

Medical Orders for Life-Sustaining Treatment (MOLST)

What is a Medical Order for Life-Sustaining Treatment (MOLST)?

A Medical Order for Life-Sustaining Treatment (MOLST) is a program designed to improve the quality of care people receive at the end of their lives by translating patient/resident goals and preferences into medical orders. A MOLST form is a standardized community-wide form for patients to document their end-of-life care preferences. The form transitions with patients across all care settings.

When did MOLST begin?

On October 11, 2005, Governor Pataki signed the MOLST bill which established a pilot program in Monroe and Onondaga counties to allow the use of a MOLST form in lieu of the NYS Do Not Resuscitate (DNR) form. The pilot program was officially launched on May 1, 2006. After a successful three year pilot program, Governor Paterson signed the MOLST program into law in 2008.

Does MOLST replace the need for anyone to have a health care proxy or living will?

No. You should still have a health care proxy and a living will.

What are the differences between a health care proxy/living will and MOLST?

Health Care Proxy/Living Will	MOLST
- completed by patient to take effect at a future time	- completed by patient's physician and applies presently
- applies only when patient loses their decision-making capacity	- NOT conditioned on patient losing mental capacity

Who should have a MOLST form?

Your health care provider should discuss this form with patients who have advanced progressive chronic illness, are terminally ill or are interested in further defining their care wishes if the patient:

- wants all appropriate treatments including cardiopulmonary resuscitation (CPR);
- wants to avoid all life-sustaining treatments;
- chooses to limit life-sustaining treatments;
- wants to avoid CPR by requesting a DNR;
- might die within the next year;
- resides in a long-term care facility;
- resides in the community and is eligible for long-term care.

Who can complete a MOLST form?

A MOLST form must be completed by a health care professional and signed by a licensed physician to be valid.

What do you do with a completed MOLST form?

MOLST forms are designed to travel with the individual between care settings. It is generally kept in the front of a patient's medical chart if the patient is in a facility. If the patient is at home, it should be kept on the refrigerator, by the phone or the individual's bedside. In case of an emergency, EMS personnel are trained to look for the MOLST form in these locations.

How often is the MOLST form reviewed?

The MOLST form should be reviewed and renewed by a physician periodically as required by law and/or if:

- a. the patient/resident is transferred from one facility to another;
- b. there is a substantial change in the person's health status (improvement or deterioration);
- c. the patient/resident treatment preferences change.

Why is the MOLST form bright pink?

The MOLST form is bright pink so health care providers can easily identify it in case of an emergency.

How is MOLST implemented for a patient receiving Hospice services?

If the patient is homebound and the physician is making home visits, the physician completes the MOLST form, makes a copy and returns the original MOLST to the patient.

If the patient is seen by a physician in the office, the MOLST form is completed, a copy is made and the original MOLST form is given to the patient.