

Advisory Statement on IPOST

Medical-Moral Commission Archdiocese of Dubuque

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IPOST (Iowa Physician Orders for Scope of Treatment) is Iowa's version of the national POLST (Physician Orders for Life-Sustaining Treatment) project. The letter *Samaritanus bonus* [*The Good Samaritan*] on the care of persons in the critical and terminal phases of life from the Vatican Congregation for the Doctrine of the Faith (July 2020) has expressed concerns about POLST:

In particular, the dissemination of medical end-of-life protocols such as the *Do Not Resuscitate Order* or the *Physician Orders for Life-Sustaining Treatment* – with all of their variations depending on national laws and contexts – were initially thought of as instruments to avoid aggressive medical treatment in the terminal phases of life. Today these protocols cause serious problems regarding the duty to protect the life of patients in the most critical stages of sickness. On the one hand, medical staff feel increasingly bound by the self-determination expressed in patient declarations that deprive physicians of their freedom and duty to safeguard life even where they could do so. On the other hand, in some healthcare settings, concerns have recently arisen about the widely reported abuse of such protocols viewed in a euthanistic perspective with the result that neither patients nor families are consulted in final decisions about care. This happens above all in the countries where, with the legalization of euthanasia, wide margins of ambiguity are left open in end-of-life law regarding the meaning of obligations to provide care. (Section V.1)

Thus Catholic patients and Catholic health care professionals and facilities may wonder if the IPOST form should be used.

It should be kept in mind that *Samaritanus bonus* is speaking from a worldwide perspective. Further, *POLST is established state by state, with some variations among states. There are provisions and protections in the law establishing IPOST which may not be found in all states.*

In considering the aforementioned comments in *Samaritanus bonus*, the context is important. This section of *Samaritanus bonus* (V.1) is reiterating the Church's prohibition of euthanasia and assisted suicide. Thus it is important to note that Chapter 144D of the Iowa Code, which establishes IPOST, contains an explicit anti-euthanasia stipulation: "This chapter shall not be construed to condone, authorize or approve mercy killing or euthanasia, or to permit any affirmative or deliberate act or omission to end life other than to permit the natural process of dying."

Further, it is important to note that IPOST/POLST is not only about forgoing medical treatments; it allows someone to elect to have medical treatments. The goal is to determine which medical treatments are appropriate, and which are not appropriate, for the patient given his/her medical

condition. (See Fr. John Tuohy and Marian Hodges, “POLST Reflects Patient Wishes, Clinical Reality,” *Health Progress* (March-April 2011): 60-64 at 63-4.)

Samaritanus bonus expresses concern that the wishes of a patient may override the judgment and duty of a physician to preserve life. The law establishing IPOST recognizes that a health care provider or facility may disagree, based on policy, religious beliefs, or moral convictions, with the directives given by a patient on an IPOST form, and makes provision for transferring the patient to another health care provider or facility in such a case (Code of Iowa 144D.3). Thus IPOST does not force a health care professional or facility to comply with a patient’s wishes, no matter what.

Samaritanus bonus also expresses concern that patients and families may not be consulted in final decisions about care. The National POLST project indicates that the execution of a POLST form is intended to be an exercise in *shared decision making* between health care providers and patients:

POLST is a comprehensive approach to end-of-life planning that starts with a shared decision-making conversation between health care professionals and patients. This conversation allows the patient to discuss his or her values, preferences, beliefs, and goals for care, and the health care professional presents the patient’s diagnosis, prognosis, and treatment alternatives. Together they reach a shared informed decision about the patient’s treatment plan. (National Physician Orders for Life-Sustaining Treatment (POLST) Paradigm, *Distinguishing POLST from Death with Dignity Statutes*, September 18, 2015.)

To be valid, IPOST requires the patient or his/her proxy decision maker to consent by written signature to the directives given in an IPOST form. This is also required for any revision and re-execution of an IPOST form. Further, an IPOST form should be reviewed, and a new one executed if necessary, when the person is transferred from one care setting or care level to another, or when there is a substantial change in the person’s health status, or when the person’s treatment preferences change (IPOST form, Directions for Health Care Professionals). This process of review and revision helps ensure the ongoing involvement of patients (or their proxy decision makers) in decisions about care.

The Catholic Health Association has offered this assessment of the POLST project:

Like advance directives, POLST is a tool that may be used well or poorly, for good or for ill. There is nothing inherent in POLST that is inconsistent with Catholic morality. It is the way in which the document is used and the actual choices made that are beneficial or problematic from the point of view of the Catholic moral tradition. The range of answers in most POLST forms...usually allows patients to make choices consistent with Catholic moral teaching. (*End-of-Life Guides: Advance Directives Expressing Your Health Care Wishes*, 2015.)

Attached is a document *Instructions for Executing and Using IPOST in Accord With Catholic Moral Teaching*. It is intended for health care professionals and trained facilitators assisting patients executing or revising and re-executing an IPOST form. It is also intended for use by health care professionals presented with an IPOST form to guide patient care.