

# The Interim PLUS + + + + + + + + + + + + + + + +

## Curriculum Supplement For Schools

*The Interim Plus* is a periodical dedicated to educational matters and specifically designed to assist teachers in integrating relevant life issues in their lesson planning.

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This spring edition of our curriculum resource features the second part of our study of Mary Shelley's *Frankenstein* and a consideration of the breakthrough Supreme Court decision regarding assisted suicide and euthanasia in Canada.

We wish to especially thank Michael Rose of Archbishop Moeller High School, Cincinnati, Ohio for giving permission to use ideas contained in the conference paper he presented to the Pro-life & Technology Conference held in 2013 on bioethics and literature, using *Frankenstein* and *Brave New World* as reference points. Many other interesting papers have been presented at this conference over the years. To access Rose's full paper please follow this link: [http://www.lifetechconference.org/slides/2013/Rose\\_2013.pdf](http://www.lifetechconference.org/slides/2013/Rose_2013.pdf). The class goals he outlined were useful in providing a framework for the lesson planning, in particular these three:

To make connections between these novels and contemporary issues.

To understand the underlying moral and ethical considerations of contemporary biotechnology and medical experimentation

To learn how to compose an effective argumentative essay

### Part A: Frankenstein and Contemporary Issues

Many myths exist dealing with the concept of creation. In the ancient Greek myth Prometheus represented a proud rebel (in an alternative view he could also represent a sense of love and sacrifice) through his tricking of Zeus in a desire to assist mankind the creature he was asked to make from earth and water. Prometheus stole fire and gave it to mankind. For a quick synopsis



of the myth see <http://www.greekmyths-greekmythology.com/prometheus-fire-myth/>. Unfortunately things did not all turn out great for Prometheus or for his creature, man. Here are a series of questions that could help the student to understand the major themes, characters and motivations and plot development in the novel.

1. Read a synopsis of the myth of Prometheus and then discuss its similarity to the creation of the "monster" in *Frankenstein*.
2. What motivated Victor Frankenstein to create the monster? Was it human pride? Desire for immortal fame?



3. If the monster was originally kind and sensitive, really wanting no more than simply being loved and accepted, why did he turn against his creator and destroy him and his family?
4. How were both Frankenstein and Walton blinded by their own soaring ambitions? What were the negative, perhaps largely unintended results of their pursuit of knowledge?
5. Are modern scientists guilty of a similar assumption of god-like qualities in the experimenting going on today? Stem cell research? IVF babies? trans-species experimentation? Are modern scientists in danger of acting like modern Frankensteins?
6. Are scientists reluctant to accept limits in what is permitted for experimentation? Do we worship science and technology, placing too much trust in the abilities and good intentions of scientists?
7. What happens if a decision becomes an irreversible tragedy? Creating a monster that breeds on its own? Creating computers, machines that can reproduce themselves? What popular movies portray some of these science-fiction dystopia?
8. From a Christian point of view, how would a soul be infused/created in the creature?
9. Is it morally permissive to make a new person from human parts? Through artificial means? Through surrogacy? Through test tubes? Is a woman needed for creating a new life?
10. By dabbling with nature, without compassion for his creation, was Dr. Frankenstein the true monster?
11. If we expect to benefit from technology, in the form of longevity and health, should we support the technology by encouraging advancement with proper guidelines, rather than embracing negative stereotypes and misplaced fears?
12. Is Victor Frankenstein a good guy or a bad guy?
13. What does the monster deserve from Dr. Frankenstein? Is Frankenstein a coward for fleeing from his creation?
14. What does the novel teach about fatherhood? What about motherhood? Does a child need both mother and father? Is that the problem with the creature, he lacks a mother, and has a deadbeat for a father, one who does not shoulder his natural responsibility and instead opts for the liberated life of a sort of a world traveller?



15. Is the monster human in any way? What are his human qualities? (DNA, natural human parts, conscience thought, emotion, human figure, speech, ability to self-sustain, learn, adapt, and memory). In what way is the monster not really human?
16. Is the monster redeemable?
17. Should it be the monster's fault or Frankenstein's fault for the murders that the monster committed?
18. There is no mention made of a human being needing a soul in the novel. So what is a human being? From whence derives human dignity?
19. In the world of Frankenstein, is God needed for anything?
20. Does Shelley through her portrayal of the monster conclude that moral and spiritual development can best be attained through the shedding of dogmatic belief structures and the resulting elimination of God in the attainment of self-realization?

The following articles offer some good insights into the novel's characters, themes, plot and moral/ethical implications.

<http://shawncornally.com/wordpress/?p=1598>

<http://www.articlemyriad.com/analysis-frankenstein-mary-shelley/>

<http://chaoticutopia.com/frankenstein-and-bioethics>

### Bio-ethical Issues

A novel can be appreciated in and for itself; however, some novels have wider implications, with its ideas able to shed light on contemporary issues. And certainly there is no shortage of such issues in connection to the themes found in *Frankenstein*. Generally, most people have an extremely high opinion of science and scientists because of





their contribution to the well-being of society. One can easily list many discoveries (whether medical procedures, pharmaceutical products, and technological aids) that have rendered human life more enjoyable. As Michael Rose points out modern scientific experimentation provides many parallels to Frankenstein.

Divide the class into groups of 3-4 students and assign to each group one of the following suggested research topics and the teacher may wish to provide a link to a website to get them started for each topic as has been done below:

### The Group Assignment

#### • Human Cloning

<https://ca.search.yahoo.com/search?fr=mcafee&type=A2>



[10CA662&p=human+cloning](http://www.humancloning.org/myths.html)

<http://www.humancloning.org/myths.html>

<https://cbhd.org/content/human-cloning>

<http://www.lifetechconference.org/proceedings/2007/slides/gearhart.pdf>

#### • Genetic Engineering & Transgenic Life Forms



[https://www.organicconsumers.org/old\\_articles/text.html](https://www.organicconsumers.org/old_articles/text.html)

#### • Test-Tube Babies/Designer Babies

<http://www.buzzle.com/articles/pros-and-cons-of-designer-babies.html>

<http://www.bbc.com/news/health-30742774>



#### • Transhumanism & Posthumanism

<http://www.thenanoage.com/transhumanism-posthumanism.htm>

[https://philosophynow.org/podcasts/Transhumanism and Posthumanism](https://philosophynow.org/podcasts/Transhumanism_and_Posthumanism)

#### • Selective Reduction Eugenics

<http://www.cincinnatirighttolife.org/life-issues/research/selective-reduction/>

<https://kansansforlife.wordpress.com/2010/04/13/designer-baby-double-abortion-sad-reflection-of-society/>



<http://www.lifetechconference.org/2010/slides/2010-Fernandes-slides.pdf>



- **Animal-Human Hybrids (Chimeras)**

<http://www.lifetechconference.org/2010/slides/2010-Sullivan-slides.pdf>



- **Embryonic Beauty Treatments**

<http://www.stemaid.com/>

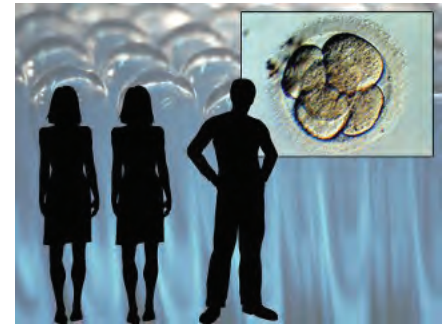


- **Three-parent Babies**

<http://www.telegraph.co.uk/news/science/science-news/11432058/Three-parent-babies-House-of-Lords-approves-law-despite-fears-children-could-be-sterile.html>

<http://rt.com/uk/236203-three-parent-babies-eulaw/>

<http://www.bbc.com/news/health-31044255>

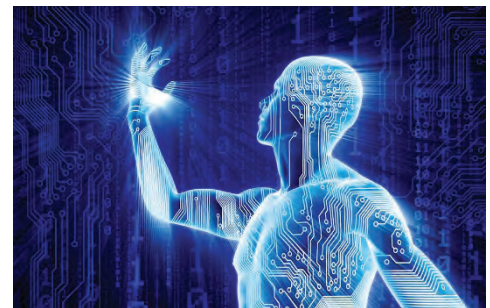


- **Artificial Intelligence**

<http://rt.com/uk/235143-capitalism-ai-dangerous-technology/>

<http://www.wired.com/2015/01/ai-arrived-really-worries-worlds-brightest-minds>

<http://www.wired.com/2014/10/future-of-artificial-intelligence/#source>



## Group Research Criteria



Each group is expected to research their topic by following these directions to assist them in their task. The student group should divide the task/work so each member of the group contributes to the final report to

be presented to the class with appropriate written, oral, and visual components. The last aspect could be done through a Youtube video that perhaps deals with the issue. A suggested evaluation rubric might include a break-



**Rationale:** explain why researchers, scientists, doctors (or whoever else) are interested in pursuing this type of Promethean work. In other words, what do they hope to accomplish with their work/research.

**Ethics:** Explain the ethical, moral, and legal issues that are involved with your issue. Include what the Catechism of the Catholic Church has to say about your issue – either specifically or in general when dealing with biotechnology or medical research.

**Pros and Cons:** Explain the benefits of your issue and the drawbacks.

**Unintended Consequences:** What are some of unintended consequences that have occurred or some unintended consequences that could possibly occur due to work on this issue? (Real or imagined)

**Your Issue in Literature:** How is your issue related to Frankenstein? Is it the subject of any novels, stories, or plays? Explain!

**Your Stance:** After doing your research, what conclusions do you reach about the issue? Is it moral, ethical? Should it be legal? Illegal? Should it be regulated by the government? Should it be abandoned?

## Part B: Supreme Court Decision on Assisted Suicide and Euthanasia

## Death wish

By Joe Campbell, *The Interim*, March 2015

“Fear not,” Dingwall said, when I complained about the Supreme Court’s invalidation of the law against physician-assisted suicide.

“What do you mean ‘fear not’?” I replied. “The learned judges are turning compliant doctors into legally approved merchants of death.”

“They turned into that when the unlearned politicians legalized limited abortion and the Supreme Court removed the limits.”

"In both cases," I conceded, "the Court ruled that the existing laws violated the right to life, liberty and security of



the person. However, by doubling down on death, the judges have given me all the more reason to fear, especially as they held that the impugned laws could not be constitutionally justified in a free and democratic society.”

“Ah, but Canada is no longer free and democratic,” Dingwall said. “It’s a judicial dictatorship ruled in matters of life and death by unelected, unaccountable activists. Hence, we should be able to justify pro-life laws.”

“You seem to be saying that because it no longer applies to a democracy, the Constitution is itself unconstitutional, not the laws targeting assisted suicide and abortion.”

“As the Constitution assumes wrongly that we’re in a democracy, it strikes itself down.”

“You and I may see that, Dingwall,” I said, “but can judges and politicians see it?”

“Probably not,” he said. “Idiomatically, justice is blind. Literally, the blind seem to be leading the blind. But the judicial rulings fail on other counts.

“For one thing, the Constitution acknowledges Canada is founded on principles that recognize the supremacy of God. But the God the founders believed in forbids killing.”

“And not only of the weak and vulnerable whom the impugned laws sought to protect,” I said. “Everyone is vulnerable when doctors are killers.”



“Not to mention nurses,” Dingwall added. “Where medical treatment includes killing, doctors or nurses have intentionally ended the lives of numerous patients without their request or consent.”

I pointed out that evidence of such abuses failed to convince the judges to keep assisted suicide illegal. They seemed confident that safeguards against abuse could be built into the medical system.

“In a system that every year kills thousands of patients accidentally,” Dingwall replied, “I can’t imagine safeguards that will curb abuse when it kills them on purpose. We’d be better off obeying the God the Constitution acknowledges is supreme.”

“For another thing,” he went on, “palliative care physicians strongly oppose the Court’s apparent indifference to double effect. You know, the moral principle which recognizes that the intended helpful effect of treatment, relief of pain, may be inseparably linked to an unintended harmful effect, shortening of life. But to obtain the intended effect – by administering narcotics, for example – doctors and patients may morally tolerate the unintended one.”

“Despite the ambiguity of such treatment,” I said, recalling my introductory ethics class, “doctors may morally undertake it if there are no reasonable alternatives and the benefits they seek are proportional to the harm they foresee.”

“So,” Dingwall said, “while they may morally administer narcotics, which can relieve pain and might kill, they can’t morally employ chemicals that only kill. In other words, using narcotics, but not the other chemicals, can protect both doctors and patients from intentional evil and maintain respect for life generally.

“What’s more, the same principle applies to patients who refuse end-of-life treatment that may delay death but is disproportionately debilitating. Their refusal is intended to avoid debilitation, not shorten life.”

“The distinction apparently escaped the learned judges,” I said. “Their superficial skirting of double effect seemed like double talk.”

“Which is curious,” Dingwall said, “because in other contexts they readily see the moral and legal difference between intentional and unintentional killing.”

“Now, do you understand why I object to your telling me to fear not?” I said. “I escaped abortion, which was illegal when my parents conceived me. I’m not sure I can escape euthanasia, which doctor-assisted suicide facilitates.”

“The politicians have a constitutional option,” Dingwall said. “They can defy the judges and declare that life affirming laws shall operate notwithstanding the judicial manipulations.”

“Maybe so,” I replied, “but few politicians have the moral fortitude to exercise it. Otherwise, they would long since have insisted that judges interpret laws, not re-write them.

“Besides, the judicial magisterium isn’t the only major supporter of the culture of death. We also have to deal with the media-academic complex, and soon.”

“True,” Dingwall said. “Familiarity doesn’t breed contempt. It breeds complacency, as it did with slavery and is

## Questions for Classroom Discussions

1. Joe Campbell tries to take a slight satirical approach to the judicial decision, is it okay to frame it in these terms?
2. How does Campbell paint the doctors in this opinion column? What about judges? What about politicians?
3. Why is the author fearful about the decision and its personal significance?
4. What role does Dingwall play in the dialogue?
5. What are two examples of irony used by Campbell?
6. Does he help clarify your understanding of the judicial decision?
7. Campbell points out the undemocratic aspect of judges’ role and their powers, do you agree or disagree, and why?

doing with abortion.”

## Activist judges strike down ban on assisted suicide

By Rory Leishman, *The Interim*, March 2015

With the precedent-shattering ruling in *Carter v. Canada* on Feb. 6, nine robed dictators on the Supreme Court of Canada not only struck down the long-standing ban on physician-assisted suicide in the Criminal Code: they also delivered a lethal blow to democracy and the rule of law in Canada.

Consider the evidence: Gloria Taylor, the now deceased person who initiated the *Carter* case, was tragically afflict-





ed with amyotrophic lateral sclerosis, the same progressive, incurable, paralyzing disease that afflicted Sue Rodriguez, the principal in, *Rodriguez v. British Columbia*.

Taylor, like Rodriguez, petitioned the courts to strike down the prohibition on physician-assisted suicide in section 241(b) of the Criminal Code, alleging that the law violated her constitutional right to life, liberty and security of the person in section 7 of the Canadian Charter of Rights and Freedoms. In a five-to-four ruling in *Rodriguez* in 1993, the Supreme Court of Canada rejected that argument and upheld the law.

This precedent should have settled the matter. *Stare decisis*, the rule of precedent, is a fundamental requirement of the rule of law that obligates courts to follow rules or principles laid down in previous judicial decisions.

Prior to enactment of the Charter, the Supreme Court of Canada was zealous to uphold valid precedents. Today, it pays no more than lip service to this basic rule of judicial interpretation. Thus, in *Carter*, the Court acknowledged that *stare decisis* remains “fundamental to our legal system” and “provides certainty while permitting the orderly development of the law in incremental steps.” But then the Court claimed: “*Stare decisis* is not a straitjacket that condemns the law to stasis. Trial courts may reconsider settled rulings of higher courts in two situations: (1) where a new legal issue is raised; and (2) where there is a change in the circumstances or evidence that ‘fundamentally shifts the parameters of the debate.’”

Until recently, these reasons for violating established precedent were unknown to the law. They were concocted scarcely a year ago by the Supreme Court of Canada in its *Bedford* ruling, which struck down key restrictions on the practice of prostitution in the Criminal Code. It was in an attempt to justify this flagrant violation of precedent

that the Court proceeded, in effect, to redefine *stare decisis* out of existence.

Any competent lawyer can be relied upon to come up with a new legal argument in any case that might come before the courts. Certainly, that was true of counsel for the appellants in *Carter*. They had no difficulty in devising several new legal arguments for the Court to consider if only because the Supreme Court of Canada had changed the meaning of several relevant sections of the Charter since the *Rodriguez* decision was decided in 1993.

Apart from the new legal arguments advanced by the appellants in *Carter*, the Supreme Court of Canada also contends that new evidence has emerged since 1993 that has fundamentally shifted the parameters of the debate over the legalization of assisted suicide. Is that right?

In *Rodriguez*, the majority of the Court rejected the legalization of voluntary euthanasia with the consent of the patient on the ground that this change in the law could lead down a slippery slope to involuntary active euthanasia – the deliberate killing of a patient without the patient’s consent. As evidence, the Court observed: “In the Netherlands, although assisted suicide and voluntary active euthanasia are officially illegal, prosecutions will not be laid so long as there is compliance with medically established guidelines. Critics of the Dutch approach point to evidence suggesting that involuntary active euthanasia (which is not permitted by the guidelines) is being practised to an increasing degree. This worrisome trend supports the view that a relaxation of the absolute prohibition takes us down ‘the slippery slope.’”

Has any new evidence emerged over the last 22 years to allay these concerns of the majority of the Court in *Rodriguez*? Most definitely not. To the contrary, there is much, incontrovertible, new evidence to confirm that the legalization of voluntary euthanasia inevitably leads to the deliberate, involuntary killing of vulnerable patients ranging from newborn infants to depressed persons suffering from a severe mental illness.



By arbitrarily overruling *Rodriguez* in *Carter*, the Supreme Court of Canada has once again violated *stare decisis* properly understood. In the process, Canada's top court has abandoned the rule of law. Instead of upholding the law and the Constitution, the Supreme Court of Canada has subjected Canadians to arbitrary rule by itself – nine robed judicial dictators whose decisions are governed only by their personal policy preferences.

As for Parliament, the Supreme Court of Canada has nothing but contempt. In *Carter*, the Court observed: "Between 1991 and 2010, the House of Commons and its committees debated no less than six private member's bills seeking to decriminalize assisted suicide. None was passed."

In blatant disregard of these repeated expressions of the express will of Parliament, the Court decreed: "[Section] 241 (b) and s. 14 s. of the Criminal Code are void insofar as they prohibit physician-assisted death for a competent adult person who (1) clearly consents to the termination of life; and (2) has a grievous and irremediable medical condition (including an illness, disease or disability) that causes enduring suffering that is intolerable to the individual in the circumstances of his or her condition. 'Irremediable,' it should be added, does not require the patient to undertake treatments that are not acceptable to the individual."

As a token concession to the separation of legislative and judicial powers, the Court suspended its revolutionary change to the country's euthanasia law for 12 months, stating: "It is for Parliament and the provincial legislatures to respond, should they so choose, by enacting legislation consistent with the constitutional parameters set out in these reasons."

Parliament and the provincial legislatures should do nothing of the sort. Why should they bother? Even if they were to succeed in meeting the Court's arbitrary deadline for changing all their laws in relation to euthanasia to conform with the Court's latest dictates, it is evident that the Court might also find these new legislative enactments wanting and strike them down.

Parliament and the provincial legislatures have only one good option: They should reinstate democracy and the rule of law in Canada, by invoking the notwithstanding clause in section 33 of the Charter to override the lawless legislative decrees of the Supreme Court of Canada in cases like *Carter*.

Will our elected legislators dare to exercise their undoubted constitutional authority to curb the judicial usurpation

of legislative powers? Not likely. Instead of reaffirming democracy and the rule of law, Parliament and the provincial legislatures seem far more disposed to surrender their undoubted legislative authority and kowtow to our robed dictators in the courts.

What a pity.

### Questions for Discussion

1. Why are the supreme court justices referred to as "nine robed dictators"?
2. According to Leishman, how does their decision of February deal a blow to democracy in Canada and undermine the rule of law?
3. What does the legal term *Stare decisis* mean? How was it not respected in the Supreme Court's decision?
4. Is the Charter of Rights and Freedoms the culprit or the arbitrary fabrications of the justices?

### A decision notwithstanding

The Supreme Court of Canada's recent declaration that our country's prohibitions against euthanasia and assisted suicide "unjustifiably infringe" on the rights articulated in Section 7 of the Charter – those rights, ironically, to "life, liberty and security of the person" – is a flagrant affront to the will of the people. As recently as 2010, our elected officials rendered a clear and firm rejection of death's legalization, and the High Court's irresponsible and unseemly activism has left our current Parliament with no other choice but to reassert its democratic supremacy using the means provided by the Charter itself. The government must invoke the notwithstanding clause in defense of the rights of those menaced by the Court's reprehensible decision: the disabled, the elderly – and Parliament's own rights.

### Notwithstanding Clause (aka Section 33)

Allows parliament or a province to exempt legislation from parts of the charter. It can only be applied to fundamental freedoms and legal and equality rights



Of course, social liberals will howl in opposition – but why would they not? Nine imperious, ermine-robed jurists have just handed them a victory which was impossible by democratic means. And so they will talk nonsense about respecting the very same decision that they would have bitterly criticized had it not gone their way, respecting the method only when they approve of the outcome. Unfortunately, their feigned deference will sway the very politicians entrusted with enacting the people’s clear will. In an election year, they will fret about becoming the boogymen of a loud minority’s shrill abuse. And, when they ought to be most intrepid, the Conservative government will be especially timorous. Have their long years of failing to defend the unborn taught them nothing? By conceding the terms and the tenor of the debate, the issue will not disappear; instead, it only ensures that the protracted appeasement that their cowardice invites will be more painful, complete and politically damaging.

On foreign policy issues, the Conservatives see themselves as hawks, channeling their inner Churchill – a self-image which makes their eagerness to become Neville Chamberlain on social issues all the more curious. If Stephen Harper can stand up to Vladimir Putin, he can certainly stand up to his own runaway court; and if he would only show as much concern for elderly and disabled Canadians as he has for those in Ukraine, the election-year momentum on the issue of euthanasia and assisted suicide would turn in an instant.

### Questions for Classroom Discussion

1. Should the government enact the Notwithstanding Clause in the Constitution? What are some arguments for and against?
2. Why does the editorialist criticize the “social; liberals” who would howl in opposition?
3. Why does the Conservative government come in for criticism over the issue of the “notwithstanding clause”?

### In search of ‘good death’

The first appearance of the word “euthanasia” in English occurs in Francis Bacon’s discussion of incurable diseases. He exhorts doctors to tend to the terminally ill, for the “office of the physician” is “not only to restore health, but to mitigate pain and dolours,” even when it may only “serve to make...*de euthanasia exteriore*.” That doctors should assist their suffering patients in making an



“outward good-death” –leaving their inner preparation to the physicians of the soul – is advice not original to him; instead, his admonition is to fulfill the sacred duties of a Christian towards the sick, while abiding by Western medicine’s Magna Carta, the Hippocratic Oath: “Nor shall any man’s entreaty prevail upon me to administer poison to anyone; neither will I counsel any man to do so.”

Contemporary medical science has soared to heights unimaginable by ancients and early moderns alike; and yet, with their clear uncompromising morals, it is *they* who now surpass *us*. We have willfully forgotten what they always knew about the sanctity of life at its beginning and its end. For, since time immemorial, men have known that life is an incarnate mystery, a gratuitous lived gift with a source and destiny beyond the horizons of the human senses. As Rilke says: “Our own heart transcends us still, as do the gods,” a poetic intuition which explains why, across human cultures, suicide and senicide have almost always been decried as crimes. How is it, then, that a civilization as advanced as our own has returned to the desperate ethics of the ice floe?

Sadly, it would seem that our progress is in inverse relation to our spiritual health: we delve beneath the world of appearance with the microscope, but fail to see the plain difference between evil and good; we doubt the reality of any afterlife, and so create a hell for ourselves in the present age; we develop amazing means of healing and helping the sick and suffering, yet make them feel like symptoms to be suppressed in the mad pursuit of our own self-interest. Our quest for freedom, pleasure, and triumph produces only servitude, sorrow, and humiliation – for other and for ourselves.

To minds deluded by the pernicious Promethean attitude of our age, assisted suicide and euthanasia seem like means for preserving life’s bright perimeter of pleasure by fixing an arbitrary, deadly limit beyond which it may not

shrink. But when death comes to be numbered among life's possibilities, a painful paradox follows: life's meaning is hollowed out from the inside. In place of absolute prohibitions against death by suicide or by the medical collusion to commit murder, any flimsy criteria we might propose quickly warp and twist and fade in the terrifying presence of life's great enemy. Thus, what starts as an option only for the strong-willed few invariably turns into a requirement for everyone who fails against an impossible standard of perfection and satisfaction. The Netherlands introduced such a series of carefully crafted laws a decade ago; last year, 650 infants were euthanized.

We must remind our imperious judges (and our pusillanimous politicians) that the only true "good death" is the one that God gives – the one, that is, that charity impels us to provide for the sick, the elderly, and infirm: one with real dignity, in which the most advanced medical treatment is joined with an attitude of deep solicitude and care. We must fearlessly affirm that anything less is barbarism, for death makes a bad doctor; life is never a disease.

## Questions for Classroom Discussion

1. What is a "good death"?
2. What prevents a good death?
3. "Life is an incarnate mystery, a gratuitous lived gift with a source and destiny beyond the horizons of the human senses" If this is so, how can anyone help end that life?
4. What is the danger of the "slippery slope"? What evidence is there for being fearful about the Supreme Court decision?
5. What can ordinary Canadians do to express their concerns with this turn of events?
6. Is the annual National March for Life in Ottawa a good way to support the case for life and its sacredness?

