

How Do I Plan for My Health Care?



Maryland MOLST Training Task Force

February 2020

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Start by having a conversation with your doctor, nurse practitioner, or physician assistant about your current medical conditions and treatment options. Consider future health care decisions that you may face and decide what medical treatments you want or do not want. Share this information with your family members and close friends. Your choices about health care should be based on your preferences, values, and goals. Keep in mind that choosing not to make a decision now may result in others making decisions for you if in the future you can no longer make your own decisions.

In Maryland, there is a Health Care Decision Making Worksheet that will help you make these decisions. You can use this worksheet when talking with a health care professional about treatment decisions relating to your current medical condition as well as treatments that are likely to be relevant in the near future because of your current medical condition. A doctor, nurse practitioner, or physician assistant may then prepare a Maryland Medical Orders for Life-Sustaining Treatment (MOLST) order form to make sure that your wishes for medical care are carried out.

A MOLST form makes your treatment wishes known to health care professionals. It also makes it clear to family, close friends, and caregivers what medical treatments you want or do not want. This order form goes where you go – to the hospital, rehab, assisted living, and back home. Every time a doctor, nurse practitioner, or physician assistant completes a MOLST order form, you will receive a copy of it for your records. The MOLST form includes many sections, but the doctor, nurse practitioner, or physician assistant will only complete those sections for treatments about which you have made decisions.

Only a doctor, nurse practitioner, or physician assistant may sign the Maryland Medical Orders for Life-Sustaining Treatment (MOLST) form, but social workers, nurses, chaplains, and many other professionals may talk with you about these topics. If you want more information after talking to a health care professional, you may contact the Maryland Attorney General's Office or your lawyer.

EMS providers (medics) are required to attempt CPR unless there is a "do not resuscitate" (DNR) order on a Maryland MOLST form or order bracelet or a previous version of the EMS DNR form. An advance directive alone does not stop the EMS providers from attempting CPR.

The MOLST form is not the same as a living will or an advance directive. A MOLST form contains medical orders related to your current medical condition that health care providers may act upon immediately to carry out your wishes.

In contrast, a living will or advance directive is a statement of your general preferences regarding how you want to be treated in hypothetical situations. Should these hypothetical situations later arise after you have lost the ability to make decisions, your health care practitioners would use your living will or advance directive to help them prepare appropriate medical orders to carry out your wishes. They would then prepare a MOLST form containing medical orders to carry out your wishes as they relate to your medical condition at that time.

If you wish to make your wishes known regarding possible future situations or treatments that are not related to your current medical condition, you should prepare an advance directive rather than ask your health care practitioner to prepare a MOLST form.

Since health changes over time, it is important that someone reviews your MOLST orders at least every year, but especially when you:

1. are transferred between health care facilities and programs
2. are discharged
3. have a substantial change in health status
4. lose capacity to make healthcare decisions
5. change your wishes

What If I Change My Mind?

Your health will change over time. You will likely develop new medical problems. You may decide you now want a treatment that you did not want in the past. As long as you are able to make your own decisions, you can change your advance directive and ask a doctor, nurse practitioner, or physician assistant to change your MOLST orders.

Would a MOLST Form Ever Be Completed Without My Consent?

Yes. There are two types of situations where this could happen. First, if you decide not to participate in making choices about any life-sustaining treatments listed on a MOLST form, the health care practitioner will select "Attempt CPR" and leave the rest of the form blank. EMS providers (medics) are required to attempt CPR when a

patient does not make a decision regarding cardiopulmonary resuscitation, unless CPR has been determined to be medically ineffective.

Under Maryland law, a physician is not required to administer a medically ineffective treatment, even if the patient or authorized decision maker wants that treatment. A treatment may be withheld for this reason if two physicians certify that a treatment would be medically ineffective, if the patient has been told of this opinion, and if the patient has been given a reasonable chance to transfer to the care of another health care provider. If these steps have taken place, an order to withhold medically ineffective treatment may be included in a MOLST form.

The Parts of the MOLST Form

Part 1. CPR (Resuscitation Status)

How do you want health care providers to respond if your heart or breathing suddenly stops? One choice is for CPR to be attempted in an effort to extend your life. The other choice is that CPR is not attempted, allowing death to occur naturally. Don't assume that CPR is as effective as it appears to be on television. Talk to your physician about the realistic chances that CPR might succeed, given your medical condition, and the likely impact of surviving CPR on your overall condition and outlook (prognosis).

If you choose not to have CPR attempted, death will be allowed to occur naturally. You may still receive other treatments and have other tests. DNR means that if your heart stops beating or your lungs stop breathing, that the doctors will not use machines or other treatments to try to prolong your life at that point.

Before you lose a pulse or stop breathing (have an arrest), you have options for how aggressively you want EMS providers (medics) and other health care providers to try to prevent you from going into a cardiopulmonary arrest.

Under Option A-1, comprehensive efforts will be made to attempt to prevent an arrest. If you have a cardiac or pulmonary arrest, you will not be given CPR. These comprehensive efforts would include medications needed to attempt to stabilize you as well as artificial ventilation and intubation. Should you fail to breathe on your own, a hard plastic tube would be put through your mouth and into your

windpipe (trachea) at the top of your lungs. The tube is taped to your face and is connected to a machine called a ventilator that helps you breathe. You cannot talk or eat by mouth while the tube is in place.

Under Option A-2, you will also be given comprehensive efforts to attempt to keep you from going into arrest. As with Option A-1, you will not be given CPR to try to reverse an arrest. These comprehensive efforts would include medications needed to stabilize your condition. However, in contrast to Option A-1, you would not be intubated, but either CPAP or BiPAP devices may be used to try to help you to breathe on your own.

CPAP (Continuous Positive Airway Pressure) and BiPAP (Bilevel Positive Airway Pressure) are used for people who are still breathing on their own, but need help to breathe. A firm plastic mask fits tightly over your nose and/or mouth and blows oxygen into the lungs. It keeps the small air sacs (alveoli) open to let oxygen get into your body.

Under Option B, no attempt will be made to try to prevent arrest. If arrest occurs, CPR will not be attempted. Death will be allowed to occur naturally. You will be given medications only for pain relief, oxygen as needed for comfort, and treatment as needed to control any external bleeding. However, you will not receive any mechanical breathing assistance including a breathing tube, BiPAP or CPAP.

Part 2. Artificial Ventilation

For situations other than cardiac or pulmonary arrest, do you want a breathing machine used if you can't breathe well enough on your own? In addition to a yes or no answer, this part of the form authorizes the use of intubation, BiPAP or CPAP for a limited time. These treatments would be discontinued if they do not help attain your goals of care.

Part 3. Blood Transfusion

This part of the form enables you to choose whether or not to have blood transfusions. Some individuals do not want blood transfusions for personal or religious reasons. If this part of the form is not completed, blood transfusions would be given if your health care practitioner believed them to be medically appropriate.

Part 4. Hospital Transfer

You may not wish to be transferred to a hospital when doing so may be of little or no benefit to the treatment of your medical condition.

Hospitals are not always the best or most comfortable or supportive setting to receive care. Depending on the setting, it is often possible to treat your illness or injury outside of a hospital.

This section of the form allows you to choose to be transferred to a hospital when medically appropriate, but also allows you to limit such transfers to those times when your severe pain or severe symptoms cannot be addressed adequately in another health care setting. Finally, you may just simply want to stay where you are and receive whatever treatment is available in your current setting.

Part 5. Medical Workup

If you have or develop significant symptoms, do you want to have medical testing to try to diagnose or monitor the problem? Would this testing, called a medical workup, help achieve your goals for your care? A medical workup is only sometimes helpful and can be uncomfortable. For example, if the problem, once it is diagnosed, cannot be treated, you may decide that the discomfort of the medical workup is not worth confirming the diagnosis. Often, treatment can be based on a patient history and examination without any additional tests. Thus, this part of the form allows you to reject any medical workups or to choose to limit them to those tests necessary to give your health care practitioners the information they need to treat your symptoms or to manage your discomfort.

Part 6. Antibiotics

Do you want antibiotics to be used in case you get an infection such as pneumonia? For some patients, antibiotic treatment is consistent with their goals of care. For others, it is not. A middle course is to rule out more burdensome ways of receiving antibiotics such as intravenous or intramuscular infusion. You can also choose to get only oral antibiotics for symptom relief or comfort.

Part 7. Artificially Administered Fluids and Nutrition

Do you want artificially administered fluids and nutrition to be used if you can't take in enough food by mouth? The nutrition is given through a tube inserted into the nose or surgically into the stomach or intestines, or through a needle into a vein. In addition to a yes or no answer, this part of the form asks about the possible use of artificially administered fluids and nutrition for a limited time or just the use of artificial hydration without artificially administered nutrition for a limited time. This limited trial period is to see how you do and then to

allow it to be discontinued if it does not help attain your main goals of care.

Part 8. Dialysis

Dialysis is done when your kidneys are not working well enough to filter waste products out of your blood. A dialysis machine is used to filter waste products from your body and to add some normal products back into your body. There are two types of dialysis – hemodialysis and peritoneal dialysis.

With hemodialysis, three times a week you are connected to a dialysis machine for a few hours. It is usually done in a dialysis center. It usually requires that a surgeon make an AV (arteriovenous) fistula, a special connection between a large artery and vein in your lower arm.

With peritoneal dialysis, every day you are connected to a dialysis machine for a few hours. It requires that a flexible catheter is surgically placed through the side of your abdomen into your belly. The dialysis machine puts special fluid through the tube and into your belly and then removes it after a short time. This removes waste products from your body and adds normal products to your body.

This part of the form allows you to choose to receive dialysis indefinitely or for a limited trial period, or to refuse any dialysis.

Part 9. Other Orders

This part of the MOLST form provides space to make decisions about other life-sustaining treatment options that might be particularly relevant to your situation. Preferences can be stated in terms of the use of a treatment indefinitely or repeatedly, to resolve an acute episode, or not at all.

What Do I Do with My Maryland MOLST Form and Advance Directive?

Now that you have planned for your current and future health care through a Maryland MOLST order form and an advance directive, it is important to use these documents. Don't hide them in a drawer or leave them in a safe deposit box. Take a copy of these documents with you every time you go to a new physician, the Emergency Room, a hospital, or any other health care facility.

For More Information

A more comprehensive patient guide and additional information may be downloaded from the Maryland MOLST website below.

Website:
marylandmolst.org

Email:
Maryland.MOLST@Maryland.gov

Attorney General's Office
www.marylandattorneygeneral.gov
www.marylandattorneygeneral.gov/Pages/contactus.aspx