Idaho POST Patient FAQs

The following document is intended as a general guide to answer questions concerning the Idaho POST. This document should not be considered legal advice. The citations in italics following each FAQ are from the Idaho Code that pertains to the FAQ.

1. **What is a “POST?”**
   A POST is a Physician Orders for Scope of Treatment. POST is a universal advanced directive. It replaces Idaho Comfort One and supersedes all other DNR orders. (Effective date 7/1/07). Although POST supersedes Comfort One, if you have a Comfort One, it is still valid.
   39-4502(12) & 39-4512A

2. **Is there identification jewelry associated with POST like there was with Comfort One/DNR?**
   DNR is represented by Medical jewelry: bracelet, necklace or anklet. POST jewelry always indicates DNR.
   39-4502(13)

3. **When is it appropriate to complete a POST?**
   POST is appropriate for anyone that:
   - Has an advanced chronic progressive illness
   - Is in a terminal state
   - Wishes to define their preferences for medical care
   39-4512A(1)

4. **How can I get a POST form?**
   You obtain the form from your physician.
   39-4512A(3)

5. **I have selected “Do Not Resuscitate” on my POST form, must I wear the DNR bracelet?**
   No, the jewelry is not required. Be aware, however, that the identifying jewelry will help Emergency Medical Services personnel discover and honor your choice to not be resuscitated.
   39-4512A(5)

6. **Is a copy of my POST form valid or must I have the original?**
   You may elect to carry originals or copies of the POST form.
   39-4514(8)(b)

7. **I understand that I can register my advance directive with the Idaho Secretary of State; is registration mandatory?**
   Registration of your Living Will, Durable Power of Attorney for Health Care or POST form with the Secretary of state is not mandatory. Registering your advance directive will provide an archive copy of the document, which will make the directive available for future download.
   39-4514(9)
8. Can the person that I designated as my Durable Power of Attorney for Health Care (DPAHC) override the choices that I chose on my POST form?
Your Durable Power of Attorney for Health Care cannot override your POST form. If there is a conflict, the orders in your POST form should be followed. 
39-4512A(2)

9. Can my Durable Power of Attorney for Health Care (DPAHC) be subject to criminal or civil liability for decisions that he/she makes while exercising their responsibilities in regards to the Durable Power of Attorney for Health Care?
No, a DPAHC acting in good faith cannot be held criminally or civilly liable for their actions as a DPAHC. 
39-4513(3)

10. Can I revoke a Living Will, Durable Power of Attorney for Health Care or POST once I sign it?
(a) A POST form or any other directives may be revoked at any time by any of the following methods:
   • By being cancelled, defaced, obliterated or burned, torn or otherwise destroyed by you, or by some person in your presence and by your direction;
     OR
   • By your written, signed revocation expressing your intent to revoke;
     OR
   • By your oral expression of your intent to revoke
   OR
(b) Note that you are responsible for notifying your physician if you revoke your living will or durable power of attorney for health care. 
39-4511(1), 39-4511(2) & 39-4511(3)

11. Is compliance with the wishes that I stated on my POST form optional or must health care providers honor my wishes?
POST must be honored by all health care professionals except when:
• They believe in good faith the POST has been revoked
  o A POST form or any other directives may be revoked at any time by the maker thereof by any of the following methods:
    • By being cancelled, defaced, obliterated or burned, torn otherwise destroyed by the maker thereof, or by some person in his presence and by his direction;
      OR
    • By a written, signed revocation of the maker thereof expressing his intent to revoke
      OR
    • By an oral expression by the maker thereof expressing his intent to revoke
    OR
• To avoid an oral or physical confrontation
• If ordered to so by the attending physician
• A POST form is not present
• POST DNR jewelry is not present
39-4512B(1)
12. I have chosen to not be resuscitated (DNR) on my POST form, must I also complete a new DNR order when I check in to a hospital or other health care facility?
A POST provides a single uniform document that goes with you from one care setting to another. A POST may travel with you. A POST is honored in ALL health care facilities. 39-4512B(2) & 39-4514(8)(A)

13. If I transfer from one health care facility to another, is my POST form effective in the new facility?
A POST provides a single uniform document that goes with you from one care setting to another. A POST may travel with you. A POST is honored in ALL health care facilities. 39-4512B(2) & 39-4514(8)(A)

14. Can I be required to execute an advance directive, such as a living will, durable power of attorney for health care or physician’s orders for scope of treatment (POST) to receive health care?
No, you cannot be required to complete a living will, durable power of attorney for health care or POST form as a condition for being insured for, or receiving, health care services. 39-4514(7)(b)

15. I have completed a POST form and informed all of my family members. What can I expect from health care providers and emergency medical services personnel if I should require emergency medical care?
If you require emergency medical care, you can expect the following:
(a) Health care providers are required to make a reasonable effort to discover, by asking and looking for the POST form and jewelry
(b) Health care providers are not required to look for a POST form or jewelry if you are a victim of severe trauma, mass casualty, homicide or suicide
(c) POST will be honored by all health care professionals except:
   i. If they believe in good faith, your POST has been revoked by being canceled, defaced, obliterated, torn, burned or otherwise destroyed by you or by some person in your presence acting on your direction or by a written signed revocation expressing your intent to revoke or by an oral expression of your intent to revoke
   ii. To avoid oral or physical confrontation
   iii. If ordered to do so by the attending physician
   iv. Your POST form is not present
   v. Your POST jewelry is not present
39-4512B(1) & 39-4512C

16. If I elect for comfort measures only in the Medical Interventions section of the POST form (Section B), what sort of care can I expect?
“Comfort care” means treatment and care to provide comfort and cleanliness. You should expect oral and body hygiene; food and fluids offered orally; medication, positioning, warmth, appropriate lighting and other measures to relieve pain and suffering; and privacy and respect for your dignity and humanity. 39-4502(5) & 39-4514(3)
17. On my POST form, I indicated that I desire aggressive interventions. Does this mean that my doctor is obligated to provide care that is considered futile?

No. Nothing in the Idaho POST law requires your health care provider to pursue treatment considered medically inappropriate or futile.

39-4514(5)

18. I just moved to Idaho and have an advance directive from another state; must I complete an Idaho POST?

No, provided the directive from the other state is materially similar to an Idaho directive, it is valid in Idaho.

39-4514(6)

19. Is my Idaho POST form valid in other states?

It depends on the laws of the other state. You should check the laws in the state(s) where you plan to visit.

20. I am enrolled in the Idaho Comfort One/DNR program from prior to July 1, 2007, must I now complete an Idaho POST form also?

No, your Comfort One\DNR is still valid, provided it was signed prior to 1 July 2007. After 1 July 2007, the POST form replaces the Comfort One\DNR as the Idaho Do Not Resuscitate order.

39-4515(6)

21. If I chose to make an advance directive, will it affect my ability to get or maintain my life insurance?

No, making a living will and/or durable power of attorney for health care or POST form will not affect your ability to get or maintain life insurance.

39-4514(7)(a)