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| Name | |
| MR#: | DOB: |

**WITHHOLDING OR WITHDRAWING LIFE-SUSTAINING TREATMENT
WHEN PATIENT LACKS HEALTH CARE AGENT/SURROGATE
DOCUMENTATION BY TWO ATTENDING PHYSICIANS**

Without prior court approval, a decision to withhold or withdraw life-sustaining treatment is authorized under the circumstances described in paragraphs 1, 2 and 3 below.

1. INCAPACITY [Two attending physicians* must independently evaluate and determine.]

To a reasonable degree of medical certainty, I have determined that this patient lacks capacity to make a decision to withdraw or withhold life-sustaining treatment, and that the *cause*and extent* of the patient's incapacity is:

Duration of incapacity: Likely permanent Likely reversible Unknown

2. HEALTH CARE AGENT/SURROGATE IS NOT AVAILABLE

Describe the efforts made to identify and locate a health care agent or surrogate for this patient:

3. CRITERIA FOR SURROGATE DECISION [Two attending physicians must independently evaluate and determine.]

To a reasonable degree of medical certainty, I have determined that the following life-sustaining treatment(s):

will be withheld or withdrawn because they/it offer(s) this patient no medical benefit because the patient will die imminently even if the treatment is provided, and the provision of this life-sustaining treatment would violate accepted medical standards.

| <u>ATTENDING PHYSICIAN'S STATEMENT</u> | | |
|---|--|------------------------|
| My signature below signifies my agreement with the determinations contained in paragraphs 1, 2 and 3 above. | | |
| _____ Attending Physician's Name (Print) | _____ Attending Physician's Signature | _____ Date and Time |
| My signature below signifies my agreement with the determinations contained in paragraphs 1 and 3 above. | | |
| _____ Attending Physician's Name (Print) | _____ Attending Physician's Signature | _____ Date and Time |

* For incapacity due to mental illness or developmental disability, 1 practitioner must have special qualifications. See UHB Consent policy.