

考試科目	社會議題分析	所別	法律科際整合研究所 71-1	考試時間	2月23日(日)第2節
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Read this article and answer the questions that follow. Select only one answer in each question.
(30%)

End of Life

Udo Schüklenk et al., BIOETHICS, Vol. 25 No. S1, 2011

In Canada, the level of public support for legalizing voluntary euthanasia and assisted suicide is comparable to that in the United Kingdom, but markedly higher than that in the United States, according to a 2009 Angus Reid survey of national samples. In this survey, Canadians demonstrated slightly less support (71%) than that of Britons (77%) and nearly twice that of US Americans (45%). By a measure of public support, Canada appears to be roughly equal to The Netherlands, where both voluntary euthanasia and physician-assisted suicide are carried out legally. Further, in a 2006 study, Rietjens and others found a clear link between the Dutch public's support for voluntary euthanasia and a number of features it considers important for a 'good death'. These include an influence on the dying process through personal decisions about treatment and the time of death, avoiding being a burden on relatives, and preventing severe suffering and loss of dignity.

When compared with the general public, physicians not only in Canada, but also in the United States and the United Kingdom, are significantly less supportive of legalizing voluntary euthanasia or assisted suicide, and many are opposed. Although the reasons for such opposition have not been sufficiently explored among Canadian physicians, studies of American physicians and British physicians suggest a strong association between opposition to legalizing physician-assisted suicide and voluntary euthanasia and religious belief. Further, in surveys of physicians in the United Kingdom, opponents were also more likely to be palliative care specialists, or those caring for the dying. The views of physicians in The Netherlands contrast with those of physicians in Canada, the United States, and the United Kingdom, in that a large majority — 84% — of Dutch physicians support physician-assisted suicide and/or voluntary euthanasia.

The attitudes of patients in Canada toward voluntary euthanasia and assisted suicide are comparable to those in the United States, the United Kingdom, and The Netherlands. Most notable is that patients in all of these countries cite similar reasons for considering or asking for physician-assisted suicide and voluntary euthanasia. In Canada, Lavery and colleagues conducted a study in 2001 of 32 patients with HIV or AIDS and, using a more interpretive approach to analysis, determined that three main factors led to many of the respondents' desire for voluntary euthanasia or assisted suicide. The first was disintegration, a process during which the patients experience a loss of functions and increased symptoms associated with their disease. The second was loss of community, a process by which the patients' loss of mobility and exclusion or alienation

備註 試題隨卷繳交

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by others results in difficulty maintaining, or the erosion of, close personal relationships. These two factors together led to the third factor, the patients' loss of self, that is, the feeling that their fundamental nature had been or is at risk of being completely worn away. In 2009, Ganzani and colleagues studied 56 patients from the state of Oregon (where eligible patients receive help legally from physicians to commit suicide), who had requested physician-assisted suicide or had contacted a physician-assisted suicide advocacy organization. The authors found that the main reasons for such requests were the patients' desire to influence the circumstances of their death, loss of independence, worries about future pain, poor quality of life, and inability to care for themselves.

Similarly, in 2006, Chapple and others interviewed 18 terminally ill patients in the United Kingdom, and found that those who support legalizing voluntary euthanasia or assisted suicide emphasized concerns about future pain, fear of indignity, loss of control, and cognitive impairment. Finally, in a 2009 study by Pasman and colleagues, Dutch patients who had formally requested aid in dying said that their 'unbearable suffering' (which is one of several conditions for receiving euthanasia in The Netherlands) consisted of physical elements, including pain, but, more often, non-physical elements, including dependence, an inability to lead a normal daily life, and mental suffering over steady deterioration.

The results of these studies suggest that these patients, generally, like Canadian patients, are interested in or request euthanasia or assisted suicide not because of any singular reason; instead, their motivation arises from a complex combination of physical, psychosocial, and existential suffering—importantly, this is a type of suffering that has objective as well as subjective elements.

Questions:

- What does this article mainly discuss?
 - The right to die and the right to live.
 - Attitudes of people in different countries toward voluntary euthanasia and assisted suicide.
 - Whether voluntary euthanasia and assisted suicide are already legal in Canada and other countries.
 - The futile medical care in end-of-life situations.
 - Why Dutch people are more likely to commit suicide.
- According to this article, physician-assisted suicide is legal in which of the following countries or states?
 - Canada only.
 - The Netherlands and Canada.
 - The Netherlands and the United Kingdom.
 - The Netherlands only.
 - The Netherlands and the State of Oregon.

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3. According to this article, which of the following is correct?

- (A) American physicians are more supportive of legalizing voluntary euthanasia than are Dutch physicians.
- (B) The public in Canada is more supportive of legalizing physician-assisted suicide than in the United Kingdom.
- (C) US Americans are less supportive of legalizing physician-assisted suicide than are Canadians.
- (D) The British public is less supportive of legalizing voluntary euthanasia than is the US American public.
- (E) Dutch physicians are less supportive of voluntary euthanasia than are Canadian physicians.

4. According to this article, which of the following is *incorrect*?

- (A) Patients in different countries cite totally different reasons for considering voluntary euthanasia.
- (B) Researchers found that one of the main reasons for requesting physician-assisted suicide in Oregon was poor quality of life.
- (C) A large majority of physicians in The Netherlands support voluntary euthanasia.
- (D) A majority of the Canadian population appears to support a more permissive legislative framework for assisted suicide.
- (E) Studies of American physicians suggest that oppositions to legalizing voluntary euthanasia are related to religious belief.

5. The word "euthanasia" in this article is closest in meaning to

- (A) homicide
- (B) suicide
- (C) murder
- (D) mercy killing
- (E) manslaughter

6. According to this article, generally speaking, patients are interested in assisted suicide because of

- (A) physical suffering only
- (B) psychological suffering only
- (C) inability to lead a normal daily life and worries about future pain only
- (D) fear of indignity and loss of control only
- (E) a complex combination of physical and mental suffering

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二、近年來臺灣許多新興的社會議題，具有高度的社會爭議性，引發社會的兩極對立。這些議題包括：廢除死刑、興建核四、環保與開發、通姦除罪、同性婚姻、徵收拆遷等。此種對立性甚至促成某種程度的社會運動，社會上出現許多指責對方的論述，有時會以「威權」、「官僚」、「道德」或者「霸權」等話語控訴對方。請分析這些控訴對於臺灣社會整體發展而言，具有何種正面以及負面的意義。(30%)

三、報載兩岸於 2013 年 6 月簽署服務貿易協議，經濟部國際貿易局評估，台灣電子商務、資訊業、線上遊戲業、金融業、環保業、物流及運輸業等產業，可望受惠。試請分析服務貿易協議對於臺灣經濟發展具有何種正面以及負面的衝擊或影響。(40%)

