

Chairman Bacon and members of the Civil Justice Committee,

I appreciate the opportunity to testify today regarding SB165 – MOLST legislation. I have a deep interest in this legislation on several levels. I trained as an Emergency Physician and finished my residency almost 30 years ago. For the past 17 years I have worked in the Emergency Departments at Mansfield and Shelby. We deal with end of life situations on a daily basis. I have also been involved in EMS for more than 40 years initially as an EMT and now as a Medical Director for most of Richland County, still responding to calls at times. Personally, I have had to negotiate end of life wishes for my father and several family members who passed away and am the HealthCare power for several others still.

Shortly after I moved to Ohio in 1994, I helped Dr Andrew Eddy in bringing the DNR system that was in place in Maryland to Ohio via the current DNR legislation. As you know, since then, technology and the health care system has changed, but the DNR system has not. We often have to amend the current DNR forms to help patients fulfill their end of life wishes. Living Wills do not kick in until 2 doctors agree that the person is in a terminal situation – which is not useful in the ED. The MOLST form allows for variations and is flexible to adapt to new technologies.

Having a document that will simply and rapidly express what the patient's wishes are when they are not able to do so no matter where they are in Ohio is crucial for EMS and Emergency Department providers. Having a form that will flex to their desires is what MOLST will provide that the current DNR forms do not.

For example, when my father was in the last stages of heart failure after 2 heart attacks in 3 months at age 87, he expressed that he had lived a long life and was ready to die. He did not want CPR or intubation, but was not ready for hospice and did want medications to help his medical conditions. We had to amend his DNR form to be DNR-CC-A but with a hand written "No Intubation". This is unfortunately common and relying on physician handwriting to clarify this is not the best.

I was HCPOA for an aunt who was a nurse. She had expressed that if she was critically ill, to go full out for 3 days, but if this was not working, to then stop all of our efforts. Unfortunately, she was critically ill and kept worsening despite aggressive medical care and we abided by her wishes and stopped everything keeping her alive after 3 days. The current DNR form had to be one way for 3 days then revised to a new form. MOLST would allow for this without amending.

It is difficult for us Emergency physicians to stop doing everything possible to resuscitate our critical patients. This is especially true with family or close friends. As you know, unlike in TV and movies, most patients do not survive from cardiac arrest. While it can seem like we failed,

it is often doing the best for our patients to stop efforts when it gets to the point that the patient had wished us to stop at...if not even a little before that. The other day I took care of 2 awake alert patients with medical time bomb conditions – where they could die at any second. They both loudly and clearly chose to not have risky medical treatments and go home to die. And did shortly after.

We all want to do what is best and follow the wishes of our citizens of Ohio when an end of life situation is encountered. The MOLST legislation and form will give us the best chance to do so.

Thank you for this chance to testify for SB165. Please feel free to ask me any questions now or that come up later.