

NEW YORK LIVING WILL

I, _____, being of sound and 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 and other medical personnel to withhold or withdraw treatment that serves only to prolong the process of my dying, should I 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) **If I am unconscious 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 withdrawing or withholding 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 especially feel strong about the following treatment.**

I do not want cardiac resuscitation.

I do not want mechanical respiration.

I do not want tube feeding.

I do not want antibiotics.

However, **I do want** maximum pain relief.

Other instructions (insert personal instructions):

I, _____, **HEREBY APPOINT,**

Name:

Address:

Phone number:

as my health care agent to make all health care decisions for me in conformity with the guidelines I have expressed in this document. I direct my agent to make health care decisions in accordance with my wishes and instructions as stated above or as otherwise known to him or her. I also direct my agent to abide by any limitations on his or her authority as stated above or as otherwise known to him and her.

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 I intend my instructions be carried out, unless I have rescinded them in a new writing or by clearly indicating that I have changed my mind.

Signed: _____ Date _____

Address: _____

I declare that the person who signed this document appeared to execute the living will willingly and free from duress. He or she signed (or asked another to sign for him or her) this document in my presence.

Witness 1: _____

Address: _____

Witness 2: _____

Address: _____