SPEAKEASY







Lawrence Hunter

Would you vote for 4th Congressional District Rep. Ike Andrews for re-election in November given his recent DUI arrest?

George McAllister, 24, scnior business major, Raleigh: "I would not vote for Andrews if I thought his DUI resulted from a drinking problem that would hinder his performance as a public servant. If it was just a freak occurrence that would not influence his performance, then I'd vote for him."

Adnestria Parker, 20, junior Radio, Television and Motion Pictures and Afro-American studies major, Alexandria, Va.: "It won't affect me. There are a lot of representatives who are doing things that are so-called illegal. It's just that he got caught. Whether or not he loses the election will depend on how strongly Cobey emphasizes Andrews' arrest."

Lawrence Hunter, 20, junior psychology major, Jacksonville: "It may hurt him because being arrested for DUI shows a slight sense of irresponsibility. It could happen to anyone - it doesn't mean that the person is generally irresponsible."

Linda Evans, 32, graduate student in the School of Social Work, Wilmington: "I would not vote for him not in good faith. You're hearing so much about government stepping down on people convicted of DUI, and now you want me to vote for someone who's been accused of it?"

Jeff Manning, 19, sophomore accounting major, Rocky Mount: "It would keep me from voting for Ike Andrews. The main point is that the incident will increase awareness of all candidates, not just Andrews. It just makes you wonder if there's anything lurking in Cobey's past."

Ekko Jennings, 24, graduate student in political science, Yokahama, Japan: "It bothers me because Andrews first stated that he didn't do anything. Even though he later pleaded guilty, it makes me question his integrity as a politician. Then again, if the choice is between Andrews and Cobey, I'd probably still vote for Andrews."

Interviews conducted by staff writer Liz Levine.



Linda Evans

Jeff Manning



Ekko Jennings

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THERE'S MORE AT YOUR STUDENTSTORES

Experimental catheter method saves lives by reducing the risk of infection

By SCOTT WHARTON Staff Writer

Patients who are catheterized and die from resulting infections could benefit from a new method now in experimental use, a North Carolina Memorial Hospital clinical nurse specialist said

A recent study by doctors at the New England Deaconness Hospital in Boston found that 14 percent of the deaths among patients who are catheterized may be caused by infections. The study, conducted between 1979 and 1981, showed almost a threefold increase in mortality as a result of infections.

Carol Sackett, who specializes in urology and works with catheterized patients, said her reaction to the study was "three cheers." She said the problems catheters cause has long been an issue to nurses and doctors, yet little has been done to correct the problem.

Catheters are devices which allow the bladder to be emptied, and are inserted into patients who have lost control of their bladder functions. This can occur because of long-term spinal diseases, old age, or in short-term cases of stomach surgery, Sackett said.

Urologists at NCMH have experimented with a new method of catheterization since 1973 with favorable results, Sackett said.

The Clean Technique, developed by a University of Michigan doctor in the 1970s, is an intermittent form of catheterization which allows patients to remove their catheters at any time, without the need for sterilization. The technique had been used with paraplegics at NCMH, as well as with patients with shortterm problems. "We have literally reversed the damage to the urinary tract" by use of the technique, Sackett said.

The risk of infection is increased the longer the catheter is left in the bladder, Sackett said. The Clean Technique has "helped people, freed them, and cleared up infections. It has been revolutionary," she said.

Along with medical advantages, she said the intermittent technique allows patients to lead a more normal lifestyle.

She said she has worked with people of all ages to teach them how to remove catheters, wash them and insert them. Boys with spina bifida, a spinal disease, can be taught to use the technique before they go to kindergarten, enabling them to participate in school activities. Young girls require more assistance in using catheters, Sackett said.

Budget cuts to the handicapped proposed by the Reagan administration could eliminate some assistance now being provided in schools, she said. "We have 5-year-olds using catheters in schools. They need help and supervision. With the cutback on funds, they (school administrators) may say 'see you later' " to handicapped children.

Sackett is talking with her rehabilitation team at NCMH about the cutback situation. "I'm fighting that battle now," she said. She and several social workers have written to congressmen and senators to alert them about the cutbacks.

Although the intermittent technique is being used more frequently, Sackett said several obstacles prevented it from being employed full-scale. Stroke victims, dwarfs with arms too short to maneuver the catheters, and patients paralyzed from the neck down have great difficulty in using the method, she said. However, she said "a person in a nursing home would be ideal" to use the technique, if the person did not have these problems.

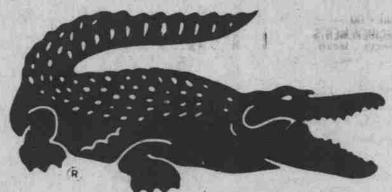
The future for intermittent catheterization remains undetermined, "Wearing a catheter is not healthy," Sackett said. Yet when she visited nursing homes several years ago to inform them of the technique's advantages, "they literally laughed at me." She said the amount of specialists, the patience and the time it takes to train patients to use their catheters, makes progress in dealing with catheter infections difficult.

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