ABSTRACT

Health and Family Welfare Department – Implementation of Advance Medical Directives in the State of Tamil Nadu – Guidelines – Issued.

HEALTH AND FAMILY WELFARE (M2) DEPARTMENT

G.O.(Ms).No.221 **Dated: 31.07.2026**

பரபவ, ஆடி – 15

திருவள்ளுவர் ஆண்டு 2057

Read:

1. Orders of the Hon'ble Supreme Court of India in W.P. (Civil) No.215 of 2005, dated: 09.03.2018.
2. Orders of the Hon'ble Supreme Court of India in M.A. No.1699 of 2019 in W.P. (Civil) No.215 of 2005, dated: 24.01.2023.
3. From the Director of Medical Education and Research, Letter No.102330/H&D.II(3)/2025, dated: 23.01.2026.
4. From the Director of Medical and Rural Health Services, Letter No.294213/CEA/1/2026, dated: 19.02.2026.

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ORDER:-

The Hon'ble Supreme Court of India in its Judgment first read above has laid down the principles relating to the procedure for execution of Advance Medical Directives and provided Guidelines to give effect to passive euthanasia where there are Advance Medical Directives and where there are none. The said Guidelines are issued by the Hon'ble Supreme Court of India under Article 142 of the Constitution of India and therefore binding on all authorities including the Government.

2 In the reference second read above, the Hon'ble Supreme Court of india has issued clarification to the Judgment first read above and modified certain Guidelines issued therein.

3. The Government accordingly hereby issue the Tamil Nadu Advance Medical Directive Guidelines, 2026 as appended to this order for implementation of Advance Medical Directives in the State of Tamil Nadu.

(BY ORDER OF THE GOVERNOR)

DAREZ AHAMED
SECRETARY TO GOVERNMENT

To
All Additional Chief Secretary / Principal Secretary / Secretary to all Departments of Secretariat, Chennai – 600 009.

All Head of Departments of Health and Family Welfare Department.
(Through the Director of Medical and Rural Health Services, Chennai – 600 006.)
The Registrar, Hon'ble High Court of Madras, Chennai – 600 104.
(Through the Director of Medical and Rural Health Services, Chennai – 600 006.)
All District Collectors.
(Through the Director of Medical and Rural Health Services, Chennai – 600 006.)
All Dean of Government Medical College and Hospitals.
(Through the Director of Medical and Rural Health Services, Chennai – 600 006.)
All Joint Director of Health Services.
(Through the Director of Medical and Rural Health Services, Chennai – 600 006.)
All District Health Officers.
(Through the Director of Medical and Rural Health Services, Chennai – 600 006.)

Copy to:

All Sections of Health and Family Welfare Department, Chennai – 600 009.
Stock File / Spare Copy

// FORWARDED / BY ORDER //

31/7/2026

SECTION OFFICER

31/7/2026.

APPENDIX.

(G.O.(MS).No.221, H & FW (M2), dated: 31.07.2026)

TAMIL NADU ADVANCE MEDICAL DIRECTIVE GUIDELINES, 2026

1.Short title.-

These Guidelines may be called the Tamil Nadu Advance Medical Directive Guidelines, 2026.

2. Definitions.-

In these guidelines, unless the context otherwise requires-

(a) **"Advance Medical Directive (AMD)"** means a written document executed by an adult whereby the person declares in advance of his specific wishes regarding the medical treatment to be withheld or withdrawn at a time when he or she becomes incapable of communicating or making decisions on health care;

(b) **"adult"** means a person who has completed eighteen years of age, is of sound mind and capable of understanding the nature and consequences of the AMD at the time of its execution, it voluntarily without coercion or undue influence;

(c) **"clause"** means a clause of these Guidelines;

(d) **"Form"** means form appended to these Guidelines;

(e) **"Government"** means the Government of Tamil Nadu;

(f) **"Joint Director of Health Services"** means the officer designated by the Government in each district to act as the custodian of AMDs under these Guidelines and includes any other officer as may be notified by the Government;

(g) **"treating physician"** means the registered medical practitioner primarily responsible for the treatment of the patient at the relevant time; and

(h) **"treating institution"** means the hospital, nursing home, clinic or hospice where the patient is receiving treatment.

3.Right to execute AMD.-

(1) Every adult shall have the right to execute an AMD in Form-A.

(2) An AMD shall take effect only when the executor becomes incapable of making or communicating informed decisions regarding medical treatment.

4. AMD to be voluntarily.-

An AMD shall be voluntarily executed and without any coercion or inducement or compulsion and after having full knowledge or information.

5.No undue influence.-

An AMD shall have the characteristics of an informed consent given without undue influence or constraint.

6. Manner of execution of AMD.-

The AMD 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 pain, anguish and suffering and further put him in a state of indignity. It shall clearly indicate the decision relating to the circumstances in which withholding or withdrawal of medical treatment can be restored to.

7.AMD to be unambiguous.-

The AMD shall be in specific terms and the instructions must be absolutely clear and unambiguous.

8.Consequences of execution.-

The AMD should disclose that the executor has understood the consequences of executing such a document.

9.Person competent to give consent.-

The name of guardian(s) or close relative(s) who, in the event of the executor becoming incapable of taking decision at the relevant time, will be authorised to give consent to refuse or withdraw medical treatment in a manner consistent with the AMD should be specified in the document:

Provided that more than one person can be nominated in the order of preference who could give consent for execution of the AMD.

10.More than one valid AMD.-

In the event that there is more than one valid AMD, none of which have been revoked, the most recently signed AMD shall be considered as the last expression of the patient's wishes and shall be given effect to.

11.Execution of AMD.-

The AMD shall be signed by the executor in the presence of two attesting witnesses, preferably independent and attested before a Notary or Gazetted Officer.

12. Certification of non-coercion and etc.-

The witnesses and the Notary or Gazetted Officer shall record their satisfaction that the document has been executed voluntarily and without any coercion or inducement or compulsion and with full understanding of all the relevant information and consequences.

13. Handing over of AMD.-

The executor shall inform, and hand over a copy of the AMD to the person(s) named in clause 9 of these Guidelines, as well as to the family physician, if any.

14. Deposit of AMD.-

A copy of the AMD shall be handed over to the Joint Director of Health Services or any other officer as may be notified by the Government in this regard, who shall act as the custodian of the said AMD. The executor may

also choose to incorporate his AMD as a part of the digital health records, if any.

15. Withdrawal or alteration of AMD.-

The executor may withdraw or alter the AMD at any time when he has the capacity to do so and by following the same procedure as provided for recording of AMD. Such alteration or withdrawal shall be in writing and hand over a copy of the same to the custodian of AMD as well as to the treating physician, if any

16. When to act on AMD.-

In the event the executor becomes terminally ill and is undergoing prolonged medical treatment with no hope of recovery and cure of the ailment, and does not have decision-making capacity, the treating physician, when made aware about the AMD, shall ascertain the genuineness and authenticity thereof with reference to the existing digital health records of the patient, if any or from the custodian of the document referred to in clause 14 of these Guidelines.

17. Instructions to be given due weight.-

The instructions in the AMD 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 home of him being cured.

18. Duties of the treating physician.-

If the treating physician treating the patient (executor of the document) is satisfied that the instructions given in the document need to be acted upon, he shall inform the person(s) named in the AMD, 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 believes 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

19.Constitution of Primary Medical Board.-

The treating institution where the executor has been admitted for medical treatment shall then constitute a Primary Medical Board consisting of the treating physician and atleast two subject experts of the concerned specialty with atleast five years' experience, who, in turn, shall visit the patient in the presence of his guardian or close relative and form an opinion preferably within 48 (forty eight) hours of the case being referred to it 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 and shall be reported in Form-B.

20. Constitution of Medical Boards.-

(1) Every treating institution shall maintain a panel of experts to constitute a Primary Medical Board when required under these Guidelines.

(2) The Primary Medical Board shall consist of-
(a) The treating physician; and

(b) Two experts from the treating institution with atleast five years experience.

(3) The Joint Director of Health Services shall maintain a panel registered medical practitioners that treating institution can choose from to constitute a Secondary Medical Board. The constitution and recommendation of both the Primary and Secondary Medical Boards shall be properly reported in **Form-B**.

21.Constitution of Secondary Medical Board.-

In the event the Primary Medical Board certifies that the instructions contained in the AMD ought to be carried out, the treating institution shall then immediately constitute a Secondary Medical Board comprising one registered medical practitioner in the panel nominated by the Joint Director of Health Services and atleast two subject experts with atleast five years experience of the concerned specialty in which the executor of AMD is being treated and who were not part of the Primary Medical Board. They shall visit the treating institution where the patient is admitted and if they concur with the initial decision of the Primary Medical Board of the treating institution, they may endorse the certificate to carry out the instructions given in the AMD. The Secondary Medical Board shall provide its opinion preferably within 48 (forty eight) hours of the case being referred to it and reported in **Form-B**.

22.Duties of the Secondary Medical Board.-

The Secondary Medical Board shall, before giving its decision, 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 decision-making capacity, then the consent of the person(s) nominated by the executor in the AMD shall 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 AMD.

23.Information to Judicial Magistrate.-

The treating institution where the patient is admitted, shall convey the decision of the Primary and Secondary Medical Boards and the consent of the person(s) named in the AMD to the jurisdictional Judicial Magistrate First Class (JMFC) before giving effect to the decision to withdraw the medical treatment administered to executor.

24.Right of appeal to High Court.-

If permission to withdraw medical treatment is refused by the Secondary Medical Board, it is open to the person(s) named in the AMD or even the treating physician or the treating institution staff to approach the High Court by way of writ petition under Article 226 of the Constitution of India to give effect to the AMD. Upon such application is being filed before the High Court, the Chief Justice of the High Court shall constitute a Division Bench to decide upon grant of approval or to refuse the AMD. 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 to ascertain the health condition of the executor of AMD.

25. Expeditious disposal by High Court.-

The High Court shall hear the application expeditiously after affording opportunity to the State Counsel. 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 AMD.

26. Avoidance of delay.-

The Division Bench of the Hon'ble High Court constituted for this purpose, shall render its decision at the earliest since such matters cannot brook any delay and it shall ascribe reasons specifically keeping in mind the principles of "best interests of the patient".

27. New circumstances not warranting execution of AMD.-

An AMD 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 AMD and which would have affected this decision had he anticipated them.

28. Procedure when AMD is not clear.-

If the AMD 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 AMD shall be made applicable.

29. Request for constitution of Secondary Medical Board-

Where the Primary Medical Board takes a decision not to follow an AMD while treating a person(s) named in the AMD may request the treating institution to refer the case to the Secondary Medical Board for consideration and appropriate direction on the AMD.

30. Procedure when there is no AMD.-

It is necessary to make it clear that there will be cases where there is no AMD. The said class of persons cannot be alienated. In cases where there is no AMD, the procedure and safeguards are to be same as applied to cases where AMD are in existence and in addition thereto, the following procedures shall be followed:-

(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 treating physician may inform the treating institution, which, in turn, shall constitute a Primary Medical Board in the manner indicated in clause 19 of these Guidelines. The Primary Medical Board shall discuss with the family physician, if any, and the patient's next of kin/next friend/ guardian and record the minutes of the discussion in writing. During the discussion, the patient's next of kin / next friend/ guardian shall be apprised of the pros and cons of withdrawal or refusal of further medical treatment to the patient and if they give consent in writing, then the Primary Medical Board may certify the course of action to be taken preferably

within 48 (forty eight) hours of the case being referred to the case being referred to it. Their decision will be regarded as a preliminary opinion.

(2) In the event the Primary Medical Board certifies the option of withdrawal or refusal of further medical treatment, the treating institution shall then constitute a Secondary Medical Board comprising in the manner indicated in clause 21 of these Guidelines. The Secondary Medical Board shall visit the treating institution for physical examination of the patient and, after studying the medical papers, may concur with the opinion of the Primary Medical Board. In that event, intimation shall be given by the treating institution to the Judicial Magistrate First Class (JMFC) and to the next of kin/ next friend/guardian of the patient preferably within 48 (forty eight) hours of the case being referred to it.

(3) There may be cases where the Primary Medical Board may not take a decision to the effect of withdrawing medical treatment of the patient or the Secondary Medical Board may not concur with the opinion of the treating institution Primary Medical Board. In such a situation, the nominee of the patient or the family member or the treating physician or the treating institution staff can seek permission from the High Court to withdraw life-support by way of writ petition under Article 226 of the Constitution of India in which case the Chief Justice of High Court shall constitute a Division Bench which shall decide to grant of approval or not for withdrawal of medical treatment. The High Court may also constitute an independent committee and 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 atleast 20 (twenty) years after consulting the competent medical practitioners. It shall also afford an opportunity to the State Counsel, before passing orders. 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 principles of "best interests of the patient".

31. Withdrawal of Life-Support.-

If the life support is withdrawn, the same shall also be intimated by the Judicial Magistrate First Class (JMFC) 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.

32. Validity.-

The Guidelines are set to remain in force till Parliament brings a legislation in the field.

DAREZ AHAMED
SECRETARY TO GOVERNMENT

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31/7/2026

SECTION OFFICER

31/7/2026.

FORM – A

(see clause 3)

ADVANCE MEDICAL DIRECTIVE

1. Details of the Executor.-

Full Name: .....

Age and Date of Birth: .....

Gender: .....

Permanent Address: .....

Aadhar / ABHA ID No. .....

2. Directions regarding Medical Treatment.-

If I am terminally ill / or in a persistent of permanent vegetative state / or otherwise in a medical condition without hope of cure or recovery, then-

[Tick ✓ and specify as applicable]

☐ I do not wish to be kept above by mechanical ventilation if I am in a terminal illness or persistent vegetative state.

☐ I do not wish Cardio Pulmonary Resuscitation (CPR).

☐ I do not wish artificial nutrition and hydration if it only prolongs the process of dying.

Other specific instructions (if any): _____

_____

_____

3. Nomination of Custodian or Close Relative.-

I, --------(Name of the executor) S/o / D/o..... do hereby nominate the following person(s) to act on my behalf in accordance with this directive, in the order of preference set out below:

1. Mr / Ms_____ (Age:___, Address:_____)
2. Mr / Ms_____ (Age:___, Address:_____)

4. DECLARATION.-

(1) I, --------S/o / D/o.....the undersigned, being of sound mind and acting voluntarily without coercion or undue influence, hereby declare this document as my Advance Medical Directive under the Tamil Nadu Advance Medical Directives Guidelines, 2026.

(2) I fully understand the nature and consequences of this Advance Medical Directive and executive it voluntarily without coercion or undue influence.

Date:_____

Place:_____

Signature of Executor: _____

5. Attestation by the Witnesses and Notary or Gazetted Officer.-

Satisfied that the executor appeared to be of sound mind and executed this AMD voluntarily in my presence. The AMD has been executed without any coercion or inducement or compulsion and full understanding of all the relevant information and consequences.

Witnesses

1. Name and Address: ---------- Signature:----------

2. Name and Address: ---------- Signature:----------

Notary or Gazetted Officer.-

Date:_____ Name and Designation

Place: _____ (Signature and Seal)

DAREZ AHAMED
SECRETARY TO GOVERNMENT

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31/7/2026

SECTION OFFICER

31/7/2026.

FORM – B

(see clauses 19, 20 and 21)

MEDICAL BOARD REVIEW REPORT

1. Name of the Patient _____

   Hospital ID: _____

   Aadhar / ABHA ID No. _____

2. Date of Constitution of Primary Medical Board: _____

   (a) Name of the treating physician:

   (b) Name of the first expert:

   (c) Name of the second expert:

3. Recommendation of the Primary Medical Board: AMD accepted / not accepted

   Date of Recommendation:

   Signature of Members of the Primary Medical Board

   1. _____
   2. _____
   3. _____

4. Date of Constitution of the Secondary Medical Board:

   (a) Name of the Register Medical Practitioner from the list nominated by the Joint Director:

   (b) Name of the first subject expert:

   (c) Name of the second subject expert:

5. Summary of Medical Condition (attached clinical records):

6. Existence and Authenticity of AMD verified: Yes / No

7. Opinion of the Secondary Medical Board on whether continuation of life support is medically futile:

8. Recommendation:

☐ To continue life-sustaining treatment

☐ To withhold / withdraw treatment as per AMD

Date of Decision: _____

Signatures of Members of the Secondary Medical Board:

1._____

2. _____

3._____

Seal of Institution: _____

Checklist for Initiation of End of Life Care.-

All potentially reversible causes of patient's condition included?	Yes	No
Consensus among clinicians involved in the treatment	Yes	No
Patient is able to take part in the decision making	Yes	No
Family is able to fully comprehend about the irreversibility of the patient's condition	Yes	No
Family meeting documented	Yes	No
Family consensus and agreement on futility of further treatment	Yes	No
Family explained about further course of care plan	Yes	No
Any Advance Directive available	Yes	No
Patient is aware of irreversibility of his / her condition?	Yes	No

Date: _____ Signature of Treating Physician

DAREZ AHAMED
SECRETARY TO GOVERNMENT

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31/7/2026

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