

Carin M. Van Gelder, MD
cell 206.627.7414
vangelder.ems@gmail.com

Public Health Committee, public hearing testimony, March 14, 2014

Senate Bill 413

**An Act Concerning the Department of Public Health's Recommendations Regarding
Medical Orders for Life-Sustaining Treatment
(MOLST)**

Madame Chair Johnson, Madame Chair Gerratana, and members of the Committee,

My name is Carin Van Gelder.

I am speaking in SUPPORT of SB 413, on behalf of patients who are unable to speak for themselves, and for health care providers who must make decisions rapidly in the face of minimal available records. Specifically, I am representing:

Connecticut College of Emergency Physicians, (CCEP)
Connecticut EMS Advisory Board, and
Connecticut's MOLST Coalition, a *group of advocates dedicated to improving quality end-of-life issues.*
Connecticut representative, National POLST Communications Committee.

MOLST is based on essentials put forth by the National POLST Paradigm Task Force.
SB 413 is essential and for Connecticut, focuses on:

- Shared, informed medical decision-making
- Portable medical orders, respecting patient's goals for care regarding use of cardiopulmonary resuscitation (CPR) and other medical interventions
- Applicable across health care settings; may be reviewed/revised as necessary.
- *Having a form does not mean the patient has chosen "DNR".*
- Pilot program, intended to (continue) identifying best methods of implementation in Connecticut.
- MOLST supports patients' rights to privacy and autonomy.
- Improved access to patients' wishes and existing decisions (actionable orders), is crucial.
- Current DNR regulations fail to recognize appropriate patient choices.
- There is no in-hospital method of rapidly communicating actionable orders based on patient's wishes; other than state-approved orange DNR bracelets signifying "all" or "none".

MOLST in Connecticut

SB 413

Focus on a patient-centered process that gives the person the most control possible over his or her individual care. This is what Congress intended when it passed the original Patient Self-Determination Act in 1990.

Treatment options must include quality of life and comfort, as well as cure; options must be individualized to the patient and current medical condition.

Patients' preferences may include palliative and hospice care, after an understanding of prognoses and all options occurs.

MOLST forms are more thorough than a simple DNR order. The form allows for decision making *by the patient* regarding (for example) resuscitation, hospital transfer, comfort measures, antibiotic use, hydration and nutrition. Ideally, if the form is not immediately available, a phone call to an electronic state registry will confirm a patient's wishes.

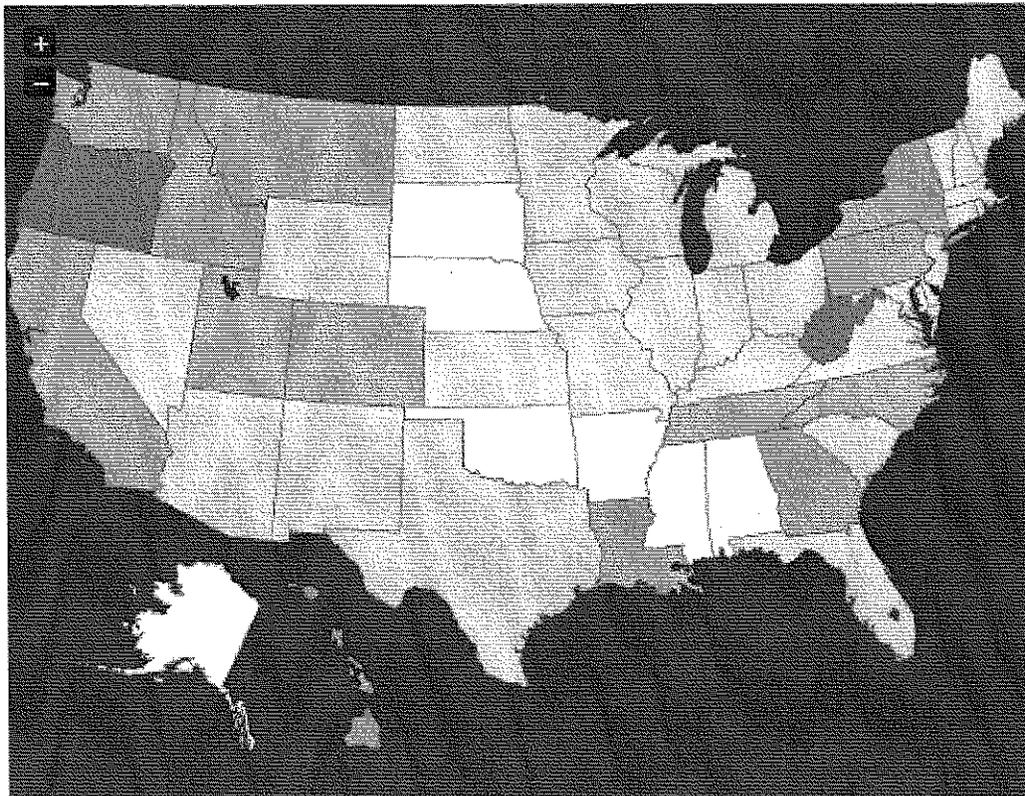
POLST Programs, March 2014:

Mature (2 states)

Endorsed (13 states)

Developing (28 states, includes Connecticut)

No (7 states and DC)



(see www.polst.org Programs in Your State, for more information)