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Oregonians publicly debate personal reasons for suicide

By Carol M. Ostrom
The Seattle Times

PORTLAND, Ore. (KRT) — Peggy Sutherland wasn't thinking about becoming a statistic when she drank a lethal dose of medication prescribed by her doctor in Oregon last year.

As it turned out, Sutherland was among the 21 Oregonians who died in medically assisted suicides in 2001, according to statistics reported this month. At 68, female, white, well-educated, insured and dying of cancer, she closely fit the predominant demographics of those who died.

But unlike most of those Oregonians' relatives, Peggy Sutherland's family is publicly talking about her death, placing a human face on the debate that still swirls around the state's Death With Dignity Act.

In the four years the act has been in effect, 91 people have taken their lives with a doctor's assistance under the law. In most cases, the events behind the statistics reported each year by Oregon epidemiologists remain elusive, protected by privacy laws, patient-doctor confidentiality and the unwillingness of families to expose themselves to public rancor.

But when a family reveals details, as Sutherland's has, many of the troublesome issues may come into sharp relief.

To Sutherland's family, her peaceful death amid a loving family, after months of operations, hospitalizations, procedures and distress, was "a gift."

To opponents of medically-assisted suicide, it was a tragedy: She needed help, but instead received a piece of paper — her prescription — confirming her fear that her life simply wasn't worth living.

Julie McMurchie says she can't understand how anyone could think it was wrong for her mother to have taken her life, or for her doctor to have helped her. A strong, independent woman who grew up near tradition-bound Philadelphia, Peggy Sutherland loved Oregon at first sight. Oregonians, she believed, were adventurous and innovative people who cherished autonomy.

And that's the way she lived her life. She raised her children to be independent thinkers and created an interesting life of her own.

First diagnosed with lung cancer in 1986, she battled back before the disease began its fatal course in 2000. In her last year, she underwent three major surgeries, chemotherapy and radiation. The ordeal left Sutherland unable to stand the pain and discomfort despite everything doctors and nurses could do, McMurchie said.

At her Portland home, Sutherland gathered her five children and their spouses around her — four of them physicians — and told them what she wanted to do.



Seattle Times

Peggy Sutherland (left) hugs her daughter Julie McMurchie on the Oregon Coast.

She wanted to die on her own terms. Sutherland had grown too weak to stand, tumors were blocking her airways, and she faced the possibility of suffocating.

"What kind of death is that?" asked McMurchie.

Oregon law requires a 15-day waiting period to ensure a terminally ill patient is competent to decide to end his or her life.

When the 15th day came, Sutherland roused herself. Clear as a bell and surrounded by family and her longtime doctor, she drank a liquid mixed from drugs legally prescribed by her doctor.

In five minutes, McMurchie said, her mother was asleep. Fifteen minutes later, on Jan. 25, 2001, Peggy Sutherland died, after "looking out over the Willamette River, in a room filled with love," McMurchie and her siblings wrote in a statement supporting the Oregon law.

McMurchie said she knows critics contend that families such as hers are "killing" their relatives instead of offering them needed physical and psychological help.

But not only did Sutherland have pain specialists and cancer experts, one daughter who is a pulmonologist and critical-care specialist also was living with her, McMurchie said.

"Who were we to say no?" McMurchie said.

"No" is exactly what should be said to patients such as Peggy Sutherland, says Dr. Gregory Hamilton, a Portland psychiatrist and assisted-suicide opponent.

Instead of saying, "OK, mom, that's fine, this is your right," families should respond, "We'll take care of the pain and treat the depression," Hamilton said.

Hamilton, a spokesman for Physicians for Compassionate Care, supports U.S. Attorney General John Ashcroft's effort to impose federal

penalties, including loss of prescription licenses, on doctors who prescribe any government-controlled medication that patients use to end their lives. The directive is on hold pending resolution of a lawsuit filed by patients, doctors and the state of Oregon against Ashcroft's order.

Hamilton said one of his big fears is that depressed patients will slip through the Oregon law's safeguards. The act, he added, only encourages "doctor shopping."

Primary-care doctors are "notoriously unable to diagnose depression," yet only three patients last year were referred to psychiatrists, Hamilton said.

According to the epidemiologists' report, prescribing doctors said their patients' main concerns were loss of autonomy, decreasing ability to participate in enjoyable activities and losing control of bodily functions. In only one case was "inadequate pain control" reported as a concern.

Hamilton refuses to accept assurances from families that patients who receive help to die aren't depressed.

"We don't have Peggy Sutherland's medical records.... The family can say she wasn't depressed, but that doesn't mean she wasn't."

McMurchie bristles at Hamilton's criticisms.

"It's so paternalistic," she says. "We would be happy for (Hamilton) to scrutinize any of my mother's medical records," McMurchie said. "He's trying to pretend we're being secretive when we're not."

But McMurchie said she would never require others in her mother's situation to reveal their records.

"They're dying," she said. "It's not about politics and making a big public statement. That's the whole point: It's a very personal decision."

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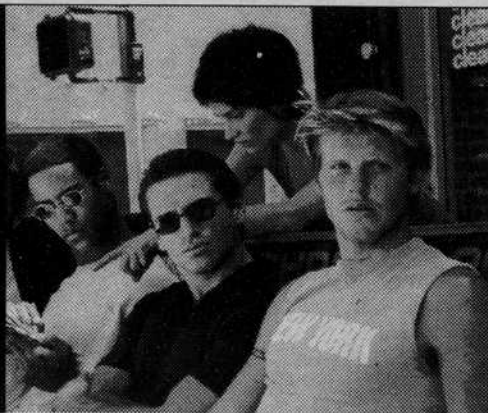
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News brief

Award nomination deadline nears

University students, faculty and alumni have until Friday to submit nominations for the Ersted Award and the Thomas F. Herman Faculty Achievement Award for Distinguished Teaching. The awards will be presented during spring Commencement to University faculty members.

Recipients of the Ersted Award are faculty members who have taught at the University for a minimum of two years. The Ersted, established in 1957, acknowledges the teaching abilities of faculty members who are relatively early in

their teaching career and who have demonstrated the ability to teach students at either the undergraduate or graduate level to reason — not merely to memorize.

Recipients of the Thomas F. Herman Award are senior faculty members who have had academic ranking at the University for at least seven years. Established in 1955, the award acknowledges University faculty members who have demonstrated continued excellence in teaching and have significantly contributed to student learning at the undergraduate level.

"The Thomas Herman Award acknowledges faculty members with outstanding academic records," Assistant Vice Provost of Academic Affairs Gwen Steigelman said.

"These faculty members must demonstrate a long-standing excellence in teaching."

University faculty members Lisa Freinkel, assistant professor of English, and David Castillo, assistant professor of Spanish were the 2001 recipients for the Ersted Award and Stephen Durrant, Asian studies professor, received the Thomas F. Herman Award in 2001. Each award is accompanied by a \$2,000 stipend.

Students and faculty members have the opportunity to nominate faculty members who they feel are deserving of these awards. Forms are available in 207 Johnson Hall or via e-mail at gwens@oregon.uoregon.edu. Nominations are due by 5 p.m. Friday, Feb. 22.

—Katie Ellis