



**HAWAII HEALTH SYSTEMS**  
C O R P O R A T I O N

*"Touching Lives Every Day"*

**SENATE COMMITTEE ON HEALTH**  
**Senator David Y. Ige, Chair**  
**Senator Josh Green, M.D., Vice Chair**

Wednesday, February 11, 2009  
3:00 PM  
Conference Room 016  
Hawaii State Capitol

**Written Comments on SB 516 Relating to Physician orders for Life Sustaining Treatment**

*Creates a process for a patient to direct end-of-life treatment in a standardized physician orders for life sustaining form. Requires Department of Health to design the form. Requires Department of Health and Hawaii Health Systems corporation to require adoption of the form in their respective facilities.*

Thomas M. Driskill, Jr.  
President and Chief Executive Officer  
Hawaii Health Systems Corporation (HHSC)

On behalf of the Hawaii Health Systems Corporation (HHSC) Board of Directors, thank you for this opportunity to testify on SB 516.

SB516 would create a process for a patient to direct end-of-life treatment in a standardized physician orders for life sustaining form, would require the department of health to design the form, and would require the department of health and Hawaii health systems corporation to require adoption of the form in their respective health facilities.

We appreciate the intent of this bill to facilitate end-of-life treatment but are concerned this would be an inappropriate intrusion by management and government into medical staff affairs. Respectfully, therefore, we ask that this bill be held in committee.

Thank you for allowing us the opportunity to testify on this matter.

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**HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY**

**Physician Orders**

**for Life-Sustaining Treatment (POLST)**

**FIRST** follow these orders, **THEN** contact physician.

This is a Physician Order Sheet based on the person's medical condition and wishes. Any section not completed implies full treatment for that section.

Everyone shall be treated with dignity and respect.

Last Name

First/Middle Initial

Date of Birth

**DRAFT**

<b>A</b> Check One	<b>CARDIOPULMONARY RESUSCITATION (CPR):</b> <u>Person has no pulse and is not breathing.</u> <input type="checkbox"/> CPR/Attempt Resuscitation <input type="checkbox"/> DNR/Do Not Attempt Resuscitation (Allow Natural Death) When not in cardiopulmonary arrest, follow orders in B, C and D.
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<b>B</b> Check One	<b>MEDICAL INTERVENTIONS:</b> <u>Person has pulse and/or is breathing.</u> <input type="checkbox"/> <b>COMFORT MEASURES ONLY</b> Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, oral suction and manual treatment of airway obstruction as needed for comfort. <b>Patient prefers no transfer: EMS contact medical control to determine if transport indicated.</b> <input type="checkbox"/> <b>LIMITED ADDITIONAL INTERVENTIONS</b> Includes care described above. Use medical treatment, IV fluids and cardiac monitor as indicated. Do not use intubation, advanced airway interventions, or mechanical ventilation. <b>Transfer to hospital if indicated. Avoid intensive care if possible.</b> <input type="checkbox"/> <b>FULL TREATMENT</b> Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. <b>Transfer to hospital if indicated. Includes intensive care.</b> Additional Orders: (e.g. dialysis, etc.) _____
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<b>C</b> Check One	<b>ANTIBIOTICS</b> <input type="checkbox"/> No antibiotics. Use other measures to relieve symptoms. <input type="checkbox"/> Determine use or limitation of antibiotics when infection occurs, with comfort as goal. <input type="checkbox"/> Use antibiotics if life can be prolonged. Additional Orders: (e.g. dialysis, etc.) _____
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<b>D</b> Check One	<b>ARTIFICIALLY ADMINISTERED NUTRITION:</b> <u>Always offer food and liquids by mouth if feasible.</u> <input type="checkbox"/> No artificial nutrition by tube. <input type="checkbox"/> Trial period of artificial nutrition by tube. (Goal: _____) <input type="checkbox"/> Long-term artificial nutrition by tube. Additional Orders: (e.g. dialysis, etc.) _____
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<b>E</b>	<b>SUMMARY OF GOALS</b>	
	<b>Discussed with:</b> <input type="checkbox"/> Patient <input type="checkbox"/> Parent of Minor <input type="checkbox"/> Durable Power of Attorney for Health Care <input type="checkbox"/> Surrogate Decision-maker <input type="checkbox"/> Court-Appointed Guardian	<b>The basis for these orders is:</b> (check all that apply) <input type="checkbox"/> Patient's Request <input type="checkbox"/> Patient's known preference <input type="checkbox"/> Patient's best interest <input type="checkbox"/> Medical futility

Print Physician Name	Physician Signature (mandatory)	Phone Number
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Patient/Resident or Legal Surrogate for Health Care Signature (mandatory)	Date
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**SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED**

**Use of original form is strongly encouraged. Photocopies and FAXes of signed POLST forms are legal and valid**

Testimony for SB516

Camille Rockett, Masters of Social Work Student, UH Manoa

Before the Senate Committee on Health

Wednesday, February 11, 2009

I am writing to OPPOSE the passage of SB516 which mandates physician order forms for life sustaining treatment.

I am a Master's student in the School of Social Work at UH Manoa, and I'm currently interning at Wahiawa General Hospital.

While I agree with the intentions of SB516, that people should make their end of life treatment decisions clear so that their wishes can be carried out, there already exists the advanced directive form to protect these rights. The advance directive form designates power of attorney for patients who might not be capable of making medical decisions, and it also indicates what kind of medical treatment patients will want if they are in their last days. There are specific interventions a patient can request already, like nutrition and hydration, pain medication, or none.

The life sustaining treatment order form would be completely irrelevant, as patients and doctors cannot anticipate the medical treatment that might or might not be needed. Also, even if the patient wishes to deny aggressive treatment or life sustaining intervention in their advance directives, their power of attorney can tell the doctors to ignore the directive and aggressively treat the patient. Doctors will most often then ignore the directive and will follow the wishes of the power of attorney, for their own legal protection. Power of attorney is more likely to hold up in court should the family sue the doctor.

So even if this life sustaining order is in place in addition to the advance directive, it would be overridden by the power of attorney if they so choose. Lastly, most patients elect to forego aggressive life sustaining treatment, wishing not to suffer or spend more time in a vegetative state, and this is specified in the advance directive form already. Not only will the life sustaining treatment orders create more confusing paperwork for patients, but it will make treatment decisions more complicated for doctors who receive these orders which were not written with knowledge of a patient's current condition.

What would actually help both doctors and patients is the creating of a standardized electronic form which can be sent between hospitals that patients fill out. This form should be as specific as possible about the patients' wishes regarding life sustaining treatment. It would be costly mistake to mandate that doctors create an irrelevant document when they already have difficulty holding to advance directives.

Please do not pass this bill.