

1 **MASSACHUSETTS MEDICAL SOCIETY HOUSE OF DELEGATES**
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4 Code: Informational Report: A-12 – 07
5 Title: Support for the Massachusetts Medical Orders for Life Sustaining
6 Treatment (MOLST)
7 Report: 408, A-11 (D)
8 Sponsor: MMS Officers:
9 Lynda Young, MD
10 Richard Aghababian, MD
11 Ronald Dunlap, MD
12 Committee on Geriatric Medicine
13 Eric Reines, MD, Chair
14 Committee on Medical Education
15 Edward Butler, MD, Chair
16

17 Background

18 At A-11, the House of Delegates adopted Report: 408, A-11 (D). The Board of Trustees
19 referred item 1 of the Report to the Committee on Geriatric Medicine (CGM) and the
20 Officers, and item 2 of the Report to the Committee on Medical Education, in
21 consultation with the CGM.
22

23 The report states:

- 24
- 25 1. That the Massachusetts Medical Society endorse and encourage statewide
26 dissemination and adoption of the Massachusetts Medical Orders for Life
27 Sustaining Treatment (MOLST) Program, which assists individuals in
28 communicating their preferences for life-sustaining treatments near the end of
29 life. *(HP)*
30
 - 31 2. That the Massachusetts Medical Society roll out continuing medical education
32 appropriate for risk management credit that includes information to assure that
33 clinicians can work with appropriate patients to communicate their preferences
34 for life-sustaining treatment across health care settings, document these
35 preferences on a Massachusetts Medical Orders for Life Sustaining Treatment
36 (MOLST) form, and respond appropriately when they encounter a patient with a
37 MOLST form. *(D)*
38

39 Current Status

40 A completed MOLST form, signed by the patient (or surrogate) and the patient's
41 clinician, is a transferable medical order that is designed to ensure that the preferences
42 of patients with serious advancing illness are respected across care settings.
43

44 The Massachusetts Legislature initiated a MOLST pilot program in the Commonwealth.
45 The MOLST pilot began in April 1, 2010, in Worcester County, with eager support from
46 both professional and community partners, under the guidance of Commonwealth
47 Medicine (the health care consulting division of the University of Massachusetts Medical

1 School), the Executive Office of Elder Affairs, and the Department of Public Health
2 (DPH) ¹.

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4 The DPH, the Board of Registration in Medicine, the Board of Registration in Nursing,
5 the Board of Registration in Physician Assistants, and the MMS support the use of
6 MOLST as an “appropriate way to meet the standard of care for communicating patient
7 preferences regarding life-sustaining treatment options across health care settings” and
8 support and encourage all health professionals to honor properly completed MOLST
9 forms as valid medical orders².

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11 Since the adoption of this report, a live webinar was developed and presented on
12 December 6, 2011. The hour-long webinar, approved for category 1 continuing medical
13 education credit, featured Dr. Susan Block, a local expert on the MOLST form and its
14 intricacies. The discussion also included conversations about advance directives.

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16 The objectives of the webinar included:

- 17
- 18 1. Define “Medical Orders for Life-Sustaining Treatment” (MOLST)
- 19 2. Describe the components of a MOLST form
- 20 3. Explain what to do if you have a patient presenting with a MOLST form
- 21 4. Engage in conversation with patients about whether or not a MOLST form is right
- 22 for them.
- 23 5. Use MOLST as a tool to facilitate conversations about end-of-life discussions.
- 24

25 The live event will be repurposed and reformatted for online education and is due to
26 launch on the Society’s CME website in late spring 2012, where it will reach an extended
27 audience. The audio-only portion of the live webinar is available now on the MOLST
28 website, with acknowledgement of the MMS³.

29
30 The Society continues to work with members of the MOLST steering committee in the
31 statewide expansion, planned through 2014.

¹ Patient-Centered Care and Human Mortality: *The Urgency of Health System Reforms to Ensure Respect for Patients’ Wishes and Accountability for Excellence in Care*. Report and Recommendations of the Massachusetts Expert Panel on End of Life Care: October 2010.

² www.molst-ma.org

³ *ibid*