

# Facilitating End-of-Life Decisions: Advance Directives & MOLST

Thaddeus Mason Pope, J.D., Ph.D.

Wilmington VA Hospital

September 30, 2011

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1. DE end-of-life care
2. Advance directives
3. Problems with ADs
4. MOLST

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# End-of-Life Care in Delaware

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**Means to a Better End:**



[www.lastacts.org](http://www.lastacts.org)

*A Report on Dying  
in America Today*

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THE DARTMOUTH INSTITUTE  
FOR HEALTH POLICY & CLINICAL PRACTICE



*Where Knowledge Informs Change*

*A Report of the Dartmouth Atlas Project*

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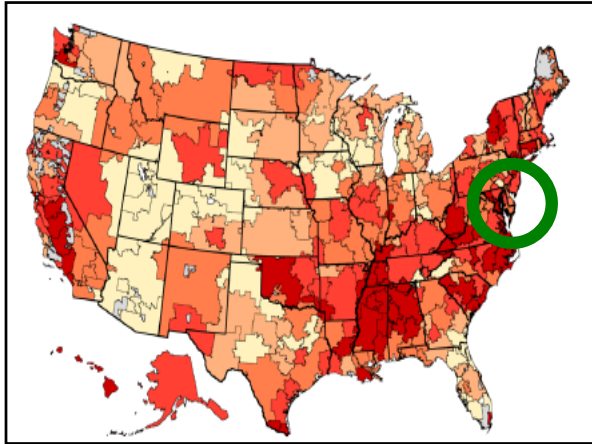
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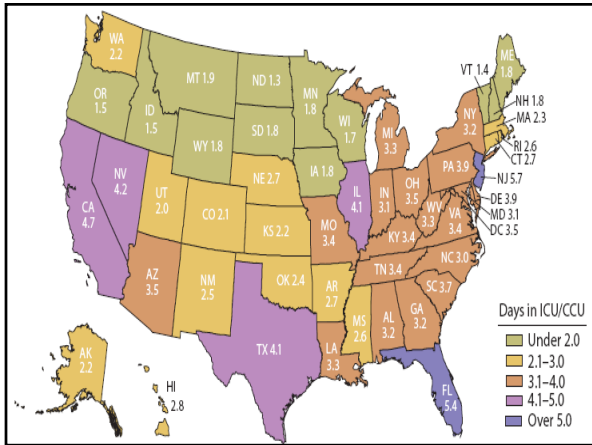
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Treatment  
is  
**un**wanted

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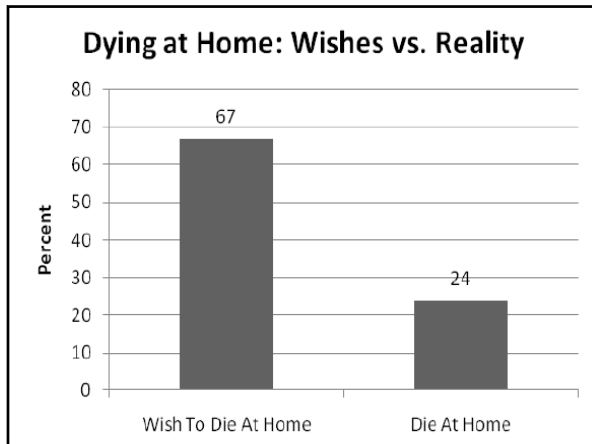
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84% would trade **length** of life for **quality** of life

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**Harms from unwanted treatment**

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# 1. Harm to Patient

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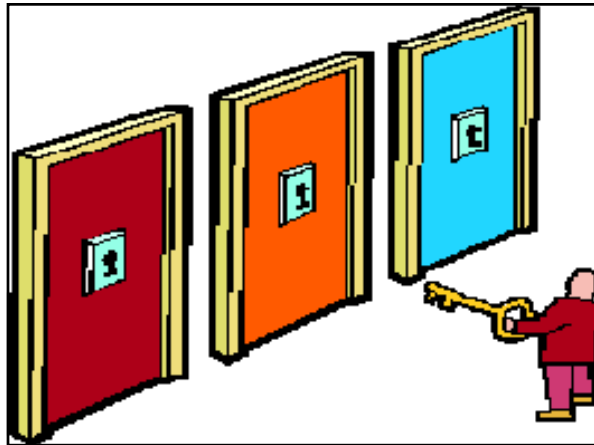
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## 2. Harm to Family

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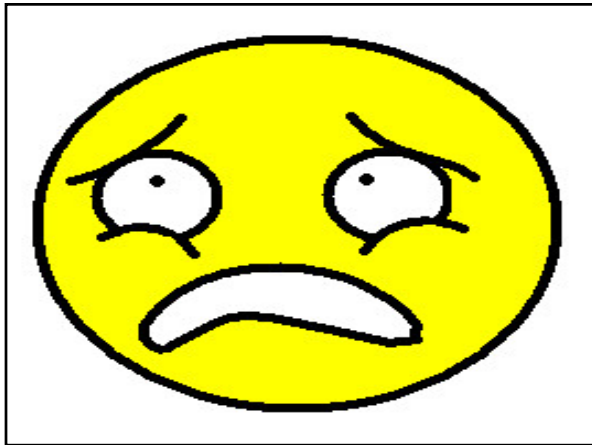
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# 3. Harm to Others

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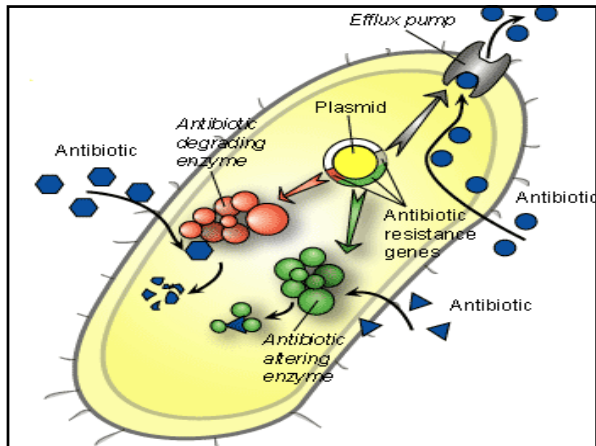
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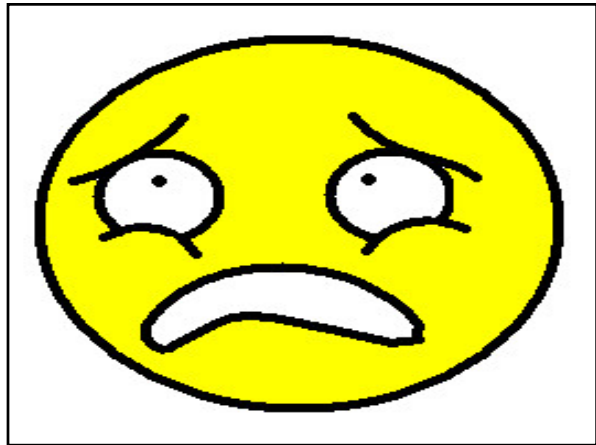
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# 4. Harm to Society

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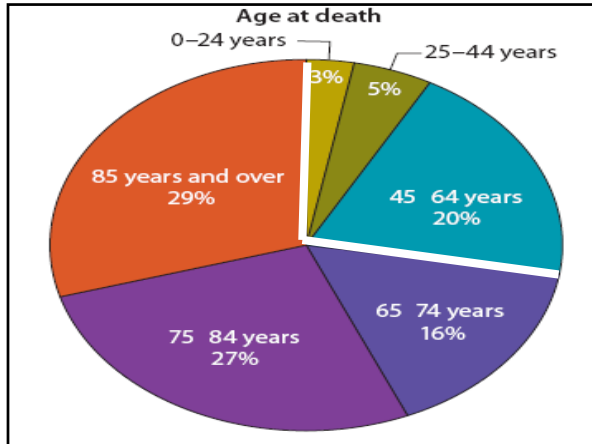
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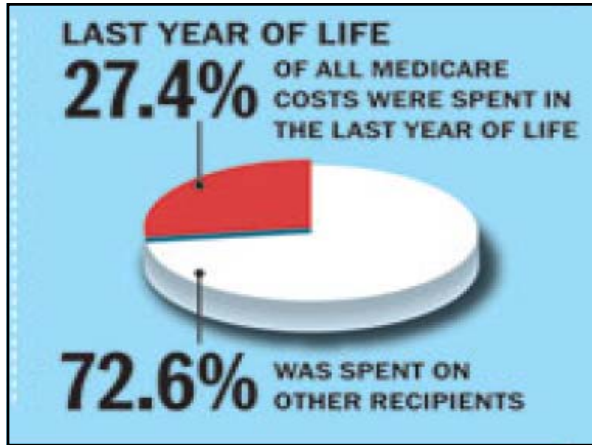
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<p>United States Government Accountability Office</p> <p><b>GAO</b></p> <p>Testimony          Before the Committee on the Budget,          U.S. Senate</p>	<p><b>CBO</b>  <b>PAPER</b></p> <p>JANUARY 2008</p> <p>Technological          Change and the          Growth of          Health Care          Spending</p>
<p><small>For Release on Delivery          Expected at 10:00 a.m. EST          Thursday, January 21, 2008</small></p> <p><b>LONG-TERM FISCAL          OUTLOOK</b></p> <p>Action Is Needed to Avoid          the Possibility of a Serious          Economic Disruption in the          Future</p>	

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Patients  
without  
capacity

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Prospective  
Autonomy

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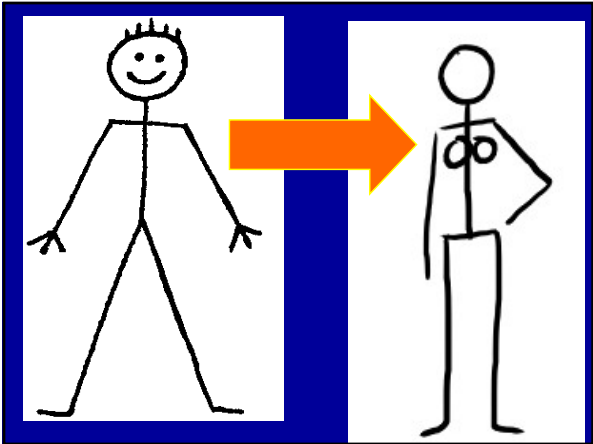
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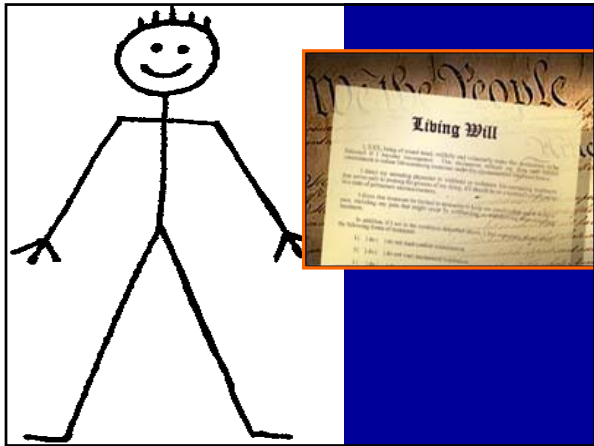
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Spouse  
Adult child  
Parent  
Adult sibling

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**Advance  
Directives**

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**PART II: POWER OF ATTORNEY FOR HEALTH CARE**

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**A. DESIGNATION OF AGENT:** I designate \_\_\_\_\_  
as my agent to make health care decisions for me. If he/she is not living, willing or able, or  
reasonably available, to make health care decisions for me, then I designate \_\_\_\_\_  
\_\_\_\_\_ as my agent to make health care decisions for me.

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(name of individual you choose as agent)

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**PART I. INSTRUCTIONS FOR HEALTH CARE DECISIONS**

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I do not want my life to be prolonged if (please check all that apply)

\_\_\_\_ (i) I have a terminal condition (an incurable condition from which there is no  
reasonable medical expectation of recovery and which will cause my death, regardless  
of the use of life-sustaining treatment). In this case, I give the specific directions  
indicated:

	I want used	I do not want used
Artificial nutrition through a conduit	_____	_____
Hydration through a conduit	_____	_____
Cardiopulmonary resuscitation	_____	_____
Mechanical respiration	_____	_____
Other (explain) _____	_____	_____

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 **Department of Veterans Affairs**

**VA ADVANCE DIRECTIVE:  
DURABLE POWER OF ATTORNEY FOR HEALTH CARE AND LIVING WILL**

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**PART II: DURABLE POWER OF ATTORNEY FOR HEALTH CARE**

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**PART III: LIVING WILL**

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**VA FORM  
DEC 2006 (RS) 10-0137**

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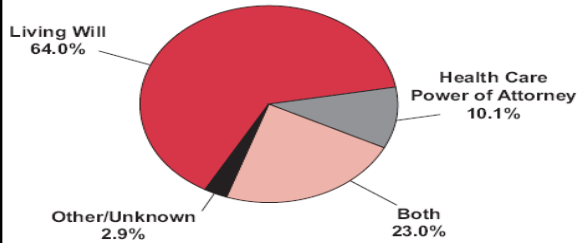
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**Figure 2: Living Wills are the Most Common Form of Advance Directive in New Jersey**



Source: Rutgers Center for State Health Policy, New Jersey Family Health Survey, 2001

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**Limits of  
(instructional)  
Advance  
Directives**

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- Not completed
- Not found
- Not informed
- Not clear

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Not  
completed

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AMERICAN BAR ASSOCIATION  
GOVERNMENTAL AFFAIRS OFFICE • 140 FIFTEENTH STREET, NW • WASHINGTON, DC 20005-1022 • 202.682-1700

30%

  
28%

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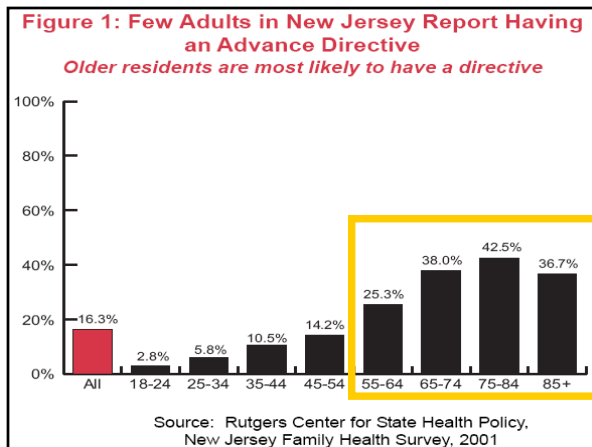
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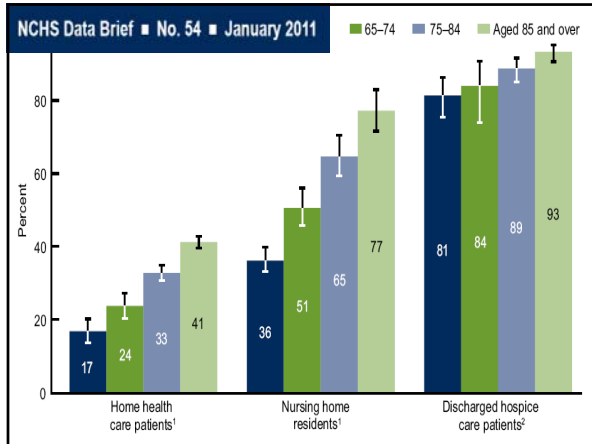
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Not  
found

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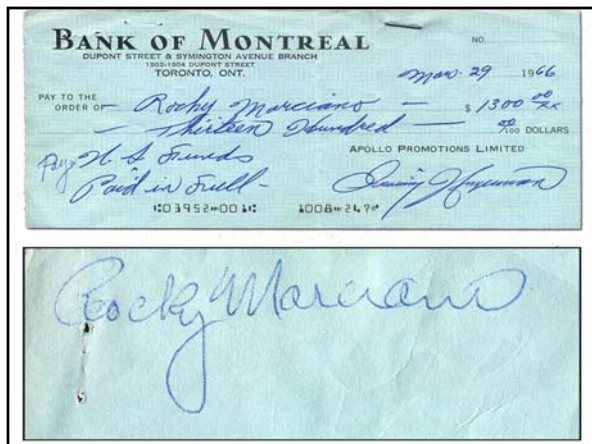
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65-76% of physicians  
whose patients **have**  
advance directives do  
not know they **exist**



U.S. Department of Health and Human Services  
Assistant Secretary for Planning and Evaluation  
Office of Disability, Aging and Long-Term Care Policy



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**Individuals fail to make &  
distribute copies**

- Primary agent
- Alternate agents
- Family members
- PCP
- Specialists
- Attorney
- Clergy
- Online registry

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**Not  
informed**

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# Enough

## THE FAILURE OF THE LIVING WILL

by ANGELA FAGERLIN AND CARL E. SCHNEIDER

In pursuit of the dream that patients' exercise of autonomy could extend beyond their span of competence, living wills have passed from controversy to conventional wisdom, to widely promoted policy. But the policy has not produced results, and should be abandoned.

HASTINGS CENTER REPORT March/April 2004

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**Annals of Internal Medicine** PERSPECTIVE

### Controlling Death: The False Promise of Advance Directives

Henry S. Perkins, MD

Advance directives promise patients a say in their future care but actually have had little effect. Many experts blame problems with completion and implementation, but the advance directive concept itself may be fundamentally flawed. Advance directives simply presuppose more control over future care than is realistic. Medical crises cannot be predicted in detail, making most prior instructions difficult to adapt, irrelevant, or even misleading. Furthermore, many proxies either do not know patients' wishes or do not pursue those wishes effectively. Thus, unexpected problems arise often to defeat advance directives, as the case in this paper illustrates. Because advance directives offer only limited benefit, advance care planning should emphasize not the completion of directives but the emotional preparation of patients and families for future crises. The existentialist Albert Camus might suggest that physicians should warn patients and families that momentous, unforeseeable decisions lie ahead. Then, when the crisis hits, physicians should provide guidance; should help make decisions despite the inevitable uncertainties; should share responsibility for those decisions; and, above all, should courageously see patients and families through the heart-some experience of dying.

Am Intern Med. 2007;147:251-57.  
For author affiliations, see end of text.

www.annals.org

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Not  
clear

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if \_\_\_\_\_,  
then \_\_\_\_\_

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**Trigger terms vague**

“Reasonable expectation  
of recovery”

75%	51%
25%	10%

Plus: prognosis uncertain

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## Preferences vague

“No ventilator”  
 Ever  
 Even if temporary

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## SITUATION A

If I am in a coma or a persistent vegetative state and, in the opinion of my physician and two consultants, have no known hope of regaining awareness and higher mental functions no matter what is done, then my goals and specific wishes — if medically reasonable — for this and any additional illness would be:

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Please check appropriate boxes:

1. **Cardiopulmonary resuscitation** (chest compressions, drugs, electric shocks, and artificial breathing aimed at reviving a person who is on the point of dying).
2. **Major surgery** (for example, removing the gallbladder or part of the colon).
3. **Mechanical breathing** (respiration by machine, through a tube in the throat).
4. **Dialysis** (cleaning the blood by machine or by fluid passed through the belly).
5. **Blood transfusions or blood products.**
6. **Artificial nutrition and hydration** (given through a tube in a vein or in the stomach).
7. **Simple diagnostic tests** (for example, blood tests or x-rays).
8. **Antibiotics** (drugs used to fight infection).
9. **Pain medications, even if they dull consciousness and indirectly shorten my life.**

	I want	I want treatment tried. If no clear improvement, stop.	I am undecided	I do not want
1. Cardiopulmonary resuscitation		Not applicable		
2. Major surgery		Not applicable		
3. Mechanical breathing				
4. Dialysis				
5. Blood transfusions or blood products.		Not applicable		
6. Artificial nutrition and hydration				
7. Simple diagnostic tests		Not applicable		
8. Antibiotics		Not applicable		
9. Pain medications		Not applicable		

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	Yes. I would want to have life-sustaining treatments.	It would depend on the circumstances.	No. I would not want to have life-sustaining treatments.
If I am unconscious, in a coma, or in a persistent vegetative state and there is little or no chance of recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I have permanent severe brain damage (for example, severe dementia) that makes me unable to recognize my family or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I have a permanent condition that makes me completely dependent on others for my daily needs (for example, eating, bathing, toileting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I am confined to bed and need a breathing machine for the rest of my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I have pain or other severe symptoms that cannot be relieved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I have a condition that will cause me to die very soon, even with life-sustaining treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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More technology  
is the **default**

Patient must  
**opt out**

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# MOLST

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**MOLST**  
**M**edical  
**O**der  
**L**ife  
**S**ustaining  
**T**reatment

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# POLST

**P**ractitioner / Physician  
**O**rder  
**L**ife  
**S**ustaining  
**T**reatment

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**POST** Physician Order for  
 Scope of Treatment

**MOST** Medical . . .

**COLST** Clinician . . .

**Life with Dignity Order**

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 <b>STATE OF DELAWARE MOLST FORM</b>	
HIPAA PERMITS DISCLOSURE OF MOLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY	
<b>MEDICAL ORDERS for life-sustaining treatment (MOLST)</b> <small>FIRST follow these orders, THEN contact physician. This is a medical order sheet based on the person's current medical condition and wishes. Any section not complete implies full treatment for that section. Everyone shall be treated with dignity and respect.</small>	
Last Name/First Name/Middle Initial _____ date of birth ____/____/____ Last 4 SSN # _____ M <input type="checkbox"/> F <input type="checkbox"/> Gender	
<b>A</b> <small>Check One Box Only</small>	<b>Cardiopulmonary Resuscitation (CPR): <u>Person has no pulse and is not breathing.</u>*</b> <input type="checkbox"/> Attempt Resuscitation (CPR) <input type="checkbox"/> Do Not Attempt Resuscitation (DNR/No CPR) <small>*When person is not in cardiopulmonary arrest, follow orders in B, C, and D.</small>
<b>B</b> <small>Check One Box Only</small>	<b>Medical Interventions: <u>Person has a pulse and/or is breathing.</u></b> <input type="checkbox"/> <b>COMFORT MEASURES ONLY.</b> Use medications by any route, positioning, wound care, and other measures to relieve pain and suffering. Use oxygen, oral suctioning, and manual treatment of airway obstruction as needed for comfort. <b>Do not transfer to hospital for life-sustaining treatment. Transfer if comfort needs cannot be met in current location.</b> <input type="checkbox"/> <b>LIMITED ADDITIONAL INTERVENTIONS.</b> Includes care described above. Use medical treatment, IV fluids, and cardiac monitor as indicated. Do not use intubation or mechanical ventilation. May use less invasive airway support (e.g. CPAP, BiPAP). <b>Transfer to hospital if indicated. Avoid intensive care.</b> <input type="checkbox"/> <b>FULL TREATMENT.</b> Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. <b>Transfer to hospital if indicated. Includes intensive care.</b> <small>Additional Orders: (e.g. dialysis, etc.) _____</small>

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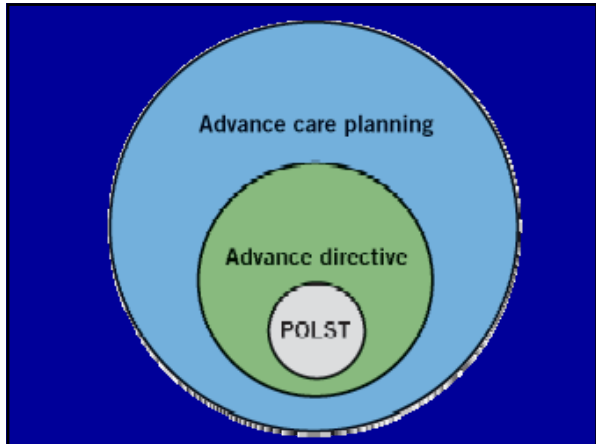
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**Both**

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Terminal illness  
Advanced chronic progressive illness  
Frailty

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In last year of life

Others who want  
to define care

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The present

Here & now

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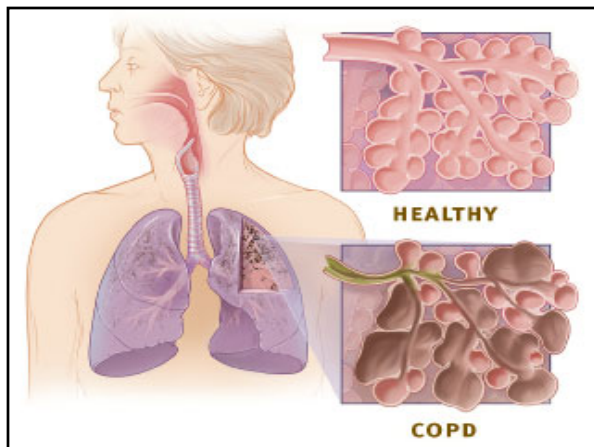
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# Order for LST

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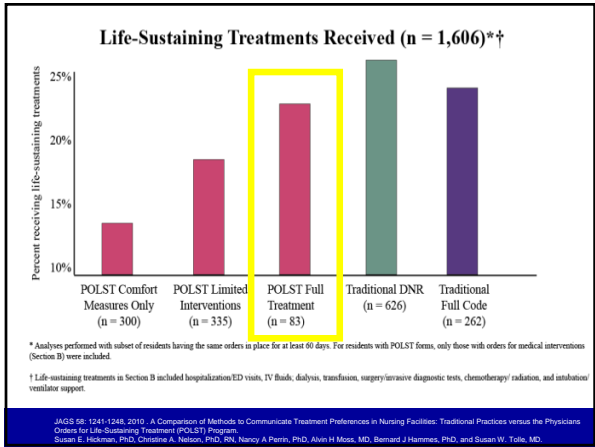
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<b>A</b> Check One-Box Only	<b>Cardiopulmonary Resuscitation (CPR):</b> <u>Person has no pulse and is not breathing.*</u> <input type="checkbox"/> Attempt Resuscitation (CPR) <input type="checkbox"/> Do Not Attempt Resuscitation (DNR/No CPR)
	*When person is not in cardiopulmonary arrest, follow orders in B, C, and D.

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<b>D</b>	<b>ARTIFICIALLY ADMINISTERED NUTRITION:</b>	
	<u>Always offer food and liquids by mouth, if feasible.</u>	
Check One Box Only	<input type="checkbox"/>	No artificial nutrition by tube.
	<input type="checkbox"/>	Defined trial period of artificial nutrition by tube. (Goal):
		_____ <input type="checkbox"/>
	Long-term artificial nutrition by tube.	
	<i>Additional Orders:</i>	

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<b>E</b>	<b>SUMMARY OF MEDICAL CONDITION/GOALS:</b>

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<b>F</b>	<b>SIGNATURES:</b> Preferences have been expressed to the health care provider whose signature is found below. This document reflects those preferences. If signed by a surrogate, preferences must reflect patient's wishes as best understood by the surrogate.	
	Discussed with:	<b>PRINT – Physician/APN/PA Name</b> <b>Phone #</b>
	<input type="checkbox"/> Patient <input type="checkbox"/> Parent of Minor <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Next-of-Kin <input type="checkbox"/> Health Care Agent	_____ Physician/APN/PA Signature (mandatory)      Date _____ Physician Co-Signature if PA Signs Above (mandatory)      Date _____ Patient or Legal Surrogate Signature/Relationship (mandatory)      Date
	<b>SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED.</b>	
Use of original form is strongly encouraged. Photocopies and FAXes of signed MOLST forms are legal and valid.		

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Can be completed  
by **surrogate**, if  
patient lacks  
capacity

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70% patient  
30% surrogate

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MOLST does  
**not** expire

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Review with  
change in  
condition or  
location

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MOLST can be  
revised or  
revoked at any  
time

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**History of  
MOLST**

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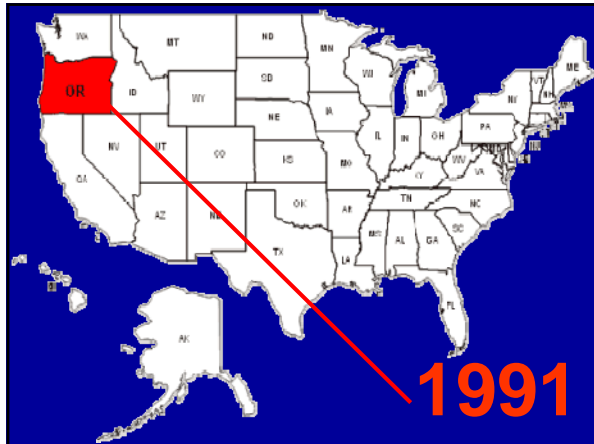
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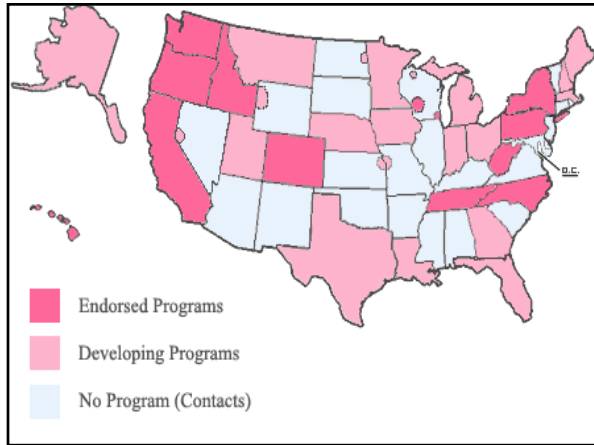
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**PA** - implementing 2011

**NJ** - implementing 2011

**MD** - implementing 2011

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DELAWARE HEALTH CARE SERVICES  
 DIVISION OF PUBLIC HEALTH, DEPARTMENT OF SERVICES, MEDICAL SERVICES  
 PRE-HOSPITAL ADVANCED CARE DIRECTIVE (FORM PAID TO FULFILL PATIENT'S NEEDS IN A  
 SCOPE OF EMERGENCY MEDICAL SERVICES CARE)

In the event I am hospitalized due to an emergency, I hereby request the following emergency medical care in the event I am hospitalized due to an emergency:

Option A: (Advanced Life Support) I want Maximal (Resuscitative) Care Before Arrest, Then DNR.

Option B: (Basic Life Support) I want Minimal (Palliative) Care Only Before Arrest, Then DNR.

Option C: (Do Not Resuscitate (DNR)) No Care Administered CHASE Risk.

I understand that the Do Not Resuscitate (DNR) order does not apply to any resuscitative or life-sustaining interventions that may be administered by emergency medical services personnel in the event of an emergency, and that the DNR order only applies to the care administered by hospital personnel after I am admitted to the hospital. I understand that the DNR order does not apply to any resuscitative or life-sustaining interventions that may be administered by hospital personnel after I am admitted to the hospital. I understand that the DNR order does not apply to any resuscitative or life-sustaining interventions that may be administered by hospital personnel after I am admitted to the hospital.

I understand that the Do Not Resuscitate (DNR) order does not apply to any resuscitative or life-sustaining interventions that may be administered by emergency medical services personnel in the event of an emergency, and that the DNR order only applies to the care administered by hospital personnel after I am admitted to the hospital.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

I affirm that this patient/signatory is making an informed decision and that this Pre-Hospital Advanced Care Directive is the expressed wish of the patient.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Patient's Name (Print): \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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**2000** 16 Del. Code 9706(h) added by H.B. 332

**Nov. 1, 2002** Proposed PACD regulations

Request for written materials and suggestions

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**Nov. 26, 2002** Public hearing

Comment period extended

**Dec. 31, 2002** End comment period

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**June 13, 2003** Final regulations approved

**July 10, 2003** Regulations effective

**July 2005** S.B. 195 amends 9706(h) re driver designation

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QUESTION	ALMOST ALWAYS	USUALLY	SOMETIMES	RARELY	COMMENTS
5. Have seen examples of where DNR orders have not transitioned to a new care setting in an effective way?	32	9	44	29	1 responded NA See attached
6. Have you ever seen the Pre-Hospital Advanced Care Directive (orange form) used effectively?	9	1	19	59	See attached

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**Mar. 15, 2011** Proposed regulations

**Apr. 1, 2011** Published

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**May 2011**

End  
comment  
period

**Aug. 2011**

Final  
regulations

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# MOLST status

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Provider education

Public education

Policy writing

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## Limited

terminally ill  
permanently unconscious

Not binding on VHA

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Compliance not  
**specifically** mandated,  
except by EMS

But **all HCP** must honor  
“decisions” of the patient  
per DE HCDA & PSDA

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Stop completing  
**orange PACD** forms

But honor them when  
presented

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# MOLST benefits

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# 1. Bright color

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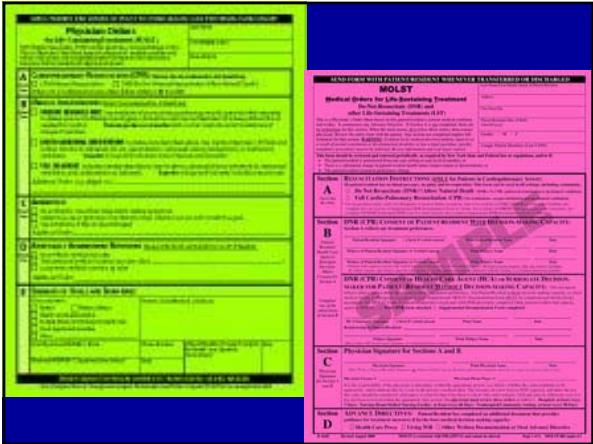
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Original MOLST printed on lilac card stock

But a copy has the same force as original



## 2. Single page



STATE OF DELAWARE MOLST FORM	
HIPAA PERMITS DISCLOSURE OF MOLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY	
<b>MEDICAL ORDERS for life-sustaining treatment (MOLST)</b>	
<small>2003 Update based on the 2002 Delaware version. This is a revised order sheet based on the person's current medical condition and wishes. Any section not complete implies full treatment for that section. Everyone shall be treated with dignity and respect.</small>	
Last Name/First Name/Initial _____ Date of birth _____ Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	
Last 4 ZIP # _____	
<b>A</b>	<b>Cardiopulmonary Resuscitation (CPR): Person has no pulse and is not breathing.*</b>
Check One Do Not	<input type="checkbox"/> Attempt Resuscitation (CPR) <input type="checkbox"/> Do Not Attempt Resuscitation (DNR/No CPR) <small>*When person is not in cardiopulmonary arrest, follow orders in B, C, and D.</small>
<b>B</b>	<b>Medical Interventions: Person has a pulse and/or is breathing.</b>
Check One Do Not	<input type="checkbox"/> <b>COMFORT MEASURES ONLY:</b> Use medications to relieve pain, sedation, anxiolysis, and other measures to relieve pain and suffering. Use oxygen, oral suctioning, and manual treatment of airway obstruction as needed for comfort. Do not transfer to hospital for life-sustaining treatment. Transfer if comfort needs cannot be met in current location. <input type="checkbox"/> <b>LIMITED ADDITIONAL INTERVENTIONS:</b> Includes care described above. Use medical treatment, IV fluids, and cardiac monitor as indicated. Do not use intubation or mechanical ventilation. May use less invasive airway support (e.g. CPAP, BiPAP). Transfer to hospital if indicated. Avoid intensive care. <input type="checkbox"/> <b>FULL TREATMENT:</b> Includes care described above. Use intubation, advanced life support interventions, mechanical ventilation, and sedation as indicated. Transfer to hospital if indicated. Includes intensive care. <small>Additional Orders: (Dr. p. 2/10/03, etc.) _____</small>
<b>C</b>	<b>ANTIBIOTICS:</b>
Check One Do Not Only	<input type="checkbox"/> No antibiotics. Use other measures to relieve symptoms. <input type="checkbox"/> Determine use or limitation of antibiotics if infection exists, with comfort as goal. <input type="checkbox"/> Use antibiotics if life can be prolonged. <small>Additional Orders: _____</small>
<b>D</b>	<b>ARTIFICIALLY ADMINISTERED NUTRITION:</b>
Check One Do Not Only	<input type="checkbox"/> No artificial nutrition by tube. <input type="checkbox"/> Do not use parenteral artificial nutrition by tube. <input type="checkbox"/> Use tube-feeding artificial nutrition by tube. <small>Additional Orders: _____</small>
<b>E SUMMARY OF MEDICAL CONDITIONS/GOALS:</b>	
<b>F SIGNATURES:</b> Preferences have been expressed to the health care provider whose signature is found below. This document reflects those preferences. If signed by a surrogate, preferences must reflect patient's wishes as best understood by the surrogate.	
Discussed with: <input type="checkbox"/> Patient <input type="checkbox"/> Next of Kin <input type="checkbox"/> Parent of Minor <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Health Care Agent	
2003 Physician/PA/NA Name _____ Title _____ Physician Signature (mandatory) _____ Date _____ Physician Co-Signature if PA/NA Sign (mandatory) _____ Date _____ Patient or Legal surrogate Signature/Relationship (mandatory) _____ Date _____	
<b>SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED.</b> <small>Use of original form is strongly encouraged. Photocopies and faxes of signed MOLST forms are legal and valid.</small>	



# 3. More informed

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MEDICAL ORDERS for life-sustaining treatment (MOLST)	
F	<b>SIGNATURES:</b> Preferences have been expressed to the health care provider whose signature is found below. This document reflects those preferences. If signed by a surrogate, preferences must reflect patient's wishes as best understood by the surrogate.
	Discussed with:
<input type="checkbox"/> Patient	<input type="checkbox"/> Parent of Minor
<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Next-of-Kin
<input type="checkbox"/> Health Care Agent	
	PRINT - Physician/APN/PA Name      Phone #
	<b>Physician/APN/PA Signature (mandatory)</b> Date
	Physician Co-Signature if PA Signs Above (mandatory)      Date

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# 4. Immediately actionable

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Medical

**Order**

Life

Sustaining

Treatment

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No need to “**interpret**”  
advance directive

No need to “**translate**”  
into orders

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5. Easy to  
follow

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<b>C</b>  Check One Box Only	<b>ANTIBIOTICS:</b> <input type="checkbox"/> No antibiotics. Use other measures to relieve symptoms.
	<input type="checkbox"/> Determine use or limitation of antibiotics If infection occurs, with comfort as goal.
	<input type="checkbox"/> Use antibiotics if life can be prolonged.
	Additional Orders:

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6. Better  
honored

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Can follow  
**Will** follow

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# 7. Portable

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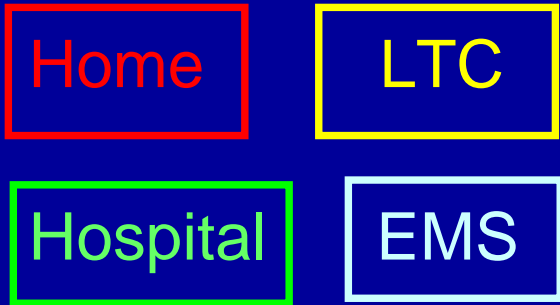
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# 8. Broader than PACD

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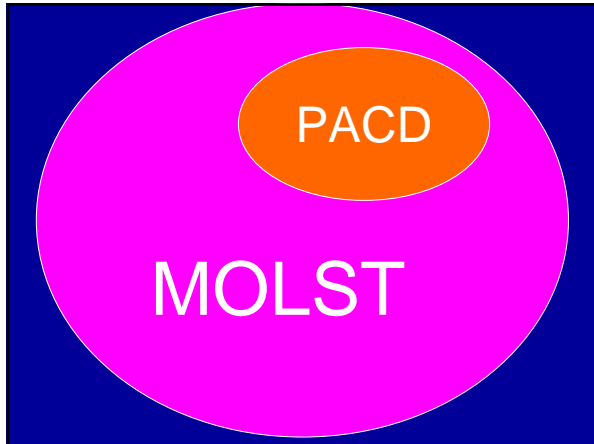
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<u>POLST</u>	<u>Pre-Hospital DNR</u>
<ul style="list-style-type: none"> <li>• Allows for choosing resuscitation</li> </ul>	<ul style="list-style-type: none"> <li>• Can only use if choosing DNR</li> </ul>
<ul style="list-style-type: none"> <li>• Allows for other medical treatments</li> </ul>	<ul style="list-style-type: none"> <li>• Only applies to resuscitation</li> </ul>
<ul style="list-style-type: none"> <li>• Honored across all healthcare settings</li> </ul>	<ul style="list-style-type: none"> <li>• Only honored outside the hospital</li> </ul>

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# 9. Proven Effective

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## POLST is Evidence Based

- Major academic research in 3 POLST states: strong evidence base of efficacy of POLST in ensuring preferences are elicited, documented, honored, w/ pain and symptom management equivalent to those without POLST order

Hickman et al. "A Comparison of Methods to Communicate Treatment Preferences: Traditional Practices versus the Physician Orders for Life-Sustaining Treatment Program" J Am Geriatr Soc 58:1241-1248, 2010.

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Closes gap  
between what  
people **want** and  
what they **get**

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UNITED STATES  
DEPARTMENT OF VETERANS AFFAIRS



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2 roles

# Honor Complete

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Department of Veterans Affairs  
Veterans Health Administration  
Washington, DC 20420

VHA HANDBOOK 1004.02  
Transmittal Sheet  
July 2, 2009

ADVANCE CARE PLANNING AND  
MANAGEMENT OF ADVANCE DIRECTIVES

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CORRECTED COPY

Department of Veterans Affairs  
Veterans Health Administration  
Washington, DC 20420

VHA HANDBOOK 1004.04  
Transmittal Sheet  
June 15, 2007

STATE-AUTHORIZED PORTABLE ORDERS

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Act in accordance  
with MOLST

Write corresponding  
VHA orders

Scan into EHR

Encourage  
Educate  
Write or review on  
discharge

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**Thank  
you**

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**Widener  
University**

**Thaddeus Mason Pope, J.D., Ph.D.**  
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Wilmington, Delaware 19803  
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E: [tmpope@widener.edu](mailto:tmpope@widener.edu)  
W: [www.thaddeuspope.com](http://www.thaddeuspope.com)

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