Instructions for Completing Your New York Living Will

A Living Will ***only becomes effective*** if you are determined to have a terminal illness or are at the end-of-life and when you are no longer able to communicate your wishes. In New York State, the Living Will was authorized by the courts (not by legislation) so there are no requirements guiding its use. But, a Living Will can serve an important role to provide clear evidence of your wishes.

You can add personal instructions in Item 3 on the form if there are specific treatments that you wish to refuse but are not listed on the document.

You can also add a statement referring to your health care agent such as, "Any questions about how to apply my Living Will are to be decided by my health care agent."

Item 1: Print your name

Item 2: Cross out any of the statements that ***do not*** reflect your wishes

Item 3: Write in any personal instructions

Item 4: Date and sign the document and include your address

Item 5: Two witnesses must sign the document and print their addresses.

Note: This form does not need to be notarized.

"Completing Your New York Living Will." University of Rochester Medical Center, University of Rochester, 2016, urmc.rochester.edu/MediaLibraries/URMCMedia/jones-memorial/patients-families/documents/living_will_nys.pdf.

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'."

I, [1]_____, 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 and hydration.

☐ I do not want antibiotics.

However, I **do want** maximum pain relief, even if it may hasten my death.

[3] Other directions:

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]

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.

[5]

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

Signed _____ Date_____

Address_____

Name of Witness 2

Signed _____ Date_____

Address_____