Background

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

The report states:

1. That the Massachusetts Medical Society endorse and encourage statewide dissemination and adoption of the Massachusetts Medical Orders for Life Sustaining Treatment (MOLST) Program, which assists individuals in communicating their preferences for life-sustaining treatments near the end of life. (HP)

2. That the Massachusetts Medical Society roll out continuing medical education appropriate for risk management credit that includes information to assure that clinicians can work with appropriate patients to communicate their preferences for life-sustaining treatment across health care settings, document these preferences on a Massachusetts Medical Orders for Life Sustaining Treatment (MOLST) form, and respond appropriately when they encounter a patient with a MOLST form. (D)

Current Status

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

The Massachusetts Legislature initiated a MOLST pilot program in the Commonwealth. The MOLST pilot began in April 1, 2010, in Worcester County, with eager support from both professional and community partners, under the guidance of Commonwealth Medicine (the health care consulting division of the University of Massachusetts Medical
School), the Executive Office of Elder Affairs, and the Department of Public Health (DPH)\(^1\).

The DPH, the Board of Registration in Medicine, the Board of Registration in Nursing, the Board of Registration in Physician Assistants, and the MMS support the use of MOLST as an “appropriate way to meet the standard of care for communicating patient preferences regarding life-sustaining treatment options across health care settings” and support and encourage all health professionals to honor properly completed MOLST forms as valid medical orders\(^2\).

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

The objectives of the webinar included:

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

The live event will be repurposed and reformatted for online education and is due to launch on the Society’s CME website in late spring 2012, where it will reach an extended audience. The audio-only portion of the live webinar is available now on the MOLST website, with acknowledgement of the MMS\(^3\).

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

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\(^1\) 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