

HOLY CROSS HOSPITAL
OF SILVER SPRING

**PHYSICIAN CERTIFICATION OF
MEDICALLY INEFFECTIVE TREATMENT**

This Physician Certification of Medically Ineffective Treatment must be completed by the attending physician and a second physician prior to withholding or withdrawing life sustaining treatment (including CPR) on the basis that the treatment would be medically ineffective.

A) I _____, M.D., am a physician licensed by the State of Maryland. I hereby certify based upon the current medical condition of this patient _____, the following treatment _____, would neither prevent or reduce the deterioration of the health of this individual nor prevent his or her impending death.

(Physician's Signature)

(Date and Time)

B) I _____, M.D., am a physician licensed by the State of Maryland. I hereby certify based upon the current medical condition of this patient _____, the following treatment _____, would neither prevent or reduce the deterioration of the health of this individual nor prevent his or her impending death.

(Physician's Signature)

(Date and Time)