ETHOS VERITAS MEDICA

ADVANCE CARE PLANNING

Advance Directives & Medical Power of Attorney

A simple guide for India

> Thoughtful planning can preserve a person's voice when illness makes speaking impossible.

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01 WHY THIS MATTERS

Planning before a crisis

Serious illness can leave a person unable to understand, communicate or participate in decisions about treatment. In that moment, families and clinicians may have to make difficult choices without knowing what the person would have wanted.

An advance care plan helps bring the person's values, treatment preferences and trusted relationships into that conversation. It is not only about refusing treatment. It is about making future decisions more informed, more faithful to the person and easier to discuss.

Three ideas, clearly distinguished

ADVANCE MEDICAL DIRECTIVE	LIVING WILL	HEALTHCARE PROXY / MPOA
A written statement made by a capable adult for a future time when the person cannot communicate or decide. It may record treatment wishes and identify a trusted representative.	The part of advance planning that records what treatment a person would or would not want in specified end-of-life or irreversible clinical situations.	A trusted person nominated to participate in healthcare decisions if the person loses decision-making capacity. In the current Indian framework, the directive may name guardian(s) or close relative(s) for this role.

A USEFUL WAY TO REMEMBER THE DIFFERENCE

The Living Will is the person's written voice about treatment. The healthcare proxy is the person's human voice when an unforeseen question arises. They can be used together within a carefully prepared Advance Medical Directive.

Why people postpone it

- The subject feels uncomfortable or too distant.
- Families assume that everyone already understands the person's wishes.
- Medical preferences are discussed informally but never documented or shared.
- Documents are prepared without enough clinical context, or without the required safeguards.

02 WHAT IT CAN - AND CANNOT - DO

A document within a clinical process

An Advance Medical Directive can guide future care, but it does not operate automatically or in isolation. Its relevance depends on the person's decision-making capacity, the clinical situation and the safeguards laid down by the Supreme Court.

When the person can decide

A capable adult's current informed decision remains central. The person can accept or refuse treatment, ask questions, change their mind, and revise or revoke an earlier directive while they retain decision-making capacity.

When the person cannot decide

The treating team must consider whether the directive is valid, clear and applicable to the present circumstances. The named representative and family may be involved, and the prescribed medical-board process remains important before life-sustaining treatment is withheld or withdrawn.

What a Living Will is not

- It is not active euthanasia or assisted suicide.
- It is not a blanket refusal of every form of medical care.
- It is not permission to stop treatment merely because care is difficult, prolonged or costly.
- It is not a substitute for careful diagnosis, communication, clinical judgement or the required review process.

COMFORT CARE CONTINUES

Withholding or withdrawing a life-sustaining intervention does not mean abandoning the patient. Pain relief, symptom control, nursing care, communication, psychosocial support and other appropriate palliative and end-of-life care should continue.

Clinical situations require precision

The current framework concerns serious situations such as terminal illness, permanent vegetative state or a comparable irreversible condition in which treatment is prolonged and there is no reasonable hope of cure or recovery. A directive should therefore use specific, clinically meaningful language rather than broad phrases such as 'no heroic measures'.

03 PREPARING AN ADVANCE MEDICAL DIRECTIVE

The essentials of a careful document

The Supreme Court's framework requires more than a signature. The person must understand the document, make it voluntarily and state the relevant wishes clearly.

1

Capacity and voluntariness

The executor should be an adult with decision-making capacity, acting without coercion, inducement or undue influence and with adequate information about the consequences.

2

Clear circumstances and choices

State when the directive is intended to apply and which treatments may be withheld or withdrawn. Avoid vague or internally inconsistent instructions.

3

A trusted representative

Name one or more guardian(s) or close relative(s) who can communicate with the treating team and act consistently with the directive. Discuss the role with them first.

4

Execution safeguards

Sign in the presence of two attesting witnesses, preferably independent, and have the document attested before a notary or gazetted officer, in accordance with the modified Supreme Court directions.

5

Copies and accessibility

Give copies to the named representative(s) and family physician, if any. The framework also provides for depositing a copy with the relevant local authority; incorporation into available digital health records may also be considered.

6

Review and version control

Review the directive after a major diagnosis, surgery, change in family circumstances or change in values. A revocation or alteration should be made in writing through the prescribed process. Keep only the current version in circulation.

IMPORTANT

This guide is not a ready-to-sign Advance Medical Directive. A final document should be tailored to the person's values and health context, use current legally compliant language, and be completed with appropriate medical and legal guidance.

04 CHOOSING AND PREPARING A HEALTHCARE PROXY

The right person, not merely the nearest person

A healthcare proxy or Medical Power of Attorney should be able to understand the person's values, communicate under pressure and work constructively with clinicians and family members.

A suitable representative is someone who can:

- listen carefully and ask for understandable medical information;
- separate the person's wishes from their own preferences;
- remain available during a crisis and communicate reliably;
- manage disagreement respectfully while keeping the patient's values central;
- and accept the emotional responsibility of the role.

Conversations to have before signing

What matters most?	Independence, ability to communicate, comfort, time with family, place of care, religious or personal beliefs.
What outcomes would be unacceptable?	Prolonged dependence on life support, irreversible loss of awareness, burdensome interventions without a reasonable prospect of recovery.
What uncertainties are acceptable?	How much risk, discomfort or time-limited treatment would be reasonable if the prognosis is unclear?
Who should be involved?	Which family members, clinicians or advisers should be consulted, and who should receive copies?

THE DOCUMENT IS ONLY ONE PART OF PLANNING

The most useful directive is one that has been discussed, understood, shared and kept accessible. A document hidden in a drawer may be legally careful yet practically unavailable when a crisis occurs.

05 WHAT GOOD PLANNING CAN ACHIEVE

Clarity without false certainty

Advance care planning cannot remove every difficult judgement. It can, however, give patients, families and clinicians a clearer ethical and practical starting point.

FOR THE PERSON	FOR FAMILY	FOR CLINICIANS
Keeps the person's values visible when they cannot communicate; reduces the risk of unwanted or non-beneficial intervention; supports dignity and participation in planning.	Offers guidance during a stressful period; reduces guesswork and avoidable conflict; makes it easier to explain decisions as faithful to the person's wishes.	Provides relevant information about the patient's preferences and representative; supports structured communication and ethically defensible decision-making within the required process.

How EVM can help prepare the document

EVM can assist patients and families in preparing an Advance Medical Directive, including a Living Will and the nomination of a healthcare representative, often described as a Medical Power of Attorney or healthcare proxy. This includes clarifying values, recording treatment preferences and organising the information needed for a clear, clinically informed document. Formal execution must follow the current Indian legal framework and, where appropriate, independent legal advice should be obtained.

LEGAL FRAMEWORK CONSULTED

Common Cause v. Union of India, (2018) 5 SCC 1 - recognition of the right to die with dignity, Advance Medical Directives and safeguards for withholding or withdrawing life-sustaining treatment.

Common Cause v. Union of India, (2023) 14 SCC 131 - modification and simplification of the 2018 directions, including execution and medical-board requirements.

Harish Rana v. Union of India, 2026 INSC 222 (11 March 2026) - clarification of the current framework, clinical prerequisites, medical-board process and the continuing importance of palliative and end-of-life care.

EDUCATIONAL NOTICE

This guide provides general educational information and does not constitute individual medical or legal advice. It is not a substitute for a patient-specific clinical assessment, a legally compliant Advance Medical Directive, or advice from appropriately qualified professionals. The law and its implementation may evolve; readers should confirm the current position before acting. Nothing in this guide should delay urgent medical care.