

Supplementary Material 2

Decision Report of the Primary Medical Board for Withdrawing/withholding Life-sustaining Medical Treatment

We, the undersigned are the members of the Primary Medical Board constituted by the Chief of Medical Services of the St. John's Medical College Hospital, Bengaluru, on AtAM/PM, in accordance with the guidelines laid down by the Supreme Court of India, in its order dated 24.01.2023, in Miscellaneous Application No. 1699 of 2019 in Writ Petition (Civil) No. 215 of 2005, (with modified Paragraphs 198 and 199) and judgement reported in *Common Cause (A Registered Society) v Union of India and Another* (2018) 5 SCC 1.

Members of the SMB	Name, and qualification	Reg. number
Treating Physician		
Subject expert with > 5 years of post-qualification clinical experience		
Subject expert with > 5 years of post-qualification clinical experience		

We the members of the Primary Medical Board have together visited the patient (Name UHID....., Age / Gender AADHAR No: resident of (address) , son of (Father's Name) :..... on (date of Evaluation) ____ / ____ / ____ at (Time of Evaluation) _____ AM / PM, in (Place of Evaluation (Facility Name and Address) ,

in the presence of the guardian/ close relative / surrogate decision maker named in the notarised Advance Medical Directive and/ or the next of kin as per Indian law.

We have evaluated this patient comprehensively

Summary of the clinical evaluation, review of ongoing treatment, and prognosis

- Currently, he/she has the capacity to make such decisions for themselves
- Currently, he/she does not have the capacity to make such decisions for themselves
- We are fully satisfied that the executor is terminally ill, is undergoing prolonged treatment, and that her/his illness is incurable.

We have reviewed her/his AMD (living will) status, and find;

- No AMD
- AMD is valid and authentic as per the mandates
- AMD is NOT valid as per the mandates
- We have interacted with the guardian/s/ close relative/s / legal / surrogate decision maker/s; and we believe that she/he/them comprehend/s the information and options provided with their 'pros' and 'cons' of withdrawal/ refusal of the medical treatment for their patient; and have come to the firm view that the option of withdrawal/ refusal is the best choice.
- The guardian/s/ close relative/s / legal / surrogate decision maker/s have given their **consent in writing in the presence of two attesting witnesses**, clarifying their understanding of the consequences of withdrawal/ refusal of the medical treatment for their patient.

After evaluation of this patient, we the Primary Medical Board have reflected and reconsidered the benefit vs. Burden of the following Life-Support Treatment /s.

- 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 cancer-directed therapies
- Other artificial intervention / devices used for the purpose of prolonging vital functions, which are not listed above

We, the members of the Primary Medical Board, unanimously submit that

- The instructions in the patient’s AMD be activated with regard to withholding or withdrawal of the medical life-sustaining Treatment /s as indicated
- There is no valid AMD. The medical life-sustaining Treatment/s requested by the guardian/s/ close relative/s / legal / surrogate decision maker/s can be withheld / withdrawn
- The indicated medical life-sustaining Treatment /s adds more benefit than harm for this patient’s current condition, and SHOULD NOT be withheld/ withdrawn

Signatures of the Primary Medical Board members	Date/Time
The treating physician with ≥ 5 years of post-qualification clinical experience	Name, Reg: number, Seal, Signature
Subject Expert with ≥ 5 years of post-qualification clinical experience	
Subject Expert with ≥ 5 years of post-qualification clinical experience	