



LIVING WILL

TO MY FAMILY, all physicians, hospitals and other health care providers and any court or judge:

I, _____, of _____

declare that after thoughtful consideration, I have decided that I wish to forgo all life-sustaining treatment if I shall in the future sustain substantial and irreversible loss of mental capacity AND

- (a) I am unable to eat or drink without assistance and tube(s) or other artificial means are required to feed me and it is highly unlikely that I will ever be able to eat and drink without artificial feeding.

OR

- (b) I have an incurable or irreversible condition which is likely to cause my death within a relatively short time.

Such loss of mental capacity by me as described above is sometimes referred to herein as a "triggering event." All life-sustaining treatment shall be withheld or withdrawn from me upon the occurrence of a triggering event whether or not I am conscious, alert or free from pain. The term "life-sustaining treatment" is intended to include, without limitation, nutrition and hydration of any kind, artificial or otherwise whenever that term is used in this instrument.

As used herein the term "an incurable or irreversible condition which is likely to cause my death within a relatively short time" shall mean a condition which would, without the administration of medical procedures which serve only to prolong the process of dying, result in my death within a relatively short time.

No cardiopulmonary resuscitation shall be administered to me if I sustain cardiac or pulmonary arrest following the occurrence of a triggering event. Effective upon the occurrence of a triggering event, I consent to an order not to resuscitate as that term is defined in § 2961 of the Public Health Law of the State of New York ("DNR order"), and direct that a DNR order be placed in my medical record maintained by each physician, hospital and other health care provider furnishing medical care for me.

I recognize that when life-sustaining treatment is withheld or withdrawn from me, I will surely die of dehydration and malnutrition within days or weeks. I direct that all available medication for the relief of pain and for my comfort shall be administered to me after life-sustaining treatment is withheld or withdrawn even if I am rendered unconscious and my life is shortened thereby.

I have executed this instrument while in full command of my faculties in order to furnish clear and convincing proof

- Of the strength and durability of my determination to forgo life-sustaining treatment in any of the circumstances referred to herein;
- Of my firm and settled conviction that I am entitled to forgo such treatment in the exercise of my constitutional and common law rights to determine the course of medical treatment; and

- Of my belief that my right to forgo such treatment is paramount to any responsibility of any health care provider or the authority of any court or judge to attempt to force unwanted medical care upon me.

I direct that my family, all physicians, hospitals and other health care providers and any court or judge honor my decision not to artificially extend my life by mechanical means, and if there is any doubt as to whether or not life-sustaining treatment is to be administered to me after I have sustained substantial and irreversible loss of mental capacity, such doubt is to be resolved in favor of withholding or withdrawing such treatment. These directions express my legal right to refuse treatment. I intend my instructions to be carried out, unless I have rescinded them in a new writing or by clear indication that I have changed my mind.

DATED: _____, 20__

(Name)

Witness

Address

Witness

Address