

Physician-assisted suicide now up to voters

BY TIM RICHARD
STAFF WRITER

The ballot language is blunt: "suicide." Merian's Friends, the group that collected a quarter-million signatures to put it on the ballot, doesn't use the word "suicide." It prefers "physician aid in dying" and "terminally ill patients' right to end unbearable pain or suffering."

On Nov. 3, the argument will come to a head when voters decide for or against Proposal B, an amendment to the Public Health Code that would legalize and regulate a physician-prescribed lethal dose so a patient could end his own life.

Prop B would overturn an act (Senate Bill 200) by the Michigan Legislature that took effect Sept. 1, making physician-assisted suicide a five-year felony. It is the second effort by the Legislature to halt the controversial ministrations of Jack ("Dr. Death") Kevorkian, the retired West Bloomfield pathologist who has helped more than 100 patients end their lives. So far, no jury has convicted Kevorkian.

Excess red tape?

Prop B is long (40 pages, at least 10,000 words) and complex. It involves an attending physician, a consulting physician, a pharmacist, a large Oversight Committee appointed by the gov-

ernor, a residency rule, a list of options the patient must be given, and a seven-day waiting period.

Isn't Kevorkian's way simpler and less bureaucratic?

"Those are safeguards," said Ken Shapiro, a spokesman for Merian's Friends, the group pushing Prop B. It was named for Merian Frederick, an Ann Arbor woman who was an early Kevorkian patient. "And what's wrong with the way Kevorkian is doing it?"

"If people have any complaints, it's with the physicians who weren't doing anything for their patients before they got to Kevorkian. Like him or not, everybody has to give him credit for bringing the issue to the front."

"When this is legalized and regulated, you have fewer people that will take it than when you ban it. The reason is that you know you're in control," said Shapiro, a retired Champion Products worker who has had melanoma for 20 years.

Treatable?

Opposed to Prop B is Dr. John Finn, executive medical director of Hospice of Michigan in Southfield. Finn said physician-assisted suicide is "more of an issue for the worried-well and the chronically ill suffering with untreated depression and social

Proposal B

Initiated legislation to legalize the prescription of lethal dose of medication to terminally ill, competent, informed adults in order to commit suicide

THE PROPOSAL WOULD:

- Allow a Michigan resident or certain out-of-state relatives of Michigan residents confirmed by 1 psychiatrist to be mentally competent and 2 physicians to be terminally ill with 6 months or less to live to obtain a lethal dose of medication to end his/her life.
- Allow physicians, after following required procedures, to prescribe a lethal dose of medication to enable a terminally ill adult to end his/her life.
- Establish a gubernatorially appointed, publicly-funded oversight committee, exempt from Open Meetings Act and whose records, including confidential medical records, and minutes are exempt from Freedom of Information Act.
- Create penalties for violating law.

Should this proposal be approved?

YES ☐
NO ☐

isolation."

"Pain and depression are treatable," said Finn. "The solution is not (Prop B) but improved physician competencies in end-of-life care."

Finn called Prop B "dashed" because it's difficult to predict that a patient has six months or less to live. "Fifteen percent of our (hospice) patients live longer than six months. Each week we discharge people from hospice

because somehow they've gotten better."

Meanwhile, he said, a 1996 law called the Dignified Death Act gives patients the rights to know their prognosis, to have pain management, to refuse even life-sustaining treatment, and to appoint a decision maker with durable power of attorney.

Shapiro said a study in the Journal of the American Medical Association says "doctors are

very good at predicting who is going to die, when they're going to die." He said the 1996 law doesn't help patients who don't respond to pain control.

M.D. as C.O.

Suppose a Catholic doctor — who believes with Cardinal Adam Malda that "physician-assisted suicide is morally wrong; such actions destroy God's gift of life" — is asked by a patient for help in dying and refuses. Prop B says the doctor "shall" refer the patient to a more cooperative doctor; if he doesn't, he can be fined \$10,000 and jailed 90 days.

"Is that fair?" Finn and Shapiro were asked.

"It isn't fair," said Finn, "because it stretches a Catholic physician's ethical zone... This is not an area that needs to be subjected to courts and overzealous prosecuting attorneys. Many physicians would be conscientious objectors."

"It's an absolutely appropriate thing to be in the bill," replied Shapiro of Merian's Friends. "A doctor's religion should not affect his treatment, whatsoever. He has an ethical responsibility to tell me if he's opposed to this and to help me find (another)."

Secrecy issue

Prop B sets up a 17-member state Oversight Committee to

review patients' records and determine compliance by the two physicians and psychiatrist. It would be entirely exempt from the "sunshine laws" — the Open Meetings and Freedom of Information Act.

Shapiro disagreed that everything would be a secret. "The only thing that would be denied are the individual patient records," he said.

But Sec. 5685 would provide: "All proceedings, minutes, conclusions and actions" are exempt, not just the patient's medical records. Only the panel's "statistical summary" would be a public document.

The panel is told it must collaborate with epidemiologists at a state university on compliance, and even that would be kept secret from the Freedom of Information Act.

A matter could become public if the panel discovers a caregiver "willfully" or "recklessly" failed to comply and turned the case over to the prosecutor.

Twenty states have rejected assisted-suicide measures. Oregon has passed one. Of 10 patients approved for physician-assisted suicide, eight carried it out and two died before it could be carried out.

Shapiro and Finn were interviewed on Channel 7's "Spotlight" program.

County considers selling assessment info to lenders

BY PAT MURPHY
STAFF WRITER

Oakland County is expected to take an important first step toward a more user-friendly government.

The first step is a proposal to make data the county currently gathers for tax assessing purposes available to local lending institutions as part of the appraisal process.

"The county isn't getting into the appraisal business," said commissioner Sue Ann Douglas, R-Rochester. But some of the information Oakland County routinely gathers is the same information banks and mortgage

companies need for processing loans.

The county gathers data on lot size, square footage, number of bathrooms, garage space, liens and other factors to determine assessments which are used to establish taxable value. That same information is used by banks and mortgage companies for lending purposes.

"So why not share that information?" said Douglas, chair of the county board's finance committee which last week gave overwhelming support to the proposal scheduled to be reviewed today at the regular meeting of the county board of

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commissioners.

If it passes, as expected, the county will provide information by computer, for \$50, thereby reducing or eliminating the need for a physical appraisal — which can cost between \$250 and \$300.

Equally important, electronic data sharing would reduce the amount of time required to process an appraisal and mortgage application from weeks to a matter of days, maybe less. Banks are enthusiastic about the prospect of being able to make

decisions on mortgage applications in a matter of hours, said county executive L. Brooks Patterson.

One of the executives with whom county officials discussed the idea of data sharing is David B. Green, senior vice president with Comerica Bank. He sees an immediate application for data sharing in commercial transactions and a potentially broader use in residential sales.

The data gathered by the county is already public information

available right now to anyone who seeks it out, said Green. "The major innovation is making that data available electronically."

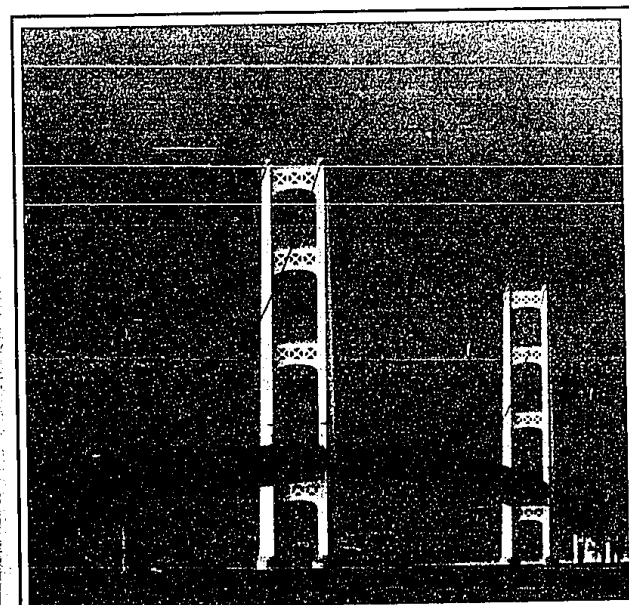
"It would be a matter of efficiency," he said. "We would be able to get important information more efficiently. That could represent a savings to the institution as well as the individual consumer."

Commercial transactions generally involve large parcels of land and considerable amounts of money, Green noted. "So the savings could be larger," he said. But data sharing also has potential application in the residential

market for individual house sales, he said.

Any data sharing system would inherently have limitations, Green noted. Data, for example, would have to be current in order to be useful. Furthermore many counties do not have the technical capacity Oakland has to make electronic data sharing possible.

Robert J. Daddow, the county's director of management and budget, said electronic data sharing could be available to lending institutions by mid-November and to individual consumers after the first of the year.



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