Quick takes

PERS debate rolls on

But this is a retirement plan. It's my retirement plan as an educator employed by Oregon. It's not a handout. And the money darn well better be there when I retire, after years and years working for it. I'm glad the article mentioned that as well. And I'm also glad I'm not in charge of the budget anywhere.

— Katie Zoller Standish

A matched retirement plan is not a handout. PERS is not a social program. It is retirement for people who work hard to support society, police, fire, teachers, etc.

— Kaitlin Gustafson

No more indoor e-cigs

Finally something I agree with. Banning cigarettes was best idea ever, as I hated going places smelling the secondhand smoke.

— Kelly Johnson

Good. Now they need to take care of Portland where just walking down the street gives you a contact high.

— Alex Stewart

I don't smoke them, but think it's ridiculous how hard we push to get rid of inhalers but make no effort to get rid of alcohol and alcohol advertising. Sad.

— Shawna Clark

I don't smoke and I don't use vapes, but it makes me sick to my stomach that so many people are willing to allow the government to tell them what to do how to do it, when to do it, and where to do it.

— Skeeter Maddock

One of the great lessons of the Twitter age is that much can be summed up in just a few words. Here are some of this week's takes.

He didn't die with dignity (so I threw a party)

By LAURA PRITCHETT
Writers on the Range

My father's recent death was not beautiful, and neither were any of the other deaths I've witnessed of late. This has left me wondering about a better path. Death is not easy, to be sure, but these were made particularly painful by medical interventions — or perhaps I witnessed the confusion between saving a life and prolonging the process of dying.

So I threw a party. Or rather, I held my first Death Café, and it turned out to be a lively, invigorating affair.

In Europe, there's a tradition of gathering to discuss important subjects — a café philo, for a philosophical café, or café scientifique, a scientific café, and now there are café mortel, or death cafés. A death café isn't an actual place; it's a temporary event in various locations, such as my home, complete with decorations and a cake with DEATH: THE FINAL FRONTIER scrawled on top.

My gathering was comprised of spunky friends, all in our middle years, all of us healthy. As it turns out, this is the segment of population that most seems to care about shaping the end of a life. A Pew Research Center study found that less than half of people over 75 had given much thought to the end of their lives, and incredibly, only 22 percent of them had written down wishes for medical treatment. The same study, though, found a sharp increase in all adults putting something in writing (six of 10 of us), which indicates that percentage-wise, it's the slightly younger folks who are preparing now for their inevitable deaths.

This does not surprise me. For the last 14 years, I've been one of the 28 million Americans currently helping someone die. Baby Boomers and Gen Xers are caught in an unprecedented tide of caretaking both children and parents (not to mention ourselves and our own aging bodies); we are the first generation to be caught in this particular kind of caregiving-and-slow-death crisis. With medical intervention and technological wizardry, we're forced to make decisions about procedures and medicines and ethics as never before. And we find ourselves without much guidance in a culture that's conflicted and confused about dying.

Which is why we're willing to talk. At my Death Café, I encouraged us not to focus on the deaths we'd witnessed in the past, but rather to speak of the deaths that we want for ourselves in the future. Various results emerged. Half were afraid of the suffering that can precede death; half were afraid of death itself. Few of us had practiced death ("pretend this next breath is your last; what does that feel like?"), but all of us were convinced that doing so would only intensify and enlarge our lives.

> People would like to die — and sometimes would like others to die — and this doesn't make us morbid or crazy or unethical or mean.

The zeitgeist of this new movement is just now gaining momentum, but I can feel its strength and power. An unprecedented 66 percent of Americans now think there are instances in which doctors should allow a patient to die instead of doing everything possible to save that patient's life. People would like to die — sometimes would like others to die — and this doesn't make us morbid or crazy or unethical or mean. No. We are merciful and kind. We are as moral as we are mortal. We just want to know how to gracefully do what is going to happen anyway.

What lies ahead is unexplored territory, much like death itself, really. California recently passed "Death with Dignity" legislation, and the state representative in my hometown is reintroducing a similar bill in Colorado. Don't get me wrong; I am all for funding research, finding cures, and offering respite to caregivers. But it's also our ethical duty to try for a chin-up, heart-steady end.

My father contracted pneumonia after 14 years of suffering with Alzheimer's. He was given antibiotics; I was not in a legal position to object, but I'd have asked for comfort care only — not because I didn't love him, but because I loved him enough to want him to have as natural and relaxed a death as possible.

Instead, I saw him grimace in pain and fear. I saw tubes and syringes and the sores on his body. I saw the family he'd worked so hard to create break apart under the pressure. I saw his blue eyes fade, and they taught me well: This could happen to you, too.

Death is perhaps the greatest mystery we face, and the actual act of dying is the last physical act of our lives. We can strive to do it our way and to do it well. If anything deserves preparation, or some renewed clarity, death might be it. Which is why I suggest throwing a lively party.

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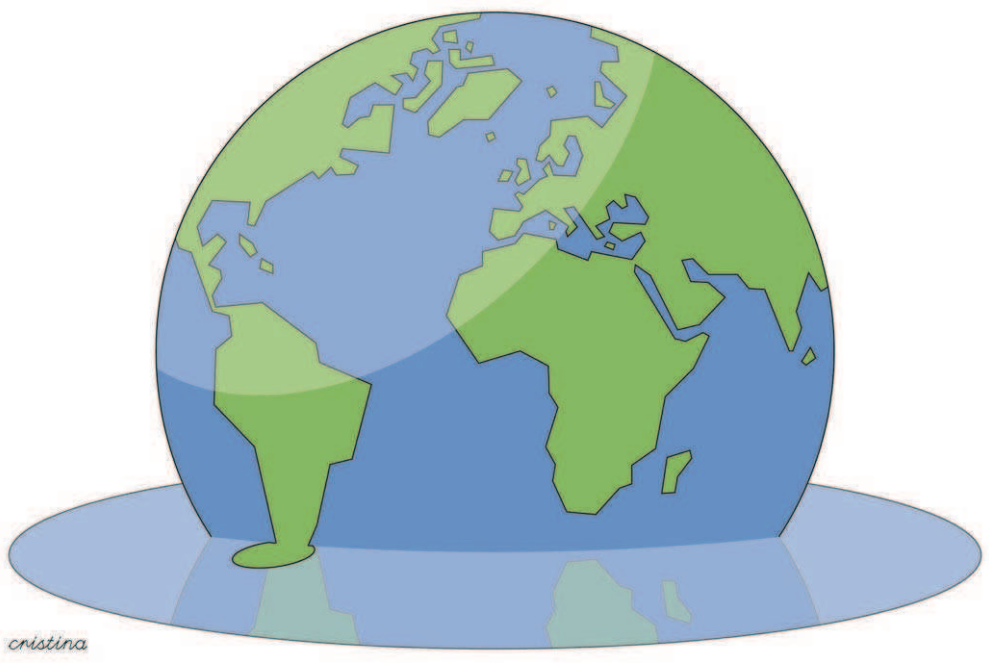

What guns and abortion could have in common

GAIL COLLINS
Comment

The presidential race has degenerated to the point where I am going to attempt to cheer you up by talking about abortion and guns.

And state legislatures. We do not, as a nation, devote a whole lot of attention to what happens in state capitols, although I personally enjoy those fights about selecting an official rock or state muffin.

In recent years, one of the most popular activities in many legislatures has been finding new ways to expand the right to bear arms in places like schools (Utah) or bars (Tennessee) or airports (Georgia). The other is tromping on reproductive rights. I am telling you all this as a lead-in to a fascinating bill that was recently proposed in the Missouri House of Representatives. It would treat Missourians seeking to buy firearms the same way it treats Missourians seeking to end a pregnancy.

"For instance, there would be a 72-hour waiting period," said the sponsor, Rep. Stacey Newman.

Missouri has piled so many unnecessary requirements on abortion providers that it's down to one clinic in St. Louis. Newman didn't attempt to limit the state to one gun store — her bill just requires that residents buy their guns at a licensed dealer located at least 120 miles from their homes. After cooling their heels in a local motel for three days, the prospective buyers would have to listen to a lecture about the medical risks associated with firearms and view pictures of people with fatal gun wounds.

Most Missouri lawmakers regard themselves as pro-life. Therefore, Newman feels, they ought to want to do something about the fact that St. Louis and Kansas City both rank in the top 10 American cities for firearm deaths.

"It was one way to get people's attention," she said.

Nobody thinks her bill is going to pass — or even get a hearing in the Republican-dominated legislature. Newman says the odds are far more favorable for proposed legislation that would allow people to carry concealed weapons on college campuses and require that women who want abortions get permission from the man who impregnated them.

We live in hard times, people. But when you think of Missouri, give a fond mental shout-out to Stacey Newman. And remember her lesson — when it comes to civil liberties, there's currently far more concern in this country over the right to buy weapons than there is over a woman's right to control her own body.

All the major Republican candidates for president are pretty much on the same page when it comes to firearms. So much so that you probably can't guess which one of them said: "I used to think they needed to be registered, but if you register them they just come and find you and take your guns."

OK, it was Ben Carson.

All the major candidates are also opposed to giving women any rights whatsoever when it comes to terminating a pregnancy.

But lately, there's been disagreement on the far edge of the issue: whether bans should include an exception for rape and incest victims. It came up at a recent gathering of a group of donors and activists called the Republican Jewish Coalition. (This was the same event where Donald Trump told his Jewish audience: "I'm a negotiator, like you folks ... Is there anyone in this room who doesn't negotiate deals?")

> All the major GOP candidates are opposed to giving women any rights whatsoever when it comes to terminating a pregnancy.

Sen. Ted Cruz, the up-and-coming darling of social conservatives, was asked about his abortion positions, and he rambled on about the evils of contraceptives without ever acknowledging that he does oppose giving any leeway in the cases of rape or incest. Cruz is also, of course, an avid protector of all things gun-related, and recently theorized that the man arrested in the mass shooting at a Planned Parenthood clinic was a "transgender leftist activist." Ah Ted Cruz, Ted Cruz.

"If the nominee of the Republican Party will not allow an exception for rape and incest, they will not win," predicted Sen. Lindsey Graham, who followed Cruz to the podium. The presumption is that voters will demand some show of mercy, but there are plenty of women who are not victims of rape whose stories are equally heart-rending. Girls who become pregnant before they're old enough to know what they're doing. Poor women with several children and two jobs whose birth control method fails. Women who desperately want a baby but discover the fetus they're carrying is too deformed to survive after birth. Most Americans don't want to prioritize — they'd leave the whole matter to the women and their doctors.

But the current debate on the Republican side has slid so far to the right that the moderates are people who do not want to force rape victims to carry the fetus to full term. Or allow concealed weapons in kindergarten.

Maybe what this campaign needs is a 72-hour waiting period for everything.

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Gail Collins joined The New York Times in 1995 as a member of the editorial board and later as an Op-Ed columnist.

Medical marijuana needs stricter pesticide testing

The Oregonian

Earlier this year, Noelle Crombie of *The Oregonian*/OregonLive found that lab-tested medical marijuana for sale on dispensary shelves was tainted with pesticides at higher than allowable concentrations, posing unknown but potentially elevated risk to users. And now the Oregon Health Authority, which oversees the medical marijuana program, correctly moves ahead with vastly expanded regulations that will, in June of next year, ensure verifiable testing for nearly 60 pesticides. Oregon will at that time have the most stringent program in the U.S. ensuring product safety.

The problem is the in-between time. That's why the suggestion of a Portland scientist and entrepreneur to close the gap on pesticide testing deserves full consideration by a panel advising the OHA on its regulations.

> Oregon will soon have the most stringent program in the country.

Crombie reported this week that Mowgli Holmes, a panel member who co-founded a Portland-based company performing genetic research on cannabis, suggested to his colleagues that the deficient pesticide testing practices now in place in Oregon be tossed in favor of testing for up to a dozen commonly used pesticides. In an interview with *The Oregonian's* editorial board, Holmes called the dozen the known "bad actors" among pesticides but noted a dual challenge: Growers of medical marijuana would be pushed to "wean themselves" quickly from their longstanding practices of pesticide use, and the Oregon Health Authority presently lacks direct enforcement authority over laboratories to ensure reliable testing results.

Nobody knows precisely how much exposure to a chemical constituent of a pesticide is needed before a bad health outcome presents itself. But it stands to reason that estimated ranges of safe use be honored, even during an interim period — this to signal to Oregon's 70,000-plus medical marijuana users that every effort is being made to ensure off-the-shelf products that not only alleviate health conditions but avoid creating them.

A way around the temporary enforcement problem could be that the OHA, in its oversight of the grower-to-dispensary transaction, condition its approvals on prescribed testing. It wouldn't be air-tight. But it would be a speedy improvement. As Holmes noted, "It doesn't have to be perfect. Can we do something creative and easy?"

Nothing in the weed business is, particularly. That's especially true for large government bureaucracies for whom seven months is the blink of an eye but during which time a medical marijuana user could consume a lot of tainted product. The OHA has this year been nothing if not ambitious in setting standards for the production and sale of medical marijuana. But it will need to be downright adroit in quickly closing the gap between current testing failures and helping to ensure the reasonable expectation of product safety before June arrives.

The right reflexes are being shown, however, on the part of state officials. Michael Tynan, a policy officer with the OHA, asked Holmes to write his suggestions for consideration by the panel and the OHA — something Holmes says he will o for the panel's next meeting.

As the state presses ahead in configuring its rules for medical marijuana dispensaries, grow sites and product labeling, it would be utterly appropriate for it to build a temporary bridge from now to then that helps keep folks safe.