

Death with Dignity

by Peter Elliot-Wotton

The idea of "Death with Dignity" is becoming more and more important in these days of rapid medical advances. It is now possible for someone to be kept alive by mechanical means longer than that person might want to live. What good is it to live longer when life has become an unbearable burden, or when a person is no longer even conscious of living? Many people don't want to end their days hooked up to some miraculous "life-sustaining" machinery, if the only purpose is to prolong the process of dying.

Historically, our society has feared death. We know it's inevitable, yet we don't like to talk about it or even think about it. As Woody Allen put it, "I don't mind dying—I just don't want to be there when it happens!"

It has been clear for many years that competent adults have the legal right to determine what is done to their bodies—that they cannot be subjected to medical treatment without their consent. Only rarely have courts authorized treatment against the wishes of a competent patient, and then only under extenuating circumstances. And if the patient is unable to communicate his or her wishes, it has been common practice for the attending physician, after talking to the spouse or other relatives, to make a decision on the patient's behalf to discontinue or not to start life support treatment. But this is a risky and sometimes an agonizing decision, and there may be differences of opinion as to the best course to follow. This is why many people favor the idea of a "living will."

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Let's say a person is dying of cancer, is in a coma, and is not expected to regain consciousness. Let's say this is a person we know would not want to be kept alive under these circumstances. How, and when, and by whom should a decision be made to allow this person's life to end "naturally"—to discontinue life supports or to avoid further "heroic efforts?"

For years, national organizations like Concern for Dying and The Society for the Right to Die have

promoted "living wills," documents that people sign when they are still competent, which can be used at a later time to affirm what they would want done or not done. At this time, 38 states and the District of Columbia have some form of "living will" statute. Oregon is one of them; our law was passed in 1977, and has been changed several times since then.

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Oregon's "Directive to Physicians" tells the doctor that you do not want your life prolonged under the following circumstances: (1) if you have a medical condition certified to be terminal by two physicians, and (2) if the application of life sustaining procedures would only prolong the moment of your death, which is imminent whether or not such procedures are used. Under present law, the Directive as spelled out in the statute cannot be altered.

Because the wording of the Oregon Directive to Physicians cannot be changed, and because it can be applied only under certain specific circumstances, many people prefer the idea of a "durable power of attorney for health care." This allows you to appoint someone else to make critical care decisions for you in case you are terminally ill or irreversibly comatose, and cannot speak for yourself.

A recent survey of Oregonians disclosed that whereas 82 percent had heard of the Living Will, only 16 percent said that they or anyone in their household actually had signed such a document. This finding is of interest to Oregon Health Decisions, a non-profit organization based in Salem and dedicated to helping Oregonians participate in decisions involving their health care. This organization has already spent over a year educating people on the existence of the Oregon Directive to Physicians, and on the concept of the power of attorney for health care.

In the process, Oregon Health Decisions also surveys people who attend these meetings, in order to determine how they feel about various changes that are proposed in the Living Will statute, and about introducing the power of attorney for health care into Oregon law. Question-

naires filled out by those who attend these informational meetings are tabulated, and the results supplied to lawmakers as an indication of public interest in these changes.

Because the State Legislature has not acted upon these changes and on the proposed new bill, the only thoroughly acceptable method of making an advance directive in Oregon today is by using the official "Directive to Physicians," with all its limitations. However, because the law does not preclude the use of a power of attorney for health care purposes, many people have also made out such a document. Besides naming the person or persons who can make critical care decisions on your behalf if you are incapacitated, the power of attorney can also be drawn up in such a way that it specifies exactly what medical procedures you would want or not want in case you were dying or irreversibly comatose and unable to speak for yourself.

Thus this document can be far more flexible and far-reaching than the Directive to Physicians. When an actual situation arises, any information may be considered by medical authorities. Therefore, although it does not have the legal standing or general acceptance of the Directive to Physicians in Oregon, the power of attorney for health care is rapidly gaining in popularity.

The process begun by Oregon Health Decisions in 1983 whereby citizens around the state are encouraged to participate in making these decisions, is still going on. The Eugene branch of Oregon Health Decisions, located in the Atrium, is instituting a statewide series of educational presentations. This activity is funded primarily by a grant from the Robert Wood Johnson Foundation.

A 15-minute slide presentation is the core of the material that will be offered around the state for this purpose. Following the presentation, there will be time for questions and discussions, and questionnaires will be passed out for people to fill out expressing their opinions on changes proposed before the Legislature.

Oregon Health Decisions has an interest in promoting the idea that an individual has a right to decide what he or she wants done or not done under these circumstances. There may be some who want to insure that every possible procedure is used. Therefore, the presentation is intended for all types of audiences, and requests from schools, churches, fraternal organizations and other groups will be welcome. There is no charge for the presentation. Requests for presentations should be addressed to Peter Elliot-Wotton, Oregon Health Decisions, 99 West 10th Avenue, Eugene 97401, or by telephone to 484-9311. After June 30 of this year, the Eugene office will be closed, and requests after that date should be addressed to Brian Hines, Oregon Health Decisions, 1145 Madrone Avenue South, Salem 97302, tel. 371-4636.

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