Understanding Maryland MOLST:
A Guide for Riderwood Residents in Independent Living

Prepared by the Health Services Committee

Many Riderwood independent living residents have heard about the Maryland Medical Orders for Life-Sustaining Treatment, commonly called MOLST. This guide will help you understand:

- What MOLST is.
- How it differs from your advance directive documents like a living will.
- What choices you'll need to consider if you decide, with your doctor, to complete one, including choices about cardiopulmonary resuscitation (CPR) and other treatments.

Key Points about MOLST

A MOLST turns your preferences about certain medical treatments, including aggressive interventions like CPR (cardiopulmonary resuscitation), into medical orders. It's an especially important tool for those who already have significant and potentially life-limiting health problems.

While independent living residents may benefit from having a MOLST, this is an optional, individual decision. You and your doctor should talk about what the MOLST does and decide whether having one would be best for you. Make sure you understand what difference it would make to your care.

The situation differs if you are admitted to an assisted living facility, a nursing home, or some other health care facilities. Then, the facility is required to complete a MOLST, although you have the right to refuse to discuss what care options you prefer. But, if you want to avoid aggressive treatments, you need to let the facility know that before they complete the MOLST.

MOLST orders are *effective immediately*, do not expire, but can be changed or cancelled.

What is MOLST?

The Maryland MOLST is a **medical order form** that documents decisions about life-sustaining and other medical treatments. Think of it as a portable set of medical orders recognized in all Maryland health care facilities.

The key word here is "*order*." Unlike other planning documents that express your *preferences*, a MOLST contains actual medical orders signed by your doctor or other clinician. These orders take effect when signed and are to be followed by all health care professionals, including emergency medical services (EMS) personnel.

The MOLST form allows orders on a variety of treatments. Every MOLST contains an order on what should happen if your heart stops beating: Does the order say that CPR should be attempted, or does it order "do not resuscitate" (DNR)? This and other treatment issues are described on pages 4 and 5 below.

How Does MOLST Differ from an Advance Directive?

It's understandable that MOLST gets confused with an advance directive, but they serve different purposes and work in different ways.

Advance directive: Planning for the future

An advance medical directive asks you to foresee a time when you cannot decide treatment issues yourself. You can use an advance directive to:

- Appoint a health care agent to make decisions for you.
- Express your general wishes about end-of-life care.
- Provide guidance about what treatments you would or would not want under a few specific circumstances and what you want your health care agent and doctors to consider when decisions must be made under other circumstances.

An advance directive becomes active once you lose the capacity to make your own medical decisions. It states your preferences and instructions, *but health care professionals must still translate those preferences into specific medical orders when the time comes*.

MOLST: Orders for right now

A MOLST form contains specific medical orders that:

- Take effect immediately when signed by a physician, a nurse practitioner (NP), or a physician assistant (PA).
- Tell health care facilities and professionals what to do (or not do) in specific medical circumstances that might come up, given your current medical condition.
- Must be followed in emergency situations, including by EMS personnel.
- May implement the preferences you stated in your advance directive.
- Are portable, in that they follow you from one facility to another. The goal is that treatment in a new facility should match what you and your doctor have already agreed you do, or do not, want.

Unlike some medical orders, MOLST forms have no expiration date. Once you have a MOLST, it stays in effect until a new one supersedes it. If your medical condition changes or you change your mind about your treatment preferences, your MOLST

can be updated. Talk to your doctor about cancelling the prior MOLST form and completing a new one.

How Do You Get a MOLST?

Unlike an advance directive, which you can complete on your own, obtaining a MOLST requires collaborating with your doctor, NP, or PA.

The process

1. *Have a conversation with your doctor.* The MOLST process begins with a discussion about your current medical condition, prognosis, and treatment preferences.
2. *Discuss your goals and values.* Your doctor will help you understand your medical situation and the various treatment options available, along with the potential benefits and harms of those options. You'll talk about what matters most to you and your goals of care.
3. *Your doctor completes the form.* Based on your conversation, your doctor, NP, or PA will complete the MOLST form, selecting the appropriate treatment choices and signing and dating the form. You'll get a copy.

For those who cannot make decisions

For those who lack the capacity to make medical decisions, the MOLST can be completed based on:

- Consultation with a health care agent (named in an advance directive).
- Consultation with a surrogate decision maker authorized under Maryland's Health Care Decisions Act.
- Instructions contained in an existing advance directive.

Once You Have a MOLST, What Should You Do with It?

If an emergency happens when you're in your apartment, the EMS personnel who respond need to see your MOLST. This is crucial if your MOLST contains a DNR order. EMS personnel will perform CPR unless they see a MOLST DNR order. Keep your copy of the MOLST form in a visible location at home (on the refrigerator or in a plastic envelope on your entry door). Ask your doctor's office to scan a copy into your electronic medical records. Also, bring a copy with you if you go to the hospital.

To effectively communicate DNR status to EMS personnel when an emergency occurs away from home, a MedicAlert bracelet or necklace should be worn. Remember, a MedicAlert bracelet or necklace with DNR status should only be worn if it is backed up by a DNR order in a current MOLST. The MedicAlert Foundation's website is https://www.medicalert.org/, and its phone number is 1-800-432-5378.

What Happens at a Health Care Facility?

Suppose a resident who doesn't have a MOLST is admitted to a nursing home, assisted living facility, hospice, home health agency, or dialysis center. The facility is required to prepare a MOLST. It's up to you (or your health care agent) whether to participate when the facility prepares the MOLST, but if you or your agent doesn't participate, the result usually will be that CPR will be attempted in the event of a cardiac arrest, and other treatments will be done if they are medically indicated. A MOLST will also be prepared if you are being discharged from a hospital to one of the above facilities or from one hospital to another.

What is Covered in a MOLST?

CPR (Cardiopulmonary Resuscitation)

The first page of the MOLST form addresses what should happen if your heart stops beating or you stop breathing – a situation called cardiopulmonary or cardiac arrest. EMS personnel follow a protocol in this situation. The protocol is for them to attempt CPR *unless* they see a MOLST that orders DNR (do not resuscitate), or a MedicAlert bracelet or necklace backed up by the MOLST's DNR order. Similarly, clinicians in the hospital emergency department will attempt CPR unless there's a valid order not to.

The CPR section of MOLST sets out several choices. One of them is to attempt CPR – in other words, to follow the usual protocol. CPR includes procedures like chest compressions and intubation (inserting a breathing tube).

If, because of your current medical condition and prognosis and your goals of care, you don't want CPR, you and your doctor should talk about the other options on the MOLST form. These are:

- No CPR, but comprehensive efforts to prevent arrest if it is imminent. This choice means EMS providers and other clinicians will try to keep you alive and prevent cardiac arrest, but if your heart stops despite these efforts, they will not attempt resuscitation. The MOLST form also allows for a specific order on whether these efforts should include intubation.
- Palliative and supportive care, which is aimed at the most comfort while allowing natural death to occur.

Other Treatment Options

The second page of the MOLST form has sections addressing medical situations other than cardiac arrest. These sections apply to ongoing medical care and treatment decisions relevant to your current medical condition.

Artificial ventilation

This section addresses treatments to support breathing when you have serious respiratory problems. There are several options included here to discuss with your doctor, especially about intubation and use of a ventilator (a breathing machine).

Blood transfusion

The options here are to allow the use of whole blood or other blood products or to order no blood transfusions of any kind.

Hospital transfer

This section is aimed at those who live in an assisted living or skilled nursing facility. The options are to order hospital transfer whenever needed; to limit it to uncontrolled, severe pain or other symptoms; or to prohibit hospital transfer. It would be rare for this to be relevant to a Riderwood IL resident.

Medical workup

This section addresses diagnostic testing – the tests doctors use to figure out what's wrong and how to treat it. The options allow orders for all medically indicated tests, only those needed for symptomatic treatment, or no diagnostic testing.

Antibiotics

Antibiotics treat bacterial infections such as pneumonia, urinary tract infections, and skin infections. The options allow orders for all medically indicated antibiotics, including through an IV (intravenous) or by injection (intramuscular); oral antibiotics only; oral antibiotics only, and only for relief of symptoms; or no antibiotics of any kind.

Artificially administered fluids and nutrition

This section addresses feeding tubes and IV fluids – not the food and water you consume by eating and drinking normally. The options allow orders for placement of a feeding tube (through the nose, or surgically through the abdomen) and use of IV fluids for as long as medically indicated to prolong life; use of a feeding tube and IV fluids temporarily, to see if your condition improves; or not at all.

Dialysis

Dialysis is a treatment for to filter waste products from the blood when the kidneys no longer function properly. This section allows orders for indefinite use of dialysis, temporary use, or no dialysis.

Other orders

This section allows your doctor to document any additional orders related to life-sustaining treatments that aren't covered in the other sections. For example, it may

include instructions to consult with your health care agent prior to making a final decision for certain specific situations, like whether to administer antibiotics.

More Information

The State of Maryland has a website with a wealth of material about MOLST: https://marylandmolst.org/. This website includes a copy of the MOLST form itself, which you can review prior to discussing it with your doctor.

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