

Maryland MOLST

Guide for Patients



Maryland MOLST Training Task Force

May 2012

Health Care Decision Making: Goals and Treatment Options Explanatory Guide for Patients

Contents

Introduction

Section I Participating In the Health Care Decision Making Process

Section II Preparing to Select Life-Sustaining Treatments

Section III Choosing Life-Sustaining Treatment Options

Use of the Health Care Decision Making Worksheet

Section IV The Maryland MOLST Form: Basic Information for Patients

Appendix A Health Care Decision Making Process

Appendix B Life-Sustaining Treatment Options (in conjunction with the Health Care Decision Making Worksheet)

Appendix C Maryland MOLST Form Frequently Asked Questions (FAQs)

Appendix D Glossary

Introduction

This guide is meant to help patients make decisions about their health care. It discusses a process for making such decisions, a worksheet that you can use to consider and document choices, and a new order form (the Maryland Medical Orders For Life-Sustaining Treatment form, referred to herein as the MOLST form) that your doctor or nurse practitioner will use to write orders related to your choices.

The information in this Guide is based primarily on Maryland laws and regulations that have addressed making, documenting, and implementing decisions about life-sustaining treatments. In 1993, the Maryland legislature passed the Health Care Decisions Act (HCDA), clarifying and broadening the rights of all Maryland citizens to make advance directives and to have others speak for them if they were to subsequently lose their capacity to make their own medical decisions. Additional information about the Health Care Decisions Act is at <http://www.oag.state.md.us/Healthpol/HCDA.htm>.

For patients, the basic approach is as follows:

1. Discuss your current medical conditions and outlook (prognosis) with your primary care physician or nurse practitioner.
2. Review and decide about treatment options, using the optional Health Care Decision Making Worksheet and discussions with your practitioner and trusted family and friends.
3. Retain a completed MOLST form for subsequent review and use in various settings.

Section I: Participating in the Health Care Decision Making Process

When someone has a serious illness or the potential for life-threatening complications, questions arise about how health care providers should respond if the person's vital functions fail. It is common in many health care settings to regularly address issues about the use of life-sustaining medical technology, and documenting care preferences and decisions.

The health care decision making process (see diagram in Appendix A) leads to choosing and ordering treatments options, by considering both facts about your current medical situation and your health care goals and wishes. The process applies in all settings and is consistent with Maryland's Health Care Decisions Act (HCDA). For more details about the process, see: <http://www.oag.state.md.us/Healthpol/EOL%20Ethics%20Procedures%20RTF.pdf>

By discussing things with your health care practitioner and getting guidance from others (for example, family, friends, and facility staff), this process can help you ensure that the treatments you receive will be consistent with your values and wishes. As a patient, you can do many things to participate actively in the decision making process, as follows:

- Inform the physician or nurse practitioner and facility staff (where applicable) about any existing documents (such as a living will or durable power of attorney) that you have related to life-sustaining treatments and end-of-life care.
- Inform the physician or nurse practitioner and staff if you want to initiate or update advance care planning.
- Discuss with your physician or nurse practitioner your current medical condition and its impact on your function, quality of life, and prognosis (overall outlook).
- Ask the practitioner about possibly treatable underlying causes (such as medication side effects and medical conditions) of impaired mental and physical function that may affect your prognosis and decision making capacity.
- Talk with your family and the physician or nurse practitioner about your role in making health care decisions.

- Inform the practitioner and staff if you have designated someone to make health care decisions for you in case you lose the ability to do so later on.
- Ask your physician or nurse practitioner to identify specific issues that need discussion and decisions, and about the pertinence, benefits, and risks of various treatment options.
- Review and consider relevant items in the "Health Care Decision Making Worksheet."
- Ask periodically to review your condition, prognosis, and treatment choices, as desired or needed, over time.

Section II: Preparing to Select Life-Sustaining Treatments

Under the law, you have the right to discuss and document your wishes regarding life-sustaining treatments. You can do this by making or updating an advance directive for the future or by giving instructions about your care directly to a health care practitioner for the purpose of generating current medical orders on a MOLST form.

Before making decisions about specific treatment options, you may wish to ask your doctor or others some key questions about your condition and prognosis, and the potential relevance of various life-sustaining treatment options. Table 3 identifies those key questions.

Table 1: Key Questions Related to Considering Life-Sustaining Treatments

Item	Key Questions
<ul style="list-style-type: none"> - Current condition, short-term prognosis, and level of medical stability 	<ul style="list-style-type: none"> - What is my current medical condition? - What is the likely course of my condition over the next several days to weeks? - Am I having significant complications? - How likely is my condition to stabilize (i.e., not fluctuate or get worse than it is now)?
<ul style="list-style-type: none"> - Longer-term prognosis and likelihood of medical complications 	<ul style="list-style-type: none"> - What is the likely course of my condition over the coming months to several years? - How likely am I to have significant complications over the coming months?
<ul style="list-style-type: none"> - Appropriate level of medical intervention 	<ul style="list-style-type: none"> - How likely are extensive and repeated medical interventions to help keep me stable and/or improve my quality of life, function, overall condition, and prognosis?
<ul style="list-style-type: none"> - Pertinence of medical testing 	<ul style="list-style-type: none"> - How likely is medical testing to provide meaningful information to help manage my situation?
<ul style="list-style-type: none"> - Potential risks and benefits of hospitalization 	<ul style="list-style-type: none"> - What are the possible benefits and likely risks for me if I were to be hospitalized? - Can my medical illnesses or complications be treated and monitored outside of the hospital?
<ul style="list-style-type: none"> - Risk factors for cardiopulmonary arrest 	<ul style="list-style-type: none"> - Am I at high risk for possible cardiac arrest?
<ul style="list-style-type: none"> - Clarify potential to survive and benefit from cardiopulmonary resuscitation (CPR) 	<ul style="list-style-type: none"> - Based on my overall condition and prognosis, how likely am I to benefit from attempted CPR if my heartbeat and breathing should stop?
<ul style="list-style-type: none"> - Identify risk factors for losing weight or stopping eating - Clarify potential benefits and risks of alternate nutrition and hydration support 	<ul style="list-style-type: none"> - Do I have an underlying condition (for example, at the end of my life expectancy, irreversible medical complications, medication side effects) that is causing (or likely to cause) me to have a nutrition or hydration problem? - In the short and long term, how likely are medically administered nutrition and/or hydration to help improve my condition and quality of life, based on my condition, causes of impairments, and prognosis (overall outlook)?
<ul style="list-style-type: none"> - Clarify potential risks and benefits of dialysis 	<ul style="list-style-type: none"> - Do I have (or am I at risk for) kidney failure serious enough to require dialysis? - What are the likely risks and benefits for me of having dialysis, if my kidneys are failing? - How likely is dialysis to improve my function and overall quality of life?

Section III: Choosing Life-Sustaining Treatment Options

Use of the "Health Care Decision Making Worksheet"

A new "Health Care Decision Making Worksheet" (see separate item) is provided as an optional tool to help you review and make treatment choices that reflect your wishes about life-sustaining treatments. You can use it both to address a current situation and to make choices about future situations where life-sustaining treatments may be involved.

Regardless of whether you wish to complete the worksheet, reading it can help you identify the issues and treatment options that you want or need to review with your doctor or nurse practitioner. For situations that do not apply to your present condition, the worksheet can be kept for the future or even attached to an advance directive. Subsequently, a practitioner will use the MOLST form to write orders related to treatment choices.

You can consider or decide about as many issues as apply. There is no minimum requirement or maximum number.

The worksheet covers the following life-sustaining treatment options:

- cardiopulmonary resuscitation (no limitations, partial limitations, no CPR)
- artificial ventilation (no limitations, partial limitations, no artificial ventilation)
- blood transfusions (no limitations, no transfusions)
- hospitalization (no limitations, hospitalization only in certain circumstances, no hospitalization)
- medical workup (no limitations, workup only in limited situations, no workup)
- antibiotic use (no limitations, use only in limited situations, no antibiotics)
- artificially administered fluids and nutrition (no limitations, artificial nutrition and/or hydration only in certain circumstances, no artificial nutrition or hydration)
- dialysis (no limitations, dialysis for a limited trial, no dialysis)
- other treatments (specific instructions to be written in).

See Appendix B for details of these treatment options, based on the MOLST form and Health Care Decision Making Worksheet items.

Section IV: The Maryland MOLST Form Basic Information for Patients

The health care decision making process outlined in this Guide leads to identifying and implementing treatment options based on matching facts about your medical condition and situation with identifying your health care goals and wishes.

If you have a serious illness or the potential for life-threatening complications, questions inevitably arise about how health care providers are to respond if any of your vital functions fail. Resolving issues about the use of life-sustaining medical technology, and documenting care preferences and decisions, are common occurrences in many health care settings.

What is "MOLST?"

The Maryland Medical Orders For Life-Sustaining Treatment (MOLST) form is a standardized form with orders about cardiopulmonary resuscitation and other life-sustaining treatments.

The MOLST form provides a consistent way to order life-sustaining treatments (for example, whether or not CPR is to be attempted) based on exploring and clarifying a patient's key preferences. It is also intended to help both patients and authorized decision makers understand life-sustaining treatments and discuss them with health care practitioners.

The MOLST form will be used to write any medical orders that are needed to implement choices related to life-sustaining treatments (for example, "Do Not Resuscitate" or "Do Not Hospitalize"), whether they are documented in an advance directive, arise from completing the "Health Care Decision Making Worksheet," or come from your direct input or from an authorized decision maker in case you subsequently lose decision-making capacity.

Ultimately, orders on the MOLST form will be based on several factors, including your goals and wishes (or authorized decision maker input on behalf of you if you lose decision-making capacity), your current medical condition and prognosis, the availability and relevance of potential treatment options, and physician determinations about the likely medical ineffectiveness of various treatment options. An authorized practitioner (physician or nurse practitioner) will complete the MOLST form based on

these considerations as well as consultation with you or your authorized decision maker.

The MOLST form will be included in the order section of your clinical or medical record, and it (or a copy) will be transferred across settings when you are discharged or transferred. The orders it contains are valid across settings, and are to be applied or updated appropriately as you move across those settings.

How does Maryland MOLST relate to advance directives?

An advance directive is used to name someone else to make health care decisions in case you subsequently lose the capacity to decide or document your wishes about life-sustaining medical treatments. An instructional advance directive, often called a living will, is used to describe preferences about life-sustaining treatments that are to be honored after someone loses decision-making capacity. A living will typically describes preferences about life-sustaining procedures in a contingent, general way. For example, the optional living will form in the Health Care Decisions Act allows someone to declare that, "If my death from a terminal condition is imminent. . . I direct that my life not be extended by life-sustaining procedures. . ."

For example, suppose you made an advance directive that limits interventions in the event of an end-stage or terminal condition or persistent vegetative state. Suppose that you were to lose capacity and the doctor certifies that you are in a terminal condition. Under these circumstances, an authorized decision maker must apply your wishes as documented in the advance directive to guide the practitioner concerning specific treatment options covered on the MOLST form.

The MOLST form is not an advance directive, and an advance directive is not a medical order. An advance directive only speaks for you after you lose decision making capacity. Use of the MOLST form does not require that you have an advance directive or wish to make one.

If you do not currently need to decide about life-sustaining treatments, but you wish to declare an overall preference about this category of treatments for the indefinite future, you should make an advance directive. You may (but do not have to) include specific treatment instructions (for example, No CPR or Do Not Hospitalize) in your advance directive.

Potentially, your current wishes may differ from those documented in an advance directive. It is also possible that the discussion about the MOLST options might prompt you to revisit decisions made previously in the advance directive.

What are the legal requirements for offering and using the Maryland MOLST form?

When the regulations are effective, assisted living programs, home health agencies, hospices, kidney dialysis centers, and nursing homes are required to accept, update if appropriate, and complete the MOLST form for each patient during the admission process in accordance with the form's instructions. An assisted living program or a nursing home will have six months from the effective date of the regulations to complete the MOLST form for a patient admitted prior to the effective date. When the regulations are effective, a hospital is required to accept and update, if appropriate, a completed MOLST form in accordance with the form's orders. The hospital must complete a MOLST form during a patient's inpatient stay if he or she is to be discharged to an assisted living program, home health agency, hospice, kidney dialysis center, nursing home, or another hospital.

When initiating a MOLST form or updating an existing MOLST form, a health care facility must offer a patient or authorized decision maker and any physician or nurse practitioner selected by the patient or authorized decision maker the opportunity to participate in completing or updating the MOLST form. The facility or practitioner must tell you or your authorized decision maker that the form will become part of the medical record and can be accessed through the procedures used to access a medical record. Additionally, the facility or practitioner must give you or your authorized decision maker a copy or the original of the form within 48 hours of its completion, or sooner if discharged or transferred.

If, for whatever reasons, you or your authorized decision maker decline to consider any MOLST form options, the facility will document the offer and clarify that you understand the effect of making no decision about CPR status. If you do not make a decision at some point about cardiopulmonary resuscitation (CPR), and CPR has not been determined otherwise to be medically ineffective or ethically inappropriate, then full CPR will be attempted in the event of an actual or impending arrest.

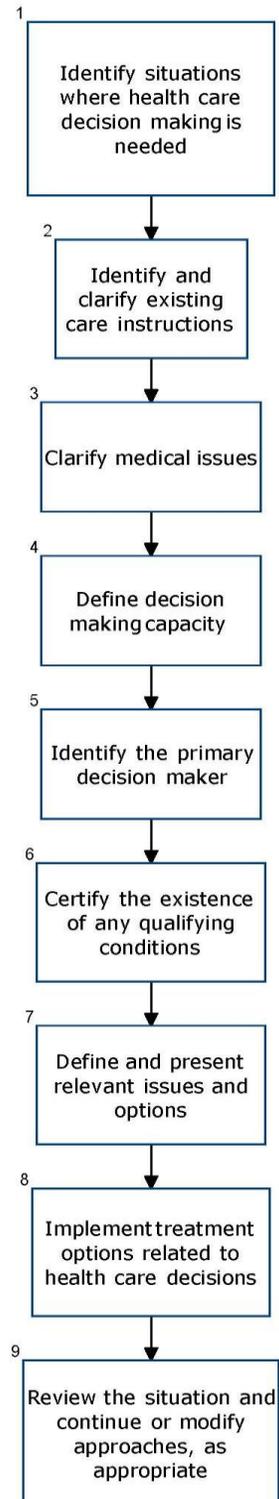
If you are transferred to another facility, the MOLST form (or a copy) must be sent with you at the time of transfer. An electronic copy may also

be transmitted to the receiving facility or program in addition to, but not instead of, the form or a copy of it.

During your admission to a receiving facility, a practitioner at that facility must review any existing MOLST form. The purpose of such a review is to assess and, as needed, revise or supplement current orders, and to identify the possible need to discuss and decide about life-sustaining treatments.

For more details and frequently asked questions about the MOLST form, see Appendix B.

Appendix A: Health Care Decision Making Process



Appendix B: Life-Sustaining Treatment Options (in conjunction with the Health Care Decision Making Worksheet)

The following details relate to life-sustaining treatment options as presented on the Health Care Decision Making Worksheet. They are relevant to selecting choices on the Maryland MOLST form, to having a discussion about treatment choices, and to incorporating treatment instructions into an advance directive.

Part 1. CPR Status

This item addresses what should be done to try to prevent or manage cardiopulmonary arrest (that is, heartbeat and breathing stop). Do you accept attempted CPR if your heartbeat and breathing stop? Should attempts be made to try to reverse impending cardiopulmonary arrest, and if so, then to what extent? A decision about how to respond to an arrest must be made for every patient, either by accepting or declining attempted CPR.

Attempt CPR

Choosing this option will authorize cardiopulmonary resuscitation without restrictions. This means that:

- If heartbeat and breathing stop, cardiopulmonary resuscitation (CPR) will be initiated and continued within the scope of available interventions, and additional support (e.g., EMS providers) will be summoned if needed.
- If EMS providers are involved in the care, they will initiate and continue any and all medical efforts that are indicated during arrest, including artificial ventilation and comprehensive efforts to restore and/or stabilize cardiopulmonary function, consistent with the EMS protocols.

No CPR, Option A-1, Intubate, Comprehensive Efforts to Prevent Arrest, Intubate

Choosing this option will authorize withholding cardiopulmonary resuscitation while also authorizing aggressive efforts to try to prevent the heartbeat and breathing from stopping. This means that:

- If your heartbeat and breathing stop, either while under the provider's care (including while care is being rendered by an EMS provider), resuscitation will not be attempted (No CPR). Death will be allowed to occur naturally.
- If it appears that your heartbeat and breathing might be about to stop, medications and treatments will be given to try to stabilize your condition, including insertion of a breathing tube, if it is indicated. If necessary, additional support may be summoned to try to prevent the heart and lungs from stopping.
- To try to prevent your heartbeat and breathing from stopping, an EMS provider that is involved in your care will administer any medications and treatments that are needed, including insertion of a breathing tube, if it is indicated.

No CPR, Option A-2. Do Not Intubate, Comprehensive Efforts to Prevent Arrest, Do Not Intubate (DNI)

Choosing this option will authorize withholding cardiopulmonary resuscitation while also authorizing aggressive efforts to try to prevent cardiopulmonary arrest, except for intubation. This means that:

- If your heartbeat and breathing stop, either within a facility or while care is being rendered by an EMS provider, resuscitation will not be attempted (No CPR). Death will be allowed to occur naturally.
- If it appears that your heartbeat and breathing are in danger of stopping, medications and treatments will be given to try to stabilize your condition. A breathing tube will not be inserted; however, CPAP or BiPAP (external devices that are used to try to improve lung ventilation) may be used if indicated to try to prevent respiratory failure. If necessary, additional support may be summoned to try to prevent cardiopulmonary arrest.
- An EMS provider that is involved in your care will administer any medications and treatments that are needed to try to stabilize your condition prior to arrest, except they will not insert a breathing tube, but they will use CPAP or BiPAP if indicated.

No CPR, Option B, Palliative and Supportive Care

Choosing this option will authorize withholding cardiopulmonary resuscitation as well as efforts to try to prevent your heartbeat and breathing from stopping. This means that:

- Death will be allowed to occur naturally.
- Health care providers (including an EMS provider if involved in the care) will not initiate cardiopulmonary resuscitation or attempt to prevent cardiopulmonary arrest (e.g., they will not attempt to treat underlying causes of an unstable condition and will not intubate or use CPAP or BiPAP).
- Health care providers (including an EMS provider if involved in the care) will give supportive measures, including 1) passive oxygen for comfort, 2) efforts to control any external bleeding, and 3) medications that are indicated for symptom relief (e.g., pain management).

2- ARTIFICIAL VENTILATION

What should be done for respiratory failure where cardiopulmonary arrest is not present?

Do you accept the use of a ventilator in case of respiratory failure (i.e., you cannot breathe adequately on your own)? In addition to the polar opposites of accepting ventilation indefinitely and refusing it outright, this part of the form also invites consideration of an intermediate option, under which ventilator use would be accepted for a limited time as a therapeutic trial. Space in this item permits specification of the time period, if feasible and desired by the patient or alternate decision maker.

Since intubation (insertion of a breathing tube) and mechanical ventilation (use of a breathing machine) are more invasive and may be more enduring, there is also the option to try to assist ventilation with external devices (CPAP or Bi-Pap) that can be more readily discontinued if artificial ventilation is subsequently either not needed, ineffective, or determined to be contrary to your goals and wishes.

2a- Artificial Ventilation

Choosing this option will authorize the use of artificial ventilation in case of respiratory failure. This means that:

- In case of respiratory failure, intubation and artificial ventilation may be initiated and continued for as long as breathing needs mechanical assistance, even indefinitely.

2b- Time-Limited Trial of Artificial Ventilation (Intubation Acceptable)

Choosing this option will authorize a time-limited trial of artificial ventilation, which may include intubation. This means that:

- In case of respiratory failure, intubation and artificial ventilation may be initiated and continued for a limited time to see if artificial ventilation is effective and pertinent in light of your overall condition and underlying causes of respiratory failure. During that trial period, the situation will be reassessed to determine if continued use of artificial ventilation is warranted and desired or if it should be discontinued. Whenever possible, a time frame should be specified; for example, up to 30 days.

2c- Time-Limited Trial of Artificial Ventilation (No Intubation)

Choosing this option will authorize a time-limited trial of artificial ventilation, but without intubation. This means that:

- In case of respiratory failure, only CPAP or BiPAP will be used for artificial ventilation, as indicated, and continued for a limited time (time limit should be specified, if desired; for example, up to 30 days) to see if these interventions are effective and their continued use is pertinent in light of your overall condition and underlying causes of respiratory failure.
- A breathing tube will not be inserted and you will not be placed on a ventilator.

2d- No Artificial Ventilation

Choosing this option authorizes withholding of artificial ventilation under all circumstances, including intubation, CPAP, BiPAP, or other means of mechanical ventilation.

3-BLOOD TRANSFUSION

Should blood transfusions or infusion of blood products be given in case of life-threatening bleeding or anemia?

3a- Transfusions Acceptable

Choosing this option will authorize blood transfusions in case of bleeding or life-threatening anemia. This means that:

- Blood and blood products (e.g., plasma, whole blood, platelets) may be administered if indicated to replace blood loss or treat life-threatening anemia.
- This does not mandate transfusion for anemia or acute bleeding, regardless of medical indication, but authorizes it if it is medically indicated (for example, another approach to treating anemia is not available or not feasible).

3b- No Blood Transfusions

Choosing this option means that no blood or blood products will be given.

4- HOSPITAL TRANSFERS

Should hospital transfers occur to assess or treat medical conditions, and under what circumstances?

Do you accept transfer to a hospital if you develop a medical condition that cannot be readily treated in your current setting? For example, some individuals who are at home or in a long-term-care facility may prefer not to be transferred but instead to be treated with whatever options are available where they are. This item also allows a choice of hospitalization if needed for limited circumstances.

4a- Hospital Transfer is Acceptable

Choosing this option will authorize hospitalization as an option. This means that:

- Transfer to the hospital is acceptable for any illness or condition requiring medical care (i.e., to diagnose, treat, or monitor your condition) that cannot be given outside of a hospital.
- This does not mandate automatic hospital transfer for any acute change of condition or illness, but authorizes it if the situation cannot be addressed adequately outside of a hospital.

4b- Hospital Transfer Only For Limited Situations

Choosing this option will authorize acute hospitalization only under limited circumstances. This means that:

- Hospitalization may be used if needed to relieve medical symptoms that are causing severe distress and cannot be managed adequately in a non-hospital setting. Otherwise, efforts to diagnose, treat, or monitor medical conditions will be made outside of the hospital, typically in the community or setting where you currently reside or are receiving care.

4c- No Hospital Transfer

Choosing this option means that:

- Hospital transfer will not occur under any circumstances.
- You may still be assessed, treated, and monitored with options available outside the hospital, consistent with your medical condition, prognosis, and wishes.

5 - MEDICAL TESTS

To what extent should medical tests be performed for diagnosis, treatment, and monitoring?

Medical workups are typically justified by the assertion that they will help to identify causes of symptoms and monitor the effectiveness of interventions. The scope of the tests varies, depending on the symptoms and the suspected diagnosis.

This Section asks whether, and to what extent, you accept the use of diagnostic tests. It asks you to consider whether the discomfort or other burden associated with a medical workup makes sense in light of the main goal of care. The burden of medical testing may not be justified if the suspected diagnosis would not be treated, or if the workup or monitoring is unlikely to add materially to what is already known about your current condition and its treatment.

5a- Any Medical Tests Are Acceptable

Choosing this option will authorize a broad scope of medical testing (i.e., laboratory and other diagnostic testing), as indicated. This means that:

- Any medical tests that are indicated to diagnose, treat, or monitor your condition may be obtained, regardless of their complexity or potential discomfort.
- This does not mandate performing medical tests, but authorizes that testing may be done if medically indicated.

5b- Limited Medical Tests Are Acceptable

Choosing this option will authorize limited medical testing for specific purposes. This means that:

- Medical tests will be obtained only when necessary to enable symptom relief or facilitate comfort.
- Otherwise, assessment, diagnosis, treatment, and monitoring of your condition will be based primarily on clinical findings (signs and symptoms) instead of on diagnostic testing.

5c- No Medical Testing

Choosing this option means that:

- No medical tests will be done.
- Any need to assess, diagnose, treat, or monitor your condition will be based on clinical findings instead of on diagnostic testing.

6 – ANTIBIOTICS

When should antibiotics be given, and how extensively?

Do you accept antibiotics in case of infection? For some patients, but not for others, attempted cure of infection is feasible and consistent with the main goal of care. This part of the form also invites consideration of an intermediate option that allows for more limited and less burdensome oral antibiotic administration.

6a- Antibiotics Broadly Acceptable

Choosing this option will authorize antibiotics by any route and for any duration. This means that:

- Any antibiotics that are medically indicated may be used, by any route of administration (e.g., oral, intravenous or intramuscular injection), and for any duration, to try to treat an infection.
- This does not mandate the use of antibiotics, but authorizes that they may be used if medically indicated.

6b- Limited Antibiotic Use Acceptable

Choosing this option will authorize oral antibiotics to try to cure an infection. This means that:

- Oral antibiotics may be used, if medically indicated, to treat an infection. Intravenous or intramuscular antibiotics will not be used, even if infection persists despite oral antibiotics.

6c- Antibiotics Acceptable For Palliation

Choosing this option means that:

- Antibiotics will only be given when indicated for relief of symptoms or for comfort, and only orally, with the primary objective of symptom relief, not cure.

6d- No Antibiotics

Choosing this option means that:

- No antibiotics will be given. Only other symptomatic treatment for infections (e.g., medication for fever and pain relief) will be offered.

7- ARTIFICIALLY ADMINISTERED FLUIDS AND NUTRITION

Under what circumstances, and to what extent, should artificial nutrition and hydration be administered?

Do you accept the use of artificially administered fluids and nutrition in the event of insufficient oral intake? In addition to either accepting these interventions indefinitely or refusing them outright, this Section also invites consideration of two intermediate options. In one, the use of artificially administered fluids and nutrition would be accepted for a limited time as a therapeutic trial. Space in this Section permits specification of the time period. Another option is to accept the intravenous or subcutaneous administration of fluids but not artificially administered nutrition.

Note that the Health Care Decisions Act requires that, if artificially administered fluids and nutrition are not used, reasonable efforts to offer food and water by mouth must always be made, unless contraindicated because of pain or other distress caused by trying to eat and drink. Artificial nutrition and hydration may also be administered for palliation, if consistent with the patient's goals and wishes, without necessarily having a specific weight target or medical goal.

In this Section, "hydration" refers to fluids given for the purpose of maintaining or restoring the body's fluid and electrolyte balance. It does not refer to intermittent or limited use of fluids to deliver treatments (for example, to mix medications for intravenous administration), which would be covered under other sections.

7a- Artificial Fluids and Nutrition Acceptable

Choosing this option will authorize both artificial fluids and nutrition by any route and for any duration. This means that:

- Artificially administered fluids and nutrition may be given, even indefinitely, by any available route.
- This does not mandate giving artificial nutrition and hydration regardless of lack of a medical indication. For example, appropriate assessment and management of treatable causes of anorexia, weight loss, or fluid imbalance may make artificial nutrition or hydration unnecessary.

7b- Time-Limited Trial of Artificial Fluids and/or Nutrition Acceptable

Choosing this option will authorize a time-limited trial of artificial nutrition and/or hydration. This means that:

- In case of life-threatening impaired nutrition or hydration, artificial nutrition and/or hydration may be administered, as indicated, as a therapeutic trial for a limited time, to see if such interventions are effective and if their continued use is pertinent in light of your overall condition and underlying causes of impaired nutrition, weight loss, or fluid imbalance. Whenever possible, a time frame should be specified; for example, for up to 30 days.
- During that trial period, the situation will be reassessed to determine if continued use of artificial fluids and/or nutrition is warranted and desired or if it should be discontinued (for example, because underlying causes of weight loss cannot be corrected or because medical status and function continue to decline despite nutrition or hydration interventions).

7c- Artificial Hydration Only is Acceptable

Choosing this option means that:

- Artificially administered hydration (e.g., using intravenous or subcutaneous fluids) may be given, but artificial nutrition will not be administered.

7d- No Artificial Nutrition or Hydration

Choosing this option means that:

- No artificial fluids or nutrition will be administered. You will be offered food and fluids by mouth as tolerated, unless medically contraindicated (for example, trying to eat causes substantial pain or other distress).

8- DIALYSIS

Should dialysis be used in case the kidneys do not function adequately, and under what circumstances?

Among other things, the kidneys perform critical functions of eliminating wastes from the body and maintaining fluid and electrolyte balance. Dialysis (either peritoneal or hemodialysis) refers to the use of specialized equipment to perform essential functions that a person's kidneys are too impaired to perform unaided.

Kidney (renal) failure may be acute or chronic and may be irreversible or partially or totally reversible. This section asks whether you would accept dialysis regardless of the reversibility of impaired kidney function and if needed indefinitely or for a limited period.

8a- Dialysis Acceptable

Choosing this option will authorize dialysis by any route and for any duration. This means that:

- Dialysis (either hemodialysis or peritoneal) may be given, even indefinitely, for inadequate kidney function, including end-stage kidney disease.
- This does not mandate giving dialysis regardless of lack of a medical indication, but authorizes its use if medically appropriate.

8b- Time-Limited Trial of Dialysis is Acceptable

Choosing this option will authorize a time-limited trial of dialysis. This means that:

- Dialysis (either hemodialysis or peritoneal) may be administered, but only for a limited period (for example, up to 30 days) to see if dialysis is effective and pertinent in light of your overall condition and underlying causes of renal failure. After that time, dialysis may be continued or stopped, depending on the results of the trial period.

8c- No Dialysis

Choosing this option means that no dialysis of any type or duration will be used.

9 - OTHER ORDERS

Are there any other instructions related to life-sustaining treatments not otherwise covered in these orders?

This part of the MOLST form provides space to indicate whether you accept or decline the use of other life-sustaining treatments that have not already been covered in Sections 1-8.

The space under "Other" is not an invitation to offer ambiguous choices such as "comfort care." Rather, it could be used appropriately to refer to a treatment option that is not otherwise covered on the form (for example, no radiation therapy or chemotherapy) or to give specific additional direction regarding the use of a life-sustaining treatment.

Any orders in Section 9 should be compatible with the orders that have been authorized in other Sections. In addition, this Section cannot be used to modify treatment protocols for EMS providers in providing CPR and treatment prior to arrest, as those are covered by existing Emergency Medical Systems policies.

Appendix C

Frequently asked questions (FAQs) related to the Maryland MOLST order form

1. Requirements to offer the Maryland MOLST form options

1-1. What if I have a form documenting life-sustaining treatment options that was done in another state?

Both facilities and EMS providers can refer to such forms to guide the use, withholding, or withdrawal of life-sustaining treatments. Treatment choices documented on an out-of-state form should be reviewed with you or your alternate decision maker so that applicable orders can be written on a Maryland MOLST form.

2. What Maryland MOLST Covers

2-1. Does the Maryland MOLST form cover everything that patients and practitioners need to know about the process of making choices and completing the form?

The MOLST form allows a practitioner to write orders about cardiopulmonary resuscitation and other life-sustaining treatments. It is the end point of the underlying health care decision making process. Use the information in this guide, the Health Care Decision Making Worksheet, and other resources and references to help you discuss, make, and document treatment decisions.

2-2. Why are there numerous treatment choices on the Maryland MOLST form? Do they all have to be completed?

The MOLST form includes the most common widely recognized life-sustaining treatment options. It was designed to standardize definitions, make the process of health care decision making more widely available and convenient, and remind you and the practitioners of the potential treatment options.

You do not have to make a specific number of choices or cover all of the items. The MOLST form will only indicate treatment options that you select or that are otherwise determined to be relevant (for example, if identified by the physician as medically ineffective).

Some treatment choices and orders will be immediately relevant, while others may not apply until a subsequent time or situation arises. The MOLST form will implement treatment choices that are currently relevant. This can also include treatment options that you have already decided on for the future. For example, if you have already decided that you never want artificial nutrition (e.g., a “feeding tube”), then an order for “No Artificial Nutrition” may be appropriate even though it is not immediately applicable because you are still eating without difficulty.

As long as you retain decision-making capacity, you can change your mind at any time and ask the practitioner to change your MOLST orders. If you lose decision making capacity, someone else will make these decisions on your behalf, guided by whatever choices you have made and documented while you still had decision-making capacity.

2-3. Do Maryland MOLST orders mandate the administration or withholding of specific treatments?

Orders on the MOLST form to limit a treatment (that is, to not give a treatment or to only use it to a limited extent) are to be honored as specified. While orders for unlimited or unrestricted treatment authorize their use if medically indicated, they do not mandate giving treatment regardless of its relevance to your situation. Practitioners are expected to use their clinical judgment to decide whether an intervention is medically indicated and may choose not to offer treatments that they believe will be medically ineffective, although they must follow the procedures specified in the Health Care Decisions Act.

3. Discussing, presenting, and choosing treatment options

3-1. May someone other than your attending physician or nurse practitioner discuss the life-sustaining treatment options on the Maryland MOLST form with you or your health care proxy?

Yes. Your health care practitioner plays a critical role in each step of the health care decision making process (see Section I of this Guide). The practitioner should discuss the meaning and relevance of various treatment options with you. Although he or she may delegate to another health care professional the task of helping you or an alternate decision maker to consider desired life-sustaining treatments, the practitioner is ultimately responsible for the orders that are written.

4. Completing and signing the Maryland MOLST form

4-1. Who can sign the MOLST order form?

Only authorized health care practitioners (physicians and nurse practitioners) can sign the Maryland MOLST form. Neither you nor your authorized decision maker should complete the MOLST form directly or sign or co-sign orders on the form. However, you may (but do not have to) use and sign the optional "Health Care Decision Making Worksheet" to make choices to guide the orders on the MOLST form. Use of this worksheet is encouraged in order to provide relevant and clear guidance related to these choices.

Orders in Section 1 of the MOLST form related to withholding, withdrawing, or limiting the provision of cardiopulmonary resuscitation (CPR) by an EMS provider are not valid until they are signed by a practitioner on the MOLST order form. EMS providers cannot follow orders on any form other than the MOLST form or a previous version of an EMS/DNR Order form.

5. Patient / authorized decision maker declining to make choices

5-1. What happens if you decline to discuss Maryland MOLST life-sustaining treatment options?

If—for whatever reason—you are unwilling or unable to discuss or decide about treatment options, subsequent treatment orders will be based on several factors, including 1) whether any treatments have been determined to be medically ineffective or ethically inappropriate; 2) whether the patient has expressed wishes about CPR and other life-sustaining treatments in any advance directives; and 3) whether a treatment is available and medically indicated. For example, if an authorized decision maker declines to discuss or make a choice on your behalf regarding CPR, then CPR will be administered (i.e., "Attempt CPR" Option on the MOLST form) unless you limited or declined CPR in a valid advance directive or CPR has been certified as being medically ineffective or ethically inappropriate, in accordance with provisions of the HCDA.

A facility should inform you of any of its policies that amount to a default decision for any of the treatment options. For example, if the facility's policy is that anyone who has a change in condition will be

transferred to the hospital unless a choice is made to limit such transfers, then the absence of a decision by you or your alternate decision maker regarding hospitalization is effectively a decision in favor of hospital transfer.

6. Process related to patient transfer or discharge

6-1. When a patient is transferred to a different facility, how should the Maryland MOLST form be sent?

The MOLST form (or a complete and legible copy of it) in your current setting must accompany any transfers to another setting. The intent of the law is that the MOLST form be available to the receiving facility when you arrive, so that existing choices will guide subsequent treatment decisions. The receiving setting has a responsibility to ask about the existence of a MOLST order form, which they may obtain from you (if you were given a copy) or from the setting that sent you.

6-2. Suppose a Maryland MOLST order form was completed for you in one setting (for example, the hospital) and then you are discharged elsewhere (for example, to a nursing home or assisted living facility). Is the receiving facility required to offer a new MOLST form, or may it accept the MOLST order form that was completed in the hospital?

The receiving facility should use the current MOLST form from the sending facility, pending any review and revision based on changes in condition, changes in your treatment choices, or other relevant factors.

7. Duration, review, revocation and updating of Maryland MOLST orders

7-1. Does a completed Maryland MOLST form expire after a period of time?

A MOLST form endures until it is replaced by an updated MOLST form. If a MOLST form has been filled out and your condition later changes materially, including loss of decision-making capacity, the orders are to be reviewed for continued pertinence and for items that may need discussion and revision or addition. If your current condition has changed significantly from when the order form was done previously, a new MOLST form may be needed.

You may ask your practitioner to revise orders on the MOLST form at any future time, as long as you still have decision-making capacity as identified under the Maryland Health Care Decisions Act. However, an

alternate decision maker (for example, an agent that you appointed in an advance directive) cannot simply rescind or contradict orders that were based on your prior decisions, unless you have specifically authorized them to do so in an advance directive.

7-2. What should trigger a review of a Maryland MOLST order form?

You and your physician or nurse practitioner should review the continuing need and desire for these orders: (1) when you are transferred between healthcare facilities or programs, (2) when you are discharged, (3) when there is a substantial change in your health status, (4) when your wishes change and (6) annually. A review of a previously completed Maryland MOLST form does not necessarily require any changes. However, if the review leads to new decisions about any of the items currently covered by MOLST orders, the practitioner or provider representative shall void the old order form and prepare a new one.

Appendix D

Glossary of Terms

Advance directive: A witnessed oral statement or a written or electronic document, voluntarily executed in accordance with the Health Care Decisions Act, regarding a person's wishes in case of regarding medical treatment and substitute decision makers.

Agent: An adult who the declarant appoints to make health care decisions under an advance directive, in case of subsequent incapacity.

Antibiotics: The subgroup of anti-infective medications that are used to treat bacterial infections.

Antivirals: The subgroup of anti-infective medications that are used to treat viral infections.

Artificial ventilation: The process of supporting respiration by manual or mechanical means when normal breathing is inadequate or has stopped.

Artificially administered fluids and nutrition: The medically assisted administration of fluids or nutrition via means other than normal eating and drinking; for example, via feeding tubes or injection.

Attending physician: The physician who has primary responsibility for the treatment and care of the patient.

Authorized decision maker: An individual who meets legal criteria for making health care decisions on behalf of another person; for example, a health care agent, guardian, or surrogate decision maker.

Best interest: A recognized basis for making health care decisions on behalf of another person, considering the balance between a treatment's overall benefits to the individual relative to its burdens and risks.

Bi-level positive airway pressure (BiPAP): A type of artificial ventilation, used to assist patients who are breathing spontaneously but who need help to breathe. It combines positive pressure ventilation with inspiratory positive airway pressure and a lower expiratory positive airway pressure setting used to keep the alveoli open at the end of exhalation, to improve oxygenation and reduce the work of breathing.

Blood products: Human blood or any component (packed red blood cells, plasma, or platelets) of blood or serum that is used to treat a medical condition.

Blood transfusion: The intravenous administration of any blood products to a patient.

Cardiopulmonary arrest: The cessation of cardiac and respiratory function, resulting in loss of effective blood circulation and breathing.

Cardiopulmonary resuscitation: An emergency procedure in which the heart and lungs are made to work by manually compressing the chest overlying the heart and forcing air into the lungs.

Competent individual: A person who is defined under state law as being old enough and having the capacity to consent to medical treatment and who has not been determined to be incapable of making an informed decision.

Continuous positive airway pressure (CPAP): A method of positive pressure ventilation used with patients who are breathing spontaneously, but need help to breath. It keeps the alveoli open at the end of exhalation, thus improving oxygenation and reducing the work of breathing.

CPR: Short for *cardiopulmonary resuscitation*. See above.

Declarant: A competent individual who makes an advance directive while capable of making and communicating an informed decision.

Dialysis: A mechanical method for removing waste products from the body, as well as maintaining the body's fluid balance, when kidney function alone is inadequate to do so. There are two kinds of dialysis treatment: hemodialysis and peritoneal dialysis. Hemodialysis gains access through a joined artery and vein and filters the blood directly. Peritoneal dialysis gains access via a catheter placed through the skin into the abdominal cavity.

Do Not Resuscitate (DNR): A medical order to withhold cardiopulmonary resuscitation in the event of a cardiac or respiratory arrest.

Emergency Medical Services (EMS) Do Not Resuscitate (DNR) order: A physician's or nurse practitioner's written order in a form established by protocol issued by the Maryland Institute for Emergency Medical Services

Systems that authorizes certified or licensed emergency medical services personnel to withhold or withdraw cardiopulmonary resuscitation in the event of a cardiac or respiratory arrest.

End-stage condition: As defined by the Maryland Health Care Decisions Act, an advanced progressive, irreversible condition that has caused severe and permanent deterioration indicated by incompetency and complete physical dependency and for which, to a reasonable degree of medical certainty, treatment of the irreversible condition would be medically ineffective.

End-stage kidney disease: A Severe, irreversible loss or failure of kidney function.

Health care practitioner: An individual licensed under state law and regulation to diagnose and treat medical and psychiatric illnesses.

Health care provider: A health care practitioner and his/her employees; or a facility or organization that provides health care and its employees.

Intubation: The insertion of a tube through the nose or mouth into the larynx to maintain an open airway or to administer anesthetics or oxygen.

Life-sustaining treatment: Any medical procedure, treatment, or intervention that utilizes mechanical or other artificial means to sustain, restore, or supplant a spontaneous vital function, including, but not limited to, artificially administered hydration and nutrition and cardiopulmonary resuscitation.

Maryland MOLST (Medical Orders for Life Sustaining Treatment): A legally defined and authorized, enduring and portable order form that specifies orders for cardiopulmonary resuscitation and other life-sustaining treatments.

Medically ineffective treatment: As defined in Maryland's Health Care Decisions Act, a medical procedure that, to a reasonable degree of medical certainty, will not prevent or reduce the deterioration of the health of an individual or prevent his/her impending death.

Nurse practitioner: A nurse with specialized advanced skills in patient assessment, diagnosis, and management who is licensed to diagnose and treat patients and to sign Maryland MOLST forms, within a framework defined by law and regulation.

Palliative care: Treatment or interventions that focus on trying to reduce or relieve the symptoms of a disease or disorder instead of on trying to cure the underlying causes of those symptoms (see also “supportive care”).

Persistent vegetative state: A condition in which a patient has a loss of consciousness, exhibiting no behavioral evidence to observers of self-awareness or awareness of surroundings in a learned manner other than reflex activity of muscles and nerves for low level conditioned response. After a passage of medically defined period of time, it can be determined to a reasonable degree of medical certainty that there can be no recovery.

Physician: A person who is licensed under law and regulation to practice medicine in the State or jurisdiction where the treatment is to be rendered or withheld.

Resuscitation status: The level of medical efforts desired by a patient or authorized decision maker to attempt to reverse a cardiopulmonary arrest, including the use of cardiopulmonary resuscitation.

Supportive care: Treatment or interventions that are intended primarily to reduce or relieve the symptoms of a disease or disorder (see also “palliative care”), regardless of whether the underlying causes of those symptoms can be identified and resolved.

Terminal condition: As defined in Maryland’s Health Care Decisions Act, an incurable condition caused by injury, disease, or illness which, to a reasonable degree of medical certainty, makes death imminent and from which, despite the application of life-sustaining procedures, there can be no recovery.

For More Information

Website:

marylandmolst.org

Email:

MarylandMOLST@dhmh.state.md.us

Call:

Attorney General's Office
Paul Ballard, Assistant Attorney General
410-767-6918