POLST forms common in the US in two major respects: (1) it is only available as an integral part of a comprehensive advance directive resulting from a facilitated ACP process; (2) its scope is restricted to specific options for emergency treatment.

**Results** We presented a descriptive analysis of all POLST-Es completed in the intervention region during the study period, and compare it with any ACP for emergencies found in the control region (data analysis will be completed by May).

**Discussion** The POLST-E bridges the gap between individual planning and honouring the resulting plans in emergency situations by professionals. It therefore is a crucial tool for effective ACP. Further, it changes the facilitation process fundamentally in that patients or proxies are now offered choices with regard to medical emergencies arising from current (not only future hypothetical) health statuses – a choice missing in the traditional development of advance directives in Germany.