

**MOLST Vision:** Persons with advanced illness will have their decisions regarding life-sustaining treatments known, communicated and honored across all health care settings in Massachusetts.



### 1. Format of MOLST Form

- a. **Pages 1 and 2** of the MOLST form can be used and honored independently of one another. Each page is valid if the required signatures and contact information are completed (sections D and E on Page 1; sections G and H on Page 2).
- b. **Page 1:** contains medical orders about emergency medical treatments and whether to *attempt or not attempt* such treatments. It was designed for emergency situations.
- c. **Page 2:** contains preferences about other treatments that may clinically appropriate.
- d. **Every treatment** does not need to be discussed. The form is valid if the required sections are completed (see “a” above).

### 2. Who Signs:

- a. The clinician – The patient’s physician, nurse practitioner or physician assistant (within scope of practice), after goals of care discussions with the patient and his or her surrogates. **AND**
  - b. The patient or the patient’s health care agent (only if the patient lacks capacity and the health care proxy has been invoked). If no agent has been appointed, a guardian or the parent/guardian of a minor can sign only to the extent permitted by MA law. *Seek legal counsel about a guardian’s authority.*
  - c. NOTE: informal or default surrogates are not authorized to sign a MOLST form.
3. **Color:** The original MOLST form is recommended to be printed on bright pink paper and should remain with the patient so it can be easily found and identified. Bright pink paper is not required for a valid form. Photocopies or faxes are valid if the required sections are completed.
  4. **Dynamic Process:** MOLST decisions are based on current medical conditions and are expected to change over time as the disease progresses, the prognosis changes, and the trade-offs between benefits and burdens evolve. Decisions are not static. Clinician re-discuss the patient’s goals of care and treatment decisions as clinically appropriate to disease progression, at transfer to a new care setting or level of care, or if the patient’s decisions change. Forms are revised as required to accurately reflect current treatment decisions. If decisions change, the old form is voided and a new form is created and signed. The most recent form prevails.
  5. **Languages:** MOLST is available in multiple languages for educational purposes. The English version must be used to create a valid medical order.
  6. **MOLST is a *Massachusetts*** version of a national paradigm, sometimes called POLST, or POST, or MOST. Some patients in MA may have forms from more than one state. Forms from other states will look similar; but are likely to label treatment options as either *Full Treatment, Limited Treatment* or *Comfort Measures Only* based on patient goals of care. The MA form separates individual treatment options to assure an individualized treatment plan.