

This
ADVANCE HEALTH CARE DIRECTIVE
prepared for

Living Will

of

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 and other medical personnel to withhold or withdraw treatment that serves only to prolong the process of 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) if I am 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 (artificial nutrition).
- ___ I do not want artificial hydration.
- ___ I do not want antibiotics.
- ___ I do want maximum pain relief even if it may hasten my death.

Other directions (insert personal instructions): _____

I understand that unless I revoke it, this Living Will shall remain in effect indefinitely.

These directions express my legal right to refuse treatment, under the laws of New York. Unless I have revoked this instrument or otherwise clearly and explicitly indicated that I have changed my mind, it is my unequivocal intent that my instructions as set forth in this document be faithfully carried out.

I executed this declaration as my free and voluntary act on _____
(Date)

(Signature)

I declare that the person who signed this document is personally known to me and appears to be of sound mind and acting of his own free will. Declarant signed (or asked another to sign for him) this document in my presence.

SIGNATURE OF FIRST WITNESS

SIGNATURE OF SECOND WITNESS

NAME OF FIRST WITNESS

NAME OF SECOND WITNESS

STREET ADDRESS

STREET ADDRESS

CITY, STATE, ZIP

CITY, STATE, ZIP