

## POINTS OF VIEW

# 'Death with dignity'? Compassionate care is better

A baby boomers start the trek through their sixth decade of life and America becomes a much "grayer" place, the time has come to ask some basic questions about death and reach at least a national understanding (a national consensus is impossible) of how we may deal with the circumstances of death — our own or that of a loved one.

The fact that as many as two-thirds of us are receptive to the idea of a doctor being allowed to help us die is proof positive of the extraordinary societal focus on death and dying.

I have been a physician for 33 years. I am the son and brother of physicians. I have seen many people die — violent deaths in Vietnam; death from highway carnage and firearms in this country; deaths from chronic debilitating disease; cardiac deaths, and cancer deaths, including that of my own wife.

I believe, and will always believe until the day I'm the protagonist, that witnessing the death of a fellow human being is the most humbling and heart-rending of all life's experi-

ences.

Nonetheless, people who are going to die should be allowed to die. No one gets out of the contract. As life starts to wane, we are given a certain awareness that time is almost up and we'll soon be moving on.

The scenario begs the question: What is "death with dignity"?

Death with dignity has become a catch phrase for those who want to write into statute those things we can and cannot do in the environment surrounding the end of life.

The spinmeisters for legalizing assisted suicide would have us believe their position is simply a natural progression of the ways and means of dying. They are self-congratulatory in the delusion of their deceit. Death with dignity is an oxymoron, a contradictory phrase. Those who have seen death many times would validate that fact.

Death is sudden and tragic, or lingering and expected. It is painful or quiescent. It visits both young and old. It is never pretty.

People live with dignity; death



SEN. JOHN J. H. SCHWARZ

itself is not dignified.

Spare me from the contorted logic of "death with dignity." Allow the terminally ill to die with compassionate care. Allow the disabled to live without fear they are "disposable."

Of course, we have an understandable concern about experiencing a prolonged, pain-wracked, high-technology death. Seventy-seven percent of the almost 2.3 million U.S. deaths in 1992 took place in a health care facility; a hospital, a nursing home, an emergency room. Only 20 percent of us are allowed to die at home.

And there are more of us living

longer and healthier lives now than a century ago. In 1900, a girl born in the United States could expect to live 49 years. In 2000, she will have an almost 80-year life expectancy. And there are twice as many Americans in 1997 as there were in 1937.

Death in a hospital — surrounded by all of today's invasive technology, machines and intravenous tubes — can be dehumanizing to the patient and crushing to the family. Once the inevitable is recognized, families should, if possible, allow their loved ones to die at home with those they love.

But the fact that death can be dehumanizing does not justify assisted suicide. There is a clear distinction between unnecessary, ineffective and unwanted treatment of the terminally ill and the willful act of assisted suicide. Physicians must accept the responsibility of reassuring the public that rational, proven effective therapies for end-of-life care are available and will be used to enhance the quality of life of dying patients.

Fortunately, the U.S. Supreme

Court recently wisely reversed the judgments of the 2nd and 9th U.S. Circuit Courts of Appeal and ruled that there is no substantive right to assisted suicide in the Constitution — a Solomon-like decision.

Death is an issue that all society faces. A reasoned, compassionate dialogue is the *sine qua non* of finding an acceptable answer. There are many nuances and two few opportunities to fully and rationally discuss them. There are absolutists in both camps. Negotiation or legislative solution seems a vain hope, especially in Michigan.

Death and dying issues will dominate the ethical landscape in the foreseeable future. The debate should center upon care for the living and not upon the active taking of another person's life.

State Sen. John J. H. Schwarz, R-Battle Creek, chairs the Senate Subcommittees on Higher Education and Health Policy. He serves the 24th District.

## Your right to know extended by courts to school, gun records

A year ago at this time, government watchdogs were in despair. In post-midnight sessions after no public hearings, the Michigan Legislature extensively damaged the Freedom of Information Act. Gov. John Engler and Sen. Bill Bullard, R-Milford, were among the chief culprits.

The appellate courts, however, looked out for the citizens' right to "full and complete information regarding the affairs of government." They issued two stunning decisions this year sharply limiting schools' and the Michigan State Police's abilities to hide public records.

Significantly, those seeking information weren't the press, rival political parties or burglars. They were plain citizens.

In the first case, parents sought job performance records on a Saranac teacher and on Lansing school princi-

pals. The unions fought ferociously. They used the alibi that the records contained "information of a personal nature (that) would constitute a clearly unwarranted invasion of an individual's privacy."

It's a lame alibi that many of us who deal with government have heard cited willy-nilly.

The Supreme Court, in *Bradley v. Saranac*, saw through it, finding: "Significantly, none of the documents contain information of an embarrassing, intimate, private, or confidential nature, such as medical records or information relating to the plaintiffs' private lives."

"We conclude that the Freedom of Information Act compels the disclosure of the appellants' (teachers and principals) personnel records."

The State Police came up with the same corny alibi when it denied pistol inspection



TIM RICHARD

records to Fred Mager, a private citizen from Redford Township lobbying for better gun permit laws. Mager sought records that merely identified gun owners.

Case law says our public officials must justify a decision to hide records, not merely recite the "personal privacy" rhetoric. The State Police

failed to do so. The big brass were wrong from the get-go.

To make a 20-months story short, the Court of Appeals on Dec. 12 ruled for Mager in an opinion that should embarrass the State Police. It told the circuit judge to order the State Police to cough up the records in a "summary" judgment — no more hearings.

It also said Mager is entitled to reasonable attorney fees and costs — they are "mandatory."

This is a thick plot. In many counties, gun boards say they will issue CCW (carrying a concealed weapon) permits only to present and former law enforcement officers; the heck with the Michigan Constitution that guarantees "Every person has a right to keep and bear arms for the defense of himself and the state."

So how do you tell if county gun

boards are violating the people's constitutional right? You can fight with 83 county clerks, many of whom won't honor your right, or, like Mager, make a FOIA request to the State Police, which maintains a central registry of forms MSP R I-11, for a list.

In many "police state" minds, the name of the game is 1) to give CCW permits only to your buddies and 2) to keep the records secret in your own vault.

We still haven't addressed the effort of government, especially police, to block access to records by overcharging, but that will come in due course.

Tim Richard reports on the local implications of state and regional events. His voice mail number is (734) 591-2047, Ext. 1881.

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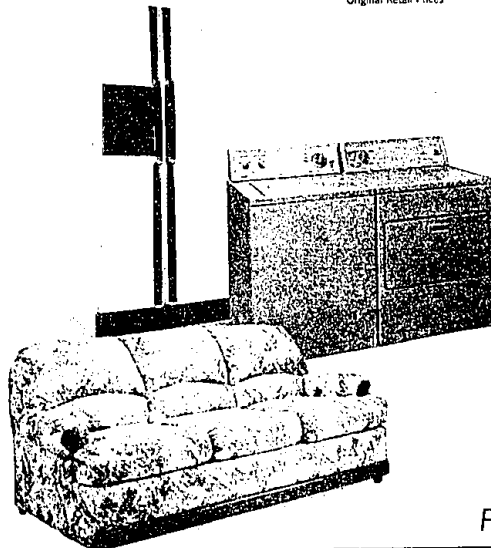
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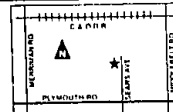
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