

# Study suggests overtreatment in end-of-life care despite POLST

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comfort measures only, 761 (42 percent) requested limited additional interventions, and 656 (36 percent) requested full treatment. Patients with comfort-only and limited intervention orders were less likely to be admitted to the ICU; however, 38 percent of patients with comfort-only and limited intervention orders received POLST-discordant care. Patients with cancer were less likely to receive POLST-discordant care, while patients admitted for traumatic injury were more likely to receive POLST-discordant care.

"Lee et al have provided important new information about the relationship between POLSTs and overtreatment of patients at the end of life," write the authors of an accompanying editorial. "These insights will assist clinicians in developing strategies to help ensure that [patients](#) hospitalized near the end of life receive only those treatments that are both desired and beneficial."

(HealthDay)—Patients with treatment-limiting Physician Orders for Life-Sustaining Treatment (POLST) are less likely to be admitted to the intensive care unit (ICU) but may not always receive treatment that is consistent with their wishes, according to a study published online Feb. 16 in the *Journal of the American Medical Association* to coincide with the Society of Critical Care Medicine annual Critical Care Congress, held from Feb. 16 to 19 in Orlando, Florida.

Robert Y. Lee, M.D., from the Cambia Palliative Care Center of Excellence at the University of Washington in Seattle, and colleagues investigated the association between POLST orders for [medical interventions](#) and ICU admission for patients receiving end-of-life care. The [retrospective cohort study](#) included patients with [chronic illness](#) who had POLSTs, died between 2010 and 2017, and were hospitalized within the last six months of life.

The researchers found that of 1,818 decedents, 401 (22 percent) had POLST orders requesting

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