



What are “Medical Orders for Life-Sustaining Treatment” (MOLST)?

MOLST is a standardized form that translates a seriously ill patient’s preferences for certain medically appropriate life-sustaining treatments into *valid medical orders* that can be honored by all health care professionals across care settings.



MOLST is based on the ethical and legal principles of patient self-determination and respect for patient autonomy. Completing a MOLST form is voluntary. It is one possible outcome of ongoing advance care planning discussions between a patient and the patient’s health care providers and loved ones. MOLST instructions are effective immediately and reflect the patient’s current health status and preferences.

What provides authority for MOLST in Massachusetts?

MOLST was first authorized in Massachusetts under Chapter 305, Section 43 of the Acts of 2008. That legislation directed the Executive Office of Health and Human Services (EOHHS) to test implementation of a physician order for life sustaining treatment paradigm program (see www.polst.org) to assist individuals in communicating end-of-life care directives in at least one region of the Commonwealth and to make recommendations for establishment of a statewide program. Circular Letter: DHCQ 10-02-529 dated February 2, 2010 announced the program. The recommendations are available on the EOHHS website.

Statewide expansion of MOLST began on April 1, 2012. MOLST is expanding as a standard of practice with respect to documenting and communicating patient preferences for care at the end of life. Expansion is endorsed by the Board of Registration in Medicine (and the Boards of Registration for nurses, nurse practitioners and physician assistants), the Massachusetts Medical Society and the Massachusetts Expert Panel on End of Life Care.

Does MOLST change the law or practice with respect to signing a health care proxy form?

No. All adults (ages 18 and older) in Massachusetts should complete a health care proxy form to appoint a health care agent who is authorized to make health care decisions on their behalf in the future should they become incapacitated. MOLST does not change the need to complete a health care proxy form. Patients who complete a MOLST form are advised, but not required, to have an appointed health care agent.

Who should consider completing a MOLST form?

MOLST is most suitable for patients of any age with a serious medical condition including, but not limited to: life threatening disease; chronic progressive disease; dementia; life threatening injury; or medical frailty.

Who can sign a patient’s MOLST form?

A valid MOLST must be signed by both the patient (or the health care agent - but only if the patient has lost capacity, or the patient’s guardian*) *and* the attending physician, nurse practitioner or physician assistant. If a patient has not appointed a health care agent before losing the capacity to sign a MOLST form, no one is authorized to sign on the his/her behalf unless a court-appointed guardian is granted the authority to do so.

Why does the page one refer to “medical orders,” while page two refers to “patient preferences”?

Page one (the front of the form) contains valid medical orders about CPR, intubation/ ventilation and transfer to a hospital. Page two (the back of the form) facilitates further expression of a patient’s other preferences and indicates the extent of the discussions that have occurred.

* A guardian can sign to the extent permitted by MA law. Consult legal counsel with questions about a guardian’s authority.

How does MOLST relate to the MA Comfort Care/Do Not Resuscitate (CC/DNR) Verification Protocol?

MOLST builds on the experience of the CC/DNR Verification Protocol. However, MOLST contains a range of treatment options (not just resuscitation) and patients can request to either *receive* or *refuse* the treatments. Also, MOLST can be honored by all health professionals across care settings, not just EMTs.

What if a patient has both a CC/DNR (“Comfort Care”) form and a MOLST form?

For cardiac/ respiratory arrest, *the most recent orders will be followed*. In other situations, MOLST orders apply.

How does MOLST relate to a living will or other final wishes statement?

Since there is no statute in Massachusetts that expressly authorizes living wills or other expressions of final wishes, such documents can express and serve as evidence of a person’s wishes, but have no particular legal authority. A MOLST form contains valid medical orders that are effective immediately and can be honored by health care providers in any setting.

Can a patient change his/her MOLST form after it has been signed?

Yes. A patient can void his/her MOLST form, or ask to complete a new MOLST form *at any time*.

Can a patient receive a treatment if his/her MOLST form says “do not use” that treatment?

Yes. A patient can request and receive previously refused medically-indicated treatment *at any time*.

What if a patient can’t communicate and the family/health care agent disputes the MOLST?

Health care professionals will be instructed to follow their clinical practice setting’s guidelines for giving emergency medical treatment in situations of question or conflict.

What is the role for lawyers with respect to MOLST?

MOLST is a clinical form and a standard of care. It requires prior discussion(s) between the patient and attending clinicians about the patient’s health condition, prognosis, values and goals for care, and the benefits and burdens of treatment. Then, if the MOLST form is medically indicated based on the patient’s *current* health status and preferences, a MOLST form may be signed by both the patient and the clinician.

MOLST is not intended to be generated by lawyers. However, if your client has a Do Not Resuscitate order or expresses strong preferences about life-sustaining treatments, it is appropriate to encourage the client to discuss MOLST with his/her physician. Lawyers can also play a role in assessing whether there are inconsistencies between a living will or final wishes statements and a MOLST form, so that the patient’s wishes can be clarified and are more likely to be honored.

In addition, lawyers should bring the existence of a MOLST form to the attention of the court in a guardianship proceeding. Further, lawyers should consider whether (or at what point and to what extent) it would be helpful to request that a guardianship decree authorize the guardian to sign a MOLST form.

Where is the MOLST form kept?

The original MOLST form stays with the patient. Patients should keep it where it is easy to find (on the refrigerator, the back of a door, or at bedside) and keep a copy in their wallet for travel outside the home. *Copies of the form are valid* and should be retained in the patient’s medical record.

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