

**Maryland
Attorney General's Office**

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**Instructions on Current Life-Sustaining
Treatment Options**

**Explanatory Guide
for Patients**

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I. Purpose of the Form

A new form, called the "Instructions on Current Life-Sustaining Treatment Options" (LST Form) form, is meant to help seriously ill patients receive the kind of health care that they want or that serves their best interests. This Guide talks about the purpose and use of the form.

When someone is seriously ill or medically unstable, decisions often have to be made about the use of medical technology that tries to keep important body functions going. The law calls this technology "life-sustaining treatments," so that is the phrase this Guide will use. If you are in this situation, your physician or another health care professional will talk with you about the decisions you need to make now. The LST Options form is used to summarize what you expect your health care providers to do if an important body function fails.

The LST Options form is not the same as a living will or similar advance directives. A living will type of advance directive is used to say what a person wants done about life-sustaining treatments if, at some point, the person becomes seriously ill and no longer can make decisions. A living will typically talks in a general way. It is usually not linked to current, specific end-of-life decisions. In contrast, the LST Options form *only* speaks to current decisions.

If you don't have an advance directive and want to make one, you can. Discuss this possibility with whoever is offering you the LST Options form.

What if you already have a living will or similar advance directive? Those documents will speak for you when you no longer can make your own health care decisions. But as long as you can make your own decisions, you can use the LST Options form to decide about *current* issues.

II. Filling Out the LST Options Form

You don't have to fill out an LST Options form. Its use is voluntary. If you fill one out, you can change your mind later by filling out a new one. An LST Options form should be reviewed whenever your condition changes in a major way.

What if you are *not* seriously ill but are in a nursing home, for example, while you recover from an injury or surgery? You will be offered the LST Options form anyway. If you decide to use it, you would only fill out a few parts, because most of it wouldn't apply to your situation.

To use the LST Options form, sit down with your doctor or another health care professional. You should not try to fill out the form until you have discussed and understand the medical issues that the form covers. You may only want or need to address some items on the form, depending on the current situation. Do *not* use the LST Options form to address issues that simply haven't come up yet.

You initial the parts of the form that you completed. You then sign at the bottom, along with the health care professional who explained the choices. If your attending physician was not there at the time, he or she should sign later, in order to make the form valid. If you are in a health care facility and then are transferred to another facility, the LST Options form will be sent to the new facility.

III. The Parts of the LST Options Form

This is a summary of what the LST Options form covers. You'll only be asked to fill out parts that relate to your current condition or are likely to be relevant in the near future. You can initial a choice that is already printed on the form or say something else under "Other."

If you are not ready to fill out a part, you can write "No decision at this time" in the space marked "Other." You can always consult with a trusted advisor, such as a family member or religious advisor, before

making a decision. But always consider what could happen if the treatment issue comes up urgently, before you have made a decision.

Part A. Main goal(s) of care.

It is best if specific treatment decisions are consistent with one another and with a personal goal. Part A invites you to identify the main goal of your care, which is what all specific treatments should relate to. What do you hope that the treatments will achieve?

Part A allows more than one main goal of care to be written down. Often, two goals can be pursued at the same time – for example, prolonging life while controlling pain and other distressing symptoms. But if the use of a life-sustaining treatment would not allow for maximum comfort, as sometimes happens, health care providers ought to know which goal is more important to you.

Part B. Advance directive and health care proxy contact information.

If you have already completed an advance directive, it should be with the form. If the advance directive names a health care agent (sometimes called a durable power of attorney for health care), write down the name and phone number for the health care agent in the place on the form for this information. If there is no health care agent, write down contact information for your next of kin or a friend who will make decisions for you if you can't.

Part C. Attempted CPR.

How do you want health care providers to respond if your heart or breathing suddenly stops? One choice is for cardiopulmonary resuscitation (CPR) to be attempted, in an effort to extend life. The other choice is that CPR is not attempted, allowing death to occur naturally. Don't assume that CPR is as effective as it may appear to be on television dramas. Talk to your physician about the realistic chances that CPR might succeed, given your medical condition, and the likely impact of surviving CPR on your overall condition and outlook (prognosis). This part does not have

space for "Other," because there is no third choice. CPR is either attempted or not.

Part D. Hospital transfer.

Do you want to be transferred to a hospital for a severe acute illness or injury? The answer depends on the main goal(s) identified in Part A. Depending on the setting, it is often possible to treat an acute illness or injury outside of a hospital. Hospitals may offer more aggressive, rapid, or frequent care than can be obtained elsewhere. But hospitalization is not always the best or most comfortable solution to treating an illness or injury. Sometimes patients prefer to limit care and treatment to whatever options are available where they are. A preprinted item also allows a choice of hospitalization if needed to evaluate an acute injury, but not for acute illness or complications related to your underlying medical conditions.

Part E. Medical workup.

If you have or develop significant symptoms, do you want to have medical testing to try to diagnose or monitor the problem? Would this testing, called a medical workup, help achieve the main goal(s) of care? A medical workup can be uncomfortable and is not always helpful. Testing would not be helpful, for example, if the problem, once it is diagnosed, would not be treated. One possibility, printed on the form, is to accept only noninvasive and low-risk tests.

Part F. Antibiotics.

Do you want antibiotics to be used in case of an infection such as pneumonia? For some patients, antibiotic treatment is consistent with the main goal(s) of care. For others, it is not. A middle course is to rule out a more burdensome way of receiving antibiotics, intravenous infusion, but to allow other methods.

Part G. Artificial ventilation.

Do you want a breathing machine and related tubes to be used if you can't breathe well enough unaided? In addition to a flat yes or no answer, this part of the form asks about possible use for a limited time, to see how you do, and then to allow the treatment to be discontinued if it does not help attain your main goal(s) of care.

Part H. Artificially administered fluids and nutrition.

Do you want artificially administered fluids and nutrition to be used (that is, through a tube inserted into the nose or surgically into the stomach or intestines, or through a needle into a vein) if you can't take in enough orally? In addition to a flat yes or no answer, this part of the form asks about possible use for a limited time, to see how you do, and then to allow it to be discontinued if it does not help attain your main goal(s) of care. You can also choose intravenous administration of fluids, but decline artificially administered nutrition.

Part I. Other treatments.

This part provides space to make decisions about other life-sustaining treatment options that might be particularly relevant to you (for example, blood transfusions for anemia or internal bleeding, or dialysis for kidney failure). Preferences can be stated in terms of the use of a treatment indefinitely or repeatedly, temporarily to try to resolve an acute episode, or not at all.

IV. Getting More Information

More information about the LST Options form and Maryland health care law is available on Attorney General Gansler's web site. Our home page is: www.oag.state.md.us. From there, click on "Health Policy" from the menu on the left of the screen. But, we cannot offer individual legal or medical advice or help in filling out a LST Options form.