



DIGNITY AT THE END OF LIFE

The EMS Role in The Final Chapter

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TOPICS OF CONVERSATION

- The Continuum of Health
- Illness and Death through Human History
- Current End of Life Care
- Mourning and Grief
- Legal Documents
- MOLST

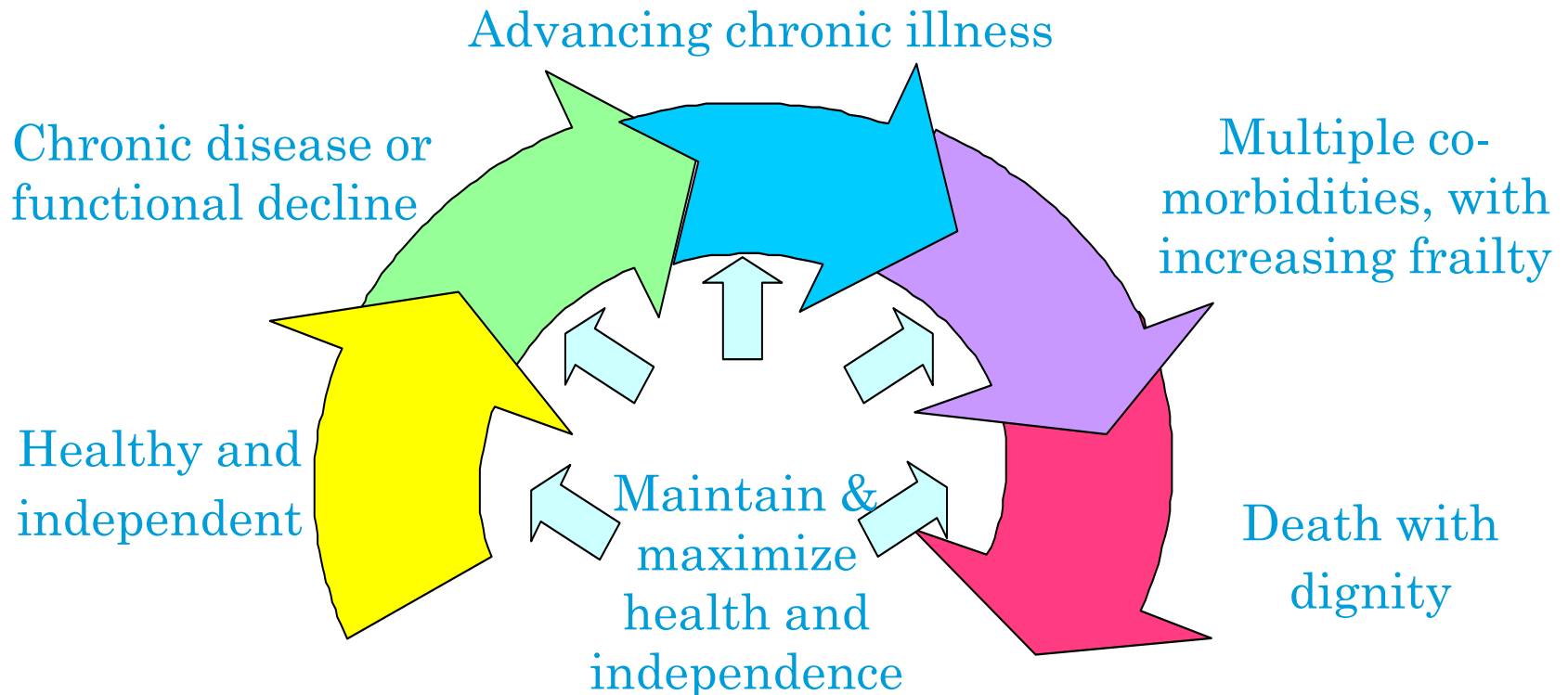


SETTING THE SCENE



CONTINUUM OF HEALTH

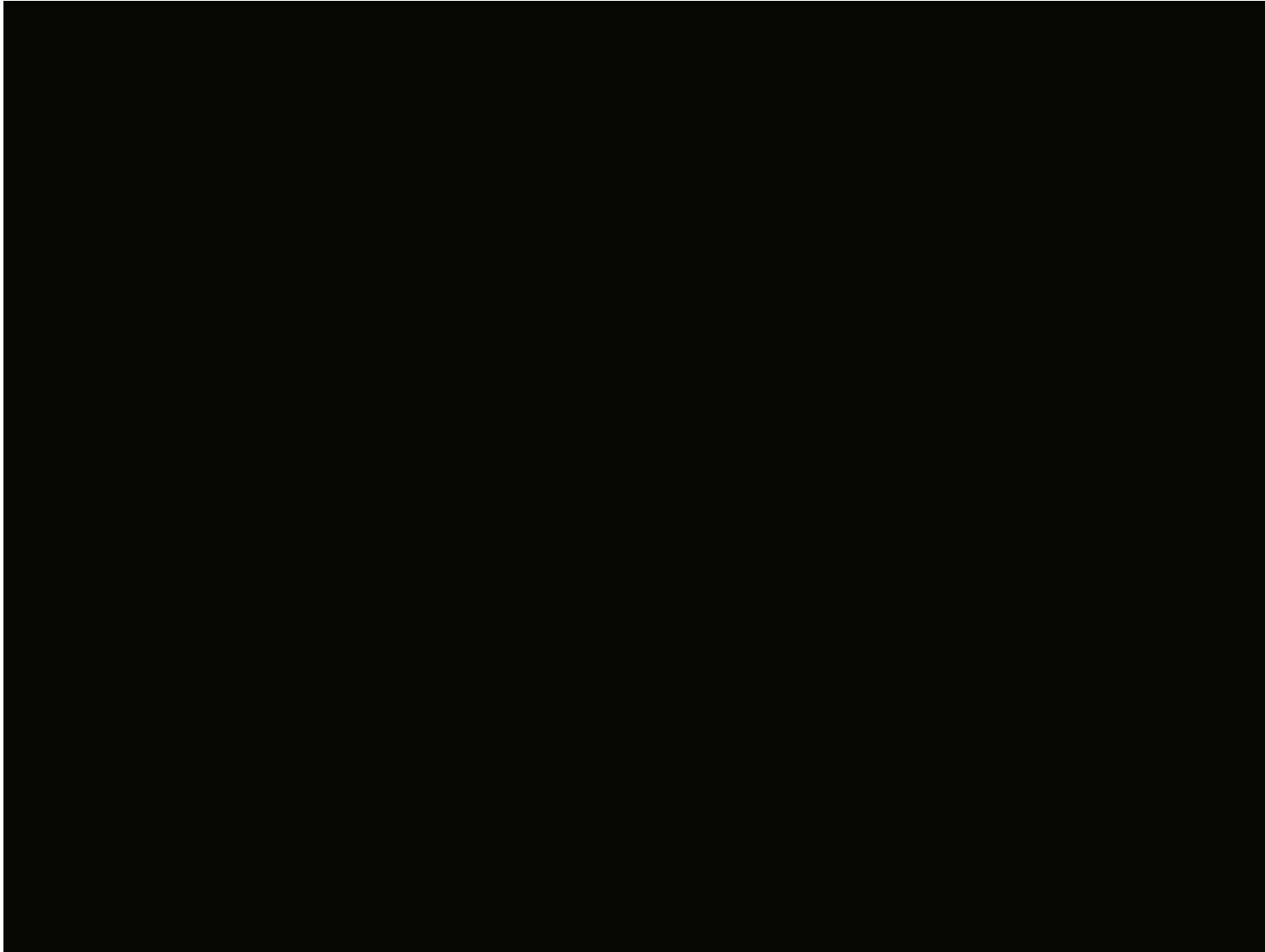
Compassion, Support and Education along the Continuum



DEATH IN THE MIDDLE AGES



MODERN MEDICAL ADVANCEMENTS



MODERN MEDICAL ADVANCEMENTS

- 1867 Joseph Lister publishes *Antiseptic Principle of the Practice of Surgery*
- 1870s Louis Pasteur and Robert Koch establish the germ theory of disease.
- 1913 Dr. Paul Dudley White becomes one of America's first cardiologists, a doctor specializing in the heart and its functions, and a pioneer in use of the electrocardiograph,
- 1935 Dr. John H. Gibbon, Jr. , successfully uses a heart-lung machine for extracorporeal circulation of a cat (i.e., all the heart and lung functions are handled by the machine while surgery is performed).
- 1952 Paul Zoll develops the first cardiac pacemaker to control irregular heartbeat

HISTORY OF PREHOSPITAL DEFIBRILLATION (NYS)

- 1970s – First ALS units
- 1990s – First Prehospital AEDs
 - Special training
- 1995 – AED absorbed into EMT curriculum
- 1998 – New York State PAD
- 2001 – New York State Schools required to have AEDs
- 2006 – All places with more than 1000 people are required to have AEDs
- 2009 – All ambulances required to have AEDs



MEDIA IMPRESSIONS OF CPR & HEALTHCARE

- 67 % of Television Cardiac Arrest = Survival
 - New England Journal of Medicine, 1996
- Reality
 - Resuscitation from Cardiac Arrest 3 % to 15 %
 - Very Small for Long Term Illness, comorbidities, 15 minute or greater CPR, and unwitnessed arrest



CURRENT CPR





“NO PUMPKIN PIE, UNTIL YOU TELL ME HOW YOU WANT TO DIE.”- DR. PATRICIA BOMBA



CURRENT END OF LIFE CARE

- Focus on pain management and dignity
- Support for family
- Palliative Care
 - Offered alongside active treatment of a patient's underlying disease
 - An important supplement to the care offered in any phase of a patient's illness
- Hospice Care
 - Hospice focuses on caring, not curing and, in most cases; care is provided in the person's home.



STAGES OF GRIEVING – KUBLER-ROSS

- Denial- The initial stage: "It can't be happening"
- Anger - "Why me? It's not fair."
- Bargaining - "Just let me live to see my children graduate."
- Depression "I'm so sad, why bother with anything?"
- Acceptance - "It's going to be OK."



HOW CAN EMS GIVE DIGNITY TO DEATH?

- Follow the patient's wishes
- Privacy
- Support for the family
- Follow wishes to the extent possible
- Prepare the deceased
- Make appropriate statements to family



LEGAL DOCUMENTS

- Health Care Proxy
- Living Will
- Do Not Resuscitate Orders
- Medical Orders for Life Sustaining Treatment

All documents write down your wishes and have them verified by witnesses

ONLY DNR & MOLST are Physician Orders !!!



HEALTHCARE PROXY

- New York State form
- Designates a “Healthcare Agent” and an Alternate
- Any time you are unable to make your own medical decisions, not only at the end of life
- EMS Can Not follow a Healthcare Proxy
- However, physicians, including medical control, may –MUST – follow wishes of properly executed Health Care Proxy
- Should be filled out by EVERY adult
- www.doyourproxy.org



LIVING WILL

- Documents your wishes about an irreversible condition
- Takes effect if you become terminally ill, permanently unconscious or minimally conscious
- Discusses CPR, nutrition, ventilation, and antibiotics
- Companion to Healthcare Proxy



DO NOT RESUSCITATE ORDER

- Straight forward – If its there it is valid
 - Should be renewed every 90 days, but it is still valid
- Check validity and ask about any other evidence
- NYS DOH 99-10 Policy Statement
- For patients who may die in the next year



The logo for MOLST (Medical Orders for Life-Sustaining Treatment) features the acronym 'MOLST' in a bold, white, sans-serif font. The letter 'O' is replaced by a white medical symbol, a Rod of Asclepius, which consists of a staff with a single snake head entwined around it. The logo is set against a dark red background with a subtle grid pattern.

MEDICAL ORDERS FOR
LIFE-SUSTAINING TREATMENT

A POLST Paradigm Program

MOLST Program

Overview for EMS Providers,
First Responders, and other
initial decision makers

Introduction to the Medical Orders for Life-Sustaining Treatment

- Approved for statewide use 7/7/08
- Revised NYSDOH-5003 MOLST form, effective 6/1/10
 - User-friendly; Supplemental forms eliminated
 - Approved by OMH 8/23/10
 - Approved by OPWDD: for patients with DD without ability to decide, the physician must follow special procedures and attach the appropriate legal requirements checklist
- MOLST Form is a physician's medical order sheet
- Completed with the patient or patient's designee and physician
- Provides explicit direction for CPR, mechanical ventilation, and other life sustaining treatments
- Reviewed with patient on a regular basis
- The form is the result of a lengthy discussion with the patient and/or medical decision-maker

DNRs vs. MOLST

- MOLST is pink, but a copy is acceptable
- MOLST goes across healthcare settings; the Non-Hospital DNR form is pre-hospital
- MOLST covers DNR, DNI and pulmonary failure, transfer orders and other LSTs.
- Non-hospital DNR only covers DNR order

When is it important for EMS Providers?

- In most situations, the form will just need to go with the patient to the hospital or back home
 - Look for the form on the refrigerator, the back of the bedroom door, or in the patient’s chart
- When the patient has stopped breathing and lost a pulse, an EMS provider will need to locate the form, determine if it is valid, and follow the directions either to DNR or to CPR
- If the patient is critically ill, sections on “Life Sustaining Treatment” may apply

MOLST Form Characteristics



MOLST Form

- Original is a uniform “MOLST pink” and printed on heavy stock
- Do Not Resuscitate or Full CPR is on page 1
- Other care decisions are documented on page 2
- Can replace NYS DOH “Non-Hospital DNR Form”
- An “Non-Hospital DNR Form” is still valid if found
- Supplemental Documentation Form is no longer required
- For patients with DD without ability to decide, the physician must follow special procedures and attach the appropriate legal requirements checklist

Determine If It Is the Patient's Form

- Check patient name and date of birth
- eMOLST Number (This is not an eMOLST Form)
- HIPAA permits disclosure of MOLST to other health care professionals & electronic registry as necessary for treatment
- This MOLST form has been approved by the NYSDOH for use in all settings



MOLST Form

NEW YORK STATE DEPARTMENT OF HEALTH **Medical Orders for Life-Sustaining Treatment (MOLST)**

THE PATIENT KEEPS THE ORIGINAL MOLST FORM DURING TRAVEL TO DIFFERENT CARE SETTINGS. THE PHYSICIAN KEEPS A COPY.

LAST NAME/FIRST NAME/MIDDLE INITIAL OF PATIENT _____

ADDRESS _____

CITY/STATE/ZIP _____

DATE OF BIRTH (MM/DD/YYYY) _____ Male Female _____

eMOLST NUMBER (THIS IS NOT AN eMOLST FORM) _____

Section A: Resuscitation Instructions When the Patient Has No Pulse and/or Is Not Breathing

- CPR Order: Attempt Cardio-Pulmonary Resuscitation
 - Defined; includes intubation
- DNR Order: Do Not Attempt Resuscitation (Allow Natural Death)
 - DNR and DNI differ (DNI defined in section E)
 - DNR does NOT mean “Do Not Treat”



MOLST Form
Section A

SECTION A
Resuscitation Instructions When the Patient Has No Pulse and/or Is Not Breathing

Check one:

CPR Order: Attempt Cardio-Pulmonary Resuscitation
 CPR involves artificial breathing and forceful pressure on the chest to try to restart the heart. It usually involves electric shock (defibrillation) and a plastic tube down the throat into the windpipe to assist breathing (intubation). It means that all medical treatments will be done to prolong life when the heart stops or breathing stops, including being placed on a breathing machine and being transferred to the hospital.

DNR Order: Do Not Attempt Resuscitation (Allow Natural Death)
 This means do not begin CPR, as defined above, to make the heart or breathing start again if either stops.

Section B: Verify Consent

- Identify who made the decision.
- Verbal consent permissible; box should be checked.
- Two witnesses are always recommended; witness signatures are not required.
- The physician who signs the orders may be a witness.
 - If it is documented that the attending physician witnessed the consent, the attending physician just needs to sign the order and does not need to sign a second time as a witness.



MOLST Form
Section B

SECTION B Consent for Resuscitation Instructions (Section A)

The patient can make a decision about resuscitation if he or she has the ability to decide about resuscitation. If the patient does NOT have the ability to decide about resuscitation and has a health care proxy, the health care agent makes this decision. If there is no health care proxy, another person will decide, chosen from a list based on NYS law.

SIGNATURE Check if verbal consent (Leave signature line blank) _____ DATE/TIME

PRINT NAME OF DECISION-MAKER

PRINT FIRST WITNESS NAME

PRINT SECOND WITNESS NAME

Who made the decision? Patient Health Care Agent Public Health Law Surrogate Minor's Parent/Guardian §1750-b Surrogate

Section C: Physician Signature

- In Section C, is there a physician signature and name?
- If there are signatures where appropriate in sections B and C, check the dates with the signatures



MOLST Form
Section C

SECTION C Physician Signature for Sections A and B		
PHYSICIAN SIGNATURE	PRINT PHYSICIAN NAME	DATE/TIME
PHYSICIAN LICENSE NUMBER	PHYSICIAN PHONE/PAGER NUMBER	

Section D: Advance Directives

- Health Care Proxy
- Living Will
- Organ Donation
- Documentation of Oral Advance Directive



MOLST Form
Section D

SECTION D Advance Directives

Check all advance directives known to have been completed:

- Health Care Proxy
 Living Will
 Organ Donation
 Documentation of Oral Advance Directive

Section E: Treatment Guidelines

- New form separates treatment guidelines and future hospitalization/transfer



MOLST Form
Section E

SECTION E
Orders For Other Life-Sustaining Treatment and Future Hospitalization When the Patient has a Pulse and the Patient is Breathing

Life-sustaining treatment may be ordered for a trial period to determine if there is benefit to the patient. If a life-sustaining treatment is started, but turns out not to be helpful, the treatment can be stopped.

Treatment Guidelines No matter what else is chosen, the patient will be treated with dignity and respect, and health care providers will offer comfort measures. *Check one:*

- Comfort measures only** Comfort measures are medical care and treatment provided with the primary goal of relieving pain and other symptoms and reducing suffering. Reasonable measures will be made to offer food and fluids by mouth. Medication, turning in bed, wound care and other measures will be used to relieve pain and suffering. Oxygen, suctioning and manual treatment of airway obstruction will be used as needed for comfort.
- Limited medical interventions** The patient will receive medication by mouth or through a vein, heart monitoring and all other necessary treatment, based on MOLST orders.
- No limitations on medical interventions** The patient will receive all needed treatments.

Section E: Instructions for Intubation and Mechanical Ventilation



MOLST Form
Section E

- DNI vs. a trial period vs. intubation & long-term mechanical ventilation
- DNI should not be checked if full CPR is checked in Section A
- EMS would be a trial period

Instructions for Intubation and Mechanical Ventilation *Check one:*

- Do not intubate (DNI)** Do not place a tube down the patient's throat or connect to a breathing machine that pumps air into and out of lungs. Treatments are available for symptoms of shortness of breath, such as oxygen and morphine. (This box should **not** be checked if full CPR is checked in Section A.)
- A trial period** *Check one or both:*
 - Intubation and mechanical ventilation**
 - Noninvasive ventilation (e.g. BIPAP), if the health care professional agrees that it is appropriate**
- Intubation and long-term mechanical ventilation, if needed** Place a tube down the patient's throat and connect to a breathing machine as long as it is medically needed.

Section E: Future Hospitalization/Transfer

- Specific directions to EMS re: preferences for future hospitalization/transfer

Future Hospitalization/Transfer *Check one:*

- Do not send to the hospital unless pain or severe symptoms cannot be otherwise controlled.
- Send to the hospital, if necessary, based on MOLST orders.

MOLST Form
Section E

Section E: Artificially Administered Fluids and Nutrition

- EMS would be a trial period of IV fluids

Artificially Administered Fluids and Nutrition When a patient can no longer eat or drink, liquid food or fluids can be given by a tube inserted in the stomach or fluids can be given by a small plastic tube (catheter) inserted directly into the vein. If a patient chooses not to have either a feeding tube or IV fluids, food and fluids are offered as tolerated using careful hand feeding. *Check one each for feeding tube and IV fluids:*

- | | |
|--|--|
| <input type="checkbox"/> No feeding tube | <input type="checkbox"/> No IV fluids |
| <input type="checkbox"/> A trial period of feeding tube | <input type="checkbox"/> A trial period of IV fluids |
| <input type="checkbox"/> Long-term feeding tube, if needed | |

MOLST Form
Section E

Section E: Antibiotics

- EMS is not able to give antibiotics

Antibiotics *Check one:*

- Do not use antibiotics. Use other comfort measures to relieve symptoms.
- Determine use or limitation of antibiotics when infection occurs.
- Use antibiotics to treat infections, if medically indicated.

MOLST Form
Section E

Section E: Other Instructions

The image shows a portion of the MOLST form, specifically Section E. It features a large text area for 'Other Instructions' with a 'Print' button. Below this are signature lines for the 'Health Care Provider' and the 'Patient or Surrogate Decision Maker'. At the bottom, there is a section for 'Advance Directives' with checkboxes for 'Durable Power of Attorney for Health Care', 'Advance Health Care Directive', and 'Living Will'.

MOLST Form
Section E

- Include “Other Instructions” about starting or stopping treatments discussed with the doctor or about treatments not otherwise listed (such as dialysis, transfusions, etc.)
- These may be relevant to EMS

Other Instructions about starting or stopping treatments discussed with the doctor or about other treatments not listed above (dialysis, transfusions, etc.).

Section E: Consent for Life-Sustaining Treatment Orders

- Identify who made the decision
- Two witnesses are always recommended; witness signatures are not required
- The physician who signs the orders may be a witness.
 - If it is documented that the attending physician witnessed the consent, the attending physician just needs to sign the order and does not need to sign a



MOLST Form Section E

Consent for Life-Sustaining Treatment Orders (Section E) (Same as Section B, which is the consent for Section A)

Check if verbal consent (Leave signature line blank)

SIGNATURE _____ DATE/TIME _____

PRINT NAME OF DECISION-MAKER _____

PRINT FIRST WITNESS NAME _____ PRINT SECOND WITNESS NAME _____

Who made the decision?
 Patient
 Health Care Agent
 Based on clear and convincing evidence of patient's wishes
 Public Health Law Surrogate
 Minor's Parent/Guardian
 §1750-b Surrogate

Section E: Physician Signature

- Physician signature, name and date/time for any of the orders in Section E
- This may be different from section C

The image shows a thumbnail of the MOLST form. Section E is highlighted in green and is titled "Physician Signature for Section E". It contains fields for "PHYSICIAN SIGNATURE", "PRINT PHYSICIAN NAME", and "DATE/TIME".

MOLST Form
Section E

Physician Signature for Section E

PHYSICIAN SIGNATURE

PRINT PHYSICIAN NAME

DATE/TIME

Section F: Review and Renewal of MOLST Orders on This MOLST Form

- No change
- Form voided, new form completed
- Form voided, no new form



MOLST Form
Section F

SECTION F Review and Renewal of MOLST Orders on This MOLST Form

The physician must review the form from time to time as the law requires, and also:

- If the patient moves from one location to another to receive care; or
- If the patient has a major change in health status (for better or worse); or
- If the patient or other decision-maker changes his or her mind about treatment.

Date/Time	Reviewer's Name and Signature	Location of Review (e.g., Hospital, NH, Physician's Office)	Outcome of Review
			<input type="checkbox"/> No change <input type="checkbox"/> Form voided, new form completed <input type="checkbox"/> Form voided, <i>no</i> new form

Liability Protection

- PHL § 2994-gg provides: "No person shall be subjected to criminal prosecution or civil liability, or be deemed to have engaged in unprofessional conduct, for honoring reasonably and in good faith pursuant to this section a nonhospital order not to resuscitate, for disregarding a nonhospital order pursuant to § 2994ee of this article, or for other actions taken reasonably and in good faith pursuant to this section."

Review of MOLST

- MOLST contains orders either for DNR OR Full Resuscitation
- MOLST may contain orders for other life sustaining treatments – either to give them or withhold them
- The form is completed based on the patient's wishes and authorized by a physician
- If you have concerns with the content of the MOLST form, contact Medical Control, contact the signing physician and use your best judgment.

Unsigned MOLST form

- Occasionally EMS providers may encounter a patient who has a newly completed MOLST that does not have the authorizing physician's signature. While the unsigned MOLST form may provide the EMS provider with information about the patient's treatment preferences, it is not a valid DNR or other order.
- In these situations EMS providers should:
 - 1) Follow the applicable state and/or regional protocols;
 - 2) Obtain clinical information on status of the patient;
 - 3) Consult with local medical control and relay the above information; and
 - 4) Follow the direction of the medical control physician

Additional Information

- www.CompassionAndSupport.org
 - Contains videos with extensive background on the MOLST project and form utilization
 - Educational and reference tools
- NYS BEMS Policy Statement 10-05 dated 06/16/10 (supersedes & updates 99-10, 08-07)
- NYSDOH-5003 MOLST form
- For changes or suggestions about this presentation, contact Paul Bishop at pbishop@monroecc.edu

TOPIC SPECIFIC REFERENCES

- www.health.state.ny.us/nysdoh/ems/main.htm
- www.compassionandsupport.org
- www.nhpco.org
- www.Doyourproxy.org
- www.elisabethkublerross.com

- Contact Paul Bishop
 - pbishop@monroecc.edu
 - 585-753-3712

