

Supplementary Material 1

The Request / Consent of the guardian/s / close relative/s / legal / surrogate decision maker/s

I, (Name) related as..... to [Name of the patient UHID, AADHAR No.....], state that I am the guardian/ close relative / surrogate decision maker named in the notarised Advance Medical Directive and/ or the next of kin as per Indian law. I am aware that my relative, Smt./ Sri/kum, has a terminal illness without cure, in which further medical treatment is no longer beneficial, and that the burden of initiating / continuing such treatment has the potential to cause more harm than good.

I confirm that I fully comprehend the information and options for medical treatments/s, with their ‘pros’ and ‘cons’. I comprehend the consequences of withdrawal/ refusal of these treatments for my relative; and have come to the firm view that the option of withdrawal/ refusal is the best choice. Accordingly, I request and consent to the withholding or withdrawal of life-sustaining measures as agreed upon with the treating team. These include,

- Cardio-Pulmonary Resuscitation, Endotracheal Intubation
- Artificial Ventilation, ECMO, or other means of artificial oxygenation
- Intravenous medications such as inotropes, vasopressors, fluids
- Artificial feeding - parenteral, nasogastric tube or gastrostomy
- Defibrillator function of the Implanted Cardioverter-Defibrillators (ICD)
- Kidney Replacement Therapy, chemotherapy, immunotherapy, other targeted therapies
- Other artificial intervention / devices used for the purpose of prolonging vital functions, which are not listed above

I understand that consenting to the withholding or withdrawal of such treatment will not deprive my.....(name/ relation) of the necessary medical and nursing care, pain and symptom relief, and any other measures appropriate to maintain her/his dignity and quality of life.

	Name and relationship	Aadhar number	Signature with date
Decision Maker			
Witness 1			
Witness 2			