What’s MOLST important in EOL Conversations

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ACHPN-BC
MGH Palliative Care Clinic
Agenda for Today

- Intro
- Stats on CPR success
- AD: HCP vs MOLST
- Spectrum of Decisions r/t code status
- MOLST, how to complete it, what does it all mean
- What does the future of MOLST look like?

- I have no disclosures
Do NOT RESUSCITATE
Why aren’t tattoo DNR acceptable?


- Tattoos are not legal Advanced Directives nor MOLST.
  - Not considered a wearable AD
  - No witness or notary to complete the legal documentation.
- Informed decision-making @ time of tattoo cannot be presumed.
- The tattoo contains insufficient information to guide medical treatment.
  - Does the patient mean no chest compressions, no intubation, no vasopressors?
- EOL care preferences are dynamic. In contrast to a tattoo, ADs and MOLST forms may be easily amended to reflect a patient’s current wishes.
- Tattoo regret is common, >50% later regret their tattoos.
NO CPR

CPR OK NOW
CHANGED MY MIND

OOPS BAD DIAGNOSIS
NO CPR AGAIN
CPR developed in 1960’s

Intended to prevent sudden, unexpected death of healthy individual.

Not indicated in cases of terminal, irreversible illness where death is expected

Over the years, it became routine practice in all institutions to perform CPR for all patients even though, for some patients with fatal conditions, application of CPR only prolongs the dying process through temporarily restoring cardiac function

Survival rates after a cardiac arrest are < 1% in patients with advanced illness (end stage CHF, metastatic cancer)

Cancer patients have lower survival rates following CPR

Higher survival rates in more recent studies r/t DNR orders

Patients with least chance of survival:
- 2 or more serious medical conditions
- dependent on others for care (SNF resident)
- having a terminal illness

1 in 10 cancer patients who survive CPR will leave hospital alive, meaning that 9 of 10 who initially survived CPR will die soon after

CPR Survival rates to discharge

Figure 8: Survival to Discharge Following In-Hospital Cardiopulmonary Resuscitation for Patients with Chronic Health Conditions According to Type of Chronic Health Condition

Abbreviation: MI, myocardial infarction.

Among patients 65 years of age or older who survived an in-hospital cardiac arrest

- 59% survived for at least 1 year and
- 50% survived for at least 2 years.*
- 18.3% survival to discharge among pts >65

• Chan et al. NEJM 2013 368:1019-1026
• Geripal.org, post by Widera, 9/11/13
Outcomes of CPR

Among “elderly survivors of in-hospital cardiac arrest”, at one year:
- 41 are dead¹
- 59 are alive¹

Among “elderly patients who undergo resuscitation after in-hospital cardiac arrest”, at one year:
- 49 died during resuscitation²
- 34 died before hospital discharge²
- 7 died after hospital discharge¹
- 10 are alive¹

• Chan et al. NEJM 2013 368:1019-1026
• Geripal.org, post by Widera, 9/11/13
Pt’s perception of CPR

- A Canadian study patients with end-stage cancer and advanced diseases
  - 2.7% of patients -- success rate of CPR was < 10%.
  - Only 11.3% of patients could describe more than 2 components of CPR.

- Adams and Snedden:
  - 81% believed that their chance of surviving CPR and leaving the hospital was 50% or better
  - 23% believed that their chance was 90% or better.
  - The source of information for most patients was television or their physician.

  - 60 episodes of CPR (65% patients < 35 years old)
    - 75% survived the immediate arrest
    - 67% appeared to have survived to hospital discharge.


What is MOLST?

- MOLST is a standardized medical order form for use by clinicians caring for patients with serious advancing illnesses
- Launched statewide in MA 2010
- MOLST, POLST (Physician Order for Life Sustaining Treatment) or COLST (Clinician Order for Life Sustaining Treatment) are currently used in 42 states in the U.S.
- Portable, actionable medical orders that all health care providers, including EMS can follow in variety of settings
WHY MOLST?

• IOM *Dying in America*, 2014 recommends implementing policies and payment systems to support high-quality EOL care

• Encouraged states to develop and implement POLST program with nationally standardized core requirements

WHO should have MOLST?

- Patients with serious or advanced illness
- Surprise Question
- Voluntary
- Not intended for everyone
# MOLST v. HCP

<table>
<thead>
<tr>
<th></th>
<th><strong>MOLST</strong></th>
<th>Health Care Proxy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Form Type</strong></td>
<td>Medical Document</td>
<td>Legal Document</td>
</tr>
<tr>
<td><strong>Form Users</strong></td>
<td>Patients of any age with advanced illness</td>
<td>All adults, healthy or sick</td>
</tr>
<tr>
<td><strong>Form Contains</strong></td>
<td>Current medical orders re: life sustaining treatment</td>
<td>Name of person’s appointed health care agent(s) for future shared decision making</td>
</tr>
<tr>
<td><strong>Form Signer (s)</strong></td>
<td>The patient* AND clinician</td>
<td>The person and 2 witnesses of the person’s choice</td>
</tr>
<tr>
<td><strong>Goes into Effect:</strong></td>
<td>Immediately upon signing</td>
<td>Only if the person is declared to lack capacity to make own health care decisions</td>
</tr>
</tbody>
</table>

* Or pt’s health care agent, only if pt lacks capacity
MOLST expands on the MA Comfort Care/DNR form

CC / DNR
- Documents that a medical order exists
- Always instructs *DNR - not* to use CPR
- Orders about CPR only
- Honored in outpatient settings by EMTs

MOLST
- *Is a medical order form*
- *May instruct to use OR not use* treatments
- Orders about several types of life-sustaining treatments
- Honored across settings by all health professionals

The CC/DNR form remains valid in Massachusetts!
The MOLST form looks like:

Original MOLST forms are bright pink

Copies are also valid
Barriers to having the conversation*

- Provider fears re: anxiety or hopelessness
- Uncertainty about best time for GOC conversation
- Patient preferences are difficult to document in ways that are easily/quickly understood
- Other clinical demands

Barriers to using MOLST**

- Terminology confusing or misleading
- “Do Not Hospitalize (unless needed for comfort)”
- Too much detail

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*Foglia, MB; Lowery, J; Sharpe, VA; et al. Comprehensive Approach to Eliciting, Documenting, and Honoring Patient Wishes for Care Near the End of Life: The Veterans Health Administration’s Life-Sustaining Treatment Decisions Initiative. The Joint Commission Journal on Quality and Patient Safety. 2019; 45:47-56

**Boerner, K; Rodriguez, J; Quach, E; Hendricksen, M. Implementing the MOLST: Challenges faced by nursing home staff. Geriatric Nursing Journal. 2018; (39):465-470
MASSACHUSETTS MEDICAL ORDERS
for LIFE-SUSTAINING TREATMENT
(MOLST) www.molst-ma.org

INSTRUCTIONS: Every patient should receive full attention to comfort.

→ This form should be signed based on goals of care discussions between the patient (or patient’s representative signing below) and the signing clinician.
→ Sections A–C are valid orders only if Sections D and E are complete. Section F is valid only if Sections G and H are complete.
→ If any section is not completed, there is no limitation on the treatment indicated in that section.
→ The form is effective immediately upon signature. Photocopy, fax or electronic copies of properly signed MOLST forms are valid.

<table>
<thead>
<tr>
<th>A</th>
<th>CARDIOPULMONARY RESUSCITATION: for a patient in cardiac or respiratory arrest</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mark one circle ➔</td>
</tr>
<tr>
<td></td>
<td>O Do Not Resuscitate</td>
</tr>
<tr>
<td></td>
<td>● Attempt Resuscitation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B</th>
<th>VENTILATION: for a patient in respiratory distress</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mark one circle ➔</td>
</tr>
<tr>
<td></td>
<td>● Do Not Intubate and Ventilate</td>
</tr>
<tr>
<td></td>
<td>O Intubate and Ventilate</td>
</tr>
<tr>
<td></td>
<td>Mark one circle ➔</td>
</tr>
<tr>
<td></td>
<td>O Do Not Use Non-invasive Ventilation (e.g. CPAP)</td>
</tr>
<tr>
<td></td>
<td>● Use Non-invasive Ventilation (e.g. CPAP)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C</th>
<th>TRANSFER TO HOSPITAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mark one circle ➔</td>
</tr>
<tr>
<td></td>
<td>● Do Not Transfer to Hospital (unless needed for comfort)</td>
</tr>
<tr>
<td></td>
<td>O Transfer to Hospital</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PATIENT or patient’s representative signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark one circle below to indicate who is signing Section D:</td>
</tr>
<tr>
<td>● Patient</td>
</tr>
<tr>
<td>O Health Care Agent</td>
</tr>
<tr>
<td>● Guardian*</td>
</tr>
<tr>
<td>O Parent/Guardian* of minor</td>
</tr>
</tbody>
</table>

Signature of patient confirms this form was signed of patient’s own free will and reflects his/her wishes and goals of care as expressed to the Section E signer. Signature by the patient’s representative (indicated above) confirms that this form reflects his/her assessment of the patient’s wishes and goals of care, or if those wishes are unknown, his/her assessment of the patient’s best interest permitted by MA law. Consult legal counsel with
A.) CPR + Do Not Hospitalize

INCOMPATIBLE Orders

B.) CPR without intubation

C.) short term Dialysis with a side of IV Hydration

If a person elects “Attempt Resuscitation” in Section A of the MOLST form, that decision “trumps” other decisions indicated in Sections B and C, and the patient may be intubated and ventilated and transferred to the hospital. www.molst-ma.org
Spectrum of Decisions

- Do Not Docusate (Allow Natural Defecation)
- Do Not Resuscitate
- Do Not Keep Alive on ECMO Indefinitely
Do Not Docusate (Allow Natural Defecation)

We do not discuss in advance: low stakes decision, and one we do not hesitate to make on our own.

Do Not Resuscitate

We do not discuss in advance: May be Inappropriate to offer (and we feel comfortable refusing to offer).

Do Not Keep Alive on ECMO Indefinitely
How do we ask patients about their preferences for resuscitation?
Paternalism → Patient Autonomy → Shared Decision Making
Shared Decision Making

• Moves medical decision making from Paternalistic to Patient Autonomous to a person-centered model
• Provider and patient share the process.
• Move the process upstream and use consistently (not just CPR discussions)

8 Step MOLST PROTOCOL

1. Prepare for Discussion
2. Begin with what the patient and family knows
3. Provide and new info re: pt’s medical condition
4. Reconcile Differences in terms of prognosis, goals, hopes and expectations
5. Respond Empathetically
6. Use MOLST to guide choices and finalize pt/family wishes
7. Complete and sign MOLST
8. Review and Revise periodically

https://molst.org/how-to-complete-a-molst/thoughtful-molst-discussion/
Before discussing MOLST

- **Assess Capacity**
  - Ability to take in information, understand its meaning and make informed decision using that info

- **Assess Prognostic Awareness**
  - What do you understand about your illness?
  - If things were to get worse, what would your priorities be?

- **What are patient’s goals?**
  - Physical
  - Functional

- **Make recommendations**
  - Based on your relationship and knowledge of goals
  - Based on medical knowledge
<table>
<thead>
<tr>
<th>Rating Factor</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Making sure family not burdened financially by my care</td>
<td>67%</td>
</tr>
<tr>
<td>Being comfortable and without pain</td>
<td>66%</td>
</tr>
<tr>
<td>Being at peace spiritually</td>
<td>61%</td>
</tr>
<tr>
<td>Making sure family is not burdened by tough decisions about my care</td>
<td>60%</td>
</tr>
<tr>
<td>Having loved ones around me</td>
<td>60%</td>
</tr>
<tr>
<td>Being able to pay for the care I need</td>
<td>58%</td>
</tr>
<tr>
<td>Making sure my wishes for medical care are followed</td>
<td>57%</td>
</tr>
<tr>
<td>Not feeling alone</td>
<td>55%</td>
</tr>
<tr>
<td>Having MDs and nurses who will respect my cultural beliefs and values</td>
<td>44%</td>
</tr>
<tr>
<td>Living as long as possible</td>
<td>36%</td>
</tr>
<tr>
<td>Being at home</td>
<td>33%</td>
</tr>
<tr>
<td>A close relationship with my MD</td>
<td>32%</td>
</tr>
</tbody>
</table>

Source: Californians' Attitudes Toward End-of-Life Issues, Lake Research Partners, 2011. Statewide survey of 1,889 adult Californians, including 388 respondents who have lost a loved one in the past 12 months.

Priorities can be surprising
Ask “And what else?”

<table>
<thead>
<tr>
<th>Priorities</th>
<th>Patients</th>
<th>MDs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be mentally aware</td>
<td>92</td>
<td>65</td>
</tr>
<tr>
<td>Be at peace with God</td>
<td>89</td>
<td>65</td>
</tr>
<tr>
<td>Be able to help others</td>
<td>88</td>
<td>44</td>
</tr>
<tr>
<td>Pray</td>
<td>85</td>
<td>55</td>
</tr>
<tr>
<td>Funeral arrangements</td>
<td>82</td>
<td>58</td>
</tr>
</tbody>
</table>

*P<0.001 for all comparisons
How do you translate goals of care to code status?

Goals of care:
- Independence
- Being with family
- Relief from symptoms
- Not being a burden
- Living as long as possible
- Never going back to the hospital

Code Status Discussion
Completing MOLST form

www.molst-ma.org

- **Sections A** reflects the patient’s preferences at time of cardiac or respiratory arrest.
  - Do Not Resuscitate
  - Attempt Resuscitation

- **Section B** reflects patient’s preferences in event of respiratory distress
  - Do Not Intubate and Ventilate
  - Do not use non-invasive ventilation (CPAP)
  - Intubate and Ventilate
  - Use NIV

- **Section C**: wishes re: transfer to hospital

- **Section D**: Patient, HCP or Guardian’s signature

- **Section E**: Your signature * (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
**Completing MOLST Form**

Section F: mark the patient’s treatment preferences (or mark “Undecided” or “Did not discuss”). Can choose “short term only”

- Intubation
- Non-Invasive Ventilation
- Dialysis
- Artificial Nutrition
- Artificial Hydration

*Free Text area to document “other treatment preferences” to include if appropriate (e.g. use of blood products, antibiotics, hospice care)*

*Section G:* Instruct the patient, health care agent, or authorized representative to sign

*Section H:* requires your signature

*(Both Sections G and H must be fully compete and legible for Page 2 to be valid)*

*Both sides do not need to be completed to be valid.* Each page of the MOLST form can be valid independently.
Completing MOLST Form

- Explain that the MOLST form should be:
  - kept with the patient
  - put where it is easy to find (e.g. on the refrigerator, back of door)
  - taken with the patient (e.g. in a purse or wallet) outside the home
  - Scanned into EMR

- 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

- Only valid in MA, recommend completing state specific forms if pt lives/travels in other states.
The FUTURE of MOLST

- E-MOLST forms -- NY

Numerous on-line platforms:
- Cake: Create, Share and Store online
  https://www.joincake.com
- Honoring Choices MA
  https://www.honoringchoicesmass.com/
- The Conversation Project- helping people talk about their EOL wishes
  https://theconversationproject.org/
- Serious Illness Conversation Guide (Ariadne Labs)
  https://www.ariadnelabs.org/areas-of-work/serious-illness-care/
THANK YOU!
Any Questions?