

An Argumentative Essay

James Duffy's assignment was to write a thesis-driven argument, and he was free to choose his own topic. He knew from past experience that to write a good essay he would have to write on a topic he cared about. He also knew that he should allow himself a reasonable amount of time to find a topic and to gather his ideas. A premedical student, James found himself reading the essays in *Models for Writers* with a scientific bent. He was particularly struck by Barbara Huttman's essay, "A Crime of Compassion," because it dealt with the issues of the right to die and treating pain in terminally ill patients, issues that he would be confronting as a medical doctor.

James wrote this particular essay during the second half of the semester, after he had read a number of model arguments and had learned the importance of such matters as good paragraphing, unity, and transitions in his earlier papers. He began by brainstorming about his topic. He made lists of all the ideas, facts, issues, arguments, opposing arguments, and refutations that came to mind as a result of his own firsthand experiences with the topic while on an internship. Once he was confident that he had amassed enough information to begin writing, he made a rough outline of an organizational plan that he thought would work well for him. James then wrote a first draft of his essay. After conferencing with several peers as well as his instructor, James revised what he had written.

The final draft of James's essay illustrates that he had learned how the parts of a well-written essay fit together and how to make revisions that emulate some of the qualities in the model essays he had read and studied. The following is the final draft of James's essay.

One Dying Wish

James Duffy

*Opening:
context-
setting
story
focuses
attention
on the
central
issue*

It was an interesting summer. I spent most of my internship assisting postdoctoral students doing research in Cincinnati. One day I came across a file I will never forget. Within the thick file was the story of a fifty-something cancer patient. The man's cancer had metastasized and now was spread throughout his entire body. Over a period of two months he went under the knife seven times to repair and remove parts of his battle-weary

body. He endured immeasurable pain. The final surgery on record was done in an effort to stop the pain — doctors intentionally severed the man's spinal cord.

*Thesis:
writer pre-
sents clear
statement
of position*

Terminally ill patients experience intractable pain, and many lose the ability to live a life that has any real meaning to them. To force these people to stay alive when they are in pain and there is no hope for recovery is wrong. They should have the choice to let nature take its course. Forcing people to live in pain when only machines are keeping them alive is unjust.

*Presentation of op-
posing
argument:
trouble-
some hos-
pital policy*

The hospital I was doing my internship in that summer had a policy that as long as someone was alive, they would do anything to keep him or her alive. The terminal cancer patient whose file I stumbled across fit into this category. He was on narcotics prescribed to alleviate his pain. The problem was that the doctors could not prescribe above a certain life-threatening dosage, a level far below what was necessary to manage the patient's pain. In such a situation, the doctors can't raise a dose because they risk sedating the patient to the point of heart failure.

*Discussion
of what
writer be-
lieves is
wrong with
hospital
policy*

The hospital I was working at had fallen on hard times; the last thing they needed was to lose a large malpractice suit. If a doctor prescribes above the highest recommended dosage, his or her hospital is at risk if the patient dies. Keeping patients on life support at low dosages, however, is cruel. The doctors at many hospitals have their hands tied. They simply can't give dosages high enough to treat the pain without putting the hospital at risk, and the other option, stopping life support, is forbidden by many hospitals.

*Evidence:
writer uses
example of
his Aunt
Eileen to
show how
patient
choice and
compass-
ionate
care should
work*

When I was fifteen, my Aunt Eileen, who was thirty-four, was diagnosed with a malignant skin cancer. The disease was caught late, and the cancer had metastasized throughout her body. At the time, Eileen had been married for eight years and had a four-year-old daughter and a six-year-old son. They were and are adorable children. When Eileen learned of the disease, she was devastated. She loved her husband and children very much and

*Evidence:
writer in-
troduces
outside
source to
support his
argument
for patient
choice*

*Writer
summarizes
Huttmann's
story about
her patient
Mac, tak-
ing care to
put any di-
rectly
quoted
material in
quotation
marks fol-
lowed by
in-text
citation*

could not bear the thought of not being with them. Eileen fought the disease fiercely. She tried all the conventional treatments available. Her father and brother were both doctors, so she had access to the best possible care, but the disease did not succumb to the treatment. She tried unconventional and experimental treatments as well, but it was all for naught. The disease had an unshakable grip on her. She had wasted away to well below one hundred pounds; a tumor had grown to the size of a grapefruit on her stomach. It was the end, and everyone knew it. Luckily Eileen was able to get into a hospice center. While she was there, she was able to make peace with herself, her family, and God and die calmly without pain.

If Eileen had been forced to keep living, her pain undertreated and her body resuscitated again and again, the damage to her and her family would have been enormous. It would have been almost impossible to make peace with herself and God if she had been in pain so intense she couldn't think. The hospice personnel managed the pain and helped Eileen and her family avoid the anguish of a prolonged and painful death.

In "A Crime of Compassion," Barbara Huttman, a registered nurse, recounts her hospital's disregard for a patient named Mac. Mac's story is one of a prolonged and painful death, without options. Mac came into the hospital with a persistent cough and walked out with a diagnosis of lung cancer. He battled the disease but lost ground fast. Over the course of six months, Mac lost "his youth . . . his hair, his bowel and bladder control, and his ability to do the slightest thing for himself" (344). Mac wasted away to a mere sixty pounds. He was in constant pain, which the hospital was unable to manage. His young wife now looked "haggard and beaten" (344). Mac went into arrest three times some days. Every time his wife broke down into tears. The nurses ordered "code blue" every time it happened, and the hospital staff resuscitated Mac. This situation repeated itself for over a month. During one month, Mac was resuscitated fifty-two

Evidence: writer introduces source to support his argument for patient choice

Writer summarizes Huttman's story about her patient Mac, taking care to put any directly quoted material in quotation marks followed by in-text citation

times. Mac had long ago realized the battle was over. He pleaded with his doctors and nurses to let him die. The problem was that the hospital did not issue no-code orders. A no-code order meant that if Mac went into arrest again they would let him die. Days passed as Barbara Huttman, his nurse, pleaded for a no-code order. Each time he went into arrest his wife, Maura, took another step toward becoming psychologically crippled. As Barbara worked to resuscitate Mac, she'd look into his eyes as he pleaded for her to stop. Finally, Barbara decided enough was enough. Mac went into arrest and she did not call the Code Blue until she was certain he could not be resuscitated. For granting Mac his dying wish, Barbara was charged with murder (343-46).

Writer uses anti-capital punishment argument to bolster his call for more humane treatment of the terminally ill

The situation of Mac illustrates the death many people are forced to endure. These situations constitute an irony in today's society. Many complain that executions are inhumane or cruel and unusual. A principle argument of these anti-capital punishment people is that the death is not pain free. People also think that regardless of the situation a patient should be allowed to die and should not be medicated to the point of death. Mac was forced to live on the brink of death for over a month, watching as his wife was also destroyed by his ordeal. The treatment Mac received can only be described as inhumane. To force a man to live in pain when there is no reasonable hope he will ever get better is truly cruel and unusual. Had Mac had the option of a peaceful and pain-free death, it would have saved himself and his wife the pain of being forced to live on the edge of death for such an extended period of time. Maura must have looked into Mac's tortured eyes and wondered why he had no choices concerning his life or death. Almost any choice would have been better than the treatment he received.

American society needs to follow the lead of countries like the Netherlands and Belgium or a state like Oregon with its Death with Dignity Act and reevaluate the right of the terminally ill to die. Keeping people in agonizing pain for a long period is uncivilized. Everyone would agree with that. Many people do not

Conclusion: Writer calls for action on the rights of the terminally ill.

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Conclusion: Writer calls for action on the rights of the terminally ill.

understand, however, that prolonging the life of a terminally ill patient with unmanageable pain is the same thing. Laws need to be passed to protect doctors who accidentally overmedicate a terminally ill patient in the interest of pain management. Patients also deserve the right to determine if they want to go off life support, no matter what hospital they are in. Until people demand that action be taken to resolve this issue, the terminally ill will continue to suffer.

Works Cited

Huttmann, Barbara. "A Crime of Compassion." *Models for Writers*. Ed. Alfred Rosa and Paul Eschholz. 11th ed. Boston: Bedford, 2012. 343-46. Print.