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OPINION**President above-it-all**

BY RICH LOWRY

Put Barack Obama in front of a teleprompter and one thing is certain — he'll make himself appear the most reasonable person in the room.

Rhetorically, he is in the middle of any debate, perpetually surrounded by finger-pointing extremists who can't get over their reflexive combativeness and ideological fixations to acknowledge his surpassing thoughtfulness and grace.

This is how Obama, whose position on abortion is indistinguishable from NARAL's, can speechify on abortion at Notre Dame and come away sounding like a pitch-perfect centrist. It's natural, then, that his speech at the National Archives on national security should superficially sound soothing, reasonable and even a little put-upon (oh, what President Obama has to endure from all those finger-pointing extremists).

But beneath its surface, the speech revealed something else: a president who has great difficulty admitting error; who can't discuss the position of his opponents without resorting to rank caricature; and who adopts an off-putting pose of above-it-all righteousness.

Obama has reversed himself since becoming president on detaining terror-

ists indefinitely and trying them before military commissions. Once upon a time, these policies were blots on our honor; now they are simple necessities. Between the primary and the general election, candidate Obama changed his mind and embraced President George W. Bush's terrorist surveillance program. Last month, he countermanded his own Justice Department's decision not to contest a court decision that would have led to the release of photos of detainee abuse.

A less self-consciously grandiose figure might feel the need to reflect on how his simplistic prior positions didn't fully take account of the difficulties inherent in fighting the war on terror. Not Obama. On the commissions, he explicitly denied changing his view and trumpeted cosmetic changes he's proposed as major reforms that will bring them in line "with the rule of law."

For all his championing of nuance, Obama comes back to one source for every dilemma: Bush. Under Bush, according to Obama, we set our "principles aside as luxuries we could no longer afford." Even now, there are those — are you listening Mr. Former V.P.? — "who think that America's safety and success require us to walk away from the sacred

principles enshrined in this building." What a shoddy smear.

Excoriating Bush is good politics for Obama, which is what makes his repeated exhortations to look ahead so disingenuous. In his speech, he rued that "we have a return of the politicization of these issues." In other words: Dick Cheney, please shut up. But when did the politicization of these issues end? Has the left ever stopped braying about Bush's war crimes?

Obama bracingly politicized these very issues on the stump, staking out unsustainably purist positions because they suited his momentary political interest. Now that's he's president, he wants the debate to end. He's above the grubbily disputatious culture of partisans and journalists. And he's above contradiction because, as ever, he occupies the middle ground, one "observed by two opposite and absolutist" sides: those who recognize no terrorist threat and those who recognize no limits to executive power.

And there Obama stands, bravely holding his flanks against straw men on all sides. ■

— Rich Lowry is editor of the *National Review*.

GUEST OPINION**Hospice is the answer to many of today's medical, economic and ethical issues**

BY SAMIRA K. BECKWITH

President and CEO Hope Hospice and Community Services



BECKWITH

The ongoing national conversation about the future of health care has included thoughtful questions about quality at the end of life. Is aggressive medical care for someone at the end of life really in the best interest of the patient? Should society be obligated to pay for treatments that ultimately are of no real benefit to a person who is dying? Ethical issues such as these must first be addressed on a personal, individual level, and then be considered as part of the national need to provide and sustain improved, affordable health care for all Americans.

Hospice — caring for people in life's final chapter when there is no cure — offers useful insight and practical answers.

A recent study at Dartmouth University found that, "The end of life is one place where ethics and economics can still be braided into a single strand of humanity." The study found that hospital patients with serious conditions who were treated very aggressively — more tests, procedures, specialists, and more days in the hospital — do not live any longer or experience a higher quality of

life than patients who are not treated as aggressively. In fact, the research indicates that patients who are treated more aggressively are at greater risk of infections and medical errors.

In another study, researchers found that patients who chose hospice care lived an average of one month longer than similar patients who did not choose hospice care. They cited several factors that may contribute to longer life among patients who choose hospice. One consideration is that patients who are already in a weakened condition avoid the risks of aggressive over-treatment when they make the decision to receive hospice care. Another factor to consider: Hospice provides in-home care from an interdisciplinary team that addresses emotional needs, spiritual well-being, and physical health — focusing on the person rather than the disease — helping to tie together the important components that contribute to quality of life.

Yet another study, this one from Duke University, tells us that hospice services actually save Medicare dollars while

delivering quality care to patients with life-limiting illnesses. In fact, the Duke researchers found that hospice reduced Medicare costs by an average of \$2,309 per hospice patient; additionally, for 70 percent of those patients, Medicare costs are reduced even further when hospice is used for a longer period of time. According to the researchers, "Given that hospice has been widely demonstrated to improve quality of life of patients and families... the (hospice) Medicare program appears to have a rare situation whereby something that improves quality of life also appears to reduce costs."

Even more important to me than academic research are the lengthy conversations I have had with the family members of hundreds of people in hospice care over the years. They all wish that their loved ones had been in hospice care much earlier rather than later. Regardless of their medical coverage or other circumstances, Hope gave the families and their loved ones the same loving care that everyone receives at Hope. With an issue as important as end-of-life care, economics must never be an obstacle. In our case, compassion and ethics always come first; morally, it is the right thing to do. ■

MOMENTS IN TIME

• On **June 3, 1961**, Clarence Gideon is arrested and charged with breaking into a poolroom in Florida. The appeal of Gideon's subsequent conviction lead to the establishment of one of the chief principles of Amer-

ican criminal justice in what are known as our Miranda rights.

• On **June 4, 1876**, a mere 83 hours after leaving New York City, the Transcontinental Express train arrives in San Fran-

cisco. Suddenly, a journey that had previously taken months using horses could be made in less than a week. Amenities varied from plush velvet seats to narrow wooden benches. ■