



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), and 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*).