

**Sri Sathya Sai Palliative Care Center - Puttaparthi**  
**Consent for End Of Life Care**

Name/Age:

ID:

Diagnosis:

I, \_\_\_\_\_ relation: \_\_\_\_\_ am signing this document as the main caregiver.

Patient: \_\_\_\_\_ is suffering from \_\_\_\_\_, and their health has deteriorated significantly. The medical team has explained to me that the outcome is poor and there are no more chances of recovery due to the current illness.

I understand that artificial life support measures such as intubation, resuscitation, ventilation are not required in these circumstances and that more emphasis is needed on pain relief, comfort, care, and dignity for the rest of the life.

I prefer the specialist palliative care team to continue the required palliative care treatment at this stage.

I understand that the patient's condition may deteriorate at any time, and that palliative care treats only the patient's symptoms and not the actual disease.

Relationship with the patient:

Signature:

Date/Time/Place :

Doctor Signature:

**Note:**

\* Read all contents of this document carefully before signing.

\* If you have any questions, do not hesitate to consult your doctor.