

First suicide law raises questions

PORTLAND (AP) — Administering the nation's first doctor-assisted suicide law may prove harder than enacting it.

Oregon's Measure 16 passed 52 percent to 48 percent Thursday, and will become a law Dec. 8. With its passage, Oregon moves into the forefront of the movement to give the dying the freedom to choose when, and how, their lives end.

But questions are already being raised about how the law will work and whether it is adequate to protect the interests of those who disagree with its basic principles.

Will the dying flock to Oregon? Will Kervorkian-style death machines and death clinics become prevalent? Will pharmacists, nurses and others who don't want anything to do with ending a patient's life be able to bow out?

One medical ethicist on Thursday stressed the importance of drafting rules quickly to manage the new process of dying.

"Nobody wants Oregon to become a drop-in center for death," said Dr. Susan Tolle, director of the Center for Ethics in Health Care at Oregon Health Sciences University in Portland.

Oregon's first legal doctor-assisted suicide could occur Christmas Eve, or even earlier, depending on how the new law is interpreted. The law requires a 15-day waiting period from the time a patient requests a lethal prescription until when a doctor may write the prescription.

However, Tolle said it was unclear whether the 15-day waiting period could begin before the law takes effect. She said other portions of the law are also vague, posing potential problems for health professionals and hospitals.

The law gives terminally ill people the right to ask a doctor to prescribe a lethal dose of drugs. Patients, who want to take their own lives, would have to ask three times, orally twice and in writing once.

Doctors who follow the law's guidelines are immune from prosecution or from sanctions by professional organizations and licensing boards. Tolle said the law specifically allows doctors to decline to write a lethal prescription, but stops short of describing how, for instance, a pharmacist could decline to fill a lethal prescription.

A requirement that a patient get a second opinion also should be strengthened, she said, to require consultation with a doctor skilled in the care of dying patients. Such a specialist could recognize signs of depression that a less skilled doctor might miss, she said.

"They may not be cutting-edge sophisticated in comfort care. They may be average, but average is not acceptable here," she said.

The chief petitioner for Measure 16, Barbara Coombs Lee, said Thursday that the new law adequately protects doctors and their patients.

"It's fine. It's fine just the way it is," she said.

Tolle is a member of a group of ethics specialists from Portland health care institutions, who are studying the law with an eye toward establishing procedures for administering it.

Doctors must keep a record of their actions in fulfilling the requests of patients who want to die. The state Health Division is required to make rules to collect information, but the information will not be in the public record.

The law says the Health Division must make available to the public a statistical report describing how the law is being used.

Since the new law is part of Oregon's statutes, it could be changed by the Legislature. A court challenge is also possible.

Population grows slowly in Oregon

PORTLAND (AP) — Questions about the quality of Oregon's schools may have helped slow the influx of families into the state, a demographer said Thursday.

For the year ending July 1, the statewide population grew to 3.08 million from 3.04 million.

"This increase of 44,000 people is the smallest since 1987," said Howard Wineberg, program manager at the Center for Population Research and Census at Portland State University.

"About 29,500 was net migration; the other part is natural increase," he said. There were about 14,500 more births than deaths.

About 80 percent of the migration was made up of some 23,500 Californians, Wineberg said. The number from all other states was 6,000.

More of the new residents were older. About 25 percent were of retirement age, up from 9 percent during the first three years of the 1990s.

"There seems to be fewer families moving to Oregon," Wineberg said.

He believes ballot measures affecting school financing may have contributed to the slowdown.

"There's been concern in the state and in other states that have heard about Oregon — will there be funding for schools?" Wineberg said.

School budgets have been squeezed by a property tax limit passed by Oregon voters in 1990.

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