

Assisted suicide ripe for abuse

Giving doctors the legal right to prescribe life-ending drugs to terminally ill patients invites abuse and leaves the door open for lethal mistakes. Measure 16, Oregon's "Death with Dignity Act," would allow physicians to dispense fatal doses of barbiturates to patients who meet a series of flawed requirements. Because the proposal lacks adequate safeguards, it should be defeated.

Under the measure's guidelines, someone older than 18 who is diagnosed with less than six months to live will be able to request a lethal prescription of drugs from the attending physician. The request must be made twice, once in writing and once orally.

When the initial suicide request is made, the doctor may require the patient to undergo a psychological evaluation if that person exhibits depression or appears mentally unbalanced. The psychological evaluation is not mandatory; rather, it is discretionary. Likewise, the doctor is not required to notify the patient's family of suicidal intentions.

After a 15-day waiting period and a second physician's opinion on the diagnosis, the prescription would be filled. The patient must take the pills on his or her own. Lethal injection is not permitted under the measure.

Measure 16 attempts to cover all the bases so accidents or abuses don't occur. Unfortunately, the authors of the measure overlook several important considerations.

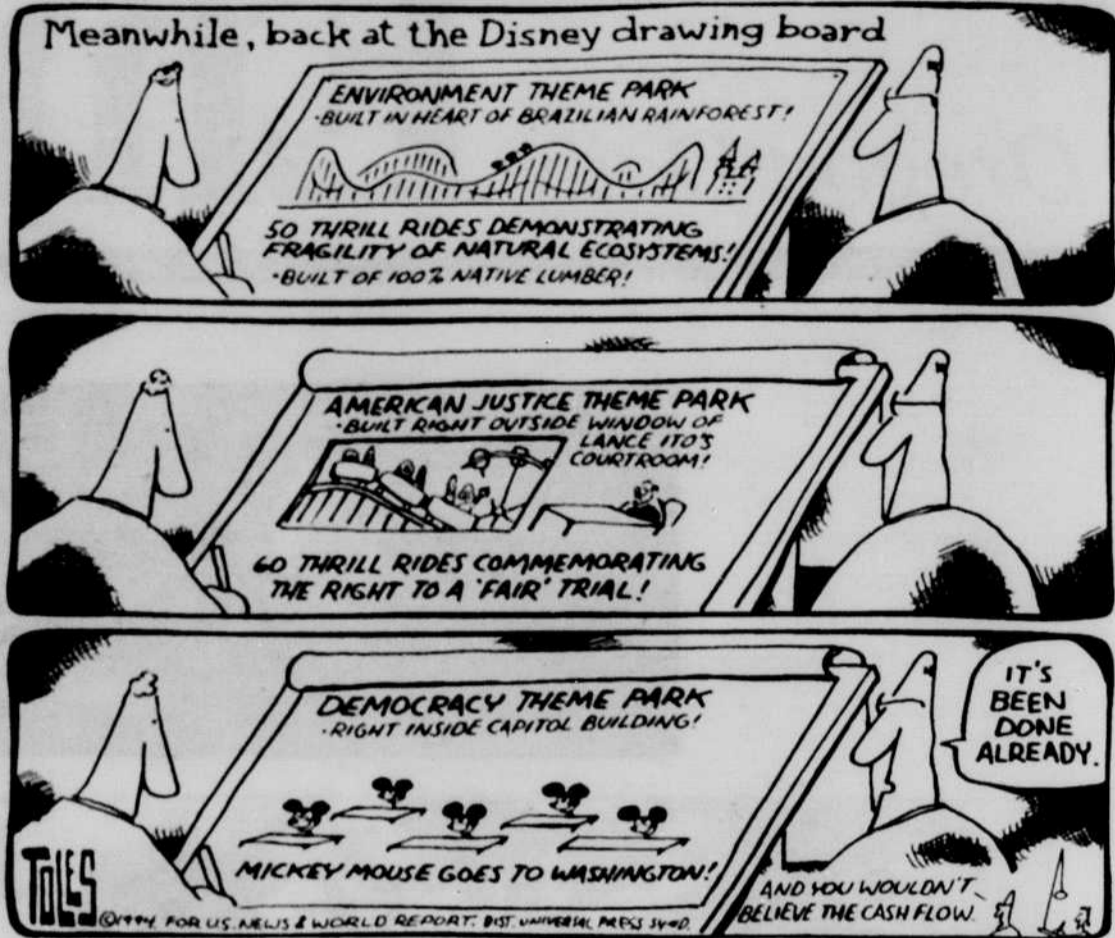
When doctors diagnose an illness and then give a person less than six months to live, that diagnosis is nothing more than an educated guess. No one, including doctors, really knows how long a person will live. Nontangible factors, such as a person's will to live, don't fit into such an equation. A misdiagnosis could result in a premature and unnecessary death.

Doctors are not mental health professionals and cannot with any certainty or accuracy properly diagnose a patient's mental state. People despondent over the news of their impending death may make an ill-conceived or premature decision without the benefit of rational thought. With only a medical doctor's opinion, patients in this condition could slip through the cracks.

Terminally ill patients who are poor or low-income may make the decision to die simply to avoid burdening their families with the expense of long-term hospital or hospice care. This aspect becomes more chilling if a patient lives longer than the minimum six-month requirement.

Worst of all, the measure makes no provision for oversight, so the potential for abuse through coercion from outside sources becomes a probability. There is no requirement for reporting assisted suicides to a regulatory board, and therefore, no avenue to investigate criminal behavior on the part of the participants. Because there is no imperative for the doctor to notify family members, manipulation of the patient to take his or her life could go unnoticed.

Suicide is an intensely personal decision, one in which the state has no business participating. Vote no on Measure 16.



■ OPINION

We could all learn from granny

Granny taught it on a Sunday morning last February. Someone was taking a shower when granny knocked on the bathroom door. Because she couldn't get in, she decided to use the hall carpet instead. Of course, granny didn't know she did anything wrong. I got up moments after she did this and her lined face smiled at me and said, "Good mornin'" as if it were just like any other pre-dawn hour in Murfreesboro, Arkansas (where she thinks she is anyway).

Granny has Alzheimer's. As her body continues to age, her mind becomes more like a child's.

A few nights before that Sunday, she taught it again. She lifted a doll she was holding so I could see its transfixed face. Then, with a smile that any proud mother would have, she said, "Now ain't that the sweetest thing yuh ever did see?" Then she showed me its frozen fingers and explained how she had worried earlier that there might be something wrong with the "baby" because its fingers were awfully stiff. But she said they were fine now. All I could do was nod cordially. She looked right into the painted-on eyes and said, "Sweet, sweet, sweet."

The spring before that she taught it once again. Mom was busy cleaning house when she realized she hadn't seen granny in 15 minutes or so. After scouring the house for her, mom couldn't find her in our three bedroom ranch. Mom frantically raced up the street asking neighbors if they had seen a 76-year-old lady with a southern accent, but to no avail. She ran home and called the police to report a missing person.

Mom hurried toward the other side of our house and found the home she was looking for since an officer's car was parked in front of it. (The lady of that house had called to report a found person.) When mom went into the neighbor's modest two-level, granny was sitting on the



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couch like she back in Arkansas "vis'tin." Mom started crying and gave granny a relieved hug. Granny grinned a little and patted her on the back as if to console her daughter-in-law. After gaining her composure, mom told granny it was time to go. Granny got up and thanked the still-bewildered neighbors for such an enjoyable time.

After that hallway episode, I started thinking about something mom said I taught her when I was a two-year-old from hell. I would fill the toilet with a roll of toilet paper. I would run to the kitchen the moment the phone rang and throw everything I could from the cabinets onto the floor. She said I taught her the lessons of giving and patience, and that the value of a person lies simply in he or she being just that — a person.

Granny teaches us that everyday. While we may laugh at some of the things she does (it's better than crying), we're learning to be giving instead of selfish. She teaches us that the true value of a person is not always what he or she can give to you, but what you can give to them.

I'm glad she made sure we learned this. That's why I'm against Ballot Measure 16. This measure would legalize the practice of doctors helping patients kill themselves.

The value of life would be further cheapened. My granny could be a prime candidate. What value is her life? I think that's already been shown.

We can no longer simply value someone for simply being someone. Other problems riddle this measure. Measure 16 calls for death by drugs if the patient

is diagnosed to die within six months. The problem is that doctors are human and make mistakes. In fact, *The Oregonian* reported that 10 to 15 percent of all death diagnoses were wrong. If there is a misdiagnosis, and the person goes through with the suicide, the consequence isn't an extra night in the hospital to recover, its an eternity six-feet underground.

Not exactly something to be played with.

Measure 16 would also play upon the emotional instabilities of people who have been diagnosed with terminal illnesses. When someone has just been told that they're going to die in a matter of months, their view of life can be extremely tainted — namely they think it's better just to end it all. Measure 16 does nothing but exploit these feelings.

I'd hate to be the one who decides that someone should die and then find out I was wrong. Doctors shouldn't be put in that position.

This measure could also put a dollar value on life. Cost-cutting is all the rage right now. If a person is diagnosed with a disease that could cost more than someone thinks is appropriate, suicide could look like the best option. That is wrong.

Years from now, we could be using death to get rid of anyone we deem too expensive to keep alive. If you think I'm just using scare tactics, you're right. This measure is scary. We're talking about killing people. We're playing with fire.

People are people. Their value lies in that alone. If you think someone is better off dead, you're forgetting that you're not God. No one should have the power to decide when someone should go. That will only cheapen life.

Life is never cheap. In fact, at those times when we think it is, that's when it can teach us the most even if we have to....

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