

Living Will

DANIELS & PORCO, LLP.

517 Route 22
Pawling, NY 12564
Tel. (845) 855-5900
Fax. (845) 855-5945

102 Gleneida Avenue
Barrister Hall
Carmel, NY 10512
Tel. (845) 225-8404
Fax (845) 225-4262

www.danielsporco.com

LIVING WILL

Directive of _____
to Withhold or Withdraw Life-Sustaining Procedures

To My Family, My Attending or Consulting Physicians, My Clergyman, My Lawyer,
To Any Medical Facility in Whose Care I Happen To Be and To Any Individual Who May
Become Responsible for My Health, Welfare or Affairs:

I, _____, being of sound mind, willfully and voluntarily make known my
desire that my life shall not be prolonged under the circumstances set forth below:

1. In the event that I hereafter lose capacity to make decisions regarding my
medical care and treatment, it is my intention that cardiopulmonary resuscitation (“CPR”), sur-
gical procedures and medical procedures (including without limitation procedures to provide
nutrition and hydration) shall not be used and shall be withdrawn where the physician who is
then primarily responsible for my treatment and care (my “attending physician”) determines
that:

- (1) I have a terminal condition (i.e., an illness or injury from which there is no
recovery and which can be expected to cause death within one year); or
- (2) I am permanently unconscious; or that
- (3) such measures would be medically futile (i.e., to a reasonable degree of med-
ical certainty the measures will be unsuccessful in restoring the cardiac, res-
piratory or other functions being treated or I will experience repeated arrest
or loss of such function within a short time period before death occurs) or
that
- (4) such measures would impose an extraordinary burden in light of my medical
condition and expected outcome of the treatment or procedure.

2. It is my intention that CPR be defined to include all measures to restore car-
diac function or to support ventilation in the event of cardiac or respiratory arrest such as man-
ual chest compression, mouth-to-mouth rescue breathing, intubation, direct cardiac injection,
intravenous medications, electrical defibrillation, and open chest cardiac massage.

3. In the event of my lack of capacity as provided above, I demand that this directive be honored by my family, physician(s), and other providers of health care as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal. A determination that I have lost capacity shall be made by my attending physician to a reasonable degree of medical certainty.

4. I do not fear death itself as much as the indignities of deterioration, dependence and hopeless pain. I therefore ask that, in the circumstances specified above, I be administered only those medications and other comfort measures which are intended to alleviate my suffering.

5. In the event that my attending physician determines, to a reasonable degree of medical certainty, that I am brain dead, I want to immediately be declared legally dead.

6. This directive is made after only my most careful consideration, and is intended to evidence my firm and settled commitment to the matters stated herein. I understand the full impact of this directive and I am emotionally and mentally competent to make this directive.

7. If I have appointed a health care agent, I hereby direct that such agent shall have the power, from time to time, to transfer responsibility for my care from my then attending physician to any other physician selected by such health care agent and/or to transfer me to another health care institution, including, without limitation, in situations where my health care agent disagrees with a determination by my attending physician with respect to one or more of the matters set forth above. Furthermore, in no event shall this document be construed so as to limit the powers that my health care agent would otherwise possess.

We, _____ and _____, the witnesses respectively, whose names are signed to the attached foregoing Directive to Withhold or Withdraw Life-Sustaining Procedures, do hereby declare that each was at the time 18 years of age or older and that declarant executed this directive on the date below and that she signed willingly and she executed it as her free and voluntary act for the purposes therein expressed.

Signature of Witness

Signature of Witness