



[www.CompassionAndSupport.org](http://www.CompassionAndSupport.org)

Please follow this [link for free educational resources](#) applicable to New York State; many of the resources are useful for health care professionals, as well as patients and families. Thus, these resources are listed twice. For ease of use, the resources are divided into categories for traditional advance directives and the Medical Orders for Life-Sustaining Treatment (MOLST) Program.

## Advance Care Planning Resources

### Advance Care Planning (For ALL Adults) – Traditional Advance Directives For Physicians and Health Care Professionals

- [Compassion and Support Web site](#)
- [NYS Advance Care Planning Booklets](#) (English and Spanish)
- [Choosing a Health Care Proxy or Spokesperson](#)
- [Clarifying Patients Values and Beliefs](#)
- [Five Easy Steps](#)
- [Community Conversations on Compassionate Care Video](#)
- [Clinical Pathways > 1 Year](#) (Interactive)
- [End of Life/Palliative Education Research Center](#)
- [Myths about Advance Directives](#)
- [Advance Care Planning in Chronic Illness](#)
- [Other State-Specific Forms](#) (Downloadable PDFs)
- Health Care Proxy Forms (Multi-Lingual)
  - [Health Care Proxy: English](#)
  - [Health Care Proxy: Spanish](#)
  - [Health Care Proxy: Chinese](#)
  - [Health Care Proxy: Russian](#)
- [The Bomba Letter](#) - Electronic Newsletter
- [Up-to-date Training Events](#)
- [Bookmarks guiding patients and families to CompassionAndSupport.org](#)
- Advance Care Planning Poster 11"x17" - Ideal for waiting rooms, treatment rooms and common areas (on order form)
- Advance Care Planning Table Toppers - 3-panel companion of poster (on order form)
- [NYS Bar Association Living Will Forms](#) (English and Spanish)

### Advance Care Planning (For ALL Adults) – Traditional Advance Directives For Patients and Families

- [Community Conversations on Compassionate Care Video](#)
- [Five Easy Steps](#)
- [Compassion and Support Web site](#)
- [Who Will Speak for Me?](#)
- NYS [Advance Care Planning Booklets](#) (English and Spanish)-includes NYS Health Care Proxy and Living Will along with completion guide

- [Choosing a Health Care Proxy or Spokesperson](#)
- [Clarifying Patients Values and Beliefs](#)
- [Discussing Your Wishes](#)
- [Practical Issues](#)
- [FAQs](#)
- [Glossary of Terms](#)
- [Additional Resources](#)
- [Advance Care Planning Brochures](#)

## Definitions

- Health Care Proxy
  - Legal document that allows a patient to appoint a health care proxy to convey their wishes should the patient become unable to make decisions for themselves
  - Health Care Proxy Forms (Multi-Lingual)
    - [Health Care Proxy: English](#)
    - [Health Care Proxy: Spanish](#)
    - [Health Care Proxy: Chinese](#)
    - [Health Care Proxy: Russian](#)
- Living Will
  - A document that communicates a patient's wishes should the patient become unable to make decisions for themselves and are in an irreversible state.
  - Does not allow for the appointment of a health care agent
  - New York State does not have a statute that governs living wills nor is there a standard form
  - In New York State, a living will establishes “clear and convincing evidence” of a patient’s wishes with or without the presence of a health care proxy.
  - [NYS Bar Association Living Will Forms](#) (English and Spanish)
- Organ Donation
  - Can be documented on the health care proxy form, organ donation card, or New York State driver's license.
  - Discuss if patient has indeed made a declaration on their driver's license. This may open the door to further advance care planning discussions.
  - [NYS Organ Donation](#)



## **Advance Care Planning (For Seriously Ill Adults) - MOLST Program For Physicians and Health Care Professionals**

- [The MOLST Program](#)
- [MOLST Videos](#)
- [MOLST Training Center](#)
- [MOLST Frequently Asked Questions \(FAQs\)](#)
- [Core Elements of the MOLST Program](#)
- [8-Step MOLST Protocol](#)
- [Clinical Pathways < 1 Year](#) (Interactive)
- [Patient-Centered Interviewing](#)
- [Moderating a Family Conference](#)
- [Capacity Determination](#)
- [CPR](#)
- [PEG Tubes](#)
- [MOLST Form](#)
- [Supplemental Documentation Form for Adults](#)
- [Supplemental Documentation Form for Minors](#)
- [Who Should Complete the MOLST form](#)
- [How to Complete the MOLST form](#)
- [When to Review the MOLST form](#)
- [MOLST Updates](#)
- [Quality Improvement](#)
- [Implementation Resources](#)
- [Discussing Do not Resuscitate \(DNR\) Orders in the Hospital Setting](#)
- [End of Life/Palliative Education Research Center](#)

## **Advance Care Planning (For Seriously Ill Adults) - MOLST Program For Patients and Families**

- [The MOLST Program](#)
- [MOLST Video](#)
- [MOLST Forms](#)
- [Completion of the MOLST Form](#)
- [Glossary](#)
- [Educational Resources](#)

## Definitions

- MOLST Program
  - The Medical Orders for Life-Sustaining Treatment (MOLST) program is designed to improve the quality of care people receive at the end of life. It is based on effective communication of patient wishes, documentation of medical orders on a brightly colored pink form and a promise by health care professionals to honor these wishes.
  - MOLST translates patient/resident goals and preferences into medical orders. The MOLST program is based on communication between the patient/resident, Health Care Agent or other designated decision-maker and health care professionals that ensures sound and informed medical decision-making.
- MOLST Form
  - The MOLST form is a bright pink medical order form signed by a New York State licensed physician that communicates patient wishes regarding life-sustaining treatment to health care providers. These valid medical orders must be followed by all health care professionals in all sites of care, including the community.
  - The form includes medical orders and patient preferences regarding:
    - CPR (cardiopulmonary resuscitation)
    - Intubation and mechanical ventilation
    - Artificial hydration and nutrition
    - Future hospitalization and transfer
    - Antibiotics
  - Approved by the New York State Department of Health for use as an inpatient Do Not Resuscitate (DNR) in all hospitals, long term care facilities and the community statewide.
  - Ideally will replace the non-hospital DNR form as it can be honored by EMS staff for Do Not Intubate (DNI) situations in the home and all community settings
  - Follows patients across all health care settings
  - Copies, Faxes and electronic representation are acceptable
  - The MOLST can be used for patients who lack capacity and have a proxy. For those who lack capacity without a proxy, a [Supplemental Form for Adults](#) or [Minors](#) is needed.