MEDICAL ORDERS FOR SCOPE OF TREATMENT (MOST): FREQUENTLY ASKED QUESTIONS

1) What is a MOST?

MOST stands for *Medical Orders for Scope of Treatment*. It is a physician's order (also referred to as a medical order) that outlines a plan of care respecting the patient's wishes concerning care at life's end.

2) Who should use a MOST?

A MOST is primarily intended for patients who have an advanced chronic progressive illness. In addition to those who are seriously ill, a MOST is appropriate for patients whose life expectancy is less than one year. Although a MOST is generally not intended for patients with stable medical conditions or for those who have many years of life expectancy, some patients may feel strongly that they want to further define their treatment preferences for end-of-life care by using MOST. A MOST is not limited to patients with the conditions specified under the NC Right to a Natural Death Statute (N.C. Gen. Stat. §§ 90-321 or 90-322). Patients are not required to have a MOST.

3) When should a MOST be issued?

A MOST may only be issued if, after consultation with a qualified health care professional and discussion and review by the physician, physician assistant or nurse practitioner signing the order, the patient or patient representative agrees that a MOST is an appropriate tool for making sure the patient's wishes are known. A MOST form cannot be issued without the informed consent of the patient or the patient's representative.

4) What is the goal of the MOST initiative?

The goal of the MOST initiative is to inform and empower patients to clearly state their end-of-life care wishes, and to authorize health care providers to carry out those wishes. Because it is a medical order, health care providers at every level of health care can implement the decisions outlined in a MOST. Because it is a portable medical order, health care providers in any setting can follow it (see FAQ 5). A MOST also is bright pink so that it can be easily identified in an emergency situation.

5) Will all health care providers recognize the MOST form?

The MOST form may be recognized by any health care provider or facility; however, some health care providers, particularly facilities such as hospitals, typically recognize only those medical orders issued by their credentialed medical staff. A hospital's medical staff generally will re-evaluate a patient who is admitted with a MOST form and will use the MOST form as guidance in issuing in-hospital medical orders concerning the patient's care. Facilities' policies regarding recognition of the MOST form may vary for emergency and non-emergency situations.

6) Why not just use the current portable (yellow) DNR?

The current portable (yellow) DNR has been an effective step in support of patients' decisions, specifically about CPR. It may continue to be an important tool for some patient populations. A MOST, however, allows seriously ill patients to outline more comprehensive choices about end-of-life care after discussion with their health care provider. This includes preferences regarding CPR, antibiotics, and artificial nutrition and hydration. Unlike the portable DNR, which tells health care providers that the patient does NOT want to be resuscitated, a MOST also includes options to receive other types and levels of treatment.

7) Are other states using forms like MOST?

Documents like the MOST form have been used as early as 1991. Six states in the US have a document like MOST. Ten others are in active development. There also is a national effort to support others in their development of documents like the MOST form. Go to: http://www.ohsu.edu/polst/otherstates.shtml. Forms like MOST are identified as part of the POLST Paradigm (POLST, Physician Orders for Life-Sustaining Treatment, was the original form of this nature, which was developed in Oregon in 1991).

In addition, POLST paradigm forms are recognized and encouraged in the 2007 version of the National Quality Forum (NQF) preferred practices for palliative care. NQF preferred practices build on the clinical practice guidelines for palliative care developed by the National Consensus Project (NCP).

8) Was the MOST form used in North Carolina before the legislation was passed?

Yes. An ongoing pilot of a MOST-type form began in 2004 in Buncombe County, which involved over 200 residents in four long-term care facilities as well as providers from hospice and hospital care. Mission Hospitals in Asheville, NC, has recognized MOST in its end-of-life care policy. Since 2005, four long-term care facilities in the Greenville, NC area also piloted a MOST-type form and have used that form as a tool to better facilitate communication for their patients being admitted to Pitt County Memorial Hospital.

9) What is the difference between a MOST and an advance directive?

Advance directives such as Living Wills and Health Care Powers of Attorney are legal instruments executed by individuals that require witnesses and notarization. When a patient is no longer capable of making or communicating decisions, advance directives *inform* physicians and other health care providers about the level and type of care desired by the patient in certain end-of-life situations, or, in the case of a Health Care Power of Attorney, who can make certain decisions on behalf of the patient. In order to carry out a patient's wishes about the level of care desired, however, a physician or medical order is needed.

The MOST is a medical order issued by a physician (MD, DO), physician assistant, or nurse practitioner. The informed consent of the patient or the appropriate patient representative is needed for a MOST to be issued. Unlike an advance directive, a MOST is always completed in consultation with a qualified health care professional who is able to provide information to the patient or the patient's representative about the risks, benefits, and other implications of different types and levels of medical treatment.

Like all physician orders, a MOST *instructs* other health care providers about what type and level of care to provide. Since a MOST is a medical order, it does not require witnesses or notarization. A MOST, however, is the first medical order in North Carolina to require a patient or patient representative signature on the form.

A MOST does not replace an advance directive; rather it is another mechanism to ensure that patient wishes for medical treatment at the end of life are known and honored. A MOST, however, may temporarily suspend conflicting orders in a previously executed advance directive while the MOST form is in effect, because a MOST form is designed to reflect current patient preferences for a limited period of time. For example, Patient A has a Living Will that indicates that she does not want her life to be prolonged if she has an incurable and irreversible condition. Years later, Patient A develops an incurable and irreversible condition and, based on her current preferences, has a MOST form that indicates that she wants antibiotics and artificial nutrition and hydration, contrary to the instructions in her previously executed Living Will. The conflicting orders on the MOST form rather than revoking her Living Will, will only suspend those instructions while the MOST is in effect (see FAQs 23 and 24).

10) Why is a patient or patient representative signature required?
The patient or patient signature requirement provides evidence of informed consent and enhances the acceptability of the form. Earlier versions of the MOST form did not require a patient or patient representative signature. This changed due to: (1) the national POLST Paradigm Task Force strongly recommended that the patient or patient representative signature be required, (2) the NC pilot programs indicated that obtaining the patient or patient representative signature had not been problematic, and (3) the comprehensive nature of the MOST, its portability, and the sensitivity of the subject matter.

11) Are copies of the MOST form acceptable?
No. In order for MOST to be followed by emergency medical services and other health care personnel in another setting, the original form is needed. Copies of MOST are appropriate for inclusion in the patient's medical record for documentation purposes only. It is extremely important that the original MOST form accompany the patient as he or she moves from one health care setting or care level to another.

12) Are multiple originals of a MOST form acceptable?
While not prohibited, the use of multiple originals is discouraged because the review criteria can make it difficult to keep more than one original properly updated. When more than one original is created, it is important that each and every original be consistent in content, issuance dates, and review dates. It is also important to remember that, if a MOST form is revoked, each and every original document should be revoked.

13) What sections must be filled out for a MOST to be valid?
The following fields must be completed in order for the MOST form to be valid: Patient Name; Effective Date (please note: if the effective date is over one year, the Review of MOST section on the back of the form must be checked to ensure that a proper review has occurred within the past 365 days—see FAQ 24 for additional information); Section E; Physician (MD/DO), PA or NP Signature; and Patient or Patient Representative Signature (including the "on file" exception—see FAQ 14).

14) Are there any exceptions to the patient or patient representative signature requirement?
Yes, but only one. If the patient is no longer able to make and communicate decisions, and the patient representative is not physically available at the location where the patient is, then the health care professional may prepare the form in consultation with the patient representative by telephone, electronic, or other means. A copy of the prepared form may then be sent via fax or other electronic means to the patient representative, who may then sign the form and send it back to the health care professional. The health care professional must then put the signed copy of the form in the medical record and write the words "on file" in the patient or patient representative signature block on the original MOST form. While not necessary, a copy of the signed MOST also may be attached to the original MOST. A MOST form is a medical order and does not require the use of witnesses or notarization.

15) Is a MOST mandatory?
No, as with advance directives, having a MOST is optional (see FAQs 2 and 3 for additional information).

16) How does a patient or patient representative obtain a MOST?
Since MOST is a medical order, the forms will be available to patients or their representatives only through physicians or health care facilities or agencies such as home health or hospice.

17) Who fills out the MOST form?
The MOST form must be prepared by a qualified health care professional in consultation with the patient or patient representative. Having a MOST prepared by a qualified health care professional in consultation

with the patient or patient representative ensures that the patient or patient representative will understand the levels and types of medical treatment. Since a MOST is a medical order, if the health care professional who initially reviews and prepares a MOST with the patient or patient representative is not the physician, physician assistant or nurse practitioner issuing the order, the completed MOST form must be reviewed again with the patient or patient representative by the physician, physician assistant, or nurse practitioner who signs the MOST.

18) Which health care providers can issue/sign a MOST?

Physicians (MDs and DOs) with a full and unrestricted North Carolina license may issue a MOST. In addition, under North Carolina law, physician assistants and nurse practitioners licensed or approved to practice in North Carolina may issue a MOST provided it is permitted under their practice agreement with their supervising physician. Resident physicians or "housestaff" who have a full and unrestricted or a resident's training license in North Carolina may issue a MOST provided it is permissible under facility policy.

19) Is a MOST valid without the signature of a physician, physician assistant, or nurse practitioner?

No. MOST is a medical order and must bear the signature of the physician, physician assistant, or nurse practitioner issuing the order.

20) How do physicians, physician assistants, nurse practitioners, and health care facilities or agencies obtain MOST forms?

Beginning January 15, 2008, the MOST form will be available through the Office of Emergency Medical Services, North Carolina Department of Health and Human Services: http://www.ncdhhs.gov/dhsr/EMS/dnrmost.html

21) When can a patient representative authorize and sign a MOST?

A patient representative may authorize and sign a MOST, only when the patient is no longer able to make or communicate decisions. Who serves as the patient representative is determined by the hierarchy in N.C. Gen. Stat. § 90-322, which appears in Section E on the MOST form.

22) Should patients or their representatives be presented a MOST form when they come into an emergency department of a hospital?

No. The MOST form is not designed to be filled out in emergency situations. A discussion about a MOST with a health care professional who is able to discuss the benefits and burdens of particular medical treatments in the context of a patient's prognosis and goals of care would be appropriate only when the patient's condition is relatively stable. One of the advantages of a MOST is that it is completed in advance to avoid crisis decision making in an emergency situation. A MOST is a way to document decisions about how a patient would like to be treated in the event of an emergency or life-threatening illness.

23) How long is a MOST form valid?

A MOST is valid for a year and must be reviewed at least annually. MOST is valid for one year from the date of issuance (see front right corner of the form), or, if reviewed (bottom section on back of the form), for a year from the date of the last review. The MOST form may be successively renewed for 1 year periods. If changes are desired in Sections A-D, a new MOST form must be completed.

24) When should a MOST form be reviewed?

A MOST must be reviewed at least annually or earlier if: (1) the patient is admitted to and/or discharged from a health care facility; (2) there is a substantial non-emergency change in the patient's health status; or (3) the patient's treatment preferences change. In emergency situations, which generally involve a change of health status, the MOST should be followed and any necessary review should occur afterwards.

When a MOST is reviewed, there are three possible outcomes. The first is that the form is renewed with no changes. In this case, the review section would indicate that the review had taken place and the box "No Change" would be checked. The second option is that the MOST needs to be changed, in which case the existing form would be voided, the box "FORM VOIDED, new form completed" would be checked, and a new form would need to be completed. The third option is that a MOST is no longer desired, in which case the form would be voided, and the box "FORM VOIDED, **no** new form" would be checked.

For a review to be valid, the Review of MOST section on the back of the MOST form must be properly filled out, including: the review date; the reviewer's name and the location of the review; the signature of the physician, physician assistant, or nurse practitioner; and the signature of the patient or patient representative (although the "on file" exception applies here as well—see FAQ 14).

25) How can a MOST be revoked?

When the patient's preferences change, and the orders documented on the MOST form no longer reflect that patient's preferences, the MOST should be revoked, and if desired, a new MOST should be completed. A MOST can be revoked in a number of ways including destruction, putting a line through the front page and writing *void* on the form, or by indicating in the Review of MOST section on the back that MOST has been revoked (see FAQ 24). If feasible, the date and the initials of the person voiding the form are encouraged.

26) What protections are there for health care providers who follow the orders on a MOST form?

N.C. Gen. Stat. 90-21.17 provides statutory immunity from criminal prosecution, civil liability, or disciplinary action by any professional licensing or certification agency to health care providers who rely in good faith on an original MOST form, provided that (i) there are no reasonable grounds for doubting the validity of the order or the identity of the patient, and (ii) the provider does not have actual knowledge of the revocation of the MOST form. For example, if a health care provider knows that a MOST form should have been reviewed but was not reviewed after one of the three triggering conditions (see FAQ 24), then the validity of the form is in question, and the provider would not be able to rely on the statutory immunity provided by this section.

Please note that the statutory immunity also extends to health care providers who fail to follow a MOST form if the provider had no actual knowledge of the existence of the MOST form.

27) Where should a MOST be posted?

Since a MOST is a portable medical order, where it is posted will depend on the location of the patient. If the patient is in a health care facility, the posting of the original MOST form will be determined by facility policy. If the patient is at home, the original MOST form should either be above the patient's bed, on the door to the patient's bedroom, or on the refrigerator in the home where the patient resides.

28) What if one of the Sections A-D is not completed?

Any section (A-D) that addresses medical treatments or interventions that is not completed will result in full treatment for that category of care, which is what usually happens when patient preferences are not known.

A health care provider noting that a section of the MOST form has not be completed should consider discussing the implications with the patient or patient representative. If clear decisions are made about such interventions and levels of care, it would be appropriate to revise the MOST form (see FAQs 24 and 25).

29) The MOST form is *what* color?

The MOST form is bright pink to increase its visibility and to identify it as the original document.

30) Do physicians support use of the MOST form?

Physicians in the pilot programs as well as one group of long term care physicians in Western Carolina (Extended Care Physicians) have indicated strong support for the MOST form throughout the development and review of the document. In the Fall of 2004, the Buncombe and Henderson County Medical Societies sponsored a resolution supporting a study of documents like the MOST form. The North Carolina Medical Society appointed a subcommittee to review POLST paradigm forms from other states and to develop one specifically for North Carolina. A large multi-disciplinary task force was then convened to provide feedback on the proposed form. The MOST form was viewed to be a positive development in end-of-life planning and the overwhelming sentiment of the task force was to continue developing the form and to pursue legislation to recognize the MOST form. In the Fall of 2006, the NCMS approved recommendations to pursue legislation recognizing the MOST form and to develop educational programs about the MOST form.

31) Who else participated in the development of the MOST form?

The NCMS involved stakeholders from the North Carolina Hospital Association, North Carolina Health Care Facilities Association, the North Carolina Bar Association, Carolinas Center for Hospice and End of Life Care, North Carolina Nurses Association, Association for Home and Hospice Care of North Carolina, Emergency Medical Services, and others in the reviews of and revisions to the form to reach the current version of the MOST form. Other stakeholders from public and private interest groups representing a variety of perspectives were invited to review and comment on MOST.

Efforts are underway to develop ongoing educational programs as well as plans for monitoring the MOST initiative to ensure that the use of the MOST form results in improved communication of and follow-through on patient wishes with respect to care and treatment at the end of life.

In addition, in 2013, the NC Institute of Medicine will issue a formal study on whether the changes brought about by Session Law 2007-502, including the MOST form, impact the type and quantity of end-of-life medical care provided to patients, and whether the patient's or patient representative's express wishes regarding the provision of treatment at the end of life are being honored.