

Right-to-die bill is misunderstood, says sponsor

By SUSAN ROGERS

"Every adult has the right to control his own health care in any stage," said state representative David C. Hollister (D-Lansing). "Health care doesn't stop if you are unconscious—decisions will be made. The question is who will make those decisions and under what circumstances."

Hollister, who introduced the recent Medical Treatment Decision Act in the Michigan House of Representatives, was a speaker at a recent conference on medical ethics at the University of Michigan-Dearborn campus.

"The bill is not about death and dying," stressed Hollister. "The central idea is the right of the individual to control his own health care no matter what condition he's in."

Michigan's bill, known as the MTDA, gives an individual the right to designate someone to be his agent in the event he becomes incompetent. The agent can be a husband, wife, son or daughter (if an adult), a member of the clergy, a physician, anyone. "Our bill is simple," noted Hollister. "We don't know if treatment will stop—we just want to give a person



REP. DAVID HOLLISTER

guarantee what the agent will decide."

"The MTDA offers several options. The person can sign a living will if he chooses, in addition to choosing an agent," said Hollister. "The physician can honor the will or not—in any case he can't be sued."

A living will states the wishes of an individual in regard to keeping him alive, and making funeral arrangements.

The MTDA also allows a person to change his agent at any time. This can be accomplished by writing a statement of revocation, destroying the document or by making an oral statement in the presence of two or more witnesses.

Hollister pointed out to a seminar audience of about 30 that the bill "doesn't condone, authorize or approve of mercy killing or suicide."

"This legislation is designed to protect the individual's right of self determination whether the wish is for continued treatment or the withdrawal of treatment," he said.

Hollister is not alone in his enthusiasm for bill 5778. "The bill is supported by nearly all the senior citizens groups in the state, by several nurses groups and by independent churches," said Hollister.

However, the bill does have its opponents.

"Our biggest trouble right now is with the right-to-life group," said Hollister. "They relate this issue to abortion and they're making it tough to move the bill. What they don't see is that they would have an option to have someone with their own views serve as

their agent," he said.

And Michigan doctors? "They're divided," reported Hollister. "A lot of them are glad—they're tired of playing God and tired of being afraid of being sued."

The MTDA is the product of an 18-month study of the moral, ethical, legal and medical aspects of death and dying by a statewide task force. The task force consists of physicians, lawyers, nurses, hospital administrators, philosophers, clergy, teachers, senior citizens, housewives, students and other concerned citizens.

Hollister indicated the purpose of the task force was "to decide if there was a compelling need for legislation and if so, to draft legislation which appropriately addresses the need."

After a careful comparison of bills on this subject written in 40 states, bill 5778 was drafted.

Hollister said that without legislation the incompetent individual has several options available for his continued health care. The first is to let a physician make the decisions, but Hollister feels "you're taking a big chance leaving the decision to a 'trusted' family physician." He pointed out fewer

and fewer people today have a family doctor who is certain of his patients' values.

Another option is to let a committee decide, which Hollister also finds disagreeable. The family decision is a possibility. However Hollister observed that many families tend to disagree on matters of importance.

The living will by itself is a possibility. Hollister explained it holds no legality whatsoever in the state of Michigan. "It's only a piece of paper," he said.

The last option, the one Hollister feels is most feasible, is the agent idea. "Someone you know and trust can make your decisions in the case you're unable," he commented.

The physician retains prime responsibility under the MTDA, but some of the responsibility is taken off his shoulders. He has the right to decide when

to call the agent, and if he disagrees with the agent's decision he can take the agent to court. If the physician refuses to stop treatment upon an agent's request, he must find a physician who will.

"Thirty two states are presently debating various legislative proposals which seek to protect the rights of patients to control their own health care," said Hollister. "Eight have enacted laws."

Hollister and many others feel there is a definite need for legislation in this matter. "This act seeks to conserve the values of self-determination and autonomy-values which have become increasingly difficult to exercise in this age of impersonalized medicine," he said. "This legislation is designed to protect the individual to ensure that his or her wishes are fulfilled," concluded Hollister.

More booze licenses is aim of Bullard

Slate Rep. Perry Bullard (D-Ann Arbor) has introduced a bill which would permit restaurants to have tavern licenses, regardless of population limitations.

Currently, state law allows one

license for every 1,500 persons in an area.

Similar legislation in Wisconsin has meant renewed vigor for small restaurants and for downtown business areas, Bullard said.

Area woman named to nutrition panel

Dolores V. Miller, 1018 Brenthaven Drive, Bloomfield Hills, a homemaker and former teacher, has been named by Gov. William Milliken to the State-wide Nutrition Commission.

The commission, established last year, will advise the state office of nutrition, review the proposed statewide nutrition plan and budget projections for nutrition programs in state agencies, and make recommendations regarding nutrition policies, services and programs.

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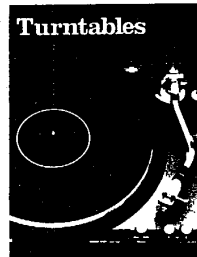
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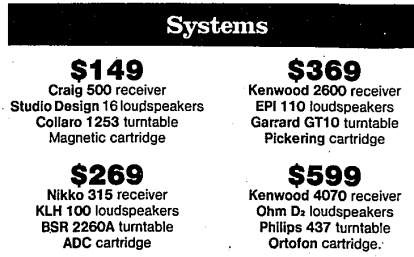
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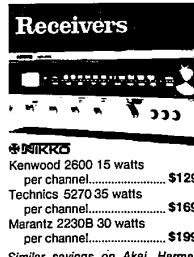
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