

Lesson Plan for Reading (TBL)

☐ Listening ☐ Speaking ☒ Reading ☐ Grammar ☐ Writing

Topic: A movie – “Guzaarish”

Instructor: Joy Kim

Level: Intermediate

Students: 10

Length: 50 min

Materials:

- a board and board markers
- a projector and a computer
- 10 copies of each worksheet

Aims:

- SS will be able to open their ears and share their opinions about ‘euthanasia’ through reading a movie plot and people’s debates.
- Class will focus on ‘integrated approach’ for both ‘bottom-up’ and ‘top-down’ models

Language Skills:

Reading: reading the plot and the debate

Listening: teacher’s talk, students’ discussion, little bit from the video

Speaking: discussion with a partner and a group

Writing: writing personal opinion about euthanasia on worksheet# 1 & 3

Language Systems:

Phonology: ‘l’ vs. ‘r’ (garner, limelight)

Lexis: quadriplegic, euthanasia, garner, limelight, verdict, appeal, bid..

Function: appeal my opinion to other opponents

Grammar: conditional sentences (e.g. If I were Ethan, I wouldn’t choose it.)

Discourse: SS will discuss about the movie and present their opinions or ideas

Assumptions:

- The topic might be new to some students.
- However it might be an interesting subject to have some debates.
- Students might have personal experiences through families or other people to share.

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Anticipated Problems and Solutions:

- Some students might have reluctance due to religious background → will try not to touch too sensitively.
- Some students might have no idea what to debate. → provide the model debate (worksheet #3) and guide them to think about the topic more easily and comfortably.

References:

Plot : <http://en.wikipedia.org/wiki/Guzaarish#Controversies> (modified as class' necessity)

Debate1: <http://www.care.org.uk/advocacy/end-of-life/euthanasia-the-arguments-for-and-against> (modified as class' necessity)

Debate2: <http://euthanasia.procon.org/view.resource.php?resourceID=000126>

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| Lead-In | | | |
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| Materials: Board | | | |
| Time | Set Up | Student Activity | Teacher Talk |
| 1 min | | | (Icebreaking) How are you? Do you like to see a movie? What movies have you watched recently? Have you ever watched any Indian movie? I want to introduce an Indian movie to all of you today. |

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| Pre-Activity | | | |
|--|--------|--|---|
| Materials: a board, board markers, a computer, a projector | | | |
| Time | Set Up | Student Activity | Teacher Talk |
| 3 min | | | <p>(Write 'Guzaarish' on the board.) Don't worry guys, this is not an English word. This means 'request' in English.</p> <p>Maybe some of you already watched it, has anyone watched it?</p> <p>What is the movie about? (try to have SS's participation but not too much in details.) Is this movie about healthy person's story?</p> <p>Let's watch the video and guess what the plot will be about. Try to guess what 'request' is likely asked in the movie.</p> <p>ICQ) What will you guess while listening?</p> |
| 2 min | | Watching the video and guessing the plot | <p>(Watching the video)</p> <p>How did you enjoy the video? Please get 5 in a group and discuss what the plot will be and what 'request' is likely asked in the movie. You have 3 min.</p> <p>ICQ) How much time do you have? ICQ) What will you discuss?</p> |
| 3 min | | Discourse | (Students discussion in a group) |
| 2 min | | | <p>What did you find out from each group? (Collect students' idea and write them on the board)</p> <p>CCQ) Is the main person free to use his arms and legs? (Try to elicit 'paralysis' and 'quadriplegic')</p> <p>CCQ) What did Ethan seem to do before he got the injury?</p> |

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| Main Activity | | | |
|---|--------|---|--|
| Materials: Board, board markers, 10 copies of worksheet #1 & #2 | | | |
| Time | Set Up | Student Activity | Teacher Talk |
| 9 min | | Reading the plot (Skimming and scanning) | <p>(Hand out worksheet #1)</p> <p>Please read this plot silently and answer to questions individually. You'll be given 7 mins.</p> <p>ICQ) How much time do you have? ICQ) Will you read with your partner?</p> <p>Time's up! (Find answers with SS) Good job!</p> |
| 7 min | | Guessing vocabulary | <p>(Hand out worksheet #2)</p> <p>Now, we'll find out new vocabulary together. Please get in pair and find best descriptions to 8 new words. I will give you 5 min.</p> <p>ICQ) What will you do? ICQ) By yourself? ICQ) How much time?</p> <p>(Match the best descriptions with SS)</p> |
| 5 min | | <p>Group Discussion</p> <p>SS answers with conditional form</p> | <p>If you were Ethan, what would you choose? Would you marry to Sophia and live happily?</p> <p>(Check SS's sentences and pronunciation)</p> <p>Does anyone agree on euthanasia? Why? Does anyone disagree? Why? (Collect and write their answers on the board)</p> |

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| Post Activity | | | |
|---|--------|--|--|
| Materials: a board, board markers, 10 copies of worksheet #3 & #4 | | | |
| Time | Set Up | Student Activity | Teacher Talk |
| 11min | | Reading a debate & share opinions | <p>(Hand out worksheet #3& #4)</p> <p>Ok, now, we're going to explore some debates about euthanasia.</p> <p>Please read this individually and share your opinion with your group of 5.</p> <p>You might add more ideas if you have in worksheet#3. Worksheet#4 is for scanning to get general idea.</p> <p>You'll have 9 min.</p> <p>ICQ) Will you read it together?</p> <p>ICQ) What will you discuss?</p> <p>ICQ) How much time?</p> <p>(Answer to unknown vocabulary)</p> |
| 7 min | | Presenting my opinion to other opponents | <p>We're going to relocate our sittings.</p> <p>The students for euthanasia, please sit here.</p> <p>The students against euthanasia, please sit there.</p> <p>Here's the rule.</p> <p>A member per team can speak. And the other team member can speak. It'll be one by one. Try to speak with reason or idea.</p> <p>You'll have 7 min</p> |
| | | Closing | <p>Great job to all of you today.</p> <p>I'm very proud of you to share your thoughts professionally.</p> |
| SOS Activities | | | |
| Materials: a board, board markers | | | |
| Time | Set Up | Student Activity | Teacher Talk |
| 3 min | | Group discussion | <p>Euthanasia is not legally permitted in Korea yet.</p> <p>Should euthanasia be legal?</p> <p>What is your opinion?</p> |

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Worksheet 1

Please read the below plot.

The story is set in Goa. Ethan is a former magician who is quadriplegic, paralyzed from neck down. He is now a Radio Jockey. Sofia is his nurse, and has been so for the past twelve years. On the fourteenth anniversary of his accident, Ethan decides to file an appeal to the court for euthanasia with the help of his best friend and lawyer Devyani. Ethan's mother, Isabel, also supports him in his petition, backing her son's demand. A young man named Omar enters Ethan's life to learn magic from him. (Omar was the son of Ethan's jealous competitor who caused the accident to Ethan to be quadriplegic. Ethan knew it but gave all of his secretive magic methods to Omar.)

Judge Rajhansmoni dismisses the case immediately when the case is presented in the court. Devyani asks Ethan to garner public support through a vote on the issue through his radio program, which Ethan names "Project Euthanasia." The issue comes into limelight through news features in the television and other media. An appeal is once again submitted to the court. Meanwhile, Ethan's mother passes away and Sofia is dragged away by her alcoholic husband, Neville, against whom she had filed a divorce case.

Finally the day of verdict comes and Ethan's plea is rejected by the court, citing that the legal code of the country cannot be violated in any circumstance. A disheartened Ethan spends his time alone in his empty home when Sofia returns. She confesses to Ethan that she got the divorce and tells him that she will help with his mercy-killing, whatever the consequences be as Ethan means more to her. On hearing her words, Ethan realizes how much Sofia loves him. He proposes to her and Sofia agrees.

Ethan throws a farewell party for their friends and guests, where he speaks about everyone who is very dear to him and finally tells everyone about his and Sofia's love. Ethan says that he will be dying a happy man with no regrets and a heart full of Sofia's love and bids all good-bye. At these words, all the guests, come to his couch and hug him, and the shot closes on Ethan laughing heartily.

Question #1) What is "euthanasia"? Please find the best description from the plot.

Question #2) Did Sophia support Ethan for what he intended to do? By doing what?

Question #3) Do you think Ethan and Sophia must be happy in the end?

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Worksheet 2

Please find a correct meaning for each word.

* Quadriplegic * Paralyzed * Euthanasia * Garner
* limelight * Verdict * Appeal * Bid

1. Offer for something
2. Loss of muscle function for one or more muscles so accompanied by a loss of feeling
3. The focus of public attention
4. Law apply to a higher court for a reversal of the decision of a lower court
5. A decision on a disputed issue in a civil or criminal case or an inquest
6. Paralysis caused by illness or injury to a human that results in the partial or total loss of use of all their limbs and torso
7. Gather or collect
8. The practice of intentionally ending a life in order to relieve pain and suffering

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Worksheet 3

Explore the euthanasia debate.

The arguments for euthanasia:

1. We need it – ‘the compassion argument’. Supporters of euthanasia believe that allowing people to ‘die with dignity’ is kinder than forcing them to continue their lives with suffering.
2. We want it – ‘the autonomy argument’. Some believe that every patient has a right to choose when to die.
3. We can control it – ‘the public policy argument’. Proponents believe that euthanasia can be safely regulated by government legislation.
4. Palliative care cost – the cost of keeping someone alive for a couple more months can be upwards of \$40,000.
5. _____

The arguments against euthanasia:

1. Alternative treatments are available, such as palliative care and hospices. → We do not have to kill the patient to kill the symptoms. Nearly all pain can be relieved.
2. There is no ‘right’ to be killed and there are real dangers of ‘slippery slopes’. → Opening the doors to voluntary euthanasia could lead to non-voluntary and involuntary euthanasia, by giving doctors the power to decide when a patient’s life is not worth living. In the Netherlands in 1990 around 1,000 patients were killed without their request.
3. We could never truly control it. → Reports from the Netherlands, where euthanasia and physician-assisted suicide are legal, reveal that doctors do not always report it.
4. The assumption that patients should have a right to die would impose on doctors a duty to kill, thus restricting the autonomy of the doctor. Also, a ‘right to die’ for some people might well become a ‘duty to die’ by others, particularly those who are vulnerable or dependent upon others.
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Worksheet 4

| PRO Euthanasia | CON Euthanasia |
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| 1. Right to Die | |
| <p>PRO: "The right of a competent, terminally ill person to avoid excruciating pain and embrace a timely and dignified death bears the sanction of history and is implicit in the concept of ordered liberty. The exercise of this right is as central to personal autonomy and bodily integrity as rights safeguarded by this Court's decisions relating to marriage, family relationships, procreation, contraception, child rearing and the refusal or termination of life-saving medical treatment. In particular, this Court's recent decisions concerning the right to refuse medical treatment and the right to abortion instruct that a mentally competent, terminally ill person has a protected liberty interest in choosing to end intolerable suffering by bringing about his or her own death.</p> <p>A state's categorical ban on physician assistance to suicide -- as applied to competent, terminally ill patients who wish to avoid unendurable pain and hasten inevitable death -- substantially interferes with this protected liberty interest and cannot be sustained."</p> | <p>CON: "The history of the law's treatment of assisted suicide in this country has been and continues to be one of the rejection of nearly all efforts to permit it. That being the case, our decisions lead us to conclude that the asserted 'right' to assistance in committing suicide is not a fundamental liberty interest protected by the Due Process Clause."</p> |
| 2. Patient Suffering at End-of-Life | |
| <p>PRO: "At the Hemlock Society we get calls daily from desperate people who are looking for someone like Jack Kevorkian to end their lives which have lost all quality... Americans should enjoy a right guaranteed in the European Declaration of Human Rights -- the right not to be forced to suffer. It should be considered as much of a crime to make someone live who with justification does not wish to continue as it is to take life without consent."</p> | <p>CON: "Activists often claim that laws against euthanasia and assisted suicide are government mandated suffering. But this claim would be similar to saying that laws against selling contaminated food are government mandated starvation. Laws against euthanasia and assisted suicide are in place to prevent abuse and to protect people from unscrupulous doctors and others. They are not, and never have been, intended to make anyone suffer."</p> |
| 3. Slippery Slope to Legalized Murder | |
| <p>PRO: "Especially with regard to taking life, slippery slope arguments have long been a feature of the ethical landscape, used to question the moral permissibility of all kinds of acts... The situation is not unlike that of a doomsday cult that predicts time and again the end of the world, only for followers to discover the next day that things are pretty much as they were..."</p> <p>We need the evidence that shows that horrible slope consequences are likely to occur. The mere possibility that such consequences might occur, as noted earlier, does not constitute such evidence."</p> | <p>CON: "In a society as obsessed with the costs of health care and the principle of utility, the dangers of the slippery slope... are far from fantasy..."</p> <p>Assisted suicide is a half-way house, a stop on the way to other forms of direct euthanasia, for example, for incompetent patients by advance directive or suicide in the elderly. So, too, is voluntary euthanasia a half-way house to involuntary and non-voluntary euthanasia. If terminating life is a benefit, the reasoning goes, why should euthanasia be limited only to those who can give consent? Why need we ask for consent?"</p> |
| 4. Hippocratic Oath and Prohibition of Killing | |
| <p>PRO: "Over time the Hippocratic Oath has been modified on a number of occasions as some of its tenets became less and less acceptable. References to women not studying medicine and doctors not breaking the skin have been deleted. The much-quoted reference to 'do no harm' is also in need of explanation. Does not doing harm mean that we should prolong a life that the patient sees as a painful burden? Surely, the 'harm' in this instance is done when we prolong the life, and 'doing no harm' means that we should help the patient die. Killing the patient--technically, yes. Is it a good thing--sometimes, yes. Is it consistent with good medical end-of-life care: absolutely yes."</p> | <p>CON: "The prohibition against killing patients... stands as the first promise of self-restraint sworn to in the Hippocratic Oath, as medicine's primary taboo: 'I will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to this effect'... In forswearing the giving of poison when asked for it, the Hippocratic physician rejects the view that the patient's choice for death can make killing him right. For the physician, at least, human life in living bodies commands respect and reverence--by its very nature. As its respectability does not depend upon human agreement or patient consent, revocation of one's consent to live does not deprive one's living body of respectability. The deepest</p> |

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| | <p>ethical principle restraining the physician's power is not the autonomy or freedom of the patient; neither is it his own compassion or good intention. Rather, it is the dignity and mysterious power of human life itself, and therefore, also what the Oath calls the purity and holiness of life and art to which he has sworn devotion."</p> |
| <h2>5. Government Involvement in End-of-Life Decisions</h2> | |
| <p>PRO: "We'll all die. But in an age of increased longevity and medical advances, death can be suspended, sometimes indefinitely, and no longer slips in according to its own immutable timetable.</p> <p>So, for both patients and their loved ones, real decisions are demanded: When do we stop doing all that we can do? When do we withhold which therapies and allow nature to take its course? When are we, through our own indecision and fears of mortality, allowing wondrous medical methods to perversely prolong the dying rather than the living?</p> <p>These intensely personal and socially expensive decisions should not be left to governments, judges or legislators better attuned to highway funding."</p> | <p>CON: "Cases like Schiavo's touch on basic constitutional rights, such as the right to live and the right to due process, and consequently there could very well be a legitimate role for the federal government to play. There's a precedent—as a result of the highly publicized deaths of infants with disabilities in the 1980s, the federal government enacted 'Baby Doe Legislation,' which would withhold federal funds from hospitals that withhold lifesaving treatment from newborns based on the expectation of disability. The medical community has to have restrictions on what it may do to people with disabilities - we've already seen what some members of that community are willing to do when no restrictions are in place."</p> |
| <h2>6. Palliative (End-of-Life) Care</h2> | |
| <p>PRO: "Assisting death in no way precludes giving the best palliative care possible but rather integrates compassionate care and respect for the patient's autonomy and ultimately makes death with dignity a real option...</p> <p>The evidence for the emotional impact of assisted dying on physicians shows that euthanasia and assisted suicide are a far cry from being 'easier options for the caregiver' than palliative care, as some critics of Dutch practice have suggested. We wish to take a strong stand against the separation and opposition between euthanasia and assisted suicide, on the one hand, and palliative care, on the other, that such critics have implied. There is no 'either-or' with respect to these options. Every appropriate palliative option available must be discussed with the patient and, if reasonable, tried before a request for assisted death can be accepted...</p> <p>Opposing euthanasia to palliative care... neither reflects the Dutch reality that palliative medicine is incorporated within end-of-life care nor the place of the option of assisted death at the request of a patient within the overall spectrum of end-of-life care."</p> | <p>CON: "Studies show that hospice-style palliative care 'is virtually unknown in the Netherlands [where euthanasia is legal].' There are very few hospice facilities, very little in the way of organized hospice activity, and few specialists in palliative care, although some efforts are now under way to try and jump-start the hospice movement in that country...</p> <p>The widespread availability of euthanasia in the Netherlands may be another reason for the stunted growth of the Dutch hospice movement. As one Dutch doctor is reported to have said, 'Why should I worry about palliation when I have euthanasia?'"</p> |
| <h2>7. Healthcare Spending Implications</h2> | |
| <p>PRO: "Even though the various elements that make up the American healthcare system are becoming more circumspect in ensuring that money is not wasted, the cap that marks a zero-sum healthcare system is largely absent in the United States... Considering the way we finance healthcare in the United States, it would be hard to make a case that there is a financial imperative compelling us to adopt physician-assisted suicide in an effort to save money so that others could benefit..."</p> | <p>CON: "Savings to governments could become a consideration. Drugs for assisted suicide cost about \$35 to \$45, making them far less expensive than providing medical care. This could fill the void from cutbacks for treatment and care with the 'treatment' of death."</p> |
| <h2>8. Social Groups at Risk of Abuse</h2> | |
| <p>PRO: "One concern has been that disadvantaged populations would be disproportionately represented among patients who chose assisted suicide. Experience in Oregon suggests this has not been the case. In the United States, socially disadvantaged</p> | <p>CON: "It must be recognized that assisted suicide and euthanasia will be practiced through the prism of social inequality and prejudice that characterizes the delivery of services in all segments of society, including health care. Those who will be</p> |

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groups have variably included ethnic minorities, the poor, women, and the elderly. Compared with all Oregon residents who died between January 1998 and December 2002, those who died by physician-assisted suicide were more likely to be college graduates, more likely to be Asian, somewhat younger, more likely to be divorced, and more likely to have cancer or amyotrophic lateral sclerosis... Moreover, although 2.6 percent of Oregonians are African American, no African American patients have chosen assisted suicide."

most vulnerable to abuse, error, or indifference are the poor, minorities, and those who are least educated and least empowered. This risk does not reflect a judgment that physicians are more prejudiced or influenced by race and class than the rest of society - only that they are not exempt from the prejudices manifest in other areas of our collective life. While our society aspires to eradicate discrimination and the most punishing effects of poverty in employment practices, housing, education, and law enforcement, we consistently fall short of our goals. The costs of this failure with assisted suicide and euthanasia would be extreme. Nor is there any reason to believe that the practices, whatever safeguards are erected, will be unaffected by the broader social and medical context in which they will be operating. This assumption is naive and unsupportable."

9. Religious Concerns

PRO: "Guided by our belief as Unitarian Universalists that human life has inherent dignity, which may be compromised when life is extended beyond the will or ability of a person to sustain that dignity; and believing that it is every person's inviolable right to determine in advance the course of action to be taken in the event that there is no reasonable expectation of recovery from extreme physical or mental disability...
BE IT FURTHER RESOLVED: That Unitarian Universalists advocate the right to self-determination in dying, and the release from civil or criminal penalties of those who, under proper safeguards, act to honor the right of terminally ill patients to select the time of their own deaths; and...
BE IT FINALLY RESOLVED: That Unitarian Universalists, acting through their congregations, memorial societies, and appropriate organizations, inform and petition legislators to support legislation that will create legal protection for the right to die with dignity, in accordance with one's own choice."

CON: "As Catholic leaders and moral teachers, we believe that life is the most basic gift of a loving God- a gift over which we have stewardship but not absolute dominion. Our tradition, declaring a moral obligation to care for our own life and health and to seek such care from others, recognizes that we are not morally obligated to use all available medical procedures in every set of circumstances. But that tradition clearly and strongly affirms that as a responsible steward of life one must never directly intend to cause one's own death, or the death of an innocent victim, by action or omission...
We call on Catholics, and on all persons of good will, to reject proposals to legalize euthanasia."

10. Living Wills

PRO: "Living wills can be used to refuse extraordinary, life-prolonging care and are effective in providing clear and convincing evidence that may be necessary under state statutes to refuse care after one becomes terminally ill.
A recent Pennsylvania case shows the power a living will can have. In that case, a Bucks County man was not given a feeding tube, even though his wife requested he receive one, because his living will, executed seven years prior, clearly stated that he did 'not want tube feeding or any other artificial invasive form of nutrition'...
A living will provides clear and convincing evidence of one's wishes regarding end-of-life care."

CON: "Not only are we awash in evidence that the prerequisites for a successful living wills policy are unachievable, but there is direct evidence that living wills regularly fail to have their intended effect...
When we reviewed the five conditions for a successful program of living wills, we encountered evidence that not one condition has been achieved or, we think, can be. First, despite the millions of dollars lavished on propaganda, most people do not have living wills... Second, people who sign living wills have generally not thought through its instructions in a way we should want for life-and-death decisions... Third, drafters of living wills have failed to offer people the means to articulate their preferences accurately... Fourth, living wills too often do not reach the people actually making decisions for incompetent patients... Fifth, living wills seem not to increase the accuracy with which surrogates identify patients' preferences."