

Twenty briefs handed to task force on women

By ANNE MARCEAU
Women students have failed to respond to the call for undergraduate representation on the Task Force on the Status of Women at UNB.

last May by the UNB president, John Anderson.

Representatives of faculty, staff and students were convened to investigate the status of women at UNB and to recommend ways in

which that status could be improved or enhanced.

Dr. Gillian Thompson, Task Force secretary, expressed disappointment at the lack of response from undergraduate women. In her view, the most important concern of the Task Force is the welfare of women students. "In some ways, women students may be second class citizens", she said.

Vice-president internal Jan McCurdy, when asked about the interest shown in the Task Force by women students, stated that "most female students haven't got time, or really couldn't care less". As vice-president internal, McCurdy is charged with appointing a student to this body. She didn't think there were any problems

facing women students at UNB, and she didn't think the Task Force was concerned with such issues.

Health services, counselling services, day care facilities, opportunity for physical training, loans, scholarships and bursaries, and housing available to women students are some areas to be investigated by the Task Force. Salaries and benefits, and opportunities for staff-development of all full-time and part-time women employees of the university will also be examined.

Information is being accumulated through briefs from organizations and individuals on campus, from university records and through interviews with people directly involved with women at UNB.

Twenty briefs have been received and will form the basis of a preliminary report to be released early in the new year. Public or private hearings will follow before a final report is presented to the president sometime next year.

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Mercy killing regularly practiced

WINNIPEG (CUP)-- Euthanasia, mercy killing, is now regularly practiced in Canada, Dr. David Skelton recently revealed at the University of Manitoba. Skelton is from the department of geriatrics at St. Boniface hospital in Winnipeg.

Both active euthanasia, actually taking the life of a suffering patient, and passive euthanasia, not striving to maintain a life, are practiced, he said.

An example of active euthanasia would be administering "marginally high" doses of morphine to patients in great suffering. This can be defended on legal grounds while still producing the desired effect -- a quick and painless death. Technically, it was pointed out, this is first degree murder.

Passive euthanasia is much more common. In consultation with relatives of the patient, a

decision is reached on whether a terminally ill patient should be resuscitated upon suffering a relapse of any sort. A special notation on the patients' chart indicates that resuscitation is not to be undertaken should the patient be near death.

"We're all in favor of euthanasia," Skelton said, if the word is taken in its literal sense, meaning "good death." However, the question of exactly when, how or by whose decision euthanasia should be performed remains unanswered. Currently, only California has a form of legal euthanasia. A "living-will" law enables a person to file a legal document allowing refusal of any extraordinary life-prolonging measures. It also protects health services personnel from criminal and civil actions.

According to Skelton, the Canadian Medical Association has no formal position on euthanasia at present.

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