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**ENGLISH 204  
FINAL EXAMINATION  
SPRING 2001-2002**

Time Allowed: 2 ½ hours

**Directions:** Passages A and B both focus on the issue of aging. Use the information in passage B to write a coherent, well-developed critique of passage A in 5-7 paragraphs. Try to include general knowledge and/or any other ideas you may have on the topic.

**Passage A:**

**Keep The Young Alive-but Let The Old Die in Peace**

by  
**Angela Lambert**

*I have implored my children not to let me degenerate into a spoon-fed, geriatric foetus.*

1. The urgent question posed by the pitiful news photographs of Natasha and Courtney Smith, the latest conjoined twins, is: are we in the affluent, scientifically advanced West morally obliged at the start of the 21<sup>st</sup> century to maintain all life at all costs, whenever we can? The approved answer, even in an increasingly irreligious society, seems to be yes. This may reflect the terror of death rather than the perpetual sanctity of life, but now that most people doubt the existence of a life hereafter, perpetual death holds more terrors.
2. Even if we concede that the answer is yes, we don't do all we can to preserve life. We inflict death deliberately and daily, and which particular slaughter you object to will depend on whether you are a pacifist, a vegetarian or a Jain. But in the medical field the current belief, judging by public opinion and the decisions of the law courts, would also seem to be that life should be preserved at almost any cost.
3. Whether it is that of a tragically malformed infant (and judging by their photograph, little Natasha and Courtney are not malformed, just conjoined) or a very old person most of whose faculties are not longer working, the spark of life must be kept glowing.
4. My own moral stand is frankly inconsistent. I believe the life of the very young deserves more nurture and cherishing—yes, and more medical support—than that of the old. First, because the parents of new-born babies often have the most miraculous capacity to love their damaged infant; they will dedicate themselves to its care and suffer terribly if their child dies. Those who are just starting life demand special protection; and who knows what discoveries may come along to improve their condition?
5. If we are able to separate conjoined twins, by all means let us do so; and if that means the inevitable death of one—looking at the Smith sisters, who can say they were ever really two? Until three or four decades ago, babies who would never be able to lead an ordinary human life—"not viable", as the jargon had it—were quietly snuffed out. The doctor might tell the parents their baby was born dead; or explain why the decision seemed inevitable.

6. Once, when I was a television reporter, I was expressing big-mouthed disapproval of this practice. The hospital consultant I had come to interview went to a filing cabinet, pulled open a drawer and spread a handful of transparencies across the table. "Look at those," he said, "and tell me if you think *those* lives should have been preserved?" Such were the monstrosities displayed, I could not argue that they should. They weren't then, and I suspect they would not be now. There are horrors on whom no doctor could be so cruel as to inflict life.
7. The "thin end of the wedge" argument is valid here. *Amen*, the new film by Costas-Gavros, includes a vivid scene showing a coachload of handicapped people, many smiling confidently, being driven off to die in an early, experimental gas-chamber. Pleasant, ordinary passers-by stand and watch, grinning, grimacing or turning away from their helpless, hideous simplicity. Once the nutters and the wonks are done away with who is next? Gypsies, homosexuals, drug addicts, alcoholics? Me? You? Now I contradict myself. I don't believe the same absolute protection should be extended to the very old. A few decades ago, the family doctor, relatives and even vicar often colluded in the humane decision that a long, well-lived life should not be prolonged far beyond its natural span to the final comatose breath. Frail, ill old people with no hope of an independent or contented, let alone pain-free, future were allowed to slip away without aggressive medial intervention. Not any more.
8. I believe this change started in the United States. It was fostered by the medical profession's dread of being sued for millions if a "loved one"—the ghastly euphemism for a geriatric relative—were not kept alive with every tool that medical technology offered. There was another unspoken, deeper and perhaps more powerful reason: the fear of death.
9. Americans worship youth and beauty. The opposite of youth is old age and the extremity of old age is death. Hence cryogenics; hence cosmetic surgery and its many offshoots; hence medical intrusion until the last possible moment. Nowadays, if you are an American millionaire, with luck and attentive doctors you may survive for 30 years beyond your Biblical three-score and 10. In Britain, too, as in any secular society, *timor mortis conturbat me*—"the fear of death surrounds us".
10. I have been in hospital during the small hours, when death most often happens, and seen very old ladies dragged back from the very edge of their own peaceful dying with emergency measures and swift injections. Usually they died a few days later in a deep, stertorous coma, rather than calmly, with dignity.
11. Very old people—by which I mean, I suppose, those over 80—have their hips done, their hearts done, are pumped with antibiotics to prevent then being carried off by pneumonia ("the old man's friend's", it used to be called). For many it's worthwhile; reinvigorated, they enjoy a new lease of life. But others—long past the time when they can walk, let alone run; talk, let alone laugh; see, let alone appreciate; or recognize, let alone converse—are threaded with tubes and filled with pills so that their pathetic travesty of life may be prolonged for years. I know; I watched it happen to my mother, who died two weeks ago at the age of 90. I have made a "living will" and implored my own children not to let me



degenerate into a spoon-fed, tube-fed, geriatric foetus. My mother, had she known, would have hated it too.

12. For a few days after she had died, I read the obituary columns more attentively than usual. I noticed how many of those listed were over 85; at least a dozen every day were over 90. Some 90-year olds remain in full possession of their faculties. One friend of mine lived in her own house, gardened, read, wrote letters and even had people to stay until a few months before her death, aged 90. Another friend of 95, when I rang to ask when I could visit her, said, "I'll have to look in my diary: I'm frightfully busy at the moment. There's this Russian pianist—tremendously talented chap—coming from Moscow to see me..." It is possible to be engaged with life until almost the very last minute; but few are so lucky.
13. I see friends of my own generation looking after aged parents—not usually under their own roof, but even in residential care an old person needs to be visited, entertained, shopped for, telephoned, cheered up, perhaps several times a week. This is fine for those who had a loving and harmonious relationship with their parents: but what of those who didn't? They can find themselves enslaved by the querulous demands of an increasingly angry, bitter or frightened person. Two or three decades may be spent ministering to someone who was, perhaps, a destructive and unloving parent when it was their turn to do the caring. But try telling the visiting doctor that you don't want mummy or daddy kept alive and would rather he didn't prescribe antibiotics or perform another hip operation, let alone the latest miracle, life-prolonging treatment.
14. By all means do whatever is possible to prolong the lives of babies born with a condition that can be improved and maybe, in the long term, cured. But please, can't we let the very old die in peace?

Taken from: The Independent (May 3, 2002)

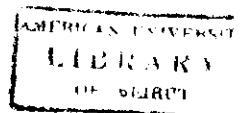


**Passage B:**

**Elderly Are Treasure, Not a Burden, U.N. Is Told**  
*Agency Preparing for Assembly on Aging*

1. In rich nations, the elderly are often neglected, something that is not common in poor countries, the Vatican's permanent observer at the United Nations said recently.
2. "Who are these older persons?" Archbishop Renato Martino asked during the meeting of the Preparatory Committee for the second World Assembly on Aging. "Are older persons those who have reached 60, or 70, or 80 years? Maybe it depends upon the direction from which the age is viewed."
3. The Vatican representative wondered why the elderly in the developed world must end their days "abandoned or forgotten in a care center or nursing home, while so many in the developing world view old age with reverence, and older persons are respected and valued as a treasure of wisdom, tradition and heritage?"
4. Archbishop Martino added that it "is horrible to think that just as the world begins to make great advances in prolonging the lives of individuals, a reverence and respect for life has been lost. It seems impossible to believe that the taking of life has become, in some places, an acceptable alternative."
5. Referring directly to euthanasia, Archbishop Martino said that for "many older persons, such changes in legislation or medical practice, or the threat of those changes, have become a new source of fear and anxiety, and can indeed weaken the fundamental relationship of unconditional trust that they have a right to place in those whose mission is to care for them."
6. To live longer should not be regarded as exceptional, or as "a burden or challenge," but rather as "the blessing that it is. Older persons enrich society," he stressed during the Feb. 26 meeting.
7. Therefore, the "United Nations must ensure that the world is prepared to recognize and respect the human dignity of older persons and enable them to be full participants in society, rather than viewing them as a challenge to the community," the permanent observer concluded.
8. The U.N. General Assembly has decided to convene a second World Assembly on Aging sometime in 2002, in part to adopt a revised plan of action and a long-term strategy on aging.

Taken from: *Zenit News Agency*  
(March 13, 2001)



## *How To Write Critiques*

- **Introduction:** Introduce both the passage under analysis and the author. State the author's main argument and the point(s) you intend to make about it. Provide background material to help your readers understand the relevance or appeal of the passage. This background material might include one or more of the following: an explanation of why the subject is of current interest; a reference to a possible controversy surrounding the subject of the passage or the passage itself; biographical information about the author; an account of the circumstances under which the passage was written; or a reference to intended audience of the passage.
- **Summary:** Summarize the author's main points, making sure to state the author's purpose for writing.
- **Analysis of the presentation:** Evaluate the validity of the author's presentation, as distinct from your points of agreement or disagreement. Comment on the author's success in achieving his or her purpose by reviewing three or four specific points. You might base your review on one (or more) of the following criteria:
  - Is the information accurate?
  - Is the information significant?
  - Has the author defined terms clearly?
  - Has the author used and interpreted information fairly?
  - Has the author argued logically?
- **Your response to the presentation:** Now it is your turn to respond to the author's views. With which views do you agree? With which do you disagree? Discuss your reasons for agreement and disagreement, when possible tying these reasons to assumptions- both the author's and your own.
- **Conclusion:** State your conclusions about the overall validity of the piece- your assessment of the author's success at achieving his or her aims and your reactions to the author's views. Remind the reader of the weaknesses and strengths of the passage.

