

ECHO MOLST +
eMOLST:
*Honoring
Preferences at
End-of-life*



Better healthcare,
realized.



Session 5

Crucial Conversations: Use Both Sides of Your Brain

Presenter

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The speaker has no significant financial conflicts of interest to disclose.

Learning Objectives



- Recognize MOLST is a communication process that requires both reason and compassion
- Apply the 8-Step Protocol
- Demonstrate effective communication skills



Crucial Conversations Require Wisdom

- When one prevents one's emotions from overtaking one's rationality it is called reason.
- When one prevents one's rationality from overtaking one's emotions it is called compassion.
- When one can do both, it is called wisdom.

Thoughtful MOLST Discussions: Require Effective Communication Skills



Express yourself clearly



Ask open-ended questions



Actively listen



Reflect: paraphrase the message and communicate understanding back



Resolve conflicts

Listen to Your Words and What the Family Hears

He's "stable." (ICU, multiple pressors, intubated, mechanical ventilation, dialysis, low blood pressure)

- What family hears: "He is getting better."

Do you want us to do CPR?

- What family hears: "She has a chance of surviving if we do CPR."

Do you want us to "trach" him?

- What family hears: "He has a chance of coming off the ventilator and going home."



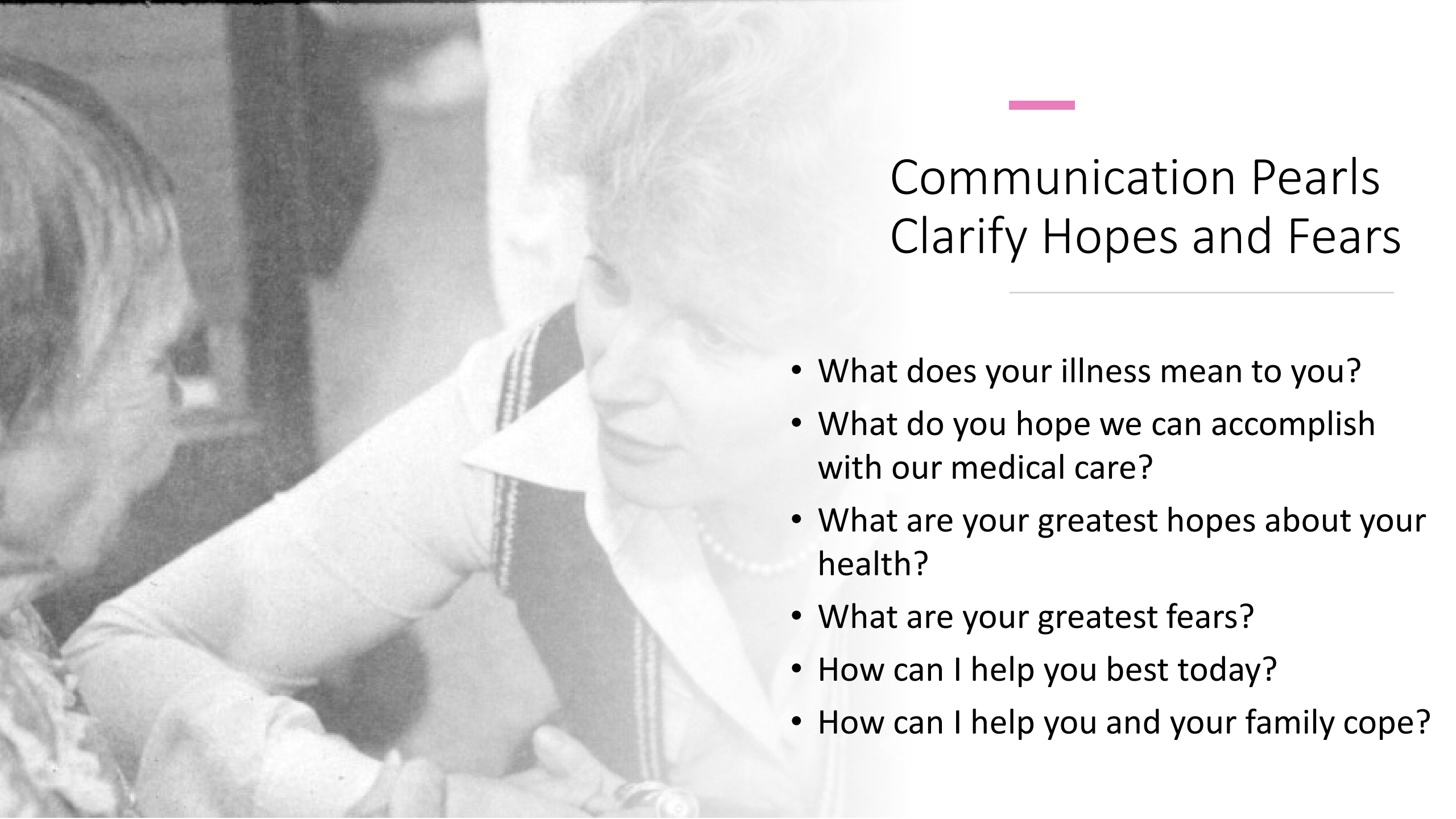
Avoid Language with Unintended Consequences

Avoid

- Do you want us to do “everything”?
- Will you agree to discontinue care?
- It’s time we talk about pulling back.
- I think we should stop aggressive/heroic therapy.

Consider

- Despite trying these treatments for several days, and around the clock, expert care, he is unfortunately too sick to respond.
- We will change treatment based on what she would want based on current goals for care.
- We will intensify care; his comfort and dignity are our highest priorities.
- Let’s discontinue treatments that are not providing benefit.




Communication Pearls Clarify Hopes and Fears

- What does your illness mean to you?
- What do you hope we can accomplish with our medical care?
- What are your greatest hopes about your health?
- What are your greatest fears?
- How can I help you best today?
- How can I help you and your family cope?



Hoping and Preparing

- “Lets hope for the best...”
 - Join in the search for medical options
 - Open exploration of improbable/experimental therapy
 - Ensure fully informed consent
 - “...and prepare for the worst.”
 - Make sure affairs (financial/personal) are settled
 - Think about unfinished business
 - Open spiritual and existential issues
- 

8-Step MOLST Protocol



Developed for NYS MOLST, Bomba, 2005; revised 2011

1. Prepare for discussion

- Understand patient's health status, prognosis & ability to consent
- Retrieve completed Advance Directives
- Determine decision-maker & PHL legal requirements

2. Determine what the patient/family know

3. Explore goals, hopes and expectations

4. Suggest realistic goals

5. Respond empathetically

6. Use MOLST to guide choices & finalize patient wishes

- Shared, informed medical decision-making and conflict resolution

7. Complete and sign MOLST

- Follow PHL and document conversation

8. Review and revise periodically

Step 1:

Prepare for the Discussion

- Screen patients to ensure patients are appropriate for MOLST
- Offer the opportunity to have a MOLST discussion
- Remember **MOLST is voluntary**
- Invite key individuals to hear the discussion – health care agent/surrogate and family
- Engage, educate & empower the patient, family and medical decision-makers



Step 1: Recognize Culture and Faith

- Culture
 - Group of people share race, language, religion, life values
- Groups
 - Ethnic, religious, regional, institutional or interest
- Subcultures
 - Traditional, bicultural, acculturated
- Religion
 - Christianity, Judaism, Islam, Hinduism, Sikhism, Buddhism, Jehovah Witness, etc.
- Primary Language
- Look for commonalities
- **ASK THE PATIENT!**



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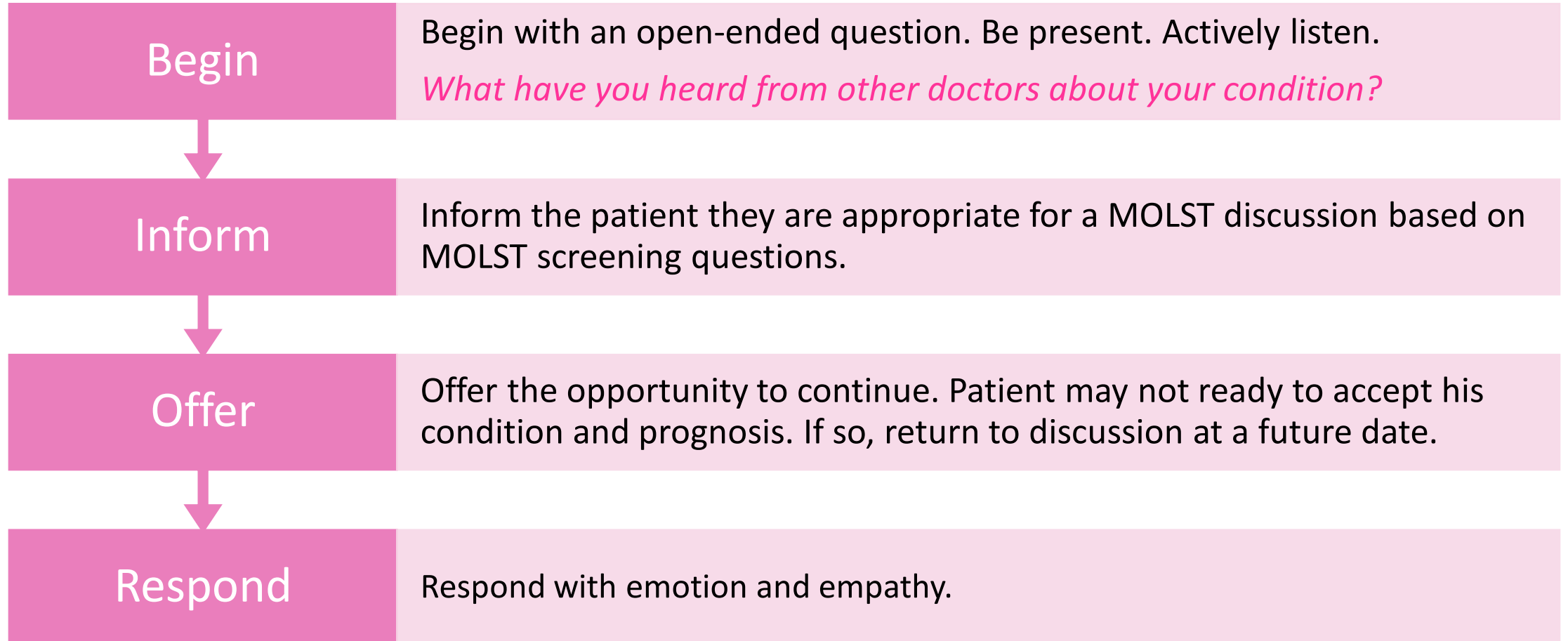
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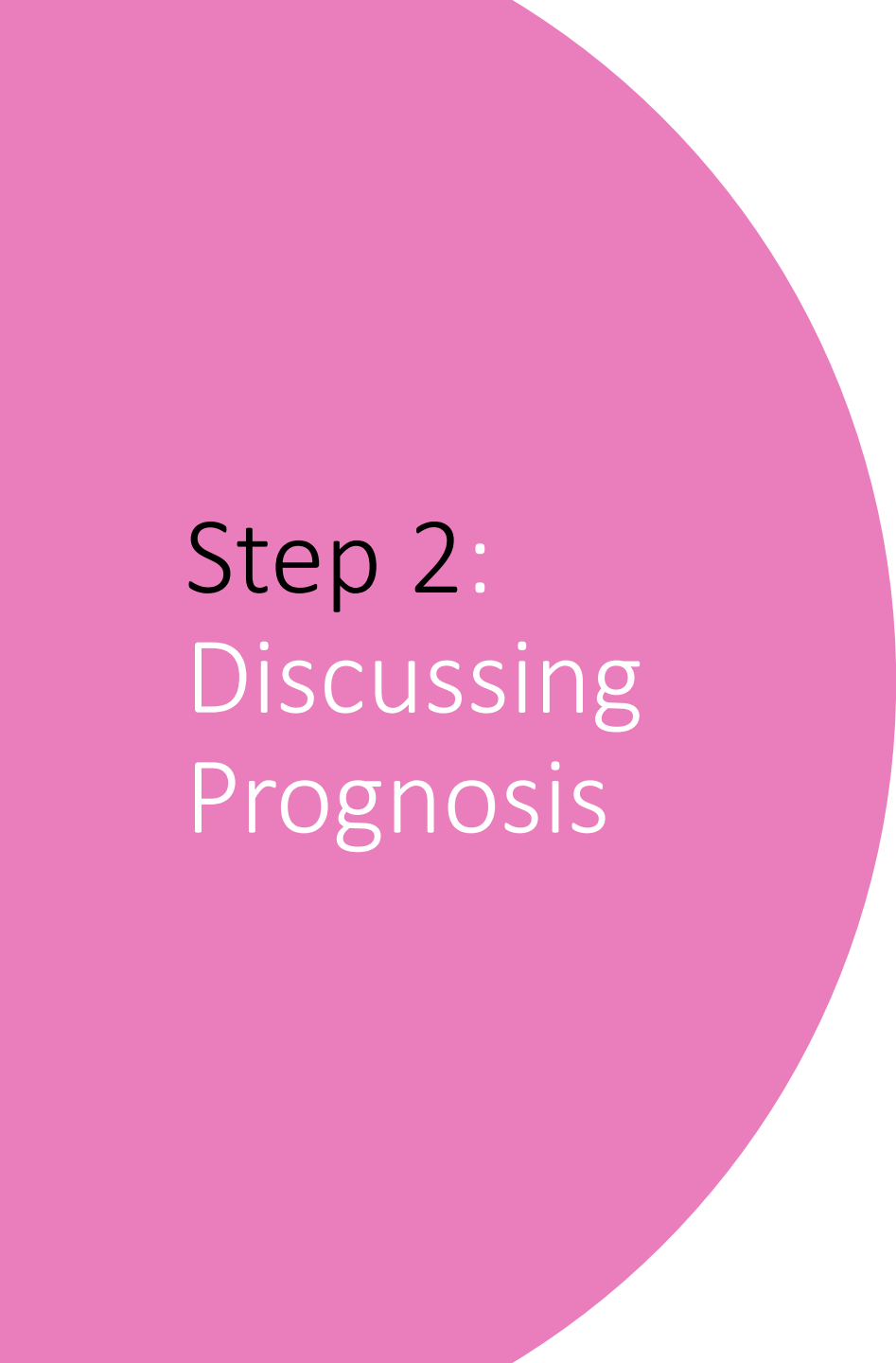
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Step 2: Determine What the Patient & Family Know re: Health Status & Prognosis





Step 2: Discussing Prognosis

What sort of information about the future would help you?

Most people want to know about their prognosis – and don't want to know – at the same time.

What about you?

Would it be best to talk about the best case, the worst case and the usual case?



Step 2: Estimate and Communicate Prognosis

- Physicians markedly over-estimate prognosis
- Accurate information helps patient/family cope & plan
- Offer a range for average life expectancy
 - days to weeks
 - weeks to 3 months
 - 3 – 6 months (PCIA, PCAA, Hospice*)
 - 6 months to 1-2 years (MOLST**)
 - > 1year (MOLST: e.g., persons of advanced age may have explicit wishes.)

* Would it surprise you if this person died in the next 6 months?

** Would it surprise you if this person died in the next 1-2years?

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Step 3: Explore Patient Values, Beliefs, Goals for Care, Expectations

Identify patient's personal values and beliefs

Recognize patient's personal goals for care

- What makes life worth living
- What matters most

Patient's personal goals align with

- Longevity
- Functional Preservation
- Comfort Care

Are goals realistic?

Does COVID-19 or other emergency change this?

Align Language with Person-Centered Goals

- **Longevity:** We want to ensure you receive the kind of treatment you want and needs in order to attend your son's wedding
- **Functional Preservation:** We'll do everything we can to help you maintain your independence
- **Comfort Care:** Your grandmother's comfort will be our top priority



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Step 4: Suggest Realistic Goals
Manage Unrealistic Expectations.
Clarify Possibilities. Negotiate Goals.

What do you understand about your father's condition?

What do you hope we can accomplish with our medical care?

I wish for that too....

Unfortunately, no medicine, surgery or all the love you have for him...



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Step 5: Respond empathetically

- When you notice an emotion, respond with
 - **Naming**: put emotion into words
 - **Understanding**: explain how you see it from their perspective
 - **Respecting**: admire what you genuinely feel good about
 - **Supporting**: offer your caring, expertise and presence
 - **Exploring**: when you're not sure where to go, ask for more data

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Shared, Informed Medical Decision Making

Will treatment make a difference?

What are the burdens and benefits?

- Will treatment help or harm the patient?

Is there hope of recovery?

- If so, what will life be like afterward?

What does the patient value?

- What are the patient's goals for care?

Key Points

Physicians, NPs, PAs and clinicians need effective communication skills to conduct thoughtful MOLST discussions.

A thoughtful MOLST discussion is based on trust. Respect culture and faith perspectives. Ask your patient.

MOLST is voluntary. Screen and offer MOLST to appropriate patients. Ascertain the readiness to continue a MOLST discussion.

Use the 8-Step MOLST Protocol.

Ascertain the patient, Health Care Agent or Surrogate and family's perception of current health status and prognosis.

Examine values, beliefs and current goals BEFORE discussing specific life-sustaining treatment.

Examine values, beliefs and current goals BEFORE discussing specific life-sustaining treatment.

Respect for patient's goals and values has the potential to humanize the relationship and improve decision-making.



Resources

The background of the slide features a photograph of an elderly woman with short, wavy white hair and glasses, wearing a pink patterned cardigan. She is looking towards a middle-aged man with glasses, wearing a light blue button-down shirt and a patterned tie. He is holding a large pink folder or document. The setting appears to be a clinical or hospital environment.

How MOLST is Done

MOLST is based on communication between the patient and their physician. The 8-Step MOLST Protocol outlines the necessary steps.

Subscribe to NY MOLST Update on [MOLST.org](https://www.molst.org)

Learn More



References

Bomba, P. A. (2017). Supporting the patient voice: building the foundation of shared decision-making. [Generations](#), 41(1), 21-30

[Thoughtful MOLST Discussions](#)

[8-Step MOLST Protocol](#)

More at [Resources](#) on MOLST.org

[VitalTalk.org](#) – Vital Talk app available

[CAPC.org/training](#) – Communication Skills

Videos

CompassionAndSupportYouTubeChannel (ACP/MOLST video playlists)

<http://www.youtube.com/user/CompassionAndSupport?feature=mhee>

Demonstrating Thoughtful MOLST Discussions

[Hospital & Hospice](#) Settings

[Nursing Home](#) Setting

Using the 8-Step MOLST Protocol [Video Series](#)

Patient & Family Education

Writing Your Final Chapter: Know Your Choices. Share Your Wishes - Original release 2007; revised to comply with FHCDA - MOLST Video Revised 2015! (28:14)

<https://youtu.be/CITAG19RX8w>

Community Partners in Advance Care Planning

<https://youtu.be/JKEMouEgGh8>