

Medical
Orders for
Scope of
Treatment





- The South Dakota MOST program was developed by LifeCircle South Dakota.
- LifeCircle is a statewide collaboration of institutions, organizations and people committed to improving end-of-life care. The organization is governed by an advisory committee that started in the Sanford School of Medicine in 1999 and is now part of South Dakota Association of Healthcare Organizations (SDAHO).
- A MOST allows patients to make decisions consistent with the United States Conference of Catholic Bishops *Ethical and Religious Directives for Catholic Health Care Services (ERDs)*.

Why Did South Dakota Pass MOST Legislation?



To promote advance care planning conversations between patients and providers.



To allow for activation of an advance directive by having the patient's trusted provider document the medical orders in their chart.



To establish transportable medical orders to be honored across all levels of care and across state lines.



To join the National POLST Paradigm movement which has already been implemented in 27 states.

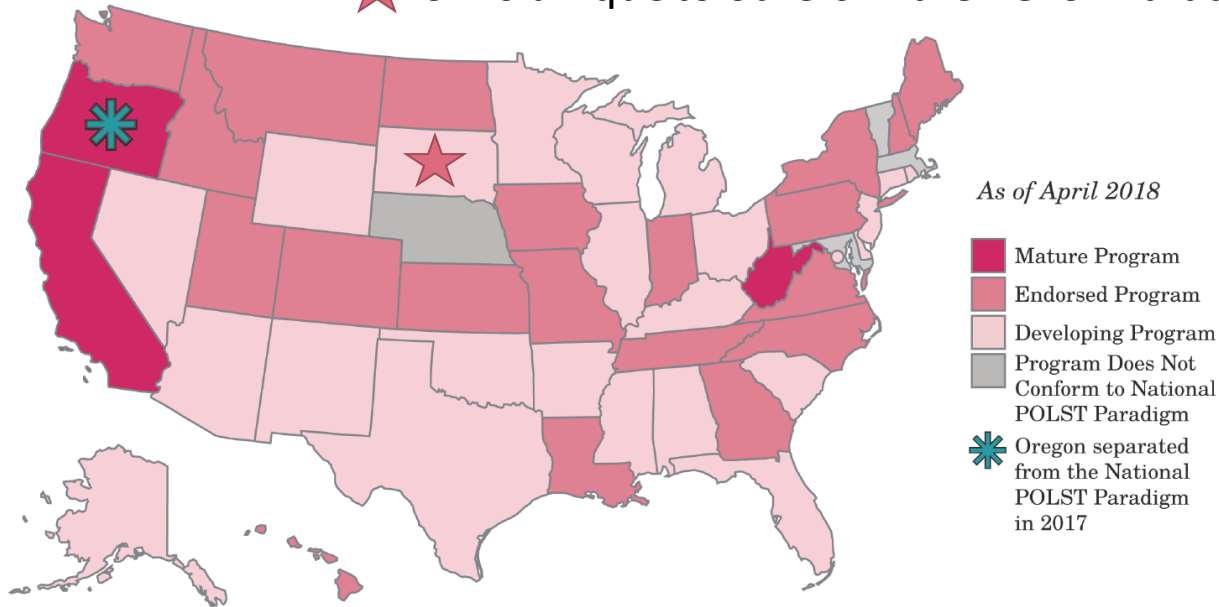
National POLST Paradigm Designations



National POLST Program Designations

As of April 2018

★ SD is unique to others in the POLST Paradigm

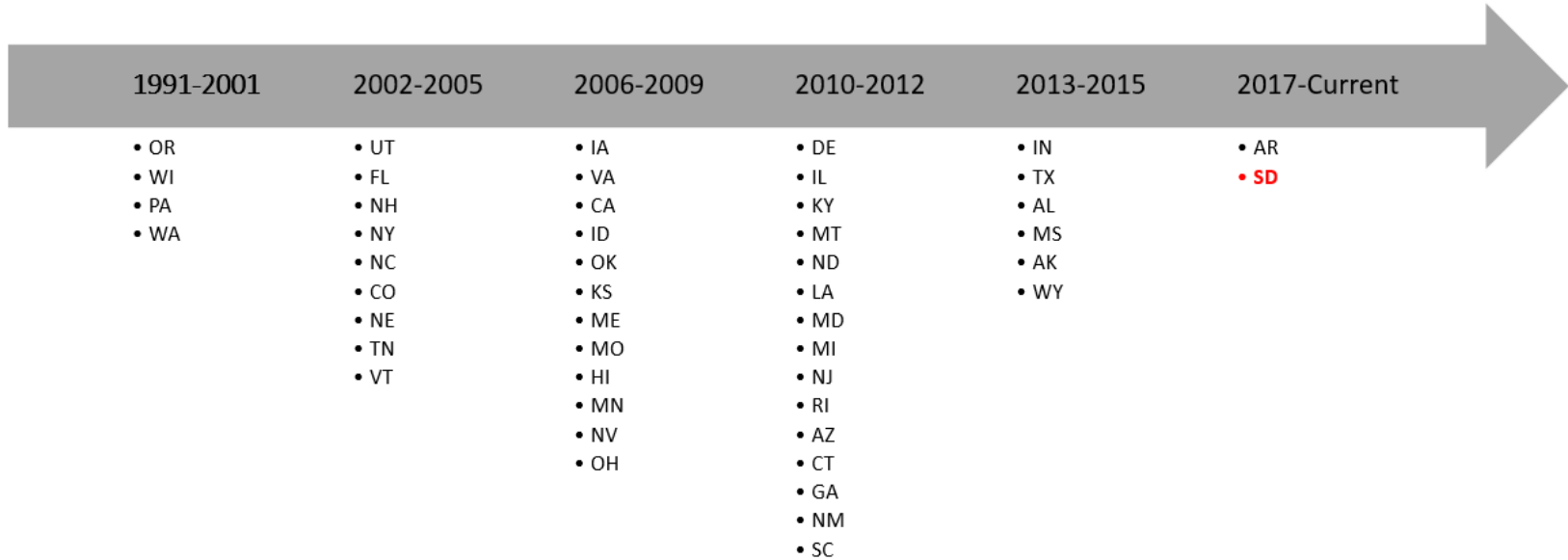
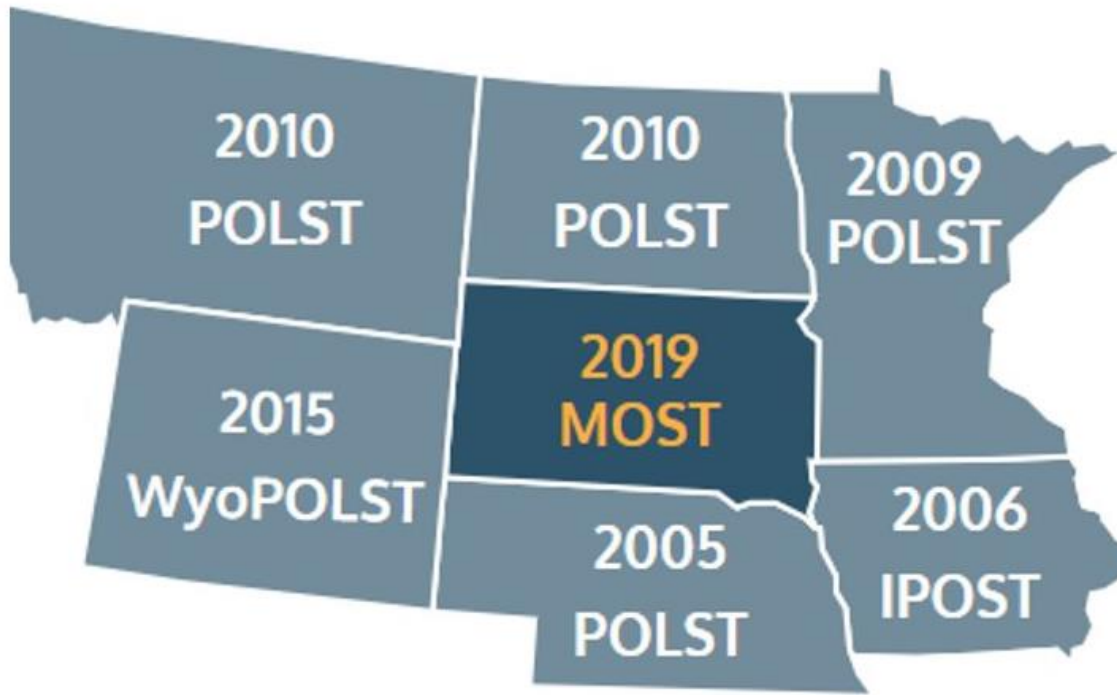


NAMES OF POLST PROGRAMS

- POLST** Oregon - Physicians Orders for Life Sustaining Treatments
- MOLST** (Medical Orders for Life-Sustaining Treatment)
- MOST** (Medical Orders for Scope of Treatment)
- POST** (Physician Orders for Scope of Treatment)
- SMOST** (Summary of Physician Orders for Scope of Treatment)
- TPOPP** (Transportable Physician Orders for Patient Preference)
- COLST** (Clinician Order for Life Sustaining Treatment)
- DMOST** (Delaware Medical Orders for Scope of Treatment)
- IPOST** (Iowa Physician Orders for Scope of Treatment)
- LaPOST** (Louisiana Physician Orders for Scope of Treatment)
- MI-POST** (Michigan Physician Orders for Scope of Treatment)
- OkPOLST** (Oklahoma Physician Orders for Life-Sustaining Treatment)
- PAPOLST** (Pennsylvania Orders for Life-Sustaining Treatment)
- WyoPOLST** (Wyoming Providers Orders for Life-Sustaining Treatment)
- SAPO** (State Authorized Portable Orders)



POLST Timeline & Surrounding State Programs





South Dakota
Senate Bill 118
2019

MOST Definition

"Medical orders for scope of treatment," or "MOST," is a transportable medical order sheet executed by a patient who has been diagnosed with a terminal condition by the patient's medical provider and entered in the patient's medical record that provides direction to health care providers about the patient's goals and preferences regarding the use of medical interventions, including cardiopulmonary resuscitation and other life-sustaining treatment.



Medical Orders for Scope of Treatment

A MOST form is a portable, actionable medical order sheet that helps ensure patient treatment wishes are known and honored and helps prevent initiation of unwanted, disproportionately burdensome extraordinary treatment.

MOST is **not** an advance directive.

An **advance directive** is a legal document and mechanism for naming a durable power of attorney for healthcare (a healthcare agent) and/or a living will (providing general treatment wishes).



Medical Orders for Scope of Treatment

MOST is **voluntary**.

It is shared decision-making between patients and health care professionals.

The conversation involves the patient discussing his/her values, beliefs and goals for care, and the health care provider presents the patient's diagnosis, prognosis, and treatment alternatives, including the benefits and burdens of life-sustaining treatment.

Together they reach an informed decision about desired treatment.



Medical Orders for Scope of Treatment

MOST is only for patients with a terminal illness/condition as defined by [SD Law § 34-12D-1](#).

A terminal condition is:

- 1. An incurable and irreversible condition such that death is imminent if life-sustaining treatment is not administered; or**
- 2. A coma or other condition of permanent unconsciousness that will last indefinitely without significant improvement.**

The determination of “terminal condition” is made in accordance with acceptable medical standards.

Medical providers often think of patients with “terminal conditions” as those about whom the medical provider would not be surprised if they died within a year.

For these patients, their terminal condition and current health status indicate the need for standing medical orders for current, emergent, and/or future medical care.



MOST Form

WEBSITE OF THE STATE OF SOUTH DAKOTA DEPARTMENT OF HEALTH
Kim Malsam-Rysdon, Secretary of Health

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HOME ► HEALTHCARE PROVIDERS ► MEDICAL ORDER FOR SCOPE OF TREATMENT (MOST)

HEALTHCARE PROVIDERS

Collapse All | Expand All

- Health Facility Licensure
- Rural Health
- Careers
- Simulation in Motion (SIM-SD)
- Public Health Preparedness and Response
- State Public Health Laboratory
- Medical Order for Scope of Treatment (MOST)

MEDICAL ORDER FOR SCOPE OF TREATMENT (MOST)

MOST stands for Medical Orders for Scope of Treatment. It is a medical provider's order that outlines a plan of care respecting the patient's wishes concerning care at end of life. MOST is not a legal document. It is a transportable medical order signed by a health care provider for individuals with a terminal illness. 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.

MOST is only for patients with a terminal illness as defined by SD Law § 34-12D-1.

- MOST Form
- South Dakota Senate Bill 118

Resources

- South Dakota Association of Healthcare Organizations (SDAHO)
- LifeCircle South Dakota
- National POLST Paradigm
- Advance Care Planning South Dakota

<https://doh.sd.gov/providers/most>

HIPAA PERMITS DISCLOSURE OF SOUTH DAKOTA MOST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

MEDICAL ORDERS FOR SCOPE OF TREATMENT
SOUTH DAKOTA MOST

FIRST follow these orders, THEN contact medical provider. This is a Medical Order Sheet based on the patient's current medical condition and wishes. Any section that does not include an indication of the patient's or authorized representative's preference, is a directive to health care providers to use all necessary and appropriate medical interventions. The South Dakota MOST complements an advance health care directive and is not intended to replace that document.

Does patient have an advance health care directive? Yes No

PATIENT'S DIAGNOSIS OF TERMINAL CONDITION: _____ GOALS OF CARE: _____

Check One

A. CARDIOPULMONARY RESUSCITATION (CPR): PATIENT HAS NO PULSE AND IS NOT BREATHING

CPR/Attempt Resuscitation (requires full intervention in section B)
 DNR/Do Not Attempt Resuscitation (Allow Natural Death)
When not in cardiopulmonary arrest, follow orders in B, C, D and E

Check One

B. MEDICAL INTERVENTIONS: PATIENT HAS PULSE AND IS BREATHING, OR HAS PULSE AND IS NOT BREATHING.

Full Intervention: Treatment Goal: Full intervention including life support measures in the intensive care unit. In addition to treatment described in Comfort Measures and Selective Treatment below, use intubation, advanced airway interventions, and mechanical ventilation as indicated. Transfer to hospital and/or intensive care unit if indicated to meet medical needs.
 Selective Treatment: Treatment Goal: Stabilization of medical condition. In addition to treatment described in Comfort Measures below, use medical treatment, IV fluids (hydration) and cardiac monitor as indicated to stabilize medical condition. May use basic airway management techniques and non-invasive positive-airway pressure. Do not intubate. Transfer to hospital if indicated to manage medical needs or comfort. Avoid intensive care if possible.
 Comfort Measures Only (Allow Natural Death): Treatment Goal: Maximize comfort through symptom management. Relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Patient prefers no transfer to hospital for life-sustaining treatments. Transfer to hospital only if comfort needs cannot be met in current location.

ADDITIONAL ORDERS: (e.g. dialysis, etc.) _____

Check One in Each Column

C. ARTIFICIALLY ADMINISTERED NUTRITION AND HYDRATION:
ALWAYS OFFER FOOD AND FLUIDS BY MOUTH AS TOLERATED.
Based on the Provider's medical judgment:

	YES	NO
1. Will artificially administered nutrition and hydration be unable to prolong life?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will artificially administered nutrition and hydration be more burdensome than beneficial?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will artificially administered nutrition and hydration cause significant physical discomfort?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has patient previously expressed a desire to forgo artificially administered nutrition and hydration by tube?	<input type="checkbox"/>	<input type="checkbox"/>

In order for artificially administered nutrition and hydration to be withheld, there must be a "YES" answer to one or more of questions 1-4 above.

Check One

D. INFORMED CONSENT DISCUSSION:
_____ had an informed consent discussion with patient or authorized representative.
Name of Medical Provider (MD, DO, NP or PA) _____
DISCUSSED WITH: Patient Authorized Representative (Name of Representative) _____

Check All That Apply

The basis for these orders is:

Patient's declaration (can be verbal or nonverbal).
 Patient's Authorized Representative (patient without capacity).
 Patient's Advance Directive (if indicated, patient has completed an additional document that provides guidance for treatment measures if he /she loses medical decision-making capacity).
 Resuscitation would be medically non-beneficial.

This form is voluntary and the signatures below indicate that the medical orders are consistent with the patient's medical condition and treatment plan and are the known desires or in the best interests of the patient who is the subject of the document.

PRINT MEDICAL PROVIDER NAME _____ MEDICAL PROVIDER SIGNATURE (MANDATORY) _____ MEDICAL PROVIDER PHONE _____ DATE (MANDATORY) _____

PRINT PATIENT OR REPRESENTATIVE NAME _____ PATIENT OR REPRESENTATIVE SIGNATURE (MANDATORY) _____ DATE (MANDATORY) _____

REPRESENTATIVE RELATIONSHIP _____ REPRESENTATIVE ADDRESS _____ REPRESENTATIVE PHONE NUMBER _____

ENSURE PATIENT HAS THE CURRENT FORM.
PHOTOCOPIES AND FAXES OF SIGNED AND DATED SD MOST FORMS ARE LEGAL AND VALID.

INFORMATION FOR HEALTH CARE PROVIDERS

COMPLETING SOUTH DAKOTA MOST

- Must be completed by a physician, nurse practitioner or physician assistant based on patient's preferences and/or best interests, and medical indications.
- South Dakota MOST must be signed and dated by a MD, DO, NP or PA to be valid.
- South Dakota MOST must be signed by the patient or the patient's authorized representative.
- Use of original form is strongly encouraged. Photocopies and faxes of signed and dated South Dakota MOST are legal and valid.

USING SOUTH DAKOTA MOST (Additional information available at: www.doh.sd.gov)

- Any section that does not include an indication of the patient's or authorized representative's preference, is a directive to health care providers to use all necessary and appropriate medical interventions.
- Artificial nutrition and hydration is optional when it cannot reasonably be expected to prolong life, would be more burdensome than beneficial, would cause significant physical discomfort, or patient had previously expressed a personal desire to forgo artificial nutrition by tube.
- The determination of burden refers to the provision of artificial nutrition or hydration itself and not the quality of continued life of the patient.
- A patient with capacity may revoke the South Dakota MOST at any time and request alternate treatment. Additionally, an authorized representative may revoke the MOST only if the MOST was executed by the authorized representative.
- If there is a conflict between the patient's MOST document and the patient's written directives in any previously executed and unrevoked durable power of attorney or living will, the health care provider will treat the patient in accordance with the instructions in the MOST.

The duty of medicine is to care for patients even when they cannot be cured. Physicians, nurse practitioners and physician assistants, and their patients must evaluate the use of technology at their disposal based on available information. Judgments about the use of technology to maintain life must reflect the inherent dignity of the patient and the purpose of medical care. Everyone is to be treated with dignity and respect.

REVIEWING SOUTH DAKOTA MOST

It is recommended that this South Dakota MOST be reviewed periodically, such as when the patient is transferred from one care setting or care level to another, or there is a substantial change in the patient's health status. A patient may revoke a MOST at any time by:

- Destroying or defacing the MOST with the intent to revoke;
- A written revocation of the MOST, signed and dated by the patient; or
- An oral expression of the intent to revoke the MOST, in the presence of a witness 18 years of age or older who signs and dates in writing, confirming that such expression of intent was made.

NOTE: An authorized representative may not revoke a MOST unless the MOST was executed by the authorized representative. Any such revocation by the authorized representative must be in writing.

A revocation is effective upon communication to the health care provider. A health care provider who is informed of a revocation shall record the date and time of the notification of revocation in the patient's medical record.

A new South Dakota MOST form should be completed if the patient wishes to make any substantive change to treatment goal(s) (e.g. reversal of prior directive). When completing a new form, the old form must be properly voided and retained in the medical record. To void the South Dakota MOST form, draw line through sections A through D and write "VOID" in large letters. This must be signed and dated.

REVIEW OF THIS SOUTH DAKOTA MOST FORM			
REVIEW DATE AND TIME	REVIEWER	LOCATION OF REVIEW	REVIEW OUTCOME
			<input type="checkbox"/> No Change <input type="checkbox"/> Form Voided and New Form Completed
			<input type="checkbox"/> No Change <input type="checkbox"/> Form Voided and New Form Completed
			<input type="checkbox"/> No Change <input type="checkbox"/> Form Voided and New Form Completed
			<input type="checkbox"/> No Change <input type="checkbox"/> Form Voided and New Form Completed
			<input type="checkbox"/> No Change <input type="checkbox"/> Form Voided and New Form Completed

ENSURE PATIENT HAS THE CURRENT FORM.
PHOTOCOPIES AND FAXES OF SIGNED AND DATED SD MOST FORMS ARE LEGAL AND VALID.

May 2019

May 2019



MOST Instructions

A MOST form must be completed by a physician, nurse practitioner or physician assistant based on patient's preferences and/or best interests, and medical indications.

South Dakota MOST must be signed and dated by a MD, DO, NP or PA to be valid.

South Dakota MOST must be signed by the patient or the patient's authorized representative.

Use of original form is strongly encouraged. Photocopies and faxes of signed and dated South Dakota MOST forms are legal and valid.



Medical Provider Responsibilities

A "**Medical provider**" is a physician, physician assistant or certified nurse practitioner designated by a patient or the patient's authorized representative, to have responsibility for the patient's health care.

If there is a conflict between a patient's MOST and a patient's oral directives, or any written directives in an advance health care directive, the medical provider shall treat the patient in accordance with the most recent instruction.

Patients should be aware that a MOST may override the directives contained in their Power Of Attorney or living will if executed prior to the MOST.

If an agent has been appointed under a healthcare power of attorney, the agent shall be the authorized representative under the MOST. The creation of a subsequent MOST by a patient or by an authorized representative does not terminate the agency created under the power of attorney unless the patient specifically states in writing that the agency is terminated.



Medical Provider Responsibilities (continued)

Medical providers and their patients must evaluate the use of technology to maintain life, and uphold the inherent dignity of the patient and the purpose of medical care, to ensure that everyone is treated with dignity and respect.

Any medical provider who receives a valid MOST shall make the document part of the patient's medical record.

A document executed in another state or jurisdiction that meets the requirements for a valid medical order for scope of treatment in that state or jurisdiction is valid in this state.



Medical Provider Responsibilities (Continued)

Any medical provider who has actual knowledge of a patient's MOST shall treat the patient in accordance with the preferences indicated in the MOST.

A medical provider who refuses to comply with the provisions of a duly executed MOST shall:

- (1) Not prevent the transfer of the patient to another medical provider who is willing to comply with the MOST; and
- (2) Continue providing care for the patient until the transfer is completed.



Patient Revocation

A patient who wishes to revoke their MOST must do so by communicating their wishes to their medical provider.

A revocation is effective upon communication to the medical provider.

A medical provider who is informed of a revocation shall follow their organization's medical record policies on how to void a MOST form.

A patient with capacity may revoke the South Dakota MOST at any time and request alternate treatment. Additionally, an authorized representative may revoke the MOST only if the MOST was executed by the authorized representative.



MOST Form - Heading & Explanation

HIPAA PERMITS DISCLOSURE OF SOUTH DAKOTA MOST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

MEDICAL ORDERS FOR SCOPE OF TREATMENT

SOUTH DAKOTA MOST

FIRST follow these orders, **THEN** contact medical provider. This is a Medical Order Sheet based on the patient's current medical condition and wishes. Any section that does not include an indication of the patient's or authorized representative's preference, is a directive to health care providers to use all necessary and appropriate medical interventions. The South Dakota MOST complements an advance health care directive and is not intended to replace that document.

Does patient have an advance health care directive? Yes No

PATIENT'S DIAGNOSIS OF TERMINAL CONDITION:

GOALS OF CARE:

LAST NAME _____

FIRST NAME _____

MIDDLE INITIAL _____

DATE OF BIRTH _____
(mm/dd/yyyy)



Section A: Code Status

<p>Check One</p>	<p>A. <u>CARDIOPULMONARY RESUSCITATION (CPR): PATIENT HAS NO PULSE AND IS NOT BREATHING</u></p> <ul style="list-style-type: none"><input type="checkbox"/> CPR/Attempt Resuscitation (requires full intervention in section B)<input type="checkbox"/> DNR/Do Not Attempt Resuscitation (Allow Natural Death) <p>When not in cardiopulmonary arrest, follow orders in B, C, D and E</p>
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Section B: Medical Interventions

Check One	<p>B. MEDICAL INTERVENTIONS: <u>PATIENT HAS PULSE AND IS BREATHING, OR HAS PULSE AND IS NOT BREATHING.</u></p> <ul style="list-style-type: none"><input type="checkbox"/> <u>Full Intervention:</u> Treatment Goal: Full intervention including life support measures in the intensive care unit. In addition to treatment described in Comfort Measures and Selective Treatment below, use intubation, advanced airway interventions, and mechanical ventilation as indicated. Transfer to hospital and/or intensive care unit if indicated to meet medical needs.<input type="checkbox"/> <u>Selective Treatment:</u> Treatment Goal: Stabilization of medical condition. In addition to treatment described in Comfort Measures below, use medical treatment, IV fluids (hydration) and cardiac monitor as indicated to stabilize medical condition. May use basic airway management techniques and non-invasive positive-airway pressure. Do not intubate. Transfer to hospital if indicated to manage medical needs or comfort. Avoid intensive care if possible.<input type="checkbox"/> <u>Comfort Measures Only (Allow Natural Death):</u> Treatment Goal: Maximize comfort through symptom management. Relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Patient prefers no transfer to hospital for life-sustaining treatments. Transfer to hospital only if comfort needs cannot be met in current location. <p>ADDITIONAL ORDERS: (e.g. dialysis, etc.)</p> <hr/> <hr/> <hr/>
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Section C: Nutrition & Hydration

Check One in Each Column	C. ARTIFICIALLY ADMINISTERED NUTRITION AND HYDRATION:		
	<u>ALWAYS OFFER FOOD AND FLUIDS BY MOUTH AS TOLERATED.</u>		
	<u>Based on the Provider's medical judgment:</u>		
		YES	NO
	1. <u>Will artificially administered nutrition and hydration be unable to prolong life?</u>	<input type="checkbox"/>	<input type="checkbox"/>
2. <u>Will artificially administered nutrition and hydration be more burdensome than beneficial?</u>	<input type="checkbox"/>	<input type="checkbox"/>	
3. <u>Will artificially administered nutrition and hydration cause significant physical discomfort?</u>	<input type="checkbox"/>	<input type="checkbox"/>	
4. <u>Has patient previously expressed a desire to forgo artificially administered nutrition and hydration by tube?</u>	<input type="checkbox"/>	<input type="checkbox"/>	
In order for artificially administered nutrition and hydration to be withheld, there must be a "YES" answer to one or more of questions 1-4 above.			



Section D: Informed Consent

<p>Check One</p>	<p>D. INFORMED CONSENT DISCUSSION:</p> <p>_____ had an informed consent discussion with patient or authorized representative.</p> <p>Name of Medical Provider (MD, DO, NP or PA)</p> <p>DISCUSSED WITH: <input type="checkbox"/> Patient <input type="checkbox"/> Authorized Representative _____</p> <p>(Name of Representative)</p>
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MOST Form – Basis & Signatures

<p>Check All That Apply</p>	<p>The basis for these orders is:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Patient's declaration (can be verbal or nonverbal). <input type="checkbox"/> Patient's Authorized Representative (patient without capacity). <input type="checkbox"/> Patient's Advance Directive (if indicated, patient has completed an additional document that provides guidance for treatment measures if he /she loses medical decision-making capacity). <input type="checkbox"/> Resuscitation would be medically non-beneficial. 		
<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 80%;"> <p>This form is voluntary and the signatures below indicate that the medical orders are consistent with the patient's medical condition and treatment plan and are the known desires or in the best interests of the patient who is the subject of the document.</p> </div>			
<p>_____ PRINT MEDICAL PROVIDER NAME</p>	<p>_____ MEDICAL PROVIDER SIGNATURE (MANDATORY)</p>	<p>_____ MEDICAL PROVIDER PHONE</p>	<p>_____ DATE (MANDATORY)</p>
<p>_____ PRINT PATIENT OR REPRESENTATIVE NAME</p>	<p>_____ PATIENT OR REPRESENTATIVE SIGNATURE (MANDATORY)</p>		<p>_____ DATE (MANDATORY)</p>
<p>_____ REPRESENTATIVE RELATIONSHIP</p>	<p>_____ REPRESENTATIVE ADDRESS</p>	<p>_____ REPRESENTATIVE PHONE NUMBER</p>	



ENSURE PATIENT HAS THE CURRENT FORM

PHOTOCOPIES AND FAXES OF SIGNED AND
DATED SOUTH DAKOTA MOST FORMS
ARE LEGAL AND VALID

Using South Dakota MOST

Any section that does not include an indication of the patient's or authorized representative's preference, is a directive to health care providers to use all necessary and appropriate medical interventions.

Artificial nutrition and hydration is optional when it cannot reasonably be expected to prolong life, would be more burdensome than beneficial, would cause significant physical discomfort, or patient had previously expressed a personal desire to forgo artificial nutrition by tube.

The determination of burden refers to the provision of artificial nutrition or hydration itself and not the quality of continued life of the patient.

A patient with capacity may revoke the South Dakota MOST at any time and request alternate treatment. Additionally, an authorized representative may revoke the MOST only if the MOST was executed by the authorized representative.



If Conflict Between Documents

If there is a conflict between a patient's MOST and a patient's oral directives, or any written directives in an advance health care directive, the medical provider shall treat the patient in accordance with the most recent instruction.

If a healthcare agent has been appointed under a durable power of attorney for healthcare, that agent may continue to act as such but shall do so in compliance with the most recent instruction of the patient.



The duty of medicine is to care for patients even when they cannot be cured.

Physicians, nurse practitioners and physician assistants, and their patients must evaluate the use of technology at their disposal based on available information.

Judgments about the use of technology to maintain life must reflect the inherent dignity of the patient and the purpose of medical care.

Everyone is to be treated with dignity and respect.

Review of MOST

A revocation is effective upon communication to the health care provider. A health care provider who is informed of a revocation shall record the date and time of the notification of revocation in the patient’s medical record.

A new **South Dakota MOST** form should be completed if the patient wishes to make any substantive change to treatment goal(s) (e.g. reversal of prior directive). When completing a new form, the old form must be properly voided and retained in the medical record. To void the **South Dakota MOST** form, draw line through sections A through D and write “VOID” in large letters. This must be signed and dated.

REVIEW OF THIS SOUTH DAKOTA MOST FORM

REVIEW DATE AND TIME	REVIEWER	LOCATION OF REVIEW	REVIEW OUTCOME
			<input type="checkbox"/> No Change <input type="checkbox"/> Form Voided and New Form Completed
			<input type="checkbox"/> No Change <input type="checkbox"/> Form Voided and New Form Completed
			<input type="checkbox"/> No Change <input type="checkbox"/> Form Voided and New Form Completed
			<input type="checkbox"/> No Change <input type="checkbox"/> Form Voided and New Form Completed
			<input type="checkbox"/> No Change <input type="checkbox"/> Form Voided and New Form Completed



Summary of SD MOST

- ✓ It is an advance care planning tool.
- ✓ Although a MOST is **NOT** an advance directive, a MOST:
 - complements the patient's advance directive(s);
 - is not intended to replace a patient's advance directive(s); and
 - translates the patient's wishes expressed in advance directives into actionable medical orders.
- ✓ A MOST is a portable, actionable medical order sheet. In this way, it is like the SD Comfort One order. However, a MOST covers more treatment choices than the SD Comfort One order.



- ✓ A MOST is only for patients who have a terminal condition as defined by SD law.
- ✓ A MOST is created through relationship and dialogue between the medical provider and patient or patient representative. It involves the patient discussing his/her values, beliefs and goals for care.
- ✓ In order to be valid, a MOST must be signed by both the medical provider and patient or patient representative.
- ✓ A MOST articulates the manner in which a patient would like to live during the course of his or her terminal condition by stating the patient's goals and wishes.



- ✓ A MOST helps ensure that a patient's goals and wishes are known and honored by the patient's loved ones and medical providers.
- ✓ A MOST helps ensure the provision of reverent care and appropriate medical treatment that support the patient's goals and wishes throughout the patient's life and during the process of natural death.
- ✓ A MOST helps prevent the use of medical interventions that are unwanted, ineffective, burdensome and/or do not support the patient's goals and wishes.
- ✓ A MOST is voluntary and should never be mandatory.



- ✓ A patient who has created a MOST may amend or revoke the MOST at any time.
- ✓ A MOST involves informed, shared decision-making between patients and medical providers.
- ✓ The medical provider presents the patient's diagnosis, prognosis, and treatment alternatives.
- ✓ Through relationship and dialogue, the medical provider and patient together make informed decisions about desired and medically appropriate treatments.



- ✓ A MOST allows patients to make decisions consistent with the United States Conference of Catholic Bishops *Ethical and Religious Directives for Catholic Health Care Services (ERDs)*.
- ✓ A MOST allows all patients to make medically and legally appropriate decisions consistent with their religious traditions, values, beliefs and goals.
- ✓ A MOST requires that all measures to improve the patient's comfort—including food and fluid by mouth as tolerated—are always provided.
- ✓ The patient may have both a durable power of attorney for health care and a MOST. In fact, the MOST document states that the MOST complements and is not intended to replace the patient's advance directive.



- ✓ The patient may have both a living will and a MOST. The living will is an advance directive expressing the patient's wishes about the use of life-sustaining treatment in the event of a terminal condition. The MOST can translate the wishes expressed in a living will into an actionable medical order. Furthermore, the MOST encourages dialogue about and actionable medical orders for treatments in addition to life-sustaining treatment.
- ✓ A MOST is not about how patients want to die; it is about how patients wish to live. A MOST is a response to ensuring relevant, medically appropriate, and patient-focused care and treatment during a terminal condition and at the end-of-life.



Resources

- [MOST Form](#)
- [SD Statute](#)
- [LifeCircle South Dakota](#)
- [National POLST Paradigm](#)
- [Advance Care Planning South Dakota](#)

