



Testimony on Senate Bill 413 Act Concerning Department of Public Health Recommendations
Regarding Medical Orders for Life-Sustaining Treatment
Public Health Committee
March 13, 2014

Senator Gerratana, Representative Johnson and members of the Public Health Committee, on behalf of physicians and physicians in training of the Connecticut State Medical Society (CSMS) and American College of Physicians Connecticut Chapter (ACP) thank you for the opportunity to provide this testimony to you today on Senate Bill 4131 An Act Concerning Medical Orders for Life-Sustaining Treatment (MOLST)

On a daily basis many of our members deal with patients in end of life situations. Not only are these emotional and difficult situations, but understanding and more importantly fulfilling the wishes of the patient is critical. In addition, the wishes of the patient as formulated in Living Wills or Advanced Directives are often misinterpreted or unavailable when needed. This often exacerbates the situation and even leads to increased costs associated with end of life care.

In recent years, national initiatives aimed at better translating a patient's end-of-life goals have gained traction. This led to the development of MOLST projects either approved or in development in almost every state. Unlike Advanced Directives or Living Wills MOLST creates a situation in which the patient's preferences for end of life care are clearly expressed into an actionable medical order that follow the patient through all health care settings along the continuum of care.

Our organizations support the establishment of a pilot project for a MOLST program in Connecticut. However, it is critical that appropriate education exists of health care providers involved in the program, and a cautious approach as to what level of health care provider is appropriately trained to participate in such a program. Education must also be provided to the individuals who are eligible to participate in the program as well as their families.

It is imperative that physicians and appropriately trained medical professionals are involved in the pilot program from its development, through implementation to the collection and analyzing of results. If done correctly we fully agree with many other organizations providing testimony today that a comprehensive and functional MOLST program in Connecticut will facilitate implementation of end of life decisions and increase the probability that the wishes of the patient are appropriately interpreted .