

Underserved Populations: Guidance for Medical Orders For Life Sustaining Treatment

VISION

To ensure equitable access to MOLST for underserved populations in a fully informed, safe, and supportive environment.

MISSION

To provide guidance and recommendations to the MOLST Coalition Steering Committee with regard to underserved populations and their inclusion in MOLST and its implementation as a pilot program.

The MOLST Program:

- Offers patients with life limiting illnesses the opportunity to learn about the benefits and drawbacks of all treatment options, and to make their wishes known.
- Assists health care professionals in discussing and developing treatment plans that reflect patient wishes.
- Results in the completion of the MOLST form.
- Helps physicians, nurses, health care facilities and emergency personnel honor patient wishes regarding life-sustaining treatments.
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MOLST is intended for patients with life-limiting illnesses or the frail elderly who:

- Choose to continue treatment, including any or all life-sustaining interventions;
- Choose to decline any or all life-sustaining interventions when death is imminent as determined by an appropriate health care provider;
- Wish to have health care services provided that would allow for a natural dying process which includes medications and treatments to provide comfort and relieve pain.

Underserved population groups have traditionally been subject to biases based on their race, ethnicity, disability, mental illness, or socioeconomic status. These biases have resulted in unequal access to quality care, under-treatment, and chronic conditions mistaken as illnesses nearing the end of life. This has led to a concern that these groups may not be offered timely, adequate, or preferred medical treatment when they have a life limiting illness or are frail and elderly. In an effort to ensure all patients within these groups receive adequate and equal care, it is important for the health care provider to ask him/herself several questions:

- Does the person have a disease process that is terminal? This is particularly important for a person with a long term [or relatively stable] disability who uses assistive devices and/or has a chronic condition and already uses life-sustaining technology such as a feeding tube, ventilator, or BiPAP.
- Is the person experiencing a significant decline in health (such as frequent aspiration pneumonias)?

- Has this person's level of functioning become severely impaired as a result of a *deteriorating* health condition when intervention will not significantly impact the process of decline?

Identify core patient values and beliefs by asking the patient

- "Have you had health challenges (or other life challenges) in the past? How have you dealt with those?"
- "What makes life worth living?"
- "What really matters to you?"
- "What do you consider a 'good death'?"
- "Under what circumstances would you choose to stop treatment?"

Examples of responses include

- "I am choosing to remain hopeful."
- "I have always been a fighter."
- "I want as much time with my loved ones as possible."
- "I want to live until (the wedding... the birth of my grandchild... I finish writing my book)"
- "I don't want to be kept alive if there is no hope."
- "I don't want to be awake if I am in pain."
- Participation in meaningful relationships
- Not to be a burden to loved ones
- Avoidance of severe discomfort
- Relief of suffering
- Improvement or maintenance of quality of life
- Maintenance of personhood
- Achieve a good death
- Support for families and loved ones
- Other personal values and beliefs

The degree to which the patient is meeting their core values generally determines their goals for care that in turn guides the patient's choice of treatments. Broad categories of goals for care include:

- **Longevity:** "My life is precious to me. Do what is necessary to preserve it for as long as possible."
- **Functionality:** "Being independent is most important to me. I want to do as much for myself as I can for as long as I can."
- **Comfort Care:** "My life is no longer in sync with my core values, and the quality of my life is poor. Focus solely on my comfort, even if this means my life will be shortened."
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All persons in the final months of life, without orders to the contrary, will receive life-sustaining treatments. A MOLST document helps to ensure that care provided in the last months of life is consistent with a person's end-of-life treatment wishes, and that they have access to the highest quality care. Either way, the orders should be honored by all health care providers in any setting, including [emergency responders](#) who are summoned by a [9-1-1](#) telephone call after the patient loses medical decision-making [capacity](#).