THURSDAY, NOVEMBER 9, 1995

COMMUNITY LIFE



Farmington in the early days

hat was rural life like in what is now Farmington Hills back in the 30s and 40s? That is when I grow up here, just across the street frum where I now that they are now. Life was physically make the hill when you have speement they are now. Life was physically make the hill when you have speement they have the hill when you have speement he hock house my dad but still stands on the northeast corner of Power and looks better than ever, now with central air conditioning and fiberglass siding covering the cement blocks.

Colfax has gone through some name changes over the years. It was 812 mile, then Clark, then Colfax, Power Road was Powern Road, with the "a" being dropped in recent years to better reflect the name of the fuunder of Farmington.

When I was a kid, we didn't differentiate between Farmington and Farmington Township. It was all just Farmington farm, was just two sandy tracks between here and the Farmington cut-off, which is now an expressway, with Flosom Street running along its south side and Freedom Road along its north side. Those streets didn't exist then. Nine Mile Road cut across the cut-off near Maple Road. Nine Mile handt changed much in the attretch between Power and Grand River.

On the west side of Power south of the ex-

See KEMP, 24A

Doctor offers older population special insights



A Farmington Hills doctor specializes in geriatric medi-

cine and she comes to the job with a different perspective than

By Diane Gale Hiapy Writer

BY DIANE GALE
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Dr. Kathleon Murphy, a goriatric's specialist at Henry Ford Medical Center in West Bloomfield, treats the fastest-growing segment of the population and the Farmington Hills physician approaches horpatients with a personal neight on illness.

Consider that the 85 and older group will be tripling in the next 15 years and imagine the tremendous impact this will have on the medical profession.

Murphy comes to the job with a special perspective. She was diagnosed in 1988 with retinitia pigmentosa and a year later she learned she had multiple sclerosis.

At 43 she has two children Frances, 10 and Charlio 8.

"There's a spiritual part of me that's being developed," she said. "I have to deal with my own stuff. I'm not saying that I do it well. I do it and I learn from my patients. I enjoy listening to them and about how they cope or why they cope the way they do. I identify with their weaknesses, their strengths and their failings."

nesses, their strengths and their failings.
Listening is an important task whon dealing with patients with thronic illnesses, she added. And it's often not a matter of curing the person, but rather caring about the issues they face.
Por instance, she makes it her job to understand her patients' wishes on how they want to be treated in various circumstances.



Special Care: Dr. Kathleen Murphy looks at patient Nannie Lambdin's legs with nurse Kathleen White and Nannie's daughter Carol Paul looking on.

"There are often open ended questions people ask you about what if. If they don't bring it up. I often start it. Geriatries is a continuum. A 65-year-old is different from a 75-year-old and 76-year-old. At 85, they start to come to terms with the end of life."

of life."
Patients usually know what they
want and often need to talk about it.
"What a person wants to do is up
to them," she added sitting in her office. She pauses regularly to answer
questions about medication and oth-

er care issues from doctors and hospice workers.

"I can give patients my opinion and I want them to know all their options," Murphy continued. There are things that we can offer at overstage of your life. Many people are a lot smarter than I am. They've lived longer."

Hospico or non-curative care issued to the continuum of aundity fered in the continuum of aundity.

lot smarter than I am. They we well longer."
Some of the decisions include whether or not the patient should be treated in a hospital or not. Hospital care doesn't always cure people and sometimes it makes them worse, Murphy said. And the same is true

understand the basic principles of terminal or supportive care — the prevention and treatment of pain-to best serve the frailest elderly," Murphy said.

Haspice or non-curative care is 25f-fered in the continuum of quality care for suffering or dying patients with malignant or non-malignant terminal illness.

"If death with dignity is to be a

See DOCTOR, 21A



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