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Govt comes up with new draft guidelines on passive euthanasia

The guidelines, formulated by experts from AIIMS, allow patients to make a considered decision on whether they want to go on life support and whether they want to be resuscitated.

By: Express News Service

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NewsGuard

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Ministry of Health and Family Welfare Government of India

For forgoing life sustaining treatments, the case will be referred to a secondary medical board, and the support would be withdrawn only after its nod.

The Union Health Ministry released draft guidelines on withdrawing or withholding medical treatment in terminally ill patients, closing a regulatory gap that left medical professionals in a lurch. The guidelines, formulated by experts from AIIMS, allow patients to make a considered decision on whether they want to go on life support and whether they want to be resuscitated.

It also allows withdrawal of supportive care like ventilation, dialysis, or ECMO when they have been declared brain dead, they are unlikely to benefit from advanced intervention, and the patient or their surrogate document an informed refusal of care.

"We have been doing this for years — once we know that a patient is terminal, we counsel them and their family members to withdraw care. They are usually made comfortable and sent home. However, there was no guideline or legal procedure for the same," said Dr Sushma Bhatnagar, professor of palliative care at AIIMS, New Delhi.

"While patients may die in the ICU if there is some health emergency, but in case they have been receiving treatment for terminal <u>cancer</u>, most patients prefer to be with their family towards the end of life," said Dr Bhatnagar.

The guidelines also makes a mention of advance medical directive — a writt THE BIG PICTU declaration made by a person with decision-making capacity documenting l they would like to be medically treated or not treated should they lose capacitations.



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Once the physician determines the inappropriateness of the life sustaining measures, it says, they will refer the case to the primary medical board. If the board reaches consensus then there will be another multidisciplinary meeting with family and a shared decision will be made.



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