

## Medical Orders for Life-Sustaining Treatment (MOLST) Update

Please forward this email to colleagues in your respective organizations and associations. The MOLST Training Center and MOLST web pages in the Professionals, Patients and Families sections on [www.CompassionAndSupport.org](http://www.CompassionAndSupport.org) are being updated with new material almost daily.

### **POLST Program Enables Patients to Document Wishes for End-of-Life Treatment New Study Links Program to Lower Rates of Unwanted Hospitalization**

A new multi-state study has found that nursing home patients participating in a program enabling them to record their wishes for end-of-life treatment are far less likely to receive unwanted hospitalization and medical interventions than are other patients. **Read full [article](#) and [news release](#).**

The program, which is known as Medical Orders for Life-Sustaining Treatment (MOLST) in New York, uses an innovative medical order form signed by physicians that allows patients to specify whether or not they prefer to receive CPR, hospitalization, and treatments like antibiotics, feeding tubes, and other medical interventions. MOLST is based on the Physician Orders for Life-Sustaining Treatment (POLST) Program that was first developed in Oregon in 1990 in response to concerns that traditional Do Not Resuscitate (DNR) orders and advance directives do not adequately communicate patients' wishes for the many treatment decisions they face at the end of their lives.

Dr. Richard F. Daines, commissioner of the New York State Department of Health, authorized statewide use of the MOLST form in all nursing homes and hospitals in 2005. He then approved MOLST for use in all settings, after a successful 3-year community pilot in Monroe and Onondaga Counties and legislation was passed in 2008. The New York State Department of Health revised the MOLST form (DOH-5003) in June 2010 to make it more user-friendly and to align the form with, and to support implementation of, the Family Health Care Decisions Act.

New York State began using MOLST in 2004 because it gives patients a way to clearly specify what type of end-of-life treatment they want. This study shows Commissioner Daines was right in his efforts to support implementation of the MOLST to improve the quality of care for patients at the end of life.

### **MOLST Instructions and Legal Requirements Checklists for Adult Patients**

With passage of Family Health Care Decisions Act, the decision-making standards, procedures and statutory witness requirements for decisions to withhold or withdraw life-sustaining treatment, including DNR, vary depending on who makes the decision and where the decision is made. In order to assist providers, NYSDOH developed different checklists for different types of decision-makers and settings.

The NYSDOH developed MOLST Instructions and Legal Requirements Checklists for Adult Patients. The original complete document was posted on June 14 and circulated for feedback. Revisions have been made based on the feedback received. There are now 6 brief documents dated July 1, 2010 posted on the [Checklists for Adult Patients](http://www.CompassionAndSupport.org) web page on [www.CompassionAndSupport.org](http://www.compassionandsupport.org/index.php/for_professionals/molst/checklist_for_adults)[http://www.compassionandsupport.org/index.php/for\\_professionals/molst/checklist\\_for\\_adults](http://www.compassionandsupport.org/index.php/for_professionals/molst/checklist_for_adults) :

- [MOLST General Instructions and Glossary for Adult Patients](#) (7 page overview of general instructions, including glossary)
- **MOLST Checklist 1** - [adult with capacity, any setting](#)
- **MOLST Checklist 2** - [adult without capacity, with health care proxy, any setting](#)
- **MOLST Checklist 3** - [adult without capacity, without a health care proxy, decision-maker is FHCD Surrogate, hospital and nursing home](#)
- **MOLST Checklist 4** - [adult without capacity, without a health care proxy, no FHCD surrogate, hospital and nursing home](#)
- **MOLST Checklist 5** - [adult without capacity, without health care proxy, in the community](#)

## REMINDER:

- The 2008 Supplemental MOLST forms (B-1621 and B-1622) are obsolete, given the changes in New York State (NYS) Public Health Law (PHL).
- Eliminating Supplemental Forms is an effort to make the process more user-friendly.
- Documentation of the clinical process and legal requirements must be included in the medical record and does **NOT** need to travel with the patient, except for the patient with developmental disabilities who lacks medical decision-making capacity.
- **MOLST Chart Documentation Forms** were developed as "**optional**" tools that align with the five checklists and have also been revised with feedback from community providers. Completion of the appropriate form serves as documentation of both the conversation and the legal requirements and should remain in the medical record. Use of these forms is optional.

## MOLST Instructions and Legal Requirements Checklists for Other Patients

The NYSDOH is developing:

- [Checklists for Minor Patients](#)

In addition, Checklists are being developed in collaboration with OMRDD and OMH for

- [Checklists for Patients with Developmental Disabilities who lack medical decision-making capacity](#)
- [Checklists for Patients with Mental Illness in a mental hygiene facility](#)

When completed, these will be posted on the [www.CompassionAndSupport.org](http://www.CompassionAndSupport.org).

Thank you for your support of the MOLST Program!



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