Comparative Chart: Guidelines of the Supreme Court of India in *Common Cause v Union of India* (2018) 5 SCC 1 and Suggested Modifications

Reference	Existing Guidelines	Suggested Modifications	Rationale
Para 198.1.4	It shall be in writing clearly stating as to when medical treatment may be withdrawn or no specific medical treatment shall be given which will only have the effect of delaying the process of death that may otherwise cause him/her pain, anguish and suffering and further put him/her in a state of indignity.	It shall be in writing clearly stating as to when medical treatment may be withdrawn or no specific medical treatment shall be given which will only have the effect of delaying the process of death or may carry a greater possibility of harm than reasonable possibility of benefit, and may thereby cause him/her pain, anguish and suffering and further put him/her in a state of indignity.	The Indian Council of Medical Research, published 'Definitions of Terms Used in Limitation of Treatment and Providing Palliative Care at End of Life' in 2018. This document defines 'potentially inappropriate treatment' as 'interventions aimed at cure carrying far greater possibilities of harm than reasonable possibilities of benefit.' Medical treatment should not be provided when it is potentially inappropriate. If this phrase is added to the existing guidelines, it will ensure that a comprehensive set of conditions is covered as regards the withholding or withdrawal of life-sustaining treatment.
Para 198.2.1	It should clearly indicate the decision relating to the circumstances in which withholding or withdrawal of medical treatment can be resorted to.	It should clearly indicate that life-sustaining treatment may be withheld or withdrawn if the treating team of the executor determines that it is potentially inappropriate, at a time when the executor becomes a patient and loses decision-making capacity in relation to the administration of such treatment. ~~decision relating to the circumstances in which withholding or withdrawal of medical treatment can be resorted to.~~	This modification will make the application of the advance medical directive more clear and certain. It clarifies that an advance medical directive comes into application only when a person loses decision-making capacity. It also clarifies that there will be a medical determination of whether life-sustaining treatment will be beneficial or not for that patient. Therefore, solely the patient's wishes cannot govern whether life-sustaining treatment should be withheld or withdrawn.

Para 198.3.1	The document should be signed by the executor in the presence of two attesting witnesses, preferably independent, and countersigned by the jurisdictional Judicial Magistrate of First Class (JMFC) so designated by the District Judge concerned.	The document should be signed by the executor in the presence of two attesting witnesses, preferably independent, and attested before a notary as defined in section 2(d) of The Notaries Act, 1952,[1] read with section 11[2] of the Act.	This is an onerous requirement. Ordinary citizens will find it difficult to gain access to a Judicial Magistrate of the First Class. It also adds to the existing workload of magistrates. Citizens who have approached a Judicial Magistrate to execute advance medical directives since the Supreme Court passed its decision have been unable to execute such directives (**A-2 of the Application for Clarification/Modification**)The authenticity of the advance medical directive can also be established by swearing and attesting to it before a Notary under Section 8(1)(a) of the Notaries Act, 1952. It should, therefore, be permitted as a valid alternative. In countries such as the UK, State of Victoria in Australia, Ireland and Germany (**A-3, A-4, A-5 and A-6 of the Application for Clarification/Modification**) notarisation is a sufficient requirement. The Indian Association of Palliative Care has issued a statement stating that a notary's confirmation should be sufficient (**A-7 of the Application for Clarification/Modification**).
Para 198.3.2	The witnesses and the jurisdictional JMFC shall record their satisfaction that the document has been executed voluntarily and without any	The witnesses and the notary shall record their satisfaction that the document has been executed voluntarily and without any coercion or inducement or	See above.

[1] Section 2(d) of the Notaries Act, 1952 states that a notary means "a person appointed as such under this Act."
[2] Section 11 of the Act states that "Any reference to a notary public in any other law shall be construed as a reference to a notary entitled to practise under this Act."

	coercion or inducement or compulsion and with full understanding of all the relevant information and consequences.	compulsion and with full understanding of all the relevant information and consequences.	
Para 198.3.3	The JMFC shall preserve one copy of the document in his office, in addition to keeping it in digital format.	Deleted	We have suggested that a Judicial Magistrate of the First Class not be involved in this process for the reasons stated above.
Para 198.3.4	The JMFC shall forward one copy of the document to the Registry of the jurisdictional District Court for being preserved. Additionally, the Registry of the District Judge shall retain the document in digital format.	Deleted	See above.
Para 198.3.5	The JMFC shall cause to inform the immediate family members of the executor, if not present at the time of execution, and make them aware about the execution of the document.	The executor shall inform, and hand over a copy of the Advance Directive to the surrogate decision-maker(s) named in the Directive, as well as to the family physician, if any.	Since we have suggested that the Judicial Magistrate of the First Class not be involved in this process, it will be appropriate for the executor of the advance medical directive to inform relevant people about its execution. The most relevant stakeholders are the surrogate decision-maker who is named by the executor in the advance medical directive since they will have duties to perform in the event that the executor loses decision-making capacity. If there is a family physician, they should also be made aware since they are likely to be closely involved in the process of decision-making about the withholding or withdrawal of life-sustaining treatment.

Para 198.3.6	A copy shall be handed over to the competent officer of the local Government or the Municipal Corporation or Municipality or Panchayat, as the case may be. The aforesaid authorities shall nominate a competent official in that regard who shall be the custodian of the said document.	The executor may also choose to incorporate the Advance Directive in their existing electronic health records, if any. ~~A copy shall be handed over to the competent officer of the local Government or the Municipal Corporation or Municipality or Panchayat, as the case may be. The aforesaid authorities shall nominate a competent official in that regard who shall be the custodian of the said document.~~	The local government is not an appropriate body to maintain a registry of advance medical directives. Such directives are used only in medical settings, therefore, it is appropriate that they are also recorded and preserved in such settings. The most appropriate platform of this kind is an electronic health record. Obtaining a unique health identification number at the moment is voluntary. Therefore, the executor may choose to preserve their advance medical directive as part of their electronic health records. If this is done, any doctor attending to the executor in the future will be able to access the advance medical directive as part of the patient's electronic health records.
Para 198.3.7	The JMFC shall cause to hand over copy of the Advance Directive to the family physician, if any.	Deleted	This is already covered by the revised Para 198.3.5
Para 198.4.1	In the event the executor becomes terminally ill and is undergoing prolonged medical treatment with no hope of recovery and cure of the ailment, the treating physician, when made aware about the Advance Directive, shall ascertain the genuineness and authenticity thereof from the jurisdictional JMFC before acting upon the same.	In the event the executor becomes terminally ill and is undergoing prolonged medical treatment with no hope of recovery and cure of the ailment, or is in a persistent vegetative state, or if the initiation, escalation or continuance of medical treatment would otherwise be potentially inappropriate, the treating physician, shall ascertain whether the patient possesses decision-making capacity in relation to the administration of medical treatment. If the patient has	This modification adds more circumstances where an advance medical directive might be applicable. It includes a reference to a persistent vegetative state, which is not necessarily a state of terminal illness, nor is it one where there is no hope of recovery, and is therefore, not covered by the existing guidelines. Similarly, it also adds a broader set of instances where medical treatment would be potentially inappropriate in keeping with the 2018 document published by the Indian Council of Medical Research (referred to above). This modification also clarifies that, as a first step, the treating team of the patient should ascertain whether the

		lost decision-making capacity, the treating team shall ascertain whether there exists a valid Advance Directive. ~~when made aware about the Advance Directive, shall ascertain the genuineness and authenticity thereof from the jurisdictional JMFC before acting upon the same.~~	patient possess decision-making capacity. If they do, there is no question of using an advance medical directive. It is only if there is a loss of decision-making capacity that an advance medical directive will be applicable. Since the earlier modification suggested that the Judicial Magistrate of the First Class will not be involved in the execution of the advance medical directive, a reference to them has also been deleted from this paragraph.
Para 198.4.2	The instructions in the document must be given due weight by the doctors. However, it should be given effect to only after being fully satisfied that the executor is terminally ill and is undergoing prolonged treatment or is surviving on life support and that the illness of the executor is incurable or there is no hope of him/her being cured.	If a valid Advance Directive exists, the hospital where the patient (executor of the document) is admitted shall constitute a Primary Board comprising at least three doctors from the patient's treating team. The Primary Board shall satisfy itself that the executor is terminally ill and is undergoing prolonged treatment or is surviving on life support, or that the illness of the executor is incurable or there is no hope of him/her being cured, or is in a persistent vegetative state, or that the initiation, escalation or continuance of medical treatment would otherwise be potentially inappropriate.	If there is a valid advance medical directive, the next step is to determine whether the instructions in the directive should be given effect to. To determine this, it is recommended that a Primary Board comprising at least three doctors from the patient's treating team be constituted by the hospital. The Primary Board will determine whether one of the following conditions exist: • Terminal illness • Existence only on life support • Incurable illness • Persistent vegetative state • Initiation, escalation or continuation of medical treatment would otherwise be potentially inappropriate
Para 198.4.3	If the physician treating the patient (executor of the document) is satisfied that the instructions given in the document need to be acted	Once this determination has been made, and the Primary Board is satisfied that the instructions given in the Advance Directive need to be acted upon, he shall inform the	The existing guidelines state that the treating physician shall inform the executor if satisfied that the instructions in the advance medical directive need to be acted upon. However, there can be no question of informing the executor because the executor has lost decision-making

	upon, he shall inform the executor or his guardian/close relative, as the case may be, about the nature of illness, the availability of medical care and consequences of alternative forms of treatment and the consequences of remaining untreated. He must also ensure that he beliefs on reasonable grounds that the person in question understands the information provided, has cogitated over the options and has come to a firm view that the option of withdrawal or refusal of medical treatment is the best choice.	surrogate decision-maker(s) named in the Advance Directive, as the case may be, about the nature of illness, the availability of medical care and consequences of alternative forms of treatment and the consequences of remaining untreated. The Primary Board must also ensure that they believe on reasonable grounds that the surrogate decision-maker understands the information provided, has cogitated over the options and agrees that the option of withdrawal or refusal of medical treatment is the best choice. Once this consensus has been reached, the instructions in the Advance Directive regarding the withholding or withdrawal of life-sustaining treatment shall be carried out after recording the reasons for such decision, and the consensus of the surrogate decision-maker.	capacity. This is why their advance medical directive is being considered. Instead, the modification suggests that the surrogate decision-maker named in the advance medical directive as required by Para 198.2.5 should be informed by the Primary Board about the possibility of withholding or withdrawing life-sustaining treatment. Once the surrogate decision-maker is in consensus that life-sustaining treatment should be withheld or withdrawn, the instructions regarding this in the advance medical directive may be carried out. This discussion and the reasons for this must be recorded.
Para 198.4.4	The physician/hospital where the executor has been admitted for medical treatment shall then constitute a Medical Board consisting of the Head of the treating department and at least three experts from the fields of general medicine, cardiology,	If the surrogate decision-maker is not in consensus with the Primary Board that life-sustaining treatment should be withheld or withdrawn in light of the wishes expressed in the Advance Directive, the hospital where the patient is admitted shall constitute a Review Board	This modification has been suggested to account for instances where the Primary Board recommends that life-sustaining treatment should be withheld or withdrawn, but the surrogate decision-maker named in the advance directive is not in agreement. In such instances, a Review Board should be constituted which should give its opinion within twenty-four hours of

	neurology, nephrology, psychiatry or oncology with experience in critical care and with overall standing in the medical profession of at least twenty years who, in turn, shall visit the patient in the presence of his guardian/close relative and form an opinion whether to certify or not to certify carrying out the instructions of withdrawal or refusal of further medical treatment. This decision shall be regarded as a preliminary opinion.	comprising three independent doctors not involved in the care of the patient who are experts in fields that are related to the patient's condition. The Review Board shall, within twenty-four hours from the time the case is referred to it, form an opinion whether to certify or not to certify carrying out the instructions of withdrawal or refusal of further medical treatment. If the Review Board also finds that the initiation, escalation or continuation of life-sustaining treatment would be potentially inappropriate, the patient's treating team shall give effect to the Advance Directive and withhold or withdraw life-sustaining treatment accordingly	the case being referred to it. The Review Board should comprise three independent experts not involved in the care of the patient who may or may not be from the same hospital where the patient is admitted. Instead of naming all the specific specialities from which such doctors should be drawn, the modification suggests that the doctors have relevant expertise in relation to the patient's particular condition. If the Review Board confirms that treatment should be withheld or withdrawn, this shall be given effect to in accordance with the advance medical directive.
Para 198.4.5	In the event the Hospital Medical Board certifies that the instructions contained in the Advance Directive ought to be carried out, the physician/hospital shall forthwith inform the jurisdictional Collector about the proposal. The jurisdictional Collector shall then immediately constitute a Medical Board comprising the	Deleted	The constitution of an external Medical Board involving the Chief District Medical Officer will be too onerous and time-consuming, and will not allow decisions about withholding or withdrawal of life-sustaining treatment to be taken in the appropriate time.

	Chief District Medical Officer of the district concerned as the Chairman and three expert doctors from the fields of general medicine, cardiology, neurology, nephrology, psychiatry or oncology with experience in critical care and with overall standing in the medical profession of at least twenty years (who were not members of the previous Medical Board of the hospital). They shall jointly visit the hospital where the patient is admitted and if they concur with the initial decision of the Medical Board of the hospital, they may endorse the certificate to carry out the instructions given in the Advance Directive.		
Para 198.4.6	The Board constituted by the Collector must beforehand ascertain the wishes of the executor if he is in a position to communicate and is capable of understanding the consequences of withdrawal of medical treatment. In the event the executor is incapable of taking decision or develops impaired	Deleted	See above

	decision-making capacity, then the consent of the guardian nominated by the executor in the Advance Directive should be obtained regarding refusal or withdrawal of medical treatment to the executor to the extent of and consistent with the clear instructions given in the Advance Directive.		
Para 198.4.7	The Chairman of the Medical Board nominated by the Collector, that is, the Chief District Medical Officer, shall convey the decision of the Board to the jurisdictional JMFC before giving effect to the decision to withdraw the medical treatment administered to the executor. The JMFC shall visit the patient at the earliest and, after examining all aspects, authorise the implementation of the decision of the Board.	Deleted	It is not practically feasible to involve the Judicial Magistrate of the First Class in all decisions involving withholding or withdrawal of life-sustaining treatment
Para 198.4.8	It will be open to the executor to revoke the document at any stage before it is acted upon and implemented.	It will be open to the executor to revoke the document at any stage before it is acted upon and implemented so long as they retain their decision-making capacity	A clarification has been added that the executor must also have decision-making capacity at the time of revocation of the advance medical directive

		regarding the administration of medical treatment.	
Para 198.5.1	If permission to withdraw medical treatment is refused by the Medical Board, it would be open to the executor of the Advance Directive or his family members or even the treating doctor or the hospital staff to approach the High Court by way of writ petition under Article 226 of the Constitution. If such application is filed before the High Court, the Chief Justice of the said High Court shall constitute a Division Bench to decide upon grant of approval or to refuse the same. The High Court will be free to constitute an independent committee consisting of three doctors from the fields of general medicine, cardiology, neurology, nephrology, psychiatry or oncology with experience in critical care and with overall standing in the medical profession of at least twenty years.	If permission to withdraw medical treatment is refused by the Primary Board, the hospital where the patient is admitted shall refer it to the Review Board, which shall provide its opinion within twenty-four hours of the case being referred to it. If the Review Board also refuses to permit the withdrawal of medical treatment, it would be open to the surrogate decision-maker named in the Advance Directive to approach the High Court by way of writ petition under Article 226 of the Constitution. If such application is filed before the High Court, the Chief Justice of the said High Court shall constitute a Division Bench to decide upon grant of approval or to refuse the same. The High Court will be free to constitute an independent committee consisting of three doctors from fields related to the condition of the patient and with experience in critical care and with overall standing in the medical profession of at least twenty years.	This has been modified to remove the reference to the Medical Board and replace it with the Primary Board in accordance with Para 198.4.2. Where the Primary Board refuses permission to withdraw life-sustaining treatment, the case shall be referred to a Review Board which must also deliver its opinion in a time-bound manner. It is only when the Review Board also refuses permission that the High Court may be approached. The existing guidelines state that the executor may approach the High Court. There is no question of the executor being able to approach the High Court to implement an advance medical directive. This presumes that the executor still retains decision-making capacity, in which case, an advance medical directive would not be applicable. Therefore, the modification suggests that the person authorised to approach the High Court is the surrogate decision-maker named in the advance medical directive in accordance with Para 198.2.5

Para 198.5.2	The High Court shall hear the application expeditiously after affording opportunity to the State counsel. It would be open to the High Court to constitute Medical Board in terms of its order to examine the patient and submit report about the feasibility of acting upon the instructions contained in the Advance Directive.	No change	
Para 198.5.3	Needless to say that the High Court shall render its decision at the earliest as such matters cannot brook any delay and it shall ascribe reasons specifically keeping in mind the principles of "best interests of the patient".	No change	
Paras 198.6.1	An individual may withdraw or alter the Advance Directive at any time when he/she has the capacity to do so and by following the same procedure as provided for recording of Advance Directive. Withdrawal or revocation of an Advance Directive must be in writing.	No change	

Para 198.6.2	An Advance Directive shall not be applicable to the treatment in question if there are reasonable grounds for believing that circumstances exist which the person making the directive did not anticipate at the time of the Advance Directive and which would have affected his decision had he anticipated them.	No change	
Para 198.6.3	If the Advance Directive is not clear and ambiguous, the Medical Boards concerned shall not give effect to the same and, in that event, the guidelines meant for patients without Advance Directive shall be made applicable.	If the Advance Directive is not clear and ambiguous, the treating team concerned shall not give effect to the same and, in that event, the guidelines meant for patients without Advance Directive shall be made applicable.	It is the treating team that will ultimately give effect to all decisions related to the withholding or withdrawal of life-sustaining treatment.
Para 198.6.4	Where the Hospital Medical Board takes a decision not to follow an Advance Directive while treating a person, then it shall make an application to the Medical Board constituted by the Collector for consideration and appropriate direction on the Advance Directive	Deleted	Given the time constraints involved, it is recommended that an external board not be involved in decision-making about withholding and withdrawal of life-sustaining treatment

Para 199	It is necessary to make it clear that there will be cases where there is no Advance Directive. The said class of persons cannot be alienated. In cases where there is no Advance Directive, the procedure and safeguards are to be same as applied to cases where Advance Directives are in existence and in addition there to, the following procedure shall be followed:	It is necessary to make it clear that there will be cases where there is no Advance Directive. The said class of persons cannot be alienated. In cases where the patient does not have decision-making capacity regarding the administration of medical treatment and there is no Advance Directive, the procedure and safeguards are to be same as applied to cases where Advance Directives are in existence and in addition there to, the following procedure shall be followed:	This clarifies that these guidelines continue to apply only to people who have lost decision-making capacity.
Para 199.1	In cases where the patient is terminally ill and undergoing prolonged treatment in respect of ailment which is incurable or where there is no hope of being cured, the physician may inform the hospital which, in turn, shall constitute a Hospital Medical Board in the manner indicated earlier. The Hospital Medical Board shall discuss with the family physician and the family members and record the minutes of the discussion in writing. During the discussion, the family members shall be apprised of the pros and cons of	In cases where the patient is terminally ill and undergoing prolonged treatment in respect of ailment which is incurable or where there is no hope of being cured, or is in a persistent vegetative state, or is in a state where the initiation, escalation or continuance of medical treatment would otherwise be potentially inappropriate, the hospital where the patient (executor of the document) is admitted shall constitute a Primary Board comprising at least three doctors from the patient's treating team. The Primary Board shall satisfy itself that the executor is terminally	Like Para 198.4.2, this also expands the set of conditions in which the withholding or withdrawal of medical treatment may be appropriate. It replaces the Hospital Medical Board with a Primary Board that comprises members of the patient's treating team. The treating team must reach a consensus with the patient's next of kin or next friend or guardian that the withholding or withdrawal of life-sustaining treatment is appropriate, recording such discussion, and the reasons for the decision. Where there is agreement, there is no need for a second opinion. Such decision is to be regarded as final. This is the standard medical practice followed globally, i.e.a process of shared decision-making between the treating team of the patient and the next of kin/next friend or guardian of the patient.

	withdrawal or refusal of further medical treatment to the patient and if they give consent in writing, then the Hospital Medical Board may certify the course of action to be taken. Their decision will be regarded as a preliminary opinion.	ill and is undergoing prolonged treatment or is surviving on life support, or that the illness of the executor is incurable or there is no hope of him/her being cured, or is in a persistent vegetative state, or that the initiation, escalation or continuance of medical treatment would otherwise be potentially inappropriate. The Primary Board shall inform the next of kin or next friend or guardian of the patient about the pros and cons of withdrawal or refusal of further medical treatment to the patient. If there is consensus between the Primary Board and the next of kin/next friend/guardian of the patient that life-sustaining treatment should be withheld or withdrawn, this should be recorded in writing, providing reasons for such decision. Following this, life-sustaining treatment may be withheld or withdrawn from the patient. ~~The Hospital Medical Board shall discuss with the family physician and the family members and record the minutes of the discussion in writing. During the discussion, the family members shall be apprised~~	

		~~of and if they give consent in writing, then the Hospital Medical Board may certify the course of action to be taken. Their decision will be regarded as a preliminary opinion.~~	
Para 199.2	In the event the Hospital Medical Board certifies the option of withdrawal or refusal of further medical treatment, the hospital shall immediately inform the jurisdictional Collector. The jurisdictional Collector shall then constitute a Medical Board comprising the Chief District Medical Officer as the Chairman and three experts from the fields of general medicine, cardiology, neurology, nephrology, psychiatry or oncology with experience in critical care and with overall standing in the medical profession of at least twenty years. The Medical Board constituted by the Collector shall visit the hospital for physical examination of the patient and, after studying the medical papers, may concur with the opinion of the Hospital	If the next of kin/next friend/guardian of the patient does not agree with the Primary Board that life-sustaining treatment should be withheld or withdrawn, the hospital where the patient is admitted shall constitute a Review Board comprising three independent doctors not involved in the care of the patient who are experts in fields that are related to the patient's condition. The Review Board shall, within twenty-four hours from the time the case is referred to it, form an opinion regarding the withholding or withdrawal of life-sustaining treatment. If the Review Board also finds that the initiation, escalation or continuation of life-sustaining treatment would be potentially inappropriate, the patient's treating team may withhold or withdraw life-sustaining treatment accordingly. However, it will	A second board is to be constituted only if the next of kin/next friend/guardian desire a second opinion. Because of aforementioned time constraints, this Board should also deliver its opinion within 24 hours of the case being referred to it. Instead of it being an external board, it should comprise three independent experts not involved in the care of the patient. The reference to the Chief District Medical Officer and the Judicial Magistrate of the First Class has been removed because of their unworkability.

	Medical Board. In that event, intimation shall be given by the Chairman of the Collector nominated Medical Board to the JMFC and the family members of the patient.	always be open to the next of kin/next friend/guardian of the patient to request that the patient be transferred out of the hospital. ~~In the event the Hospital Medical Board certifies the option of withdrawal or refusal of further medical treatment, the hospital shall immediately inform the jurisdictional Collector. The jurisdictional Collector shall then constitute a Medical Board comprising the Chief District Medical Officer as the Chairman and three experts from the fields of general medicine, cardiology, neurology, nephrology, psychiatry or oncology with experience in critical care and with overall standing in the medical profession of at least twenty years. The Medical Board constituted by the Collector shall visit the hospital for physical examination of the patient and, after studying the medical papers, may concur with the opinion of the Hospital Medical Board. In that event, intimation shall be given by the Chairman of the Collector nominated Medical Board to the JMFC and the family members of the patient.~~	

Para 199.3	The JMFC shall visit the patient at the earliest and verify the medical reports, examine the condition of the patient, discuss with the family members of the patient and, if satisfied in all respects, may endorse the decision of the Collector nominated Medical Board to withdraw or refuse further medical treatment to the terminally-ill patient.	Deleted	See above
Para 199.4	There may be cases where the Board may not take a decision to the effect of withdrawing medical treatment of the patient or the Collector nominated Medical Board may not concur with the opinion of the hospital Medical Board. In such a situation, the nominee of the patient or the family member or the treating doctor or the hospital staff can seek permission from the High Court to withdraw life support by way of writ petition under Article 226 of the Constitution in which case the Chief Justice of the said High Court shall	There may be cases where the Primary Board may decide that life-sustaining treatment should not be withheld or withdrawn. If there is no consensus with the next of kin/next friend/guardian of the patient regarding this, the case shall be referred to the Review Board. If the Review Board also agrees with the Primary Board that life-sustaining treatment should not be withheld or withdrawn, the next of kin/next friend/guardian of the patient can seek permission from the High Court to withdraw life support by way of writ petition under Article 226 of the Constitution in which case the	The reference to Medical Board has been substituted by Primary Board. If the Primary Board refuses to withhold or withdraw life-sustaining treatment, the case should be referred to the Review Board. If the Review Board also refuses permission, the jurisdictional High Court may be approached. The High Court may constitute an expert committee. However, the reference to specialist disciplines has been replaced with a reference to experts in the field relevant to the patient's condition.

	constitute a Division Bench which shall decide to grant approval or not. The High Court may constitute an independent committee to depute three doctors from the fields of general medicine, cardiology, neurology, nephrology, psychiatry or oncology with experience in critical care and with overall standing in the medical profession of at least twenty years after consulting the competent medical practitioners. It shall also afford an opportunity to the State counsel. The High Court in such cases shall render its decision at the earliest since such matters cannot brook any delay. Needless to say, the High Court shall ascribe reasons specifically keeping in mind the principle of "best interests of the patient".	Chief Justice of the said High Court shall constitute a Division Bench which shall decide to grant approval or not. The High Court may constitute an independent committee to depute three doctors from the fields related to the condition of the patient with experience in critical care and with overall standing in the medical profession of at least twenty years after consulting the competent medical practitioners. It shall also afford an opportunity to the State counsel. The High Court in such cases shall render its decision at the earliest since such matters cannot brook any delay. Needless to say, the High Court shall ascribe reasons specifically keeping in mind the principle of "best interests of the patient".	
Para 200	Having said this, we think it appropriate to cover a vital aspect to the effect the life support is withdrawn, the same shall also be intimated by the	Deleted	Not necessary given that the reference to the Judicial Magistrate of the First Class has been removed

	Magistrate to the High Court. It shall be kept in a digital format by the Registry of the High Court apart from keeping the hard copy which shall be destroyed after the expiry of three years from the death of the patient.		