**TEXAS TALKS: Frequently Asked Questions (FAQ)**

1. **About MOST – (Medical Orders for Scope of Treatment)**
2. ***What is the MOST form?***

It is a physician order set that helps guide care for a patient as their illness progresses. It is documentation, if you will, of a meaningful conversation between a patient and their doctor. The conversation is the time to share information about the illness, talk about treatments, and let the patient’s values and beliefs help guide decisions about care they do and do not want to receive. As a result, MOST can prevent unwanted or medically ineffective treatment, reduce patient and family suffering and ensure that patients’ wishes are honored.

1. ***What information is included on the MOST form?***

The main focus of the conversation and the form are to plan for the level of care and treatment the patient wants. These fall into three categories, full, selective and comfort care interventions. Also documented is whether to:

* + Attempt cardiopulmonary resuscitation,
  + Use intubation and mechanical ventilation,
  + Provide artificial nutrition.

1. **The Origin of MOST/POLST**
2. ***What does “POLST” and “MOST” stand for?***

POLST stands for Physician Orders for Life-Sustaining Treatment and MOST stands for Medical Orders for Scope of Treatment. State law prevails about advance care planning and POLST/MOST are part of that. In Texas, “MOST” matched to the language of the Texas Advance Directive Act and was selected by early implementers. Each state that has adopted this conversational paradigm and documentation method has named it to correspond with their state’s statutes. The key is that this is a ***portable order set*** *resulting from a shared decision making conversation between a patient dealing with serious and progressive life-threatening illness and their health care provider.*

1. ***Why was MOST developed?***

It was developed because patients were often receiving care and treatments inconsistent with their wishes. The goal of MOST is to provide a framework for healthcare professionals so they can provide the treatments patients DO want and avoid those treatments they DO NOT want.

1. ***Is MOST mandated by law?***

The conversation and completing the form are entirely voluntary. We want patients to have the best opportunity to participate in their care. A well done shared decision-making conversation facilitates reflection about life experience, what matters most in the time remaining and collaboration with your health care professionals to make the best decisions possible about how to use that time.

Medical order sets have existed for a long time in health care delivery. MOST is an order set that follows that tradition. It complements other advance care plans such as the Medical Power of Attorney and the Living Will, sometimes called the Directive to Physicians, Families and Surrogates.

Some states have found establishing their POLST/MOST Program through clinical consensus rather than the mandate of a law is the preferred approach. In those states, since it is a clinical program implemented by means of medical orders, health care professionals view it like other medical orders, for which there is normally no need for authorizing legislation. Rationality seems to disappear whenever any topic about end of life is brought up in the legislative environment in Texas, so we continue to focus on growing adoption through clinical consensus.

1. ***Does MOST replace advance directives?***

MOST complements advance directives and is not intended to replace those documents. An advance directive is still needed to appoint a legal health care decision-maker. MOST is an ***order set*** going into effect upon completion and signature versus advance directives that are in effect when a patient is unable to speak for themselves. These documents should complement each other and be consistent about decisions in care that are made. A meaningful, high quality shared decision-making conversation is fundamental to completing these documents.

1. ***If a patient has an advance directive and a MOST form, which takes precedence?***

The advance directives prevail which is why making them consistent matters.

1. **The “Conversation” and completing/revising MOST**
2. ***Who should have MOST?***

MOST is designed for patients with serious and progressive life-threatening illness. It is appropriate for patients for whom their physician would not be surprised if they were to die in the next twelve months. Also, patients with advancing frailty due to age are appropriate for this conversation.

1. ***Who should discuss and complete the MOST form with patients?***

Having a high quality, shared decision-making conversation with the patient about end-of-life care issues in critical to this process. The physician is frequently the one identifying that the patient is at an appropriate point in the trajectory of their illness to make certain this conversation happens and is documented. Other trained staff members such as nurses, social workers or chaplains may also play a role in facilitating the conversation. However, physicians are responsible for signing the POLST form.

1. ***How can I obtain copies of the MOST form to use?***

The form may be found on the Texas Talks website in the “Resources” tab in the “Provider” section.

1. ***What should be done with the MOST form after it is completed?***

The original form typically stays with the patient at all times. If a patient is transferred, the form should go with them:

* In the hospital or other care facility setting, the form should be kept in the patient’s medical record.
* At home, the form may be placed on a table near the patient’s bed or on the refrigerator so emergency medical personnel can find it easily if they are called.

We also recommend that patients consider one of the electronic storage services that is available through apps or other online services. Finally, it is critical that patient’s share a copy of the MOST document with the person they have selected to make decisions for them.

1. ***Can a patient’s MOST form be changed?***

Yes, the form can be modified or revoked by a patient, verbally or in writing at any time. And, the patient’s decision maker, acting upon the patient’s behalf if the patient no longer has competency, could initiate changes.

1. ***When should a patient’s MOST form be reviewed?***

* When the patient is transferred from one medical or residential setting to another;
* If there is a significant change in the patient’s condition
* The patient’s treatment preferences change.
* On an annual basis.

1. ***Are faxed copies or photocopies valid?***

Yes, they are valid.

1. ***Is the MOST form available in other languages?***

A Spanish translation is available as a tool to be used when explaining MOST to patients. That said, the English version must be completed and signed so that personnel can follow the orders.