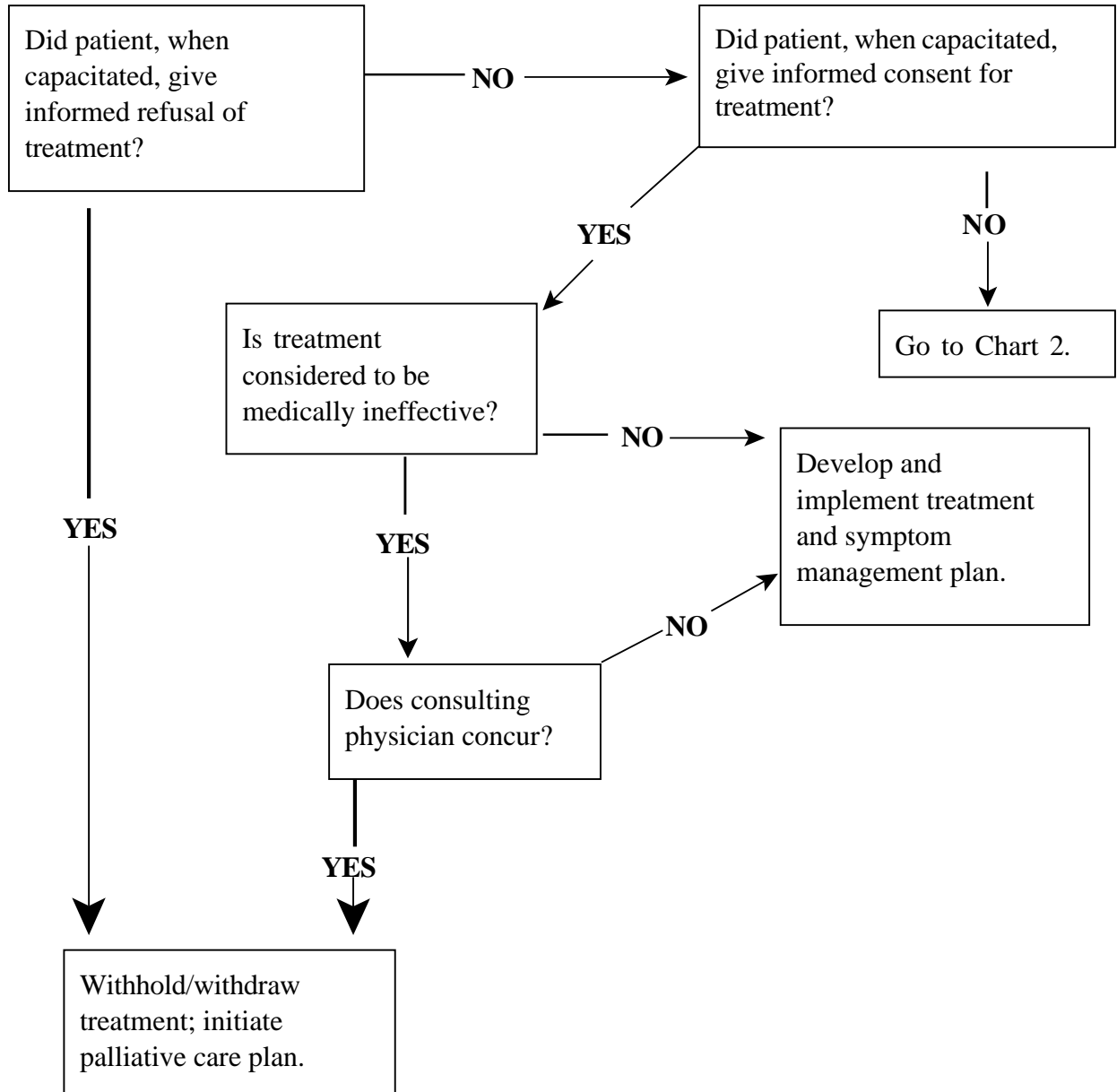


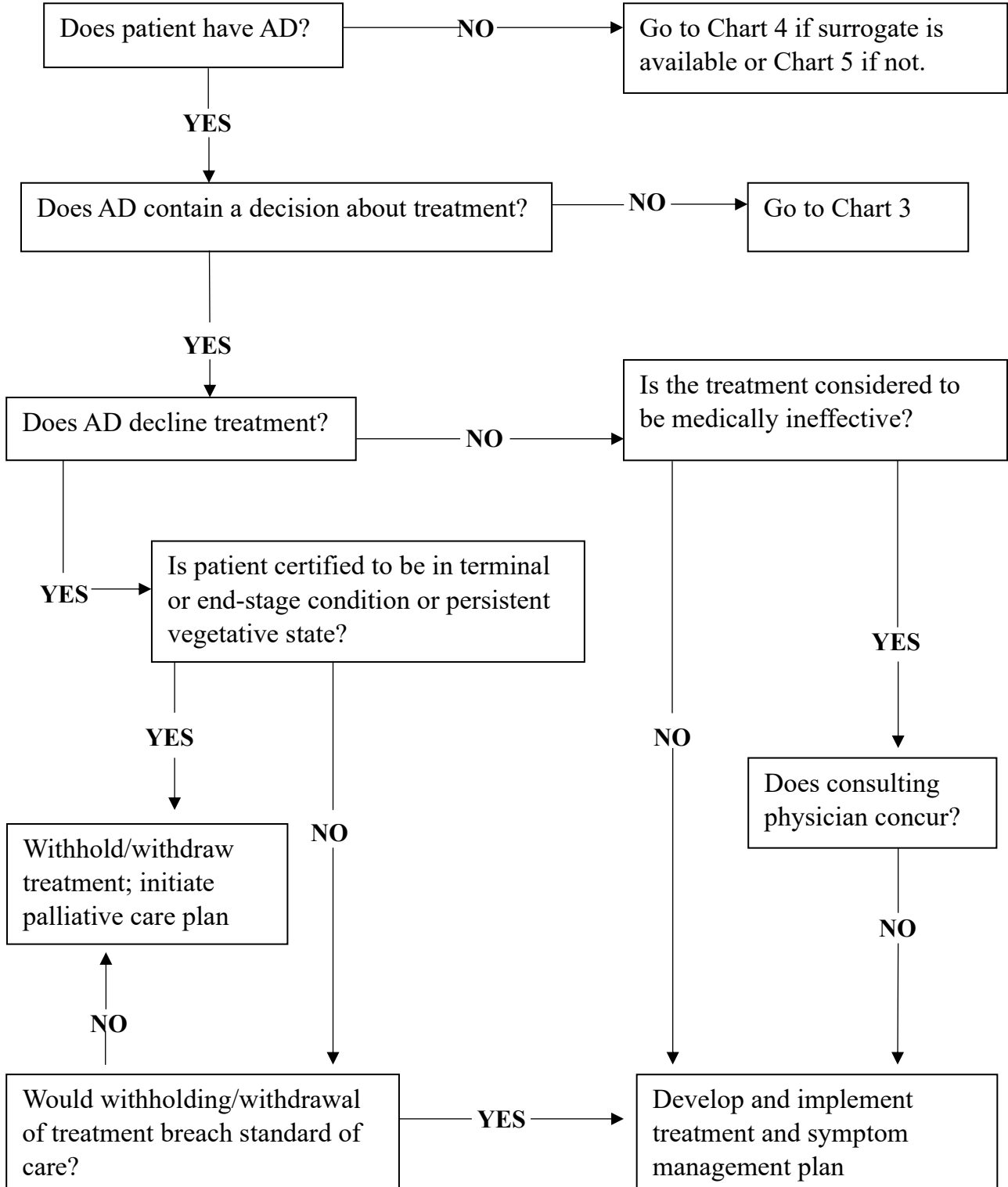
**LIFE-SUSTAINING TREATMENT FOR INCAPACITATED PATIENTS  
HEALTH CARE DECISIONS ACT ALGORITHM FOR PHYSICIANS**

**Chart 1: Prior Informed Consent**



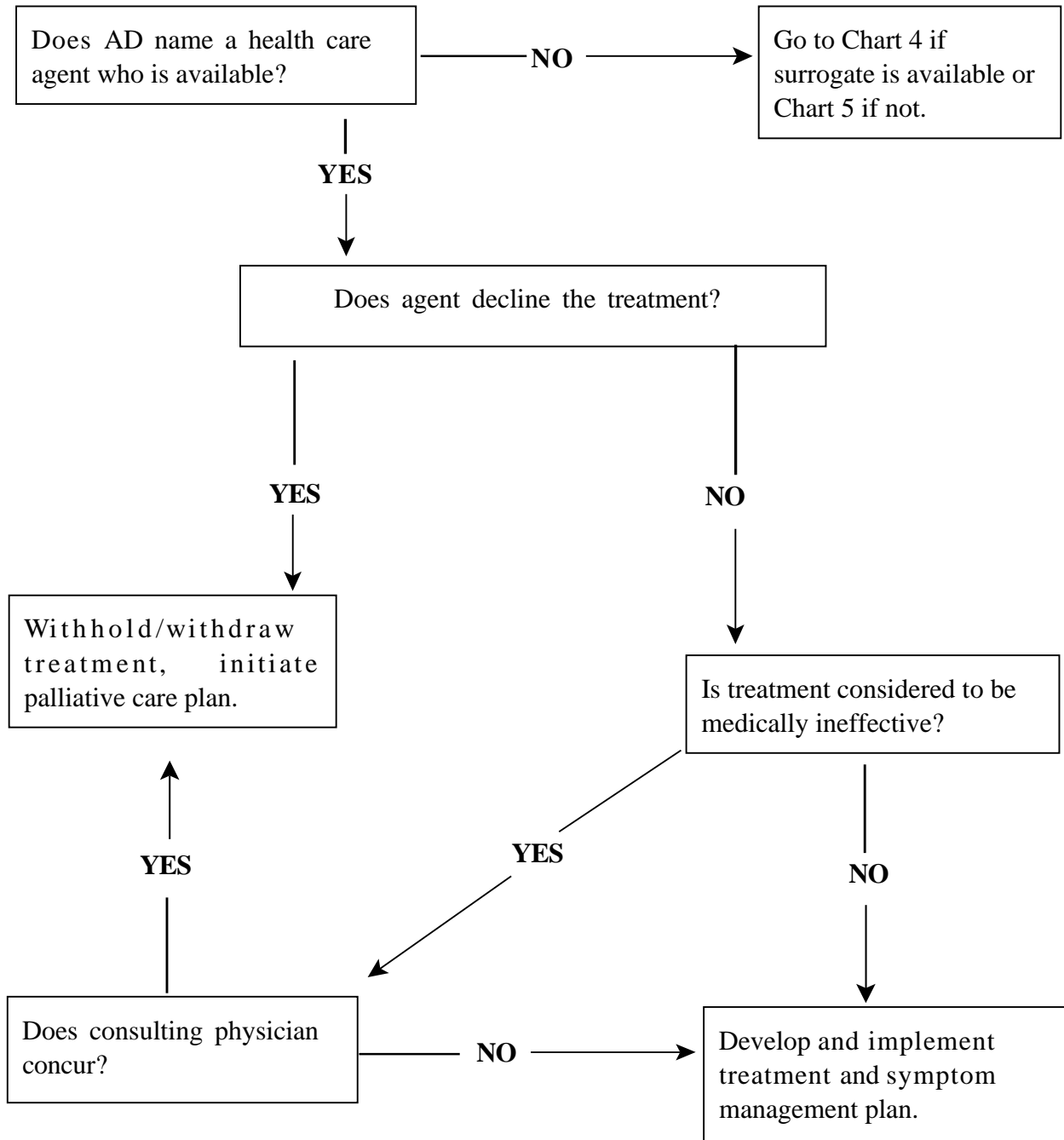
**LIFE-SUSTAINING TREATMENT FOR INCAPACITATED PATIENTS  
HEALTH CARE DECISIONS ACT ALGORITHM FOR PHYSICIANS**

**Chart 2: Decisional Advance Directive (“AD”)**



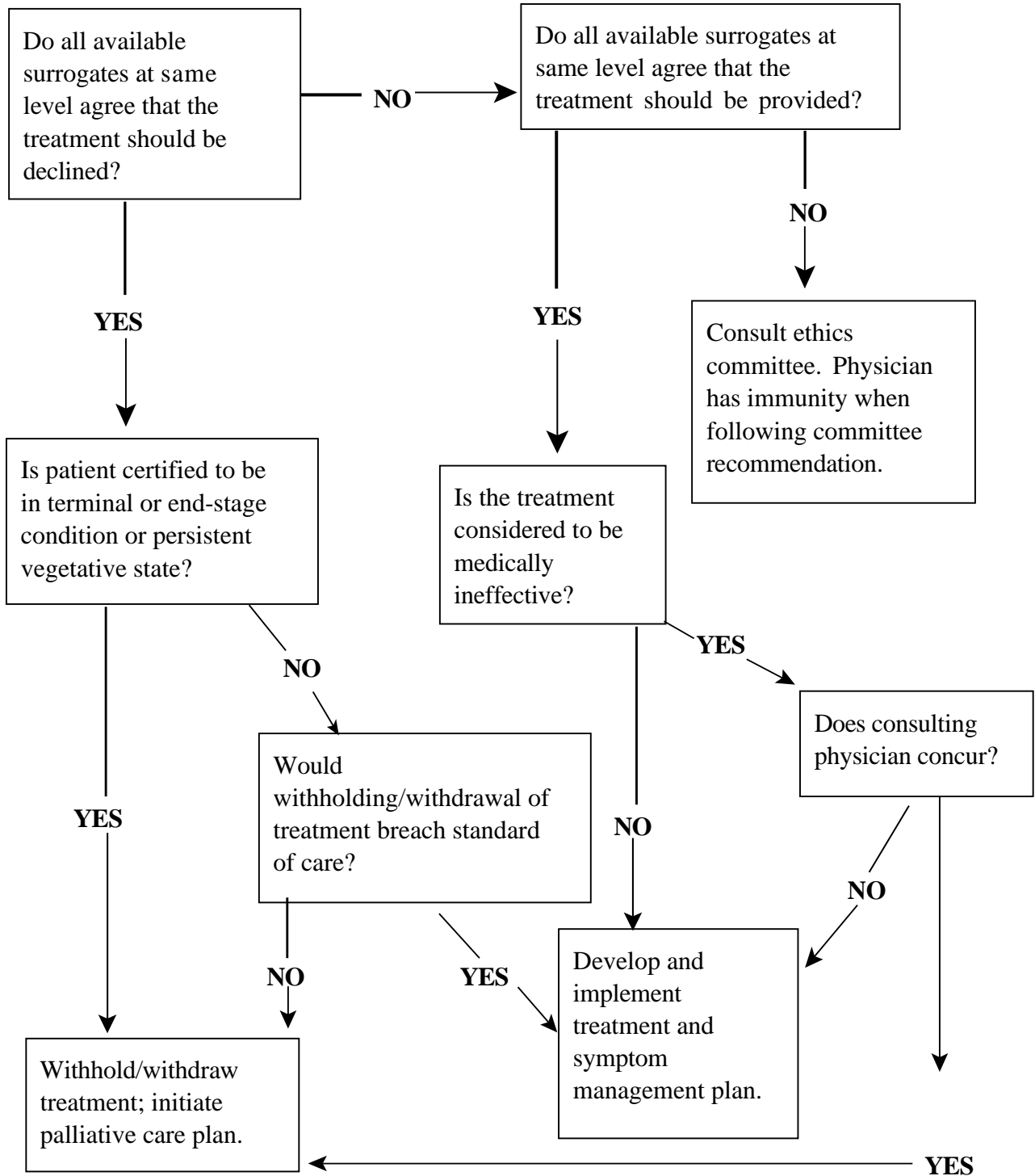
**LIFE-SUSTAINING TREATMENT FOR INCAPACITATED PATIENTS  
HEALTH CARE DECISIONS ACT ALGORITHM FOR PHYSICIANS**

**Chart 3: Health Care Agent Available**



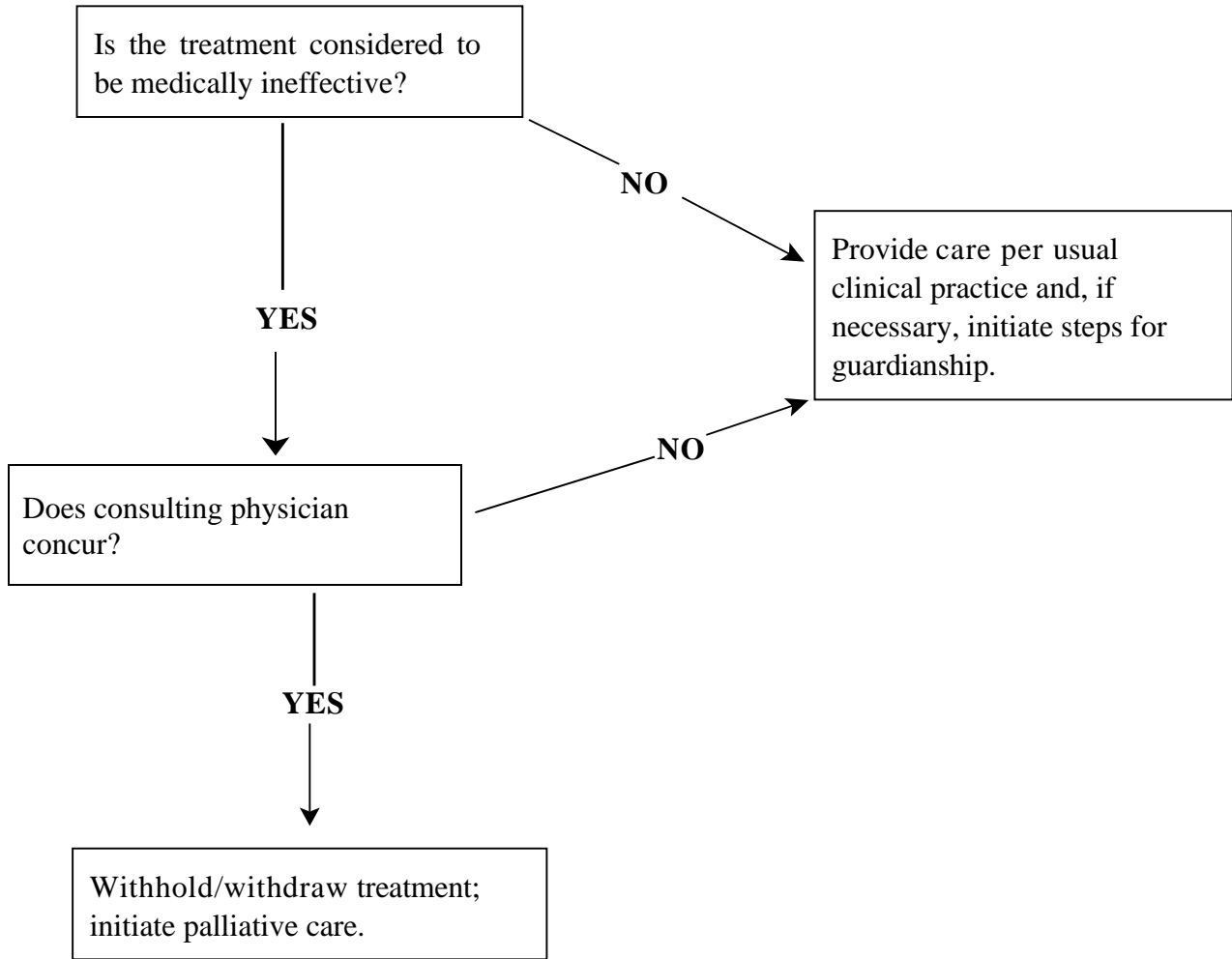
**LIFE-SUSTAINING TREATMENT FOR INCAPACITATED PATIENTS  
HEALTH CARE DECISIONS ACT ALGORITHM FOR PHYSICIANS**

**Chart 4: No Agent, Surrogate Available**



**Life-Sustaining Treatment for Incapacitated Patients  
Health Care Decisions Act Algorithm for Physicians**

**Chart 5: No Advance Directive, No Surrogate**



## Glossary

1. “Certified” = stated in writing by two physicians, attending and consulting, or by the attending physician and a nurse practitioner. A nurse practitioner may provide the second certification of incapacity and the second certification that a patient is in a terminal condition or end-stage condition.
2. “Concur” = in writing.
3. “Informed consent” or “informed refusal” = decision about concrete, near-term options, not open-ended choice about future contingencies.
4. “Medically ineffective” = physician’s conclusion, based on literature and clinical experience, that intervention stands little or no chance of maintaining health status or reversing ongoing dying process.
5. “Same level” = having the same priority in the following priority order: (1) court appointed guardian; (2) spouse or domestic partner; (3) adult children; (4) parents; (5) adult siblings; (6) other family members and friends.