

MOLST LEGAL REQUIREMENTS CHECKLIST FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES

Chase, Michael
LAST NAME/FIRST NAME

2/14/1930
DATE OF BIRTH

2 Woods Lane, West Adirondack, NY 14210
ADDRESS

Note: Actual orders should be placed on the MOLST form with this completed checklist attached. Use of this checklist is required for individuals with developmental disabilities (DD) who lack the capacity to make their own health care decisions and do not have a health care proxy. Medical decisions which involve the withholding or withdrawing of life sustaining treatment (LST) for individuals with DD who lack capacity and do not have a health care proxy must comply with the process set forth in the Health Care Decisions Act for persons with MR (HCDA) [SCPA § 1750-b (4)]. Effective June 1, 2010, this includes the issuance of DNR orders.

Step 1 – Identification of Appropriate 1750-b Surrogate from Prioritized List. Check appropriate category and add name of surrogate.

- a. 17-A guardian _____
- b. actively involved spouse _____
- c. actively involved parent _____
- d. actively involved adult child _____
- e. actively involved adult sibling _____
- f. actively involved family member _____
- g. Willowbrook CAB (full representation)
- h. Surrogate Decision Making Committee (MHL Article 80)

Step 2 – 1750-b surrogate has a conversation or a series of conversations with the treating physician regarding possible treatment options and goals for care. Following these discussions, the 1750-b surrogate makes a decision to withhold or withdraw LST, either orally or in writing.

Specify the LST that is requested to be withdrawn or withheld:

DNR/DNI; Withhold and Withdraw Vasopressors and IV Fluids; Withhold future hospitalizations unless pain or severe symptoms cannot otherwise be controlled; Withdraw Mechanical Ventilation; Withhold and Withdraw Artificial Nutrition and Hydration; Provide Hospice Care and Treatment;

This information is found on the 320 AB, pages 3-4; Part 5 a-e

Decision made orally

Witness – Attending Physician

Second Witness

Decision made in writing (must be dated, signed by surrogate, signed by 1 witness and given to attending physician). **Please see attached Surrogate Decision Making Committee Determination, MHL Article 80 and SCPA Article 17-A Section 1750-b (SDMC 380-A Consent)**

SDMC Decisions are always issued in writing. The SDMC Consent must be attached to this checklist

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Step 3 – Confirm individual’s lack of capacity to make health care decisions. Either the attending physician or the concurring physician or licensed psychologist must: (a) be employed by a DDSO; or (b) have been employed for at least 2 years in a facility or program operated, licensed or authorized by OPWDD; or (c) have been approved by the commissioner of OPWDD as either possessing specialized training or have 3 years of experience in providing services to individuals with DD.

Casey Shepherd
Attending Physician

Samuel Wright
Consulting Physician or Licensed Psychologist

Signatures are not required here. Please write the name of the attending from the 310 (page 1) and the concurring physician or licensed psychologist named on the 310 (page 2). One of the two evaluators must meet the special criteria noted above.

Step 4– Determination of Necessary Medical Criteria.

We have determined to a reasonable degree of medical certainty that **both** of the following conditions are met:

(1) the individual has one of the following medical conditions:

- a. a terminal condition; (briefly describe)
- b. permanent unconsciousness; or
- c. a medical condition other than DD which requires LST, is irreversible and which will continue indefinitely (briefly describe): significant brain injury with very poor prognosis;

See the 320AB, page 2, Part 4

AND

(2) the LST would impose an extraordinary burden on the individual in light of:

a. the person’s medical condition other than DD (briefly explain)

Mr. Case’s blood pressure is unstable and he is declining rapidly; he also has osteoporosis which places him at risk in the event CPR is initiated. Artificial nutrition and hydration would prolong his life but would burden his organs and be futile. Continuing the life-sustaining treatment would prolong his suffering See 320AB, page 4, Part 5b

AND

b. the expected outcome of the LST, notwithstanding the person’s DD (briefly explain) CPR would likely cause rib or sternal fractures and would be painful and futile. He would require ventilator support indefinitely. Found on the 320AB page 5, Part 6

If the 1750-b surrogate has requested that artificially provided nutrition or hydration be withdrawn or withheld, one of the following additional factors must also be met:

- a. there is no reasonable hope of maintaining life (explain _____); or
- b. the artificially provided nutrition or hydration poses an extraordinary burden (explain _____)

See Page 4 of the 320AB, Part c. and d.

Only include this information if there is a decision to withhold/withdraw artificial nutrition and hydration (including IV fluids).

Casey Shepherd
Attending Physician

Amelia Jones
Concurring Physician

Signatures are not required here- write the name of the attending and concurring physicians who completed the 320AB.

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Step 5 – Notifications. At least 48 hours prior to the implementation of a decision to withdraw LST, or at the earliest possible time prior to a decision to withhold LST, the attending physician must notify the following parties:

_____ the person with DD, unless therapeutic exception applies
notified on ___/___/___

_____ if the person is in or was transferred from an OPWDD residential facility

_____ Facility Director notified on ___/___/___

_____ MHLS notified on ___/___/___

_____ if the person is not in and was not transferred from an OPWDD residential facility

_____ the director of the local DDSO notified on ___/___/___

Step 6 - I certify that the 1750-b process has been complied with, the appropriate parties have been notified and no objection to the surrogate’s decision remains unresolved.

Attending Physician
Signature Required

Date
Date/Time notifications were completed

- Attending Physician is responsible for completing the notifications listed above
- The decision to WITHHOLD LST may be implemented after notifications are completed
- WITHDRAWAL of LST requires the Attending Physician to notify the appropriate parties and may only begin once a letter of no objection is issued OR 48 hours after the notifications.

Note: The MOLST form may ONLY be completed with the 1750-b surrogate after all 6 steps on this checklist have been completed.



**Surrogate Decision Making Committee Determination
Mental Hygiene Law Article 80 and Surrogate's Court Procedure Act
Article 17-A Section 1750-b**

SDMC Program Director
NYS Justice Center
(518) 549-0328

SURROGATE DECISION-MAKING COMMITTEE

Proceeding for the Review of the
Appropriateness of Withdrawal or
Withholding Life-Sustaining Treatment
on Behalf of

Michael Chase
(Patient)

**INFORMED CONSENT FOR
TREATMENT DECISION**

17000000
Declaration No.
(SDMC Use Only)

An application having been made to this Committee pursuant to Article 80 of the New York State
Mental Hygiene Law and Article 17-A, Section 1750-b of the Surrogate's Court Procedure Act by
Bessie Moore

(Declarant)
dated the 28th day of July 2017 on behalf of
Michael Chase
(Patient)

seeking a determination of the need for surrogate decision-making for this patient for the following
treatment decision DNR/DNI; Withhold and Withdraw Vasopressors and IV Fluids; Withhold future
hospitalizations unless pain or severe symptoms cannot otherwise be controlled; Withdraw Mechanical
Ventilation; Withhold and Withdraw Artificial Nutrition and Hydration; Provide Hospice Care and
Treatment;

supported by the certifications of
Casey Shepherd
(Attending Physician)

and
Samuel Wright
(Consulting Psychologist)

regarding the lack of capacity of said patient to provide informed consent, and of
Casey Shepherd
(Attending Physician)

and
Amelia Jones
(Concurring Physician)

regarding the need for the proposed treatment decision and the use of anesthesia, if any, has been
reviewed by this Committee. The Committee having duly inquired into the need for surrogate decision-
making for this treatment decision taking into account the risks of, benefits of, and alternatives to the
treatment including the use of anesthesia, if any, and palliative care having been satisfied from the oral
and documentary evidence provided at the hearing on the 25th day of July 2017 finds that

Michael Chase
(Patient)

- (1) does not have sufficient capacity to provide his/her own informed consent for this treatment
decision;

SDMC Guidance for Providers Completing the MOLST Checklist following the SDMC Hearing

- (2) no legally-authorized person is available and willing to provide substitute informed consent; and SDMC Form No. 380-A (Rev. 07/13)

Patient Name Michael Chase

Declaration No. 1700000

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- (3) the proposed treatment decision is [X] in the best interests of the patient.

- (4) This Committee hereby does [X] provide informed consent on behalf of Michael Chase for the **(Patient)**

DNR/DNI; Withhold and Withdraw Vasopressors and IV Fluids; Withhold future hospitalizations unless pain or severe symptoms cannot otherwise be controlled; Withdraw Mechanical Ventilation; Withhold and Withdraw Artificial Nutrition and Hydration; Provide Hospice Care and Treatment;
(Treatment Decision)

and the administration of anesthesia, if any, and authorizes related medical or palliative care procedures that are normal and customary in accordance with sound medical practice. Such withdrawal or withholding of the life sustaining procedure shall be accomplished by or under the supervision of the Attending Physician in private practice or at a facility licensed, certified or registered with the New York State Department of Health, or at any facility duly licensed by a State of the United States, or in private practice by such a physician.

This consent shall constitute legally valid informed consent and no further consents for the proposed treatment decision, administration of anesthesia, if any, and such related or continuing medical or palliative care procedures necessitated by the original treatment shall be required.

This determination is effective as of the 31st day of July 2017, and will remain in effect as long as Michael Chase lacks capacity to make his or her own decision and the treating physician(s) continues to certify that Michael Chase has a qualifying medical condition as set forth in Article 17-A, Section 1750-b of the Surrogate’s Court Procedure Act.

This determination has been made in accordance with the provisions of Article 80 of the New York State Mental Hygiene Law, Article 17-A Section 1750-b of the Surrogate's Court Procedure Act and Title 14 of the New York Codes, Rules and Regulations Part 710 promulgated by the Commission on Quality of Care and Advocacy for Persons with Disabilities governing the operations of this Committee. Pursuant to L.2012 c.501 regulations, rules, and functions of the Surrogate Decision-Making Committee (SDMC) Program set out in part 710 are wholly assumed by and continue in full force under the Justice Center for the Protection of People with Special Needs.

Rose MacDonald
(Witness)

Andrea O'Brien
(Chairperson)

NOTICE OF RIGHT TO APPEAL: As the patient, declarant, director, MHLS, all authorized surrogates and all known correspondents, you have the right to appeal this determination by applying to the New York State Supreme Court for a review.

Notice of Right to Object: As the patient, parent or adult sibling residing with or maintaining substantial and continuing contact with the patient, a licensed health care practitioner of the patient, the chief executive officer of the patient's residence, the Director of the Developmental Disabilities Services Office, the Commissioner of the Office for People With Developmental Disabilities or Mental Hygiene Legal Services, you also have the right to object to this determination in accordance with Article 17-A, Section 1750-b of the Surrogate's Court Procedure Act, which provides for notice by the attending physician and objections to decisions regarding withdrawal or withholding of life sustaining treatment.

The Surrogate Decision-Making Committee Program is administered by the NYS Justice Center for the Protection of People with Special Needs to provide informed consent or refusal of the treatment decision. Questions: Contact SDMC Program Director at 518-549-0328

