

## A Physician's Perspective: Why Connecticut Residents Deserve A Proven Tool for End-of-Life Care

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While the debate on physician-assisted suicide for terminally ill patients has already begun in Connecticut's legislature, a different, better approach must be considered— one that gives patients and their families the power of choice and control of the care they receive at end of life.

Medical Orders for Life Sustaining Treatment, or MOLST — known nationally as Physician Orders for Life Sustaining Treatment (POLST) — is a standard medical document endorsed in 16 states. It is similar to a prescription that people of any age who have a serious illness or condition may use to outline their preferences regarding the medical treatments or procedures they want to receive as their condition warrants.

Currently, the only legal document available to Connecticut residents to accept or refuse lifesustaining treatment is an advance directive, often completed in an attorney's office. The challenge is there's no way for a health care provider to know whether the advance directive they see in a patient's record has been updated over time. Having practiced Emergency Medicine for 24 years, I know that advance directives rarely come into play. They do not address the many health conditions we see that are not terminal. Even worse, they are often misinterpreted.

Advance directives look narrowly at what happens at the very end of someone's life. In contrast, MOLST is a dynamic document created and updated over the course of the illness and in consultation with the provider (physician or nurse practitioner) with whom a patient has the most contact. MOLST documents are written in terms people can understand. They are intended to be routinely reviewed with their providers at follow up visits,

at each stage of the patient's illness or disease and/or at transitions of care.

Your MOLST document follows you across all care settings even when your provider cannot. MOLST is critical in emergency or crisis situations as it ensures that the care provided — regardless of where or by whom — is aligned with what the patient wanted in the first place.

Instead of focusing on physician-assisted suicide, Connecticut residents would be better served by the Legislature passing a MOLST pilot encouraging people to consult with their provider long before the burdens of illness become overwhelming while assuring that the care provided remains in the individual's control. The patient can still speak through MOLST even when they lose the ability to make decisions — as so often happens with many advanced illnesses. With MOLST and a palliative care or hospice team in place, end of life can be a time of peace, comfort and personal growth.