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## Death

Continued from page
each test and its results, he each test and its results, he says.
Hall says, "At the present time our
medical knowledge is so great that Hall says, "At the present time our
medical knowledge is sogreat that we
have machines that will literally kee a person's heart beating...and (kee
them) breathing even though thei them) breathing even though their
brain may be dead.
"So you're doing many mechanical, chemical, artificial treatments to
this patient to keep everything stabil-
ized "A times you don't know what you
should do - when you should stop should do - when you should stop
doing something. Yhe doctor's re-
sponsibility is to relieve suffering sponsibility is to relieve suffering, to
try to improve health, but we also
realize inat try to improve health, but we also
realize that the patient is going to die.
"It then becomes a medical ethics "It then becomes a medical ethics
problem as to when you can legally problem as to when you can legally
and when you can morally turn the machine off."
Hall says fatilies and doctors
must work together and communimust work together and communi-
cate when dealing with a terminally ill patient.
"Youve got to give the family a
chance to communicate - to tell abchance to communicate - to tell ab-
out their fears, their worries, their
thoughts before thoughts before you'd ever make one
of these deccisions," Hall says. "You
want to make the death of these decisions," Hall says. "Yo
want to make the death as easy a
possible for the patient and for possible for the patient and for the
family. And you try to alleviate suf-
fering, pain and, in some cases, excesfering, pain and, in some cases, exces-
sive expense if it's not going to help
the patient. "But most families ... feel guilty if
they don't o everything they think is
possible to save the patient' possible to save the patient's life."
But, Hall says, he famil's wishes
are secondary, it's the patient's are secondary - it's the patient's
wishesthat the physician must honor.
However, if the patient is mentally However, if the patient is mentally
incompetent, hen the family's wishes
are considered , he suys. are considered, he says.
"Unless you feel that their wishes are for some financial reasons that
are not in the best interests of the

## Agreement

| e 1 |  |  |  |
| :---: | :---: | :---: | :---: |
|  | approval.' <br> The Nuclear Regulatory Commis- | The NRC staff was working on a | byl |
| to join "so we can learn from each |  |  |  |
|  | agements with 21 countrie | when the Soviets invaded Afghanis- | Soviet Union todisemssinde |
|  | also participates in a reporting system run by the 23 -member Nuclear Ener- | tan in 1979, said James R. Shea, director of international programs at | t pla |
|  | gy Agency, a Paris-based division of | the NRC. |  |
| ations, told reporters, "We would like | the Organization for |  |  |
|  | Cooperation and Deve |  |  |
|  |  |  |  | to invite the Soviets to become mem- Cooperation and Developmemic

bers of INPO, if they would like to. However the So

## In The Shade



John Suplita, a senior biology major from Plano, takes some inety
in the sights on Northgate.


