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## Letters to the Editor

## Response to Clemency et al: Significant Errors, Gaps in MOLST Process, and Opportunities for Improvement With eMOLST

*To the Editor:*

We appreciate the interest of Clemency et al and *JAMDA* in both the National Physician Orders for Life-Sustaining Treatment (POLST) Paradigm and New York's Medical Orders for Life-Sustaining Treatment (MOLST) Program. As we lead the MOLST Program in New York State, we recognize the challenges with paper completion of both the New York MOLST form and POLST Paradigm forms in other states. We also appreciate the authors' attempts to document errors in MOLST completion. Accurate documentation of the errors frequently found in paper completion of New York MOLST forms or POLST Paradigm forms reinforces the need for a standardized approach to end-of-life discussion. Implementations of systems such as eMOLST prevents medical errors by including the clinical process for completion of the medical orders. However, in publishing this article, the authors unfortunately have (1) explained incompatible orders in ways that are not medically accurate and made errors in the standards for reading and following MOLST orders; (2) created misunderstandings about the MOLST process; and (3) failed to recognize potential solutions to the problems they describe, including New York's eMOLST.

### Incompatible Orders and Errors in Reading the MOLST Form

Throughout the article, Clemency et al frequently cite incompatible orders as errors on the MOLST form.<sup>1</sup> Incompatible orders such as CPR (cardiopulmonary resuscitation) + DNI (do not intubate), CPR + "do not hospitalize," or CPR + "comfort measures only" are a major concern in paper MOLST completion. These critical medical errors must be addressed through training of physicians and other clinicians in the MOLST completion process and implementation of system stop-gaps, such as eMOLST, to prevent these medical errors. Because there are no data on who completes New York MOLST forms, it is important to avoid disseminating the belief MOLST discussions are and can be done with "nonphysician facilitators" who may not be clinically trained. Lastly, our patients and families need education about the process of resuscitation and the likelihood of success among the population of patients who are MOLST-appropriate; many patients and families may request orders such as CPR + DNI because they do not fully understand CPR and survival rates in MOLST-appropriate patients.

Unfortunately, in their effort to capture the incompatible orders described above, Clemency et al have cited other order sets on the MOLST as incompatible when that is not the case.<sup>1</sup> This article is perpetuating misunderstandings about order sets that are perfectly compatible, logical and even clinically appropriate given individual

patients' goals for care. For example, Clemency et al states that DNR is incompatible with a request for intubation.<sup>1</sup> This is not the case. For example, a patient with chronic obstructive pulmonary disease might choose DNR if they are found with no pulse and/or they are not breathing, but they might be willing to also accept a trial period on a ventilator to recover from a predictable bout of pneumonia. This patient may choose to accept that trial as part of a thorough goals-based discussion about the risks and potential benefits of intubation and ventilation given their clinical condition. Intubating a patient prior to pulmonary arrest can be consistent with their goals and wishes and this order should be followed by EMS and all health care professionals. In erroneously stating that orders for DNR + intubation are incompatible, the authors also demonstrate a poor understanding of how to read a NY MOLST form. Page 1 of the document is only followed when the patient is dead. Page 2 of the document is followed when the patient still has a pulse and she or he is breathing. These instructions are clearly stated at the top of both Section A and Section E of the MOLST form.<sup>2</sup>

Although the most significant medical error in the article was stating that DNR + intubation was incompatible, there are several other examples of orders that the authors stated were incompatible when, in fact, they are not. Because of space limitations, they cannot all be described here.

### Misunderstandings About the MOLST Process

Clemency et al have also demonstrated a poor grasp of the MOLST process, despite publicly available standardized MOLST education that has existed in New York since 2004.<sup>3</sup> The thoughtless language used throughout the article may lead readers to believe that "forms [are] filled out by patients [or ...] proxies."<sup>1</sup> Rather, according to the New York State Department of Health (NYSDOH), proper

completion of the MOLST begins with a conversation or a series of conversations between the patient [...] and a qualified, trained health care professional that defines the patient's goals for care, reviews possible treatment options on the entire MOLST form, and ensures shared, informed medical decision making. The conversation should be documented in the medical record. Although the conversation(s) about goals and treatment options may be initiated by any qualified and trained health care professional, a licensed physician must always, at a minimum: (i) confer with the patient [...] about the patient's diagnosis, prognosis, goals for care, treatment preferences, and consent by the appropriate decision-maker, and (ii) sign the orders derived from that discussion.<sup>4</sup>

The authors also perpetuate the idea that it is acceptable to have a "nonphysician facilitator" (who may not be clinically trained—the authors have not made it clear) prepare the MOLST form.<sup>1</sup> This is clearly not language used by NYSDOH; it is neither recommended nor acceptable and often leads to the exact errors that the authors are trying to avoid. Using "nonphysician facilitators" for the creation of medical orders may produce misunderstandings among the



## Medical Orders for Life-Sustaining Treatment (MOLST) \*

### 8-Step MOLST Protocol \*\*

1. Prepare for discussion
  - Review what is known about patient goals and values
  - Understand the medical facts about the patient's medical condition and prognosis
  - Review what is known about the patient's capacity to consent
  - Retrieve and review completed advance directives and prior DNR/MOLST forms
  - Determine key family members and if the patient lacks medical decision-making capacity, identify the health care agent or surrogate
  - Find uninterrupted time for the discussion
  - Review the legal requirements under New York State Public Health Law, based on who will make the decision and where the decision is made
2. Begin with what the patient and family knows
  - Determine what the patient and family know regarding condition and prognosis
  - Determine what is known about the patient's values and beliefs
3. Provide any new information about the patient's medical condition and values from the medical team's perspective
  - Provide information in small amounts, giving time for response
  - Seek a common understanding; understand areas of agreement and disagreement
  - Make recommendations based on clinical experience in light of patient's condition /values
4. Try to reconcile differences in terms of prognosis, goals, hopes and expectations
  - Negotiate and try to reconcile differences; seek common ground; be creative
  - Use conflict resolution when necessary
5. Respond empathetically
  - Acknowledge
  - Legitimize
  - Explore (rather than prematurely reassuring)
  - Empathize
  - Reinforce commitment and non-abandonment
6. Use MOLST to guide choices and finalize patient/family wishes
  - Review the key elements with the patient and/or family
  - Apply shared, informed medical decision-making
  - Manage conflict resolution
7. Complete and sign MOLST
  - Obtain verbal or written consent from the patient or designated decision-maker
  - Follow legal requirements under New York State Public Health Law, including Family Health Care Decisions Act (FHCDA)
  - Document conversation
8. Review and revise periodically

\* Honoring patient preferences is a critical element in providing quality end-of-life care. To help physicians and other health care providers discuss and convey a patient's wishes regarding cardiopulmonary resuscitation (CPR) and other life-sustaining treatment, the New York State Department of Health has approved a physician order form (DOH-5003), Medical Orders for Life-Sustaining Treatment (MOLST), which can be used statewide by health care practitioners and facilities. MOLST is an approved Physician Orders for Life-Sustaining Treatment (POLST) Paradigm Program and incorporates New York State Public Health Law.

[www.health.state.ny.us/professionals/patients/patient\\_rights/molst/](http://www.health.state.ny.us/professionals/patients/patient_rights/molst/)  
[www.CompassionAndSupport.org](http://www.CompassionAndSupport.org)

\*\* Bomba, 2005; Revised 2011 to comply with Family Health Care Decisions Act, effective June 1, 2010

**Fig. 1.** 8-Step MOLST Protocol.

patient and family about the MOLST decisions or even foster a belief that the MOLST is an advance directive, which it is not.

The role of trained and qualified clinical professionals in the MOLST process cannot be understated; all of the professionals participating in the MOLST process must do so within scope of practice. Furthermore, too often MOLST forms are completed as a checklist document without following the nationally referenced 8-Step MOLST Protocol (see Figure 1), which was publicly posted for the first time in 2005, nationally referenced since 2006, and revised in 2011 to comply with Family Health Care Decisions Act.<sup>5–7</sup> The authors should be emphasizing the correct process for MOLST completion and addressing the current gaps in practice as part of their recommendations.

The authors also use MOLST and POLST almost interchangeably throughout the article. While New York's MOLST is an endorsed POLST Paradigm Program, it is important to note that the NY MOLST form is not the same as many POLST forms around the country, and therefore some of the research about POLST forms cited by the authors is likely to not be applicable to New York's MOLST Program, which the authors do not acknowledge.<sup>2,8,9</sup> This is particularly relevant given that New York's MOLST form has much more explicit and distinct clinical choices than many states' POLST forms.<sup>2,8</sup>

## Solutions

Clemency et al also fail to offer concrete solutions to the problems with MOLST completion that they have described.<sup>1</sup> To protect patients and physicians from approaching end-of-life decision making with a substandard understanding of the correct process, New York State (NYS) has integrated the process and ethical framework into public health law. These requirements apply for all decisions to withhold or withdraw life-sustaining treatment. NYSDOH and NYS Office for People with Developmental Disabilities (OPWDD) captured these requirements in "checklist" format for the convenience of clinicians.<sup>10,11</sup> Ignoring the clinical, ethical, and legal process for having end-of-life discussions is a major cause of the errors on MOLST forms described by Clemency et al, yet the importance of this nationally recognized framework is mentioned nowhere in the article.<sup>1</sup> It is also not recognized by Clemency et al as a solution to the problems described.<sup>1</sup> Simply having clinicians follow the appropriate NYSDOH or OPWDD checklist for withholding/withdrawing life-sustaining treatment would be an excellent step in addressing the current gaps in the process for making end-of-life decisions and completing MOLST forms.

Finally, implementation of the eMOLST system, available at [NYSeMOLSTRegistry.com](http://NYSeMOLSTRegistry.com), would prevent incompatible orders, address incomplete or incorrectly completed MOLST documents, and ensure that the clinical, ethical and legal process for making end-of-life decisions is always followed.<sup>6,12,13,14</sup> The eMOLST system will generate both a completed MOLST form and accompanying chart documentation form that exactly follows the NYSDOH or OPWDD checklists for withholding/withdrawing life-sustaining treatment. The system is accessible 24/7, can be integrated with an electronic medical record, and is available for any NYS and border state provider at no charge.<sup>6,12,13,14</sup> The eMOLST system can also ensure that providers operate within scope of practice by only enabling certain areas of the application that are appropriate for their engagement in the MOLST discussion. Health systems, nursing homes, hospices, and physician practices are embarking on eMOLST implementation across NYS. Patients and families deserve better end-of-life discussions and careful decisions documented on an accurate MOLST; eMOLST implementation will help us get there.

## References

1. Clemency B, Cordes CC, Lindstrom HA, et al. Decisions by default: Incomplete and contradictory MOLST in emergency care. *J Am Med Dir Assoc* 2017;18:35–39.
2. New York State Department of Health (NYSDOH). Medical Orders for Life-Sustaining Treatment (MOLST). Available at: <https://www.health.ny.gov/forms/doh-5003.pdf>; 2010. Accessed October 31, 2016.
3. MOLST Training Center. CompassionAndSupport.org. Available at: [http://www.compassionandsupport.org/index.php/for\\_professionals/molst\\_training\\_center](http://www.compassionandsupport.org/index.php/for_professionals/molst_training_center); 2016. Accessed October 31, 2016.
4. NYSDOH. General instructions for the legal requirements checklists for adult patients and glossary. Available at: [https://www.health.ny.gov/professionals/patients/patient\\_rights/molst/docs/general\\_instructions\\_and\\_glossary.pdf](https://www.health.ny.gov/professionals/patients/patient_rights/molst/docs/general_instructions_and_glossary.pdf); 2012. Accessed October 31, 2016.
5. Bomba PA, Vermilyea D. Integrating POLST into palliative care guidelines: A paradigm shift in advance care planning in oncology. *J Natl Compr Canc Netw* 2006;4:819–829.
6. Bomba PA, Orem K. Lessons learned from New York's community approach to advance care planning and MOLST. *Ann Palliat Med* 2015;4:10–21.
7. Bomba PA. 8-Step MOLST Protocol. Available at: [http://www.compassionandsupport.org/pdfs/homepage/MOLST\\_8\\_Step\\_Protocol\\_revised\\_032911\\_.pdf](http://www.compassionandsupport.org/pdfs/homepage/MOLST_8_Step_Protocol_revised_032911_.pdf); 2011. Accessed October 31, 2016.
8. Center for Ethics in Health Care, Oregon Health & Science University. Physician Orders for Life-Sustaining Treatment (POLST). Available at: <http://oregonpolst.org/s/Printing-POLST-instructions-3-16-2016-r787.pdf>; 2014. Accessed October 31, 2016.
9. Hickman SE, Keevern E, Hammes BJ. Use of the Physician Orders for Life-Sustaining Treatment Program in the clinical setting: A systematic review of the literature. *J Am Geriatr Soc* 2015;63:341–350.
10. NYSDOH. Medical Orders for Life-Sustaining Treatment (MOLST). Available at: [https://www.health.ny.gov/professionals/patients/patient\\_rights/molst/](https://www.health.ny.gov/professionals/patients/patient_rights/molst/); 2013. Accessed October 31, 2016.
11. New York State Office for People with Developmental Disabilities (OPWDD). Medical Orders for Life-Sustaining Treatment (MOLST). Available at: [https://opwdd.ny.gov/opwdd\\_resources/information\\_for\\_clinicians/MOLST](https://opwdd.ny.gov/opwdd_resources/information_for_clinicians/MOLST) Accessed October 31, 2016.
12. Bomba PA, Orem K. eMOLST and electronic health records. *Health Law J* 2012; 17:77–83.
13. New York State eMOLST Registry. Available at: <https://www.nysemolstregistry.com/>; 2016. Accessed October 31, 2016.
14. Bomba PA, Karmel J. Medical, ethical and legal obligations to honor individual preferences near the end of life. *Health Law J* 2015;20:28–33.

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## The Realities of Operationalizing MOLST Forms in Emergency Situations



### To the Editor:

The goal of "Decisions by Default: Incomplete and Contradictory MOLST in Emergency Care" was to provide insight into the unintended consequences that may arise when emergency medicine providers are called upon to interpret and act upon MOLST (New York State's POLST paradigm) forms that are incomplete or contain potential inconsistencies.<sup>1</sup> We have been pleased by the overwhelmingly positive feedback we have received since the electronic publication of our article. We hope the article will contribute to a thoughtful, respectful dialogue about the potential implications

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