



***Who is responsible for filling out MOLST forms with patients?***

All clinicians in any setting should talk about advance care planning with patients and document patients' treatment preferences as appropriate—regardless of specialty or length of relationship with the patient.

*Such discussions may result in filling out a MOLST form, if medically indicated and desired by the patient.*

**1) BEFORE talking about MOLST:**

- Talk to all patients, healthy or sick, aged 18 and older about the importance of signing a health care proxy
- When medically indicated, initiate advance care planning conversations with the patient\*
- Determine if a patient may be suitable for MOLST based on his or her current medical status and prognosis

**2) To INTRODUCE the option of using MOLST:**

- Engage in discussions with the patient and his or her loved ones and/or representatives about the patient's health condition, prognosis, values and goals of care
- Discuss the burdens and benefits of CPR, ventilation, hospitalization and other life-sustaining treatments; explain the potential outcome of each treatment based on the patient's current medical condition
- Explore the patient's expectations and hopes for treatment – especially what the patient would consider to be a successful or acceptable outcome of treatment, and discuss the patient's treatment preferences
- Clarify that MOLST is a voluntary way to express preferences about life-sustaining treatments
- Explain that all patients are made as comfortable as possible as they are nearing the end of life

**3) FILLING OUT the MOLST form with a patient:**

On Page 1

- Fill in Sections A, B, and C to reflect the patient's preferences
- Instruct the patient, health care agent, or authorized representative\* to fill in Section D completely
- Fill in Section E yourself (*Both Sections D and E must be fully compete and legible for Page 1 to be valid*).
- Fill in optional information as instructed at the bottom of Page 1, if appropriate for the patient

On Page 2

- For Section F, explain the uses, benefits and burdens of each treatment and mark the patient's\* treatment preferences (or mark "Undecided" or "Did not discuss")
- Talk with the patient\* about what "other treatment preferences" to include if appropriate (e.g. use of blood products, antibiotics, hospice care)
- Instruct the patient, health care agent, or authorized representative\* to fill in Section G completely
- Fill in Section H yourself (*Both Sections G and H must be fully compete and legible for Page 2 to be valid*).
- Explain that the MOLST form should be: 1) kept with the patient; 2) put where it is easy to find (e.g. on the refrigerator, door, at bedside); 3) taken with the patient (e.g. in a purse or wallet) outside the home
- Discuss decision-making about calling 911 in an emergency, based on the patient's MOLST preferences
- Copy the MOLST form for the patient's record and discuss who else needs a copy (e.g. health care agent)
- Re-discuss the contents of the MOLST form with the patient\* whenever there is a significant change in the patient's health status, treatment preferences or goals of care, health care setting, or level of care
- Void the MOLST form and fill in a new MOLST with updated instructions if one is desired by the patient\*

\* A health care agent can act on a patient's behalf if the patient lacks capacity per a clinician's written verification. If the patient has no appointed health care agent, a guardian or parent/guardian of a minor may be able to utilize MOLST on the patient's behalf, to the extent permitted by MA law (*consult legal counsel with questions about a guardian's authority*).