Ethics committees’ involvement in such decision-making is minimal in most hospitals. Basic life-sustaining treatments are usually initiated if necessary. However, life-sustaining treatments unrepresented patients are currently receiving cannot be discontinued even though those treatments seem pointless. Thus, additional life-sustaining treatments (e.g., extracorporeal membrane oxygenation) tend to be withheld. Important considerations in the decision-making process include the person’s reversibility, risk of adverse events, and medical costs. CONCLUSION: Decision-making about life-sustaining treatments for unrepresented patients is currently in legally blind spots in South Korea. Reforms in regulations and policies surrounding such decision-making practices for unrepresented patients and the development of institutional guidelines are urgently necessary to improve decision-making practices about life-sustaining treatments for these individuals.