

New York Living Will

This living will is a legal document setting forth your directions regarding medical treatment. You have the right to refuse any treatment you do not want, and you may request the care you want.

This Living Will has been prepared to conform to the law in the State of New York, as set forth in the case of In re Westchester County Medical Center, 72 N.Y.2d 517 (1988). In that case the Court approved of the use of a Living Will, stating that the "ideal situation is one in which the patient's wishes were expressed in some form of writing, perhaps a 'living will.'"

I, NAME, being of sound mind, make this statement as a directive to be followed if I become permanently unable to participate in decisions regarding my medical care. These instructions reflect my firm and settled commitment to decline medical treatment under the circumstances indicated below:

I direct my attending physician to withhold or withdraw treatment that merely prolongs my dying, if I should be in **an incurable or irreversible mental or physical condition with no reasonable expectation of recovery.**

These instructions apply if I am a) **in a terminal condition**; b) **permanently unconscious**; or c) **minimally conscious but have irreversible brain damage and will never regain the ability to make decisions and express my wishes.**

I direct that treatment be limited to measures to keep me comfortable and to relieve pain, including any pain that might occur by withholding or withdrawing treatment.

While I understand that I am not legally required to be specific about future treatments, **if I am in the condition(s) described above I feel especially strongly about the following forms of treatment:**

- ▶ I do not want cardiac resuscitation.
- ▶ I do not want mechanical respiration.
- ▶ I do not want tube feeding.
- ▶ I do not want antibiotics.
- ▶ I do want maximum pain relief.

Other directions (insert personal instructions):

These directions express my legal right to refuse treatment; under the law of New York. I intend my instructions to be carried out, unless I have rescinded them in writing or by clearly indicating that I have changed my mind.

SIGNATURE _____ DATE _____

WITNESS 1 SIGNATURE _____ DATE _____

ADDRESS _____ CITY _____ STATE _____

WITNESS 2 SIGNATURE _____ DATE _____

ADDRESS _____ CITY _____ STATE _____

Sign and date here in the presence of two adult witnesses, who should also sign.

Keep the signed original with your personal papers at home. Give copies of the signed original to your doctor, family, lawyer and others who might be involved in your care.