24/7 Crisis Lifeline for At Risk Patients & Families
Every day, patients and families find themselves at-risk of their human dignity being violated due to a physician, medical institution, or insurance company with differing views about what sort of treatment they deserve and often promoting denial of care. The Terri Schiavo Life & Hope Network's 24/7 Crisis Lifeline connects at-risk patients and families with medical and legal advocates to ensure the best outcome possible at a difficult time. (LifeandHope.com/lifeline)

If you or a family member is at-risk, contact the 24/7 Life & Hope Crisis Lifeline for assistance:

Call: 1 (855) 300-HOPE (4673)
Email: lifeline@lifeandhope.com

4 http://www.PatientsRightsCouncil.org, 800-958-5678
Different states are using variations of Medical Orders For Life-Sustaining Treatment (MOLST) to encourage patients or surrogates to indicate critical care decisions. In Ohio, the form is called MOLST and elsewhere POLST (Physician’s Orders for Life-Sustaining Treatment), POST (Physician’s Orders on Scope of Treatment), or MOST (Medical Orders on Scope of Treatment).

Rather than sustain life, MOLST opens the door to covert euthanasia and physician-assisted suicide.

National Euthanasia Agenda
The POLST/MOLST concept originated at the Oregon Health and Science University Center for Ethics in Health Care (OHSU CFE). The National POLST Paradigm Task Force, which lobbies states to implement use of POLST forms, has its national office at OHSU CFE.

OHSU CFE was also responsible for producing the Oregon Death with Dignity Act: a Guidebook for Health Care Professionals¹ to help doctors fulfill assisted suicide requests.

Two members of the POLST Paradigm Task Force, Patrick Dunn, M.D., and Susan Tolle, M.D., were involved in issuing the Guidebook. Under the Oregon law, “death with dignity” is a euphemism for physician-assisted suicide.

The pro-euthanasia group The Hemlock Society, now known as Compassion and Choices, advocates POLST/MOLST. Derek Humphrey founded The Hemlock Society, and he helped his first wife kill herself. Humphrey’s second wife committed suicide, after he abandoned her when she had breast cancer.

A number of people have committed suicide using the do-it-yourself death information contained in Humphrey’s book, Final Exit.

Entities such as the Patient Rights Council, Euthanasia Prevention Coalition, Pro-Life Healthcare Alliance, National Catholic Bioethics Center, United States Conference of Catholic Bishops, Catholic Medical Association, and more have published strong cautions and/or positions against POLST/MOLST protocols.

Ohio MOLST
MOLST bills have been considered but not passed in the Ohio General Assembly the past decade, encouraged by an Honoring Wishes Task Force assembled in 2005 with representatives from 30 organizations.

Model MOLST forms have been proposed for Ohio, but neither a final version nor related procedures have yet been adopted via legislation. Late 2016, the Ohio Senate passed SB165 MOLST, but the bill died in the House.

MOLST bills duplicate effort and potentially conflict with current Ohio law and/or other advance care directives.

End-of-Life/critical care choices are covered in Ohio law under already-existing DNR orders, consent to treatment forms, patient declarations and health care durable power of attorney, all available to Ohio citizens to manage their health care preferences. MOLST is intended to replace Ohio’s DNR protocol.

Significantly, some hospice and healthcare entities are already using MOLST, for example, Hospice of Cincinnati—they are already free to use any form they choose. This is another reason not to entrench the form in law, where it will be presumed having the blessing of Ohio’s General Assembly and would become mandatory.

Patients At Risk
MOLST and similar protocols are riddled with problems in that they:

1. Use a simplistic check-box format for directing complex decision making, such as Do Not Resuscitate orders, withholding fluids and nutrition, and more
2. Oversimplify medical treatment decisions, and may not accurately reflect and protect a person’s wishes, because all circumstances cannot be predicted
3. Present options for treatment as if morally neutral, including basic nutrition and hydration care
4. Do not require a patient signature to implement or ensure that the form truly represents a person’s choices; may be signed by a surrogate without informed consent
5. Do not require signature of a physician attending the patient when the orders are implemented; can be implemented by non-physician facilitators

6. Risk patients indicating on a form to withhold treatment that in certain circumstances could be euthanasia, including comfort care
7. Omit a conscience clause to protect facilities or practitioners who cannot follow a MOLST treatment order due to the institution’s or person’s moral, ethical, or medical convictions

The pro-life goal is care that relieves suffering at the end-of-life while allowing a natural death in its own timing.

Protect Yourself & Loved Ones
We must take control of our own and our loved ones health care at any age, and be especially vigilant for the elderly, disabled, and chronically ill. Here are some pro-life guidelines:

• Know your rights: No patient or family member must accept hospice care or complete any institution-provided advance directive such as MOLST or similar—these are optional, a patient and/or family decision alone.

• Ask questions: If you choose hospice, see 25 Questions You Should Ask Your Hospice² to determine a hospice’s philosophy of care.

• Be involved: For family in hospitals, nursing homes or those receiving any palliative or hospice care, visit often and unannounced at different times of the day and night; get to know the doctors and staff, and document and call attention to any neglect or substandard care.

• Be prepared: Establish in advance a durable power of attorney—the recommended, morally sound advance care directive for you and your loved ones (18 and older), to specify who may speak for a patient should he or she be incapacitated. A Protective Medical Decisions Document to help prepare a durable power of attorney is available from the Patients Rights Council.³

• Be informed: Download and read the Hospice Patients Alliance Family Guide to Hospice Care (What No Hospice Will Tell You),⁴ which answers key questions.

Not Pro-Life: Medical Orders For Life-Sustaining Treatment

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