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## In my opinion

# assisted suicide: A necessary freedom

For the past seven years, Oregon has stood out as the only state with a law that allows physician assisted suicide and the only state that gives terminally ill patients control over their own death. Now, after years of debate and challenges, this law has made its way to the Supreme Court.

The current case — Gonzales v. Oregon — is certainly not the first obstacle this law has come up against. In 1994, Oregon voters approved Measure 16, the Death With Dignity Act, which was a ballot initiative that permitted terminally ill patients, under proper safeguards, to obtain a prescription to end their life in a humane and dignified manner. The ballot measure barely passed with a 51 percent to 49 percent margin. The law was immediately challenged and, in 1997, the Oregon House of Representatives decided to return Measure 16 to the voters for repeal. Once again, Oregon voters asserted their rights and maintained that physician assisted suicide should be allowed, defeating the repeal (Measure 51). After two votes, it finally sunk in that this is what Oregonians want. Within a few weeks, the law went into effect.

For a while, the law faced more legal challenges and another failed measure to overturn it in Congress. Its current jeopardy can be attributed to former Attorney General John Ashcroft. In 2001, Ashcroft said doctors who prescribe the lethal drugs allowed under the law would be prosecuted under the Controlled Substances Act. An injunction was issued to prevent the prosecution of physicians and the law was eventually upheld by the federal court of appeals.

According to ABC News, "The question before the court is whether the attorney general has 'permissibly construed' the Controlled Substances Act and its regulations to prohibit the distribution of federally controlled substances to facilitate an individual's suicide, regardless of the state law allowing it."

It is absurd to challenge the Death



JESSICA DERLETH  
FREEDOM RINGS WHERE OPINIONS CLASH

With Dignity Act by calling upon the Controlled Substances Act; it is just one more desperate effort to overturn the will of Oregon voters. The Controlled Substances Act was never meant to prevent doctors from providing care for their patients.

The Web site for the United States Drug Enforcement Administration clearly states that "the Controlled Substances Act ... is the legal foundation of the government's fight against the abuse of drugs and other substances." Justice David Souter said the Controlled Substances Act sought to curb drug addiction, which is not relevant to assisted suicide.

It is clear, even in the words of the DEA, that the Controlled Substances Act was created to help combat drug abuse. This is all obvious when you consider that physicians who register are still allowed to prescribe the drugs covered in the act. The barbiturates prescribed for assisted suicide are "Schedule II" drugs, which means they have accepted medical use but require their distribution be monitored by the DEA due to their high potential for abuse. I am certainly not an expert on this subject or the legal system, but it just does not look like physician assisted suicide could be deemed "drug abuse."

This also comes down to whether or not physician assisted suicide is a legitimate medical act. Who gets to define a legitimate medical purpose, the federal government or the state? The regulation of the practice of medicine has always been up to the state, and it should continue to be up to the state.

Putting aside all complicated legal issues, I don't understand why people are so determined to prevent terminally

ill patients from taking control of their own death. I understand the argument that this is a tricky and sometimes dangerous issue. But if strict guidelines are established, as they have been, and doctors do their job properly, as I would hope they would, then this law will not be abused and will work for those who truly need it.

A patient who wishes to obtain a life-ending prescription must be an Oregon resident, 18 or older, mentally competent, diagnosed with a terminal disease and have less than six months of life expectancy. According to MSNBC, a second physician must verify the diagnosis, the patient must be advised of alternatives — including hospice care and pain management — and the doctor may prescribe, but not administer, the drug that ends the patient's life.

If I knew I was going to die within six months, and all I had to look forward to was pain, drugs and loss of autonomy and control, I would want to have this option. I would want some control. Some of you out there probably disagree with me. Maybe you would want to fight. It is your decision. No one is being forced to use physician assisted suicide. No one forces a physician to assist a patient.

Since it was put into full effect seven years ago, approximately 208 people have used the Death With Dignity Act to end their lives (an estimated 12 people for every 10,000 deaths in 2004). The average age was 69. The organization Compassion in Dying, which assists patients in using the law, knows of 19 individuals who have used the lethal does of medication this year. Seventeen of these individuals had some type of cancer. The youngest was 42 and the oldest was 88. They feared loss of autonomy, loss of control, loss of dignity and loss of bodily functions. After taking the medication, the average time to death was two hours. Go online and read about those who have chosen this option and those who want to have this freedom. Just think about things.

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## Guest commentary

# APS and DDS satisfy differing needs and should remain separate services

In recent discussion regarding the Recognition Review Committee ("Objectivity needed for RRC to help programs," ODE Oct. 13), an ASUO committee with the job of determining the efficiency and necessity of incidental fee-funded groups brought to light an important question. How similar are the services of the Assault Prevention Shuttle (APS) and the Designated Driver Shuttle (DDS)? There is a lot of confusion about the difference (or lack thereof) in the student body, so let's put the issue to rest by going straight to the mission statements for each group. As the RRC will find when they review APS and DDS, these groups are working toward very different goals. Sure, they both drive students as part of a free service, but the question that reveals their differing goals is: Why?

The mission of the Assault Prevention Shuttle is to provide a free and reliable service to students, staff and faculty who might otherwise walk alone and risk possible assault. In turn, DDS is a free shuttle service offered to all

University students. The shuttle allows intoxicated students and their friends a safe alternative to driving under the influence, preventing endangerment of themselves and others. So what does this really mean?

APS is providing transportation to men and women who prefer not to walk alone at night. Some of these patrons are survivors of assault and most of them are sober. DDS provides rides to intoxicated students who don't have a designated ride home. The differences between these mission statements are supported by how each group operates. For example, APS provides rides through advance reservation, and DDS schedule rides throughout the night on a first-come, first-serve basis. APS gives rides to and from any location within their boundaries. DDS patrons are transported to their home addresses only. APS gives rides to parties of 3 or fewer (as groups of 4 or more are unlikely to face assault) and the number transported in a party of DDS riders is only limited by the capacity of their vans.

The bottom line? APS exists so that students can go about their routines without fear, and DDS keeps drunk drivers off the streets. These are both very necessary and very separate groups. Merging APS and DDS would be like merging the Native American Student Union with the Black Student Union. Both receive incidental fees, both combat issues of racism, but we would never think of pushing them into the same group. Just like APS and DDS, these groups are working from different mission statements and have different concerns and needs. Merging APS and DDS would dismiss the specific, separate goals of reducing assault and preventing drunk driving. These issues are too large to commit to one group and deserve the attention and separation they currently receive. Need more proof? Check the RRC's report at the end of the year. I'm confident they will agree.

Diana Erskine is the Assault Prevention Shuttle co-director

## Out loud

"If their mission and goals statements don't align with the Green Tape Notebook, (the student group) will not be able to go in front of the Programs Finance Committee for their budget hearing."

—David Goward, Chairman of the newly formed Recognition Review Committee, which will determine students groups' funding on campus.

"My gut reaction is that it is an attempt to go after groups like the Commentator."

—Commentator Editor-in-Chief Ian Spencer, expressing skepticism about the RRC.

"Indigenous people aren't just surviving. We're thriving."

—Sophomore Shalan Ryan, co-director of the Native American Student Union, on celebrating Indigenous Solidarity Day (rather than Columbus Day) on Monday.

"This decision to go forward with the design is not a decision to go forward with the arena."

—Vice President for University Advancement Allan Price, speaking about the design phase of University's basketball arena project.

"Just because we disagree with each other doesn't mean we want to slit each other's throats ... we can disagree without being disagreeable."

—Oregonians in Action Director of Legal Affairs Ross Day, following a symposium on Measure 37 at the Knight Law Center.

"It's misguided to wish someone a happy Yom Kippur. It's a thoughtful and reflective time for the Jewish Community."

—Andi Lipstein, program director of the Oregon Hillel.

"It's their private life, and they shouldn't have to expose that information ... it's none of the University's business to infringe on that."

—Greg Crockett, pre-business administration major, expressing his opinion on new Oregon University System sexual harassment guidelines; specifically, a provision which requires mandatory reporting of "power-differential" relationships.

"Bigotry and hatred won't stop until people realize that they know someone in the LGBTQ community and that they're just like everyone else."

—Tara Allred, the Lesbian, Gay, Bisexual, Transgender Issues Coordinator for the ASUO Women's Center, on National Coming Out Day.

"We've been in a budget hole and the state's been digging the hole deeper and deeper."

—University Senior Vice President Provost John Moseley, on the funding crisis at Oregon universities.

"In my three decades of working with institutions on diversity-related matters, I have seldom encountered worse morale."

—Dr. Carlos Cortes, on the College of Education. Cortes conducted a diversity evaluation of the COE last June.

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