

Helpful Phrases for POLST Conversations

Introduction – Finding Out What the Patient/Family Understands

- Who would you like to be with you as we talk about your health and treatments?
- How have the last 3 months /6 months been for you/your family member?
- How have things been going for you at home? (In the past days, weeks, last few months)
- When you think about what lies ahead what worries you the most?
- What is bothering you the most?
- When you think about the future, what do you hope for?
- What has your doctor told you about your illness/medical condition?
- What do you think is happening with your health?
- What brings you the greatest comfort right now?
- Can you share with me more about what you are thinking so we can work together?
- Many patients with your condition (COPD, cancer, etc.) think about the possibility of dying and have questions about this. Have you thought about this?
- What does a “good death” look like to you?
- I have information about your condition. Some patients want to know the details and others prefer to have me talk to someone else. What are your thoughts/preferences?
- What would you like us know about your cultural/spiritual beliefs to best take care of you?

Introducing POLST

- We want to document your treatment wishes should you become seriously ill.
- It’s important to talk about your health and your wishes for medical care if you got really sick. We talk about this with everyone with serious illness. Your doctor will review what we talk about and answer your questions.
- You look really concerned. How are you doing?

Discussing Bad News or Difficult Situations

- Use warning words such as, “I am sorry...”, “I wish...”, “I had also hoped for...”, “If what we hoped for does not happen... we also need to be prepared...”, “If your time were limited...”, “If your Dad could see his life now, what would he tell us?... What would he want?”
- Focus on what we can and will do: “Do everything possible to meet your needs...”
“Concentrate on maximizing comfort.”

Concluding Discussion

- I can appreciate that this has been a difficult discussion.
- I can tell that this has been really hard for you. What can we do now that would be of help to you?

Phrases to Avoid

- There is nothing more we can do for you.
 - Patients and families may feel abandoned. Rather focus on what medical treatment can be provided. For example: “We are going to aggressively treat your pain and other symptoms. Our goal is for you to be as comfortable as possible.”
- Would you like us to do everything possible? or Do you want us to do everything?
 - It is difficult to answer “no” to these questions for fear of not getting good care. Instead, it is important for the physician to make care recommendations to the patient and family. For example: “Based on your prognosis and your goal to be comfortable, I recommend we don’t do things that might cause you discomfort such as chest compressions or being put on a breathing machine. Instead, we will give you medicines to aggressively treat your pain and other symptoms.”
- Should we withdraw care? or It is time to think about withdrawal of care?
 - These words lead to fear of abandonment. Instead, talk about a transition in the types of treatments that will best meet your goals of care. Talk about the burdens and benefits of different treatments.
- Avoid talking in absolutes.
 - Instead, refer to hours to days; days to weeks; weeks to months. No one knows the exact moment that death will occur.