

# New York State Living Will

*This Living Will has been prepared to conform to the law in the State of New York, as set forth in the case In re Westchester County Medical Center, 72 N.Y. 2d 517 (1988). In that case the Court established the need for “clear and convincing” evidence of a patient’s wishes and stated that the “ideal situation is one in which the patient’s wishes were expressed in some form of writing, perhaps a ‘Living Will’.”*

*Primary PartnerCare strongly encourages patients to discuss the below options and any other questions you have with your doctor who can explain what they mean in general and more specifically to your unique health situation. These are very personal decisions and there is no right or wrong answers.*

[1]I, \_\_\_\_\_, 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, including but not limited to: (a) a terminal condition; (b) a permanently unconscious condition; or (c) a minimally conscious condition in which I am permanently unable to make decisions or express my wishes.

I direct that my 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:**

[2]

- I do not want cardiac resuscitation.
- I do not want mechanical respiration.
- I do not want artificial nutrition.
- I do not want artificial hydration.
- I do not want antibiotics.
- However, I **DO WANT** maximum pain relief, even if it may hasten my death.

[3] Other directions:

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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 I intend my instructions to be carried out, unless I have rescinded them in a new writing or by clearly indicating that I have changed my mind.

[4]

Name: \_\_\_\_\_

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_

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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.

[5]

**Name of Witness 1 (please print, sign and date)**

Name: \_\_\_\_\_

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_

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**Name of Witness 2 (please print, sign and date)**

Name: \_\_\_\_\_

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_

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