



VCE English 1996
Common Assessment Task 1: Presentation of an issue

ENGLISH
COVER SHEET

Student's number:

1. The issue: Infanticide

2. Focus chosen for analysis of media texts (Section 1):
media Presentation of the Debate Over Infanticide

3. Point of view to be presented (Section 2):
That the concept of killing severely disabled infants is morally flawed.

Media texts used for Section 1

Note: You must include details of the title, name of media text and date of publication/broadcast.

Title	Publication	Date
1. <u>Sentenced to Life?</u>	<u>The Sunday Age</u>	<u>22. 10. 1995</u>
2. <u>Singer's compassion is Lethal</u>	<u>The Age</u>	<u>16. 10. 1995</u>
3. <u>Killing the disabled</u>	<u>The Herald Sun</u>	<u>19. 10. 1995</u>
4.		

Attach a copy of each print text and details of non-print texts used for Section 1 and bibliographic details of resources used for Section 2.

Number of words: Section 1 997 Section 2 768

Have all of your media texts been published/broadcast since 1 September 1995? Yes

Date of final submission 30. 4. 1996

Note: Attach this cover sheet to your work before handing it in to your teacher.

ENGLISH

COMMON ASSESSMENT TASK ONE

PRESENTATION OF AN ISSUE

Word Count

Section One - Language Analysis: 997

Section Two - Argument: 768

SECTION ONE

LANGUAGE ANALYSIS

Media Presentation of the Debate Over Infanticide

When Professor Peter Singer, a leading Australian ethicist, published an article in the London weekly 'The Spectator' last September, he argued for fundamental changes to our attitude to life. In particular, he addressed the issue of infanticide, claiming that severely disabled infants do not necessarily have a right to life. His article, the substance of which was later reprinted in The Sunday Age, elicited widespread media debate.

In his Sunday Age article "*Sentenced to life?*" (22/10/95), Singer dismisses the Church's stance concerning "the sanctity of human life." This approach is reflected in the headline, which is paradoxical, the phrase normally being "*Sentenced to death*". The title is thought-provoking, given his argument that, if we employ modern medical technology, a disabled infant might indeed be "*sentenced to life*". The reader is forced to recognise that technology may have imposed upon society a need to change its ethics.

Singer begins by describing the Pope's moral order as an "empty shell". The metaphor is designed to shock the reader, though some might object to such aspersions being cast on Church doctrine. His argument about anencephalic babies (those born without a brain), moreover, startles the reader with the implied question: Where is the line to be drawn? This question features in much of the criticism lodged against him. The article's effectiveness is therefore somewhat eroded, for Singer fails to provide a satisfactory answer.

Visual interest is provided by the accompanying cartoon, in which both sides of the debate are represented in the two outstretched hands holding the baby. One hand depicts the Church: the arm is clothed in a bishop's regalia. The other refers to the medical profession: a surgeon's gloved hand. The curl of the shepherd's crook (symbolic of Christ himself), interestingly, is suggestive of a question mark in reverse, reminding one again that a question hangs over the baby's head. Such images are highly emotive; they influence the reader to consider whether society has an obligation to keep a baby alive, and to whom the decision might be delegated.

The tone and style are harmonised skilfully: the discussion is leisurely and logical, yet, as indicated, confrontational. Sometimes sarcasm is evident, and extremely effective, as when Singer responds to the Catholic Church's view of him as a "Messenger of Death" by referring to the old Roman and Greek habit of shooting the messenger, and to his critics' attempts to do just that.

The responses condemning Singer's article are typified by Bishop George Pell's highly emotive letter: "*Singer's compassion is lethal*" (The Age - 16/10/95). The editor's headline is again paradoxical; nevertheless, it dispels any uncertainty as to the bishop's stance on this issue: that Singer's concept of the "sanctity of human life" is opposed to all Christian teachings.

Unlike Singer, Pell uses provocative terms such as "horrible policies" and "grotesque policies," which succeed in arousing the reader's sympathy for Pell's stance. The key words "compassion", "eliminates" and "sufferer" (e.g., "His typical reaction to suffering is to eliminate the sufferer") are startling, since they attempt to deny Singer any genuine compassion, and are clearly intended to *upset* the reader. Pell also tries to startle by employing the emotive statement "He praised the *primitive* societies of ancient Greece". This demonstrates the hostility provoked by Singer's article, for, in any other context, a Catholic bishop, knowing that the New Testament is set partly in a Roman/Greek culture, would not normally have called the Greek civilisation "primitive".

In contrast to that of the first article, Pell's tone is one of great indignation, and suggestive of a man personally offended. Pell is not simply clinically opposing Singer with a church doctrine, for his anger leads him to extract the most out of every phrase with such colourful terms as "human animals" and "notorious propagandist". Here the reader is invited to share Pell's anger. However, the aggressive style of "the *grotesque* politics he [Singer] regularly advocates" and other such statements, in the absence of any real argument, renders the sarcasm and bluntness somewhat ineffective.

Rhonda Galbally's "*Killing the disabled*" (Herald-Sun - 19/10/95), is written in a much calmer and considerably more objective manner than the above letter. She also develops a more perspicacious argument against Singer's views on infanticide. The editor has made the most of the fact that it is a woman writing about what might be called a "woman's issue", by featuring a picture of Galbally. This, combined with the title's stark and arresting image, which evokes thoughts of Nazism, injects a sense of alarm in the reader about where someone like Singer "is planning to stop".

Galbally attacks Singer's argument immediately by disagreeing with his idea of treating infants as distinctively different "just because...they have actually been born." Unlike Pell, she argues her point in a personal but dignified manner: "It is hard *for me* to contemplate being left to die" -- a reference to her own disability -- and its impact is therefore considerable. Through the use of such highly emotive expressions as "*mother-baby bonding*," Galbally infuses a strong element of warmth which would positively appeal to most parents.

In a powerful paragraph, Galbally argues that, if we adopt Singer's "attitude...on bodily perfection," it would be "at the expense of humanity." She claims that there is a connection between the popular media's fetish with perfect bodies, and Singer's concern with the disabled, implying that he is as much conditioned by this obsession as those who yearn for a body like leading model Elle Macpherson's. She answers convincingly that fallibility is part of being human.

The cartoon accompanying this article depicts what at first seems to be a healthy baby. But it is drawn naked and screaming, and the cartoonist possibly intended to portray the new-born in all its vulnerability; emphasising its helplessness at the hands of adults. A baby in this situation, according to Galbally, and presumably also the cartoonist, is very much the victim of Singer's dictum that it "should or should not be given a certificate of acceptance one month after birth." This is highlighted by the shadow lying over the infant, which is perhaps suggestive of a test it has to pass, and the blank background which emphasises the infant's isolation.

The media, both print and electronic, have devoted considerable time and space to this issue, aware that it affects both the Church and medical profession, and ultimately, society in general. The controversy is unlikely, however, to be soon resolved; Singer's proposal seems too emotive, and too challenging in its defiance of traditional ethics, to be easily embraced.

Word Count: 997

SECTION TWO

ARGUMENT

Contention: That the concept of killing severely disabled infants is morally flawed.

LETTERS

Death before deformity?

from Victor Jones

I find Professor Singer's article: 'Sentenced to life?' (22/10/95) personally affronting, not to mention threatening. He argues that disability at birth may disqualify an infant from the right to life, and proposes a new set of ethics to condone infanticide in certain circumstances. As one born with a disability, I'm insulted by such a proposal. To suggest infanticide as the answer to human imperfection, whatever its form and degree, is not only morally objectionable, it is horrific!

According to Professor Singer, ethics have failed to keep up with medical technology, since babies can now be kept alive where previously nature would have taken its course. Women, he claimed, are entitled to terminate abnormal foetuses, even though he believes "this was killing human beings," and the same should be permitted in respect of infants after birth. As one who rejects the "sanctity-of-human-life doctrine," he believes we should face the fact that such action is killing a human being but not one at a sufficient state of development for us to believe that life needs to be protected in all cases. Unfortunately, the sanctity-of-life doctrine is not only held by religious believers; many free-thinkers, such as myself, insist upon the value of all human life, and have so argued on grounds quite other than religious. This doctrine requires us to provide care and reasonable medical treatment for every patient, including Singer's example of the anencephalic (those born without a brain), whose life, despite its disability, is, as the Reverend Norman Ford has said, "morally inviolable."

The question concerning Professor Singer's proposal is, *where does it stop?* In his eyes, a foetus is not conscious of itself or its future and so does not suffer if its life is terminated. Yet, he adds, what is the difference between a foetus and a newborn baby -- apart from the fact that it is no longer in the womb? One would have thought that there is a *huge* difference between a foetus and a newborn baby. Ask almost any woman whether she is capable of aborting a foetus diagnosed as severely disabled, and then ask if she could overcome her bonding with a baby sufficiently to perform an act of infanticide. What prompts Singer's attitude? Are some of us becoming less tolerant of defective offspring?

Whatever the driving force, technology and taste are moving us slowly but surely down the road towards a demand for perfection -- or, rather, for no major imperfections. Just how many faulty foetuses are culled each year is not known, because - oddly - in most states statistics are not reliably kept. From the available figures it is clear that the number is rising steadily. In Victoria, for example, the figures for malformed foetuses terminated under 20 weeks' gestation rose from 154 in 1992 to 186 in 1993. In this state alone in 1993, 61 Down's syndrome foetuses were diagnosed, and professionals claim the vast majority would have been terminated. So, if my parents had '90s technology, would they have aborted me? To be honest, I am too scared to ask them.

This issue, not surprisingly, is now at the forefront of ethical debate. A public row was reported in the Netherlands recently when geneticists revealed they had terminated, at the parents' request, two foetuses diagnosed with a hereditary condition causing blindness -- in middle age! Clearly, people's expectations are changing. They are aiming for babies free of birth defects, rather than just avoiding a lethal or serious disability. No doubt someone will soon take the view that if abortion on demand is okay, abortion for any abnormality at all should be acceptable. Naturally, there are many who find this disturbing. One such person is Dr Christopher Newell, an activist for the disabled at the University of Tasmania. He says it marks a society which "seeks a quick fix." The "quick fix" - the cure - is the death of the foetus. Indeed, such compassion as Professor Singer exhibits, along with others of his persuasion, is surely lethal.

On this unpredictable journey for each of us, there is only so much "perfection" one can plan for - I'm horrified that anyone might consider my life, and the lives of others like me, not worth living. One of the characteristics that make us all human is our imperfection. But imperfection is a quality, not a defect. We must challenge this insane desire to weed out imperfection and deformity, and learn -- relearn, if necessary -- that individuals with disabilities are part of the human family; they deserve respect.

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NEWSPAPER ARTICLES

Sentenced to life?

As medicine finds new ways of keeping us alive, should our views on the sanctity of human life change? Peter Singer argues that it is time for a reappraisal.

EARLY last month, Dominic Lawson — editor of the conservative London weekly "The Spectator" — asked me to write an article summarising the views of my book "Rethinking Life and Death". Lawson explained this somewhat surprising invitation by saying that he is personally opposed to abortion but reading my book had led him to believe that I could set out, more clearly and honestly than is usually done by either side in the abortion debate, what is at stake in this conflict over the sanctity of human life.

Some people may regard me primarily as a politician these days, but I am still a philosopher. What is the point of being in politics if you then have to hide controversial opinions?

I began the article by referring to Pope John Paul II's statement that the widespread acceptance of abortion is a threat to the moral order, and saying that I thought the Pope was undoubtedly right about this. But, I continued, abortion was not the only threat.

In redefining death to accommodate brain death, in accepting the withdrawal of food and fluids from irreversibly comatose patients, in approving decisions not to treat severely disabled newborn infants, and even, in some countries, in actively helping patients to die, we have gone far beyond the moral order that the Pope has tried to uphold. I wrote, therefore:

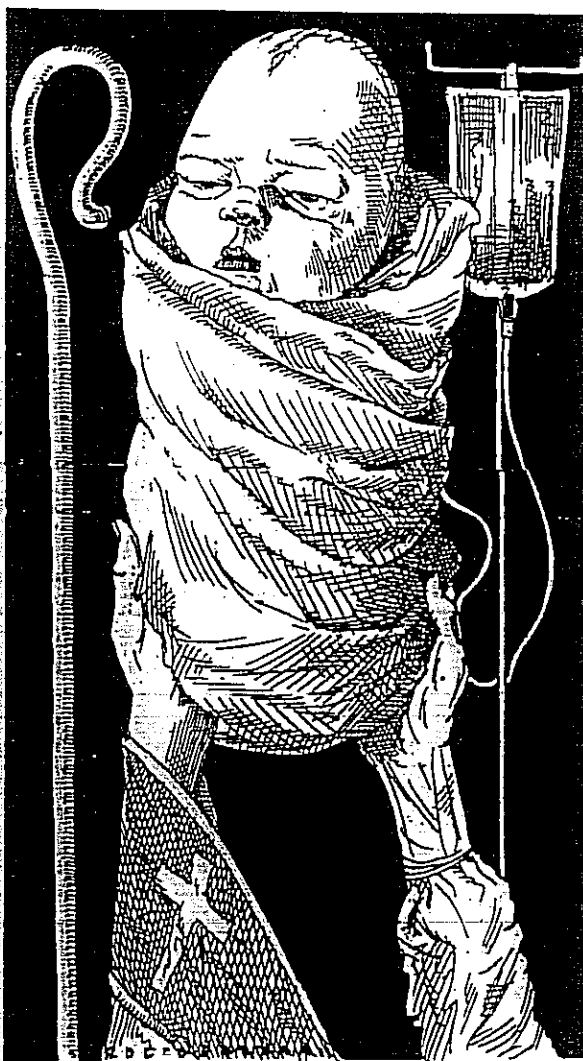
"The moral order that the Pope defends is an empty shell, founded on a set of religious and moral beliefs that most people have laid aside. It is time for a more open recognition of the fundamental change on which we have embarked."

"Without that, people on both sides of the debate will continue to argue past each other, and the ethical problems raised by our developing medical capabilities will prove irresolvable."

Perhaps it was that passage that touched such a nerve with the Roman Catholic Auxiliary Bishop of Melbourne, George Pell, who brought my article to the attention of Australian newspapers. In any case, he burst into a string of epithets of which "messenger of death" was one of the plainer ones.

The trouble with killing the messenger is that it does not make the troublesome news go away. In fact, if I am a messenger at all, the news I am bringing is that we have a choice, and we should face it. The choice is not my doing: it is brought to us by our advancing medical capabilities, and it is only going to get more acute.

So let us see exactly what the problem is. I will begin with a case that is admittedly extreme but still shows the problem for the sanctity-of-life view. There are babies called anencephalics that, essentially, are born without a brain. Sometimes the top of their skull is missing with



the gap covered only by a flap of skin filled with fluid. They will never recognise their parents, or smile with pleasure at a toy, for they will never be conscious at all. Yet in a biological sense they are undoubtedly human beings.

Fifty years ago there was nothing that could be done to keep an anencephalic breathing, and they all died soon after birth. But now we have neonatal intensive-care units equipped with respirators and other ways of keeping babies alive.

Should we use these techniques to keep anencephalics alive as long as possible? A Virginia mother — an avowed strict Christian — has insisted on doing that, and when I last heard of the case her baby was two-and-a-half years old.

Even among those whose consider themselves "pro-life", most back away from sustaining life in an anencephalic. Instead, they often use the phrase that Bishop Pell also used in debating me on television last week: they say we should

"let Nature take its course". But, usually in the case of a sick baby, "let Nature take its course" is utterly wrong. Medicine is precisely about thwarting the course of Nature.

So if, in the case of an anencephalic baby, a bishop tells us that we may let Nature take its course when we could preserve life for months or years, he is clearly making a quality-of-life judgment. He is saying that the life of an anencephalic baby does not have to be preserved, because it is an existence so utterly without redeeming qualities.

This extreme case shows that almost all of us will draw the line somewhere and say that, below a certain point, we do not have an obligation to keep a baby alive. Then more questions can be asked: Where should decide where this line is to be drawn? And, once the decision has been made, how should it be carried out?

My answer to the first question is that the parents should make the decision in consultation with their doctors. That is no longer controversial. It happens now at most big hospitals in Australia and it is a welcome change from when I first began taking an interest in these issues, 20 years ago.

Then, many doctors treated the par-

... below a certain point, we do not have an obligation to keep a baby alive.'

ents as if they could not possibly have any view about whether their child should be treated aggressively so that it would survive in a disabled form or whether it should be allowed to die. So the decision as to where the line should be drawn is not one for me, or the doctors, or the state to make.

It is, in all normal circumstances, best left to those closest to the baby to decide in accordance with their ethical principles and with their views of the kind of child they are capable of raising and giving a loving home.

It is the second question that causes the real controversy. Once parents and doctors decide it is better that a severely disabled baby should die, do the doctors simply stand back and allow infection or dehydration to take the baby's life over a period of several days? Does a baby who is inevitably going to die have to suffer?

In the aftermath of the controversy caused by my article, "The 7:30 Report" on ABC-TV interviewed Dr Neil Campbell of the Royal Children's Hospital. He made it very clear that he did not stand by and let such babies suffer needlessly.

We should be pleased that there are such courageous and humane doctors in Melbourne hospitals. But we should also be clear that here, as in many other areas of life-and-death decision-making in modern medicine, we are taking new ethical positions that can no longer be reconciled with the old ethic.

Dr Peter Singer heads the Greens Senate ticket for Victoria. The views expressed in this article are his, not those of the Greens.

“Singer’s compassion is lethal”

George Pell

The Age - 16/10/95

Singer’s compassion is lethal

from Bishop George Pell

The brief reference to Professor Singer in my recent Sydney lecture was prompted by his article in the London *Spectator* (16/9), *Killing Babies Isn’t Always Wrong*.

There, he argued for infanticide, denied any essential difference between humans and animals, claimed a human foetus was worth much less than a chimpanzee and something less than a dog.

He praised the primitive societies of ancient Greece, traditional Japan and the Kalahari, who killed their young, and he advocated a naming ceremony one month after birth, when babies would acquire a right to life.

Not surprisingly, the professor mentions nothing of this in his letter (*The Age*, 13/10) announcing that the Greens are distancing themselves from some of his horrible policies on humans. But as their endorsed No. 1 Senate candidate in Victoria how can the Greens distance themselves from the grotesque policies he regularly advocates?

Singer’s compassion is lethal. His typical reaction to suffering is to eliminate the sufferer; abortion, infanticide, euthanasia.

A final note. Endearingly, Professor Singer nearly always manages to refer to me as Catholic and a bishop. I wear both titles with pride. However, he finds the term “pagan” (a disbeliever in the one true God) objection-

able; a surprising disclaimer in view of his publicly proclaimed atheism and hostility to Judaeo-Christianity.

Singer is Australia’s most notorious propagandist for what Pope John Paul II calls “The culture of death”. Who has done more to attack the basic principle that human life is sacred; to encourage and legitimise, first of all abortion, and now euthanasia and infanticide of “human animals”?

Bishop George Pell,
Mentone.

Killing the disabled



Peter Singer thinks infants should not have the right to life until a month old. RHONDA GALBALLY finds that scary

DISABILITY is not illness. Disability, even severe disability, is not how you feel, like having a headache, it is about how you are, like being too short for NBA basketball or too buxom to be a supermodel.

It is something you learn to live with, something that you don't think about much unless you're being pushed into envy by advertising campaigns whose idea of a normal body is Elle Macpherson.

Fifteen per cent of Australians, and a large majority of older Australians,

say they have a disability; disability is part of life, and we would perhaps be healthier if we did not as a society protect our advertising-driven dislike of our own bodies on to a class of people — "the disabled" — that we pretend is separate from us as an object of fear, or pity, or prevention.

Peter Singer seems prepared to stretch ethics a long way to prevent disability. The slippery slope argument, that acceptance of abortion led inevitably to acceptance of killing after birth, used to be the property of anti-abortion activists. It is now being used by

Peter Singer for other purposes. In his article *Killing Babies Isn't Always Wrong*, published in the *British Spectator* and reported here, Singer argues that because we have as a society accepted abortion for children six or seven months after conception we cannot now consistently treat infants as distinctively different just because they are 10 months after conception and have actually been born.

He suggests that we already let children born with severe brain malformation die, and sometimes let people who have acquired intellectual

versible brain damage, so we cannot say that there is anything sacred about being a Homo Sapien.

Why don't we, like the ancient Greeks, have a ceremony a month after the birth and decide only then whether the baby is normal enough to be worth keeping.

Apart from the month of intense mother-baby bonding to me the proposition seems morally wrong.

I strongly support a woman's right to control her own body. I would be distressed if I were told that a fetus I was carrying had a



disability, and I would never criticise a woman who decided there were not adequate resources to support a child with disabilities.

My concern with Peter Singer's logic comes from not being entirely sure where he is planning to stop. He says that at the month ceremony you can terminate cases of "severe and irreparable disability" — "severe" and "irreparable" mean babies born without a top to their head, or children with Down's syndrome or cerebral palsy or children whose parents don't want them. As a

woman with a disability, it is hard for me to contemplate being left to die.

Singer says that his proposals will ensure that every child is loved and wanted by its parents. Yet many abused and undervalued children are not disabled, child abuse is far more likely when parents themselves were abused, and the solution is to support families more in parenting, whether their baby is disabled or not.

A lady being wanted is not the only issue. Wants are not purely personal. They are also informed by society's judgments and prejudices

in rural China, female babies are often not wanted. We can honor the parents' choice while acknowledging that the pressures on that choice are driven by an offensive sexism that should be opposed. The wider culture, not the individual, is the key to change.

People with Down's syndrome suffer as adults from the same kind of prejudice that leads parents of Down's syndrome babies to seek termination. How they are being given a half a chance, many people with Down's syndrome are able to show much greater

abilities than they've ever been credited with before. Adopting the ancient Greek attitude would lend ever more to the kind of society we are struggling to change — contemptuous of foreigners, women, age, shyness and weakness, directed on bodily perfection at the expense of humanity.

Alternatively, accepting people with different bodies and abilities will help to free everybody to be what we all are, thoughtfully fallible, imperfect — that is, human.

Rhonda Galbally was disabled by childhood polio. She has been the chief executive officer of the Victorian Council for the Handicapped for seven years.

"Killing the disabled"
Rhonda Galbally
The Herald Sun - 19/10/95