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March 12, 2014

VIA EMAIL TO: PHC.Testimony@cga.ct.gov

The Hon. Terry B. Gerratana
The Hon. Susan M. Johnson
Co-Chairs
Public Health Committee
Room 3000, Legislative Office Bldg.
Hartford, CT 06106

Re: Medical Orders for Life Sustaining Treatment
SB 413, LCO No. 2057

Dear Senator Gerratana and Representative Johnson:

I am writing to provide testimony relative to SB 413, LCO No. 2057 relating to Medical Orders for Life Sustaining Treatment (MOLST). This LCO version of the MOLST law can serve as a model for the Nation of a statute that accomplishes the dual purposes of promoting the use of physician orders for life sustaining treatment as an improvement in end-of-life advance care planning, while simultaneously providing needed patient protections against the form being implemented in a way that tramples upon patient autonomy rather than promoting it.

By way of background, I am sure you already know that forms like the MOLST are generically referred to as Physician Orders for Life-Sustaining Treatment or POLST forms. I did both my masters in bioethics dissertation and my doctoral thesis on the POLST. I also write a blog on the POLST located at www.polst-views.blogspot.com. Although I am generally supportive of the POLST, I contend the form is often improperly marketed to individuals who are not anywhere near the end of life, and that a POLST may cause unintended death if treatment withholding orders on the form do not reflect authentic and stable preferences relative to end of life care. I write exclusively from the perspective of secular bioethics.

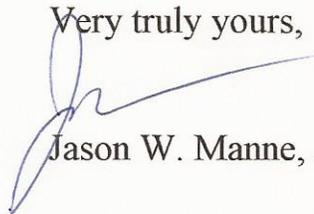
SB 413, LCO No. 2057 addresses most of the criticisms that have been aimed at the form. Section one includes language limiting use of the form to individuals who are near the end of life. The Connecticut MOLST cannot be marketed to healthy individuals who should have an advance directive rather than a MOLST. It requires a patient or surrogate signature on the form to insure that unilateral MOLST forms are not executed by clinicians. Most importantly, the bill contains detailed standards for both clinician training and the MOLST conversation to insure that the patient's goals for care are elicited, that patients are not steered to reject care, and that the risks and benefits of the form are explained to patients. The fact the MOLST is a pilot-project with a defined expiration date is also important there are significant gaps in the research literature on the POLST.

One thing missing from the bill is a requirement for an evaluation of the MOLST program on an ongoing basis to see if health care facilities have, in fact, implemented the pilot project in accordance with the Legislature's instructions. Even members of the National POLST Paradigm Task force will acknowledge that with "poor training, inadequate resources, and insufficient evaluation, the process can regrettably morph into another systematic trampling of patient autonomy."¹ Your committee should urge the Department of Public Health to include an evaluation component in its pilot project.

Your medical provider community may seek a tort immunity provision as part of this bill. Given that facilities have no control over the privileging and credentialing of clinicians who sign MOLST forms outside of the facility, this is a reasonable request. However, I urge the committee to condition tort immunity arising out of the honoring a MOLST form in a health care facility to the presence of an ongoing MOLST quality control program within the facility that insures compliance with legislative and regulatory standards.

Thank you for considering these comments.

Very truly yours,



Jason W. Manne, J.D., Dr.PH

¹ Bomba, P. A., & Sabatino, C. P. (2009). POLST: An emerging model for end-of-life care planning. *The Elder Law Report*, 20, 1-5.