

ISCCM Achievements

First ever decision on Withdrawal of life sustaining treatment by Karnataka Government For implementation in entire state



The Indian society of Critical Care Medicine welcomes Karnataka government order of 30 January 2025. This order simplifies the due process for withholding or withdrawal of life sustaining treatment (WLST) in terminally ill patients as per the Supreme Court judgment of Jan 2023. When a patient is terminally ill with no hope of recovery, or in a persistent vegetative state and/or where the patient can no longer benefit from life support, families and doctors can move for WLST. The treating doctors (minimum three) constitute a primary medical board. Together with the family, they jointly apply to the secondary medical board of the concerned hospital.

The secondary medical board has to confirm (or refuse) this request within 48 hours. The constitution of these secondary medical boards (three doctors different from primary board) requires government authorities such as District Health officers to nominate registered medical practitioners to serve as members of respective secondary boards. Only one member of each secondary board is required to be so nominated. The others can be selected by hospital authorities.

The Karnataka government order eases this process of nomination by coopting doctors who have already been selected to certify brain death for organ donation. All large hospitals that participate in organ donation already have neurologists, neurosurgeons, anesthetists, intensivists and surgeons who are approved for this examination under the Transplantation of Human Organs and Tissues Act of 1994 (amended 2011). Once there's concurrence of the two boards the withdrawal/withholding decision should be notified (not needing approval) to the judicial magistrate of the first class while proceeding with the implementation.

With this order, the Karnataka government is the first state government in India to make the process of withholding or withdrawal of life sustaining treatment feasible in any part of the state. We are hopeful that other states will follow suit to uphold human dignity in end of life care.