



**Physician Newsletter**

**March 2009**



We've all seen the same scenario far too often: a patient is transferred from his or her home or long term care facility to a hospital where critical health care decisions must be made. However, advance directives cannot be found or have not been completed, creating guesswork for the attending physician. In worst case scenarios, patients receive intrusive treatments in an effort to prolong life when, in fact, that is not their desire at all.

The 1970s brought the advent of advance directives, namely the Living Will and Health Care Power of Attorney (HCPOA). Both Living Wills and HCPOA provide some level of instruction for course of treatment at the end of life, and many patients and health care providers are familiar with them. However, these documents remain voluntary and are completed by fewer than 20% of patients. Perhaps even more problematic, even when they are completed, the documents are often not followed.

In the 1980s, North Carolina introduced the Do Not Resuscitate (DNR) order. The DNR order only addresses the patient's wishes regarding attempted cardiopulmonary resuscitation and therefore is restricted in its scope. By definition then, a DNR order does not constitute a comprehensive plan of care.

In this month's e-newsletter I provide a brief history and overview of Medical Orders for Scope of Treatment (MOST). MOST is an exciting step forward in our efforts to understand and deliver patient-centered care at the end of life. I have also included a link to some key palliative and end-of-life care position statements, and contact information for requesting a Resource & Reference Guide.

As always, I welcome your comments, questions and suggestions.

Sincerely,

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## A Better Way To Plan

In 1991, in response to the relative lack of effectiveness of Living Wills and HCPOA, the state of Oregon enacted Physicians Orders for Life Sustaining Treatment (POLST). In 2002, West Virginia legislated Physicians Orders for Scope of Treatment (POST). As their names suggest, these directives are *physician's orders* that are portable across healthcare settings and address several aspects of end-of-life care, not just what should or should not occur at the time of cardiopulmonary arrest. Based on these highly effective interventions, North Carolina legislators followed suit and incorporated the Medical Orders for Scope of Treatment (MOST) into the advance directives legislation in 2007. This action was the culmination of a long process, the goal of which was to give patients and their families the tools to make important end-of-life care decisions that would be honored in any health care facility within the state.

The largest difference between previous advance directives and the MOST is that the latter is a medical order that can only be issued by a physician, physician assistant, or nurse practitioner. It covers a range of treatments from antibiotics, artificial nutrition and hydration, to attempted resuscitation and full comfort measures. The MOST is signed by both the patient or surrogate, and the health care professional preparing it. The physician, physician assistant, or nurse practitioner sits with the patient or surrogate and completes the form, explaining each section, and answering any questions. MOST, therefore, is a comprehensive directive prepared by a health care professional and easily interpreted by another practitioner should the patient be transported to a different facility, or if the patient can no longer communicate effectively.

The MOST must be reviewed annually by the patient or patient representative and the current health care provider. If more than a year passes without review, the MOST is considered void. Since the original order must be used for each review, the MOST stays with the patient at all times. Easily recognizable, the MOST is a bright pink form that should be kept either at the front of the patient chart or near the bed. If the patient is at home, the MOST should be posted in a clearly visible location. If other advance directives have been created, those should be attached to the MOST if possible.

As physicians, we should all become familiar with the MOST. Likewise, helping individuals and their families understand and complete the MOST form should be a priority for those of us treating patients with advanced illness. By doing so, we can help ensure that patients' wishes are honored and reduce much of the guesswork that has traditionally been associated with late life situations.

If you would like more information about the advance directives and the MOST, I would encourage you to attend the [MOST conference](#) at UNCC on April 17. HPCCR is hosting the conference, along with AHEC and the NC Medical Society, and CMEs will be offered. Please visit our [website](#) for more details about the conference and for [registration information](#). Additionally, you may contact our office to request more information, inquire about education for your staff, or to request a meeting with a patient to complete the MOST form.

## Position Statements in our Resource Library

In an ongoing effort to make the Hospice & Palliative Care Charlotte Region online library a useful tool for your practice, I have included a link to some key professional society position statements regarding palliative and end-of-life care. I invite you to take a look at these papers (found in the [clinical section of our resource library](#)) and to [let me know](#) if you have any questions. Additionally, our staff would be more than happy to provide an in-service to your office if you are interested in learning more about specific end-of-life care topics.

### Physician Resource Books Available

HPCCR recently introduced the *Resource & Reference Guide for Partner Physician Offices*. The notebook contains information about the differences between hospice and palliative care, how to refer patients, eligibility criteria, the hospice Medicare Benefit, billing information, the MOST form and more. If you have not yet received your *Resource & Reference Guide for Partner Physician Offices*, please contact [Marci Tumbleston](#) at 704.335.3582.