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Key concerns with SB 165 (with bill sections where found):

- 1. Bill allows more than attending physician to issue and certify MOLST form, including: certified nurse practitioner, clinical nurse specialist, or physician assistant (2133.23, 2133.30). Shouldn't the primary care physician be the only one to work with patients to make such a significant decision regarding their own health care?
- 2. Preparation of the form with the patient is not limited to the attending physician, but also includes "the individual who completes the form pursuant to the practitioner's delegation...(2133.30(K))" which can include any personnel, from social worker to chaplain.

Even the proposed form to be established in statute excuses the issuing practitioner from liability by stating "My signature in this section indicates, **to the best of my knowledge**, that these orders are consistent with the patient's current medical condition and preferences..." Again, shouldn't the primary care physician be the only one to work with patients to make such a significant decision regarding their own health care?

- 3. SB 165 allows for the MOLST to include withdrawal of comfort care measures (2133.30 P), which includes by definition (2133.30 E 1 & 2) nutrition and hydration. This is a major reason why the Terri Schiavo Life and Hope Network opposes SB 165.
- Bobby Schindler

 4. Life sustaining treatment is defined in the bill as **any** medical procedure, treatment,

 Marie Willke Meyers, M.D. intervention or **other measure** that is intended to serve principally to "prolong the process of dying" (2133.30 O). Tacit change from preserving life to hastening death with this bill.
 - 5. Amendments that were offered and accepted in an earlier hearing removed language from the proposed MOLST form that stated the following: "You will still receive medical treatment regardless of whether this form is signed." Why was this removed?
 - 6. Language changes created, as a standard for when a MOLST is recommended, the assessment that "(patient) for whom a health care professional would not be surprised if they died within one year"...this is a very subjective standard for issuing a standing medical order.
 - 7. Contrary to the sponsor and proponent testimonies, the bill establishes in law that a MOLST form can be issued for any patient, at any time (2133.33), regardless of age or condition. Once issued, a MOLST form "is valid and the instructions in it become operative and **govern** how the patient who is the subject of the form is to be treated with respect to hospitalization, administration **or withdrawal** of life saving treatment **and comfort care**..."

- 8. Section 2133.39 states that "unless revoked (and replaced by an updated form)...a MOLST form **does not expire**". Proponents have argued that the form expires after 1 year if not reviewed (language which is in the proposed instructions of the form itself), but this claim, and the form's instruction language, does not align with the new statutory section as stated above.
- 9. The bill includes incomplete conscience clauses to protect facilities or practitioners who cannot follow a MOLST treatment order due to the institution's or person's moral, ethical, or medical concerns; the bill's required referral to those who will implement a MOLST order still keeps the facility or practitioner complicit in the morally objectionable act (Sections 2133.24 (B), 2133.45 (B)). This is similar to forcing those who do not want to perform abortion to refer a patient to an abortionist who will kill the child instead.
- 10. MOLST is to replace Ohio's current Do Not Resuscitate (DNR) protocol due to claims that existing DNR is too complicated. But Ohio's DNR is a simple one-page form (odh.ohio.gov/pdf/forms/dnrfrm.pdf). Significantly, the Ohio DNR form defines what DNR comfort care will and will not include—clarity MOLST forms omit.

Submitted on behalf of Ohio's Pro-Life Coalition:

Paula Westwood, Executive Director-Right to Life of Greater Cincinnati 859/391-0558 (cell) pwestwood@cincinnatirighttolife.org