

# Comprehension Exercise

## Euthanasia

### Passage 1

1 Euthanasia – the idea, if not the practice – is slowly gaining acceptance within our society. Those cynical of euthanasia attribute this to a parallel tendency to devalue human life and argue that such acceptance is the result of unthinking sympathy. But while the notion of euthanasia remains inconceivable to them, societies now generally accept that our wasted selves should not become a parody of life.

2 Doctors must always act in the best interests of their patients, but this can be a difficult thing to do in many situations. When moral dilemmas arise—as they often do when doctors are forced to make life-or-death decisions—medical ethics help physicians determine the proper course of action. Most obviously, euthanasia is one such moral dilemma. Although it violates society’s taboo against killing, physician-assisted suicide is actually consistent with medical ethics if a hopelessly ill person requests it and the doctor agrees that the request is rational.

3 Much of the opposition to physician-assisted dying is based on the fact that the Hippocratic Oath forbids it. Contrary to popular belief, however, few physicians have ever even read it, much less sworn to it. Few medical schools require its reading at graduation ceremonies because they recognize that while the overall ideals set forth in the Oath remain valuable, many of its specifics, such as its prohibition of abortion, have become obsolete and it should continue to remain as a quaint and admirable relic of the distant past.

4 In medical ethics, ‘First, do no harm’ is a vital principle which, as it turns out, is not as simple as it sounds. The reality is that doctors sometimes do ‘inflict’ harm on patients. For example, chemotherapy, which can save a patient’s life, is painful, debilitating and actually kills the patient’s cells. In other similar situations, it is up to the patient, not the doctor, to determine whether a given treatment is harmful or beneficial.

5 Much of the opposition to physician-assisted dying is due to a widespread ignorance of what a doctor’s duties truly are. The goal of medicine is not, as many people assume, simply to heal, or preserve life. Instead, the highest ethical imperative of doctors should be to provide care in whatever way best serves patients’ interests, in accord with each patient’s wishes, not with a theoretical commitment to preserve life no matter what the cost of suffering is. Sure, doctors have two responsibilities to patients – one to preserve life and the other to relieve human suffering – and are usually trying to do both. But in end-of-life care, they have to take the relief of suffering as their priority.

6 Aware of their duty to relieve end-of-life suffering, many physicians today hasten the deaths of their patients through a variety of methods. They may, at the patients’ requests, withdraw lifesaving treatment. This may mean the removal of a respirator or a feeding tube, or, less obviously, a doctor might not treat an infection with antibiotics, thus allowing an elderly patient to develop pneumonia or some other illness.

7 Some opponents of physician-assisted dying admit that such requests are valid but insist that doctors should not be the ones to grant them, because it might tarnish their image as healers. Then again, doctors are not simply healers working to preserve life. They must also be caregivers working to relieve suffering, and the practical realities of dying make it critical that physicians participate in the process because only physicians have access to the knowledge and medicines necessary to ensure a swift and humane death.

8 Many dying patients want assistance in suicide. When the patient is suffering, has no hope for recovery, and when the request to die is rational and uncoerced, then a doctor's dual obligation to relieve suffering and to respect patients' wishes dictate that such requests be granted. In addition, the doctor's duty not to harm is not violated as death would cause less harm to the patient than prolonging unnecessary suffering. In these circumstances, doctors have a medical duty to grant requests for assisted suicide and help patients achieve a 'good death'.

*Adapted from James D Torr, "Physician-assisted suicide does not violate medical ethics"*

## Passage 2

1 Americans pride themselves on their independence and ability to take care of themselves. They value their right to make decisions about their own lives, including health care decisions, sometimes more highly than anything else. When one of the most important ethical principles in medicine — respect for each patient's autonomy — conflicts with others, Americans often feel that it should always take precedence.

2 However, many observers feel that if the terminally ill were allowed to receive help in dying, the value society places on autonomy and self-reliance would almost guarantee that this 'right' would be extended to the incurably ill or disabled, the elderly, and indeed, almost anyone who wanted it. After all, why should only the terminally ill be allowed to decide about the quality of their lives?

3 Critics of the right-to-die movement say that the incurably sick, the disabled, and the elderly (all who are in the devalued condition of being dependent), could very well be in danger from the healthy members of society. Leo-Alexander wrote that "all of the Nuremberg atrocities, including the Holocaust, started with (German physicians') acceptance of the attitude basic in the euthanasia movement that there is such a thing as a life not worthy to be lived. This attitude in its early stages concerned itself merely with the severely and chronically sick. Gradually the sphere of those to be included in this category was enlarged to encompass the socially unproductive, the ideologically unwanted, the racially unwanted and finally, all non-Germans."

4 The risk that disabled and elderly people will be pressured to choose assisted death is increased by the problem of rising health care costs. This already severe problem will worsen in the future as the elderly populations in industrialized countries continue to grow. Currently, one out of eight Americans is over sixty-five years old, and that proportion is expected to double by the year 2030. As the elderly usually need more medical services than the young, the demand for healthcare is likely to grow as the population ages. Some critics worry about how the emphasis on saving money could affect the way physician-assisted suicide and euthanasia might be used if they were legalized; health care organizations might promote assisted suicide and euthanasia as a way to cut costs. A lethal prescription or injection after all, is far less expensive than several months of hospice care, let alone years or months of care for the chronically ill or incurably disabled.

5 Others fear that if what is now called a 'right' to die is legally recognized, it may become a 'duty to die' as pressure on the health care system increases. Instead of having to plead with authorities for permission to end their lives, the elderly, sick and disabled might someday have to plead for permission to continue their lives. Will safeguards written into assisted-suicide laws be enough to prevent most of this abuse? Right-to-die supporters say yes. They point out that people today could be pressured into discontinuing medical treatment, yet there is little evidence that this occurs frequently. Surely the way to deal with these risks is not to prohibit this practice but to regulate it. Of course, there is the argument that these safeguards would be hard to enforce. Allowing even those who are terminally ill and suffering terribly to demand an end to their lives will make society begin sliding down a 'slippery slope' with Nazi-style forced euthanasia waiting at the bottom. "Once the turn has been made down the road to euthanasia, it could soon turn into a convenient and commodious expressway," warns one critic.

6 However, one must acknowledge that it is impossible to avoid slippery slope in medicine (or in any aspect of life). The question is not whether a perfect system can be devised, but whether abuses are likely to be sufficiently offset by the benefits. The debate over physician-assisted suicide and euthanasia has brought people's attention to problems faced by the sick, the elderly, and the disabled. With luck, when this debate is resolved, these terminally ill individuals can eventually choose a death with dignity and without needless suffering.

*Adapted from Lisa Yount, "A Duty to Die?"*

### Questions from Passage 1

From paragraph 1

1. Explain in your own words the reservations that cynics have about euthanasia. [2]
2. Explain what the author means in the phrase 'our wasted selves should not become a parody of life'. [2]
3. What reasons does the author cite to support the view that the Hippocratic Oath should 'remain as a quaint and admirable relic' of the distant past? (line 19) [2]
4. Why does the author use inverted commas for the word 'inflict'? (para 4) [2]
5. Explain the paradox expressed in the phrase 'a good death'. (para 8) [1]

### Questions from Passage 2

From paragraphs 2 and 3

6. Identify the two qualities that characterize American society. Using your own words as far as possible, explain how these two characteristics could lead to the slippery slope argument about euthanasia. [3]
7. Explain the metaphor used in the following sentence: "Once the turn has been made down the road to euthanasia, it could soon turn into a convenient and commodious expressway." Use your own words as far as possible. [2]

From paragraphs 3 to 5

8. Summarise the reasons against physician-assisted suicide. Using material from paragraphs 3 to 5, write your summary in no more than 150 words, not counting the opening words that are printed below. Use your own words as far as possible. [8]

Critics of physician-assisted suicide argue that ...

9. Both Torr and Yount raise arguments for and against euthanasia. Should euthanasia be legalized in your country? Justify your stand by evaluating at least one argument from each passage. [8]

## Answers

**1. Explain in your own words the reservations that cynics have about euthanasia.**

[2]

From the passage

“Cynics of euthanasia attribute this to a parallel tendency to devalue human life and argue that this acceptance is the result of unthinking sympathy and benevolence.”

Their reservations about euthanasia are that it shows

- disregard for the sanctity of life [1m]

No marks for

- degrade life
- makes life less important/ significant

The acceptance of euthanasia shows

- kindness/compassion which is not rational/ not based on reason/ misguided [1m]

**2. Explain what the author means in the phrase ‘our wasted self should not become a parody of life’.**

[2]

From the passage

“But while the notion of euthanasia remains inconceivable to them, societies now generally accept that our wasted selves should not become a parody of life.”

To carry on living

- when one’s body is severely weakened/ handicapped/ decrepit [1m]
- is to make a mockery of life
- is to lead an existence that is a poor shadow of what it used to be

[1m for either or similar]

OR:

This means when our bodies become really decrepit or weakened [1m], they are a poor shadow of what we used to be [1m].

From paragraph 3:

**3. What reasons does the author cite to support the view that the Hippocratic Oath should ‘remain as a quaint and admirable relic’ of the distant past? (line 18)**

[2]

From the passage

“admirable relic” ... while the overall ideals set forth in the oath remain valuable

“quaint”... many of its specifics, such as its prohibition of abortion, have become obsolete

The oath

- ought to be respected
- are based on very good principles
- thinking or philosophy behind it are of worth [1m]

Yet it should remain in the past because many of its particular terms are also

- outdated/no longer valid
- irrelevant to the needs or situations of society today.[1m]

**4) Why does the author use inverted commas for the word ‘inflict’? (line 20)**

[2]

From the passage

The reality is that doctors sometimes do ‘inflict’ harm on patients. For example, chemotherapy, which can save a patient’s life, is painful, debilitating and actually kills the patient’s cells.

- To inflict suggests causing intentional pain/ making someone suffer. (literal meaning of inflict)
- However, in this case, the doctor’s intention is not to harm because the treatment does good for his patients in the end. (contextual meaning of inflict) [1m]

[1]

From paragraph 8:

**5) Explain the paradox expressed in the phrase 'a good death'. (line 49)**

[1]

From the passage

In these circumstances, doctors have a medical duty to grant requests for assisted suicide and help patients achieve a 'good death'.

Death is supposed to be morbid / has negative connotations. [1st part]

A 'good' death therefore seems contradictory. [2nd part]

OR: Death, or end of existence, is

- often/usually seen as a something destructive/negative [1st part]
- rather than something positive as implied by 'good'. [2nd part]

(Either 'good' or contradiction must be explained).

Either 1 or 0 is to be awarded for this qn.

## Passage 2

From paragraph 2

**6) Identify the two qualities that characterize American society. Using your own words as far as possible, explain how these two characteristics could lead to the slippery slope argument about euthanasia.**

[3]

From the passage

...society's stress on (i) autonomy and (ii) self-reliance (line 8)

...would almost guarantee that this 'right' would be extended to the incurably ill or disabled, the elderly, and indeed, almost anyone who wanted it.

Autonomy' [1/2m] and 'self-reliance' [1/2m]

If everyone thinks that one has the right to make one's own decisions and not depend on others for support / help [1m], eventually, anyone who perceives/decides that he has lost either of these qualities could ask for euthanasia even if he were not terminally ill [1m]

OR

The American society strongly believes in having the ability to decide what should be done for their lives [1/2m], and this may result in many opting to end their lives via euthanasia. [1m]

They also hold their right to independence in high regard. [1/2m] Thus, if they think that they have lost this ability to take care of themselves, they may opt of euthanasia even if they are not critically ill. [1m]

(In short, the initial target group of euthanasia is now extended to virtually all and hence the slippery slope).

(There must be a sensible match between the characteristic(s) and how it leads to the slippery slope effect).

From paragraph 5

**7) Explain the metaphor used in the following sentence: "Once the turn has been made down the road to euthanasia, it could soon turn into a convenient and commodious expressway".**

[2]

From the passage

'...turn has been made down the road to euthanasia,.. expressway.'

- the decision to legitimize euthanasia (turn/road), [1m]
- may lead to problems of much larger proportions / much greater ramification / an uncontainable problem (expressway) as people use it to justify all euthanasia for all kinds of reasons. [1m]

'The author is comparing the legalization of euthanasia to a car on an expressway. The car will have to go full speed ahead and there is no option of turning back. Thus once euthanasia is legalized [1m], it will face the irreversible situation of abuse/ problems of much larger proportions / much greater ramification / an uncontainable problem.' [1m]

## 8) Summarise the reasons against physician-assisted suicide.

Using material from paragraphs 3-5, write your summary in no more than 150 words, not counting the opening words that are printed below. Use your own words as far as possible.

Answer

1. People are old/in ill health OR reliant on others may be deemed inferior by other and they run the risk of being threatened/ harmed/ pressured by them. [1m]
  2. It is wrong to perceive that life is without value. [1m]
  3. A slippery slope situation may emerge, where society may wish to remove/ exterminate all those whom it deems as useless or undesirable. [1m]
  4. As the financial burden of medical services gets heavier, the handicapped and the old may be forced to seek assisted suicide unduly. [1m]  
- (paraphrased 2 out of 3 keywords = 1/2m)
  5. As the number of old people in developed countries increases, this problem is likely to escalate/ intensify [1m].  
- (paraphrased 2 out of 3 keywords = 1/2m)
  6. Hospitals and hospices (or healthcare companies) could mercilessly encourage assisted suicide in order to reduce expenditure [1m].  
- (must attempt to paraphrase 'healthcare organizations')
  7. They may also encourage it so that they do not have to permanently look after OR use a great deal of resources to take care of) the terminally sick. [1m]
  8. The choice to die may become an unwanted obligation if the financial burden of caring for the terminally ill gets heavier. [1m]
- OR: While people now beg for the legalization of euthanasia, they might have to beg for the preservation of their lives in future. [1m]  
- (the idea of change must be complete)  
- (1 or 0m)
9. There are insufficient precautionary measures to stop people from misusing the right to die [1m].  
- (1 or 0m)
  10. Even if these measures are sufficient, there is no guarantee that they will be adhered to [1m].
  11. Allowing physician-assisted suicide to be practised may open the flood gates for those who are not terminally ill [1m].

## 9) Application Question

Both Torr and Yount raised arguments for and against the legalisation of euthanasia. Should euthanasia be legalized in your country? Justify your stand by evaluating at least one argument from each passage.[8m]

Requirements

R1a: Identify and evaluate one argument from passage A.

R1b: Identify and evaluate one argument from passage B.

R2: Make a stand on whether euthanasia should be legalized in one's country.

R3: Justification of stand (with reference to one's country)

### Euthanasia should be legalized

1. Physician-assisted suicide is actually consistent with medical ethics if a hopelessly ill person requests it and the doctor agrees that the request is rational. (P1)
2. It is up to the patient, not the doctor, to determine whether a given treatment is harmful or beneficial. (P1) or
3. The highest ethical imperative of doctors should be to provide care in whatever way best serves patients' interests. (P1)

Evaluation: The notion of 'consistency with medical ethics' can be argued depending on what doctors perceive as 'doing no harm'. / Patient choice and autonomy needs to be balanced against medical ethics and the choice could reflect a society's own values and attitudes. Application: Doctors in Singapore are held to strict guidelines and codes of ethics given by the Singapore Medical Association with regard to physician-assisted suicide