

NEW YORK LIVING WILL

TO: My family, physicians and all those concerned with my care:

I, _____, presently residing at _____, and being an adult of sound mind, make this declaration as a directive to be followed if for any reason I become unable to make or communicate decisions regarding my medical care.

I direct my attending physician to withhold and withdraw treatment that serves only to prolong my dying, or my life, if I should be in an incurable or irreversible mental or physical condition with no reasonable expectation of a meaningful recovery, including but not limited to: (a) a terminal condition, (b) a permanently unconscious condition, or (c) a minimally conscious condition in which I am reasonably expected to be permanently unable to make decisions, express my wishes or have a meaningful and participatory life.

The procedures and treatment to be withheld and withdrawn include, without limitation, surgery, antibiotics, cardiac and pulmonary resuscitation, respiratory support, blood and blood products, dialysis, chemotherapy, radiation therapy, artificially administered nutrition and hydration, and invasive diagnostic tests. 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. I do want maximum pain relief, even if it may hasten my death.

I wish to live out my last days at home (or at an appropriate hospice facility) rather than in a hospital, if it does not jeopardize the chance of my recovery to a meaningful and conscious life and does not impose an undue burden on my family.

These directions are the exercise of my legal right to refuse treatment. Therefore, I expect my family, physicians, health care facilities and all concerned with my care to regard themselves as legally and morally bound to act in accordance with my wishes, and in so doing to be free from any liability for having followed my directions.

IN WITNESS WHEREOF, I have executed this declaration, as my free and voluntary act and deed, this ____ day of _____, 20__.

[NAME]

WITNESS:

We, _____ and _____, each hereby attest and declare under penalty of perjury under the laws of the State of New York that: (1) the foregoing instrument was personally signed by _____ in my presence, and thereupon I, at his/her request and in his/her presence and in the presence of the other witnesses, have hereunto subscribed my name as a witness; (2) I did not sign the above signature of _____ for or at his/her direction; (3) I personally

know _____ and believe him/her to be of sound mind and under no constraint, duress, fraud or undue influence; (4) I am not related to _____ by blood, marriage or adoption; (5) I am not entitled (to the best of my knowledge and belief) to any portion of the estate of _____ upon his/her death under any will or codicil of _____ or by operation of law; (6) I do not have any present or inchoate claim against any portion of the estate of _____; (7) I do not have any financial responsibility for the medical care of _____; (8) I and _____ are both at least 18 years of age.

Dated: _____, 20__

Address: _____

Address: _____
