](#)

Ohio:

- no information about POLST on website
- recommends Ohio Hospital Association [resources](#) and Catholic Health Association [resources](#), including [Advance Directives, Expressing Your Health Care Wishes](#)
- recommended document: [State of Ohio Health Care Power of Attorney and Living Will](#)

Pennsylvania:

- no information about POLST on website
- provides online information about end of life issues
- recommended form: [Pennsylvania Catholic Conference Combined Living Will and Health Care Power of Attorney](#)

Rhode Island:

- no information about POLST on website, but [End of Life Decisions, A Catholic Perspective: A Health Care Directive for Rhode Island](#)
- recommended document: [A Catholic Health Care Directive for Rhode Island](#)

South Carolina:

- no information about POLST on website
- recommended form: durable power of attorney
- [South Carolina Health Care Power of Attorney: Roman Catholic Faith-Based](#)

South Dakota:

- no information about POLST on website
- opposes living will (similar reasons for those opposing POLST)
- many website references [like this](#) and [Into the Father's Arms: Catholic Teaching & Guidance for Medical Decisions & End-of-Life Care](#) and [End-of-Life Planning and Reference Guide, a Resource for Spouses, Family and Loved Ones](#).
- recommended document: durable power of attorney for healthcare ([link here](#))

Texas:

- nothing specifically on POLST on website but in general opposes recent similar trends
- “The Texas Catholic Conference advocates advance directives reform legislation that recognizes the dignity of a natural death. Human intervention that would deliberately cause, hasten, or unnecessarily prolong the patient’s death violates the dignity of the human person. Reform efforts should prioritize the patient, while also recognizing the emotional and ethical concerns of families, health care providers, and communities that want to provide the most compassionate care possible.”
- Website advocates [reform of Texas end-of-life laws and documents](#); has two documents drawn up by a Catholic law society
- many end-of-life resources on website
- Has recommended documents: [Medical Power of Attorney Designation of Health Care Agent](#)

Utah:

- cautiously recommends POLST for “seriously ill persons with life-limiting, or terminal, illnesses; or advanced frailty characterized by significant weakness and extreme difficulty with personal care activities”
- POLST is the only way Utah citizens who are not in a healthcare facility can have a standing Do Not Resuscitate Order
- recommends the POLST accompany an advance directive “when appropriate”
- Recommended documents: durable power of attorney and living will in [A Guide to Health Care Directives: A Resource for Utah Catholics from the Catholic Diocese of Salt Lake City](#)

Vermont:

- no information about POLST on website
- recommended documents: durable power of attorney and advance directive (living will) already completed in [Vermont Catholic Advance Directive](#)

Virginia:

- no information about POLST on website
- recommended document includes durable health care power of attorney and living will, in [Catholic Advance Medical Directives: Making Life Decisions](#)

Washington:

- no information about POLST
- recommended document: living will and durable power of attorney in [A Guide to Making Good Decisions for the End of Life: Living Will and Durable Power of Attorney for Health Care](#)

Wisconsin:

- opposes POLST
- "...an advance planning mentality that has emerged in Wisconsin and is intrinsically flawed as a Catholic model for end-of-life decision making." [Now and at the Hour of Our Death, a Pastoral Letter from the Bishops of Wisconsin on End of Life Decisions](#)
- recommended documents: [Catholic Addendum: Wisconsin Power of Attorney for Health Care](#)
- bishops' statement on POLST: [Upholding the Dignity of Human Life: A Pastoral Statement on Physician Orders for Life-Sustaining Treatment \(POLST\) from the Catholic Bishops of Wisconsin](#)

Wyoming:

- no information about POLST
- recommended document: [Advance Healthcare Directive](#) (power of attorney with instructions for healthcare)

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