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冷眼看西方英语阅读丛书之四

Living with Dying
与 死 同 生

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西北工业大学出版社

1999年12月 西安

(陕)新登字 009 号

【内容简介】 一位拒绝继续治疗而愿意平静地迎接死神的少年肝病患者,超越死亡之门以求做到与死同生;违背传统伦理道德的畸恋;美国新移民的心理历程;一把普通椅子所激起的情与爱;痴呆的哥哥何以成为弟弟的陪伴人;一小镇为死者讨回公道,伸张正义;联网最为广泛的美国 100 所大学;未来移动通讯系统之展望,几十个闻所未闻的话题将把你带入使用英语的天国,并教会你坦然面对人生。

图书在版编目(CIP)数据

与死同生/曹浩焯,常虹编. —西安:西北工业大学出版社, 1999.12

(冷眼看西方英语阅读丛书;4/折鸿雁主编)

ISBN 7-5612-1181-3

I. 与… II. ①曹… ②常… III. 英语-语言读物, 文学 IV. H 319.4: I

中国版本图书馆 CIP 数据核字(1999)第 50038 号

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©1999 西北工业大学出版社出版发行
(邮编:710072 西安市友谊西路 127 号 电话: 8493844)
全国各地新华书店经销
西安向阳印刷厂印装

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开本:850 毫米×1168 毫米 1/32 印张:9.812 5 字数:235 千字
1999 年 12 月第 1 版 1999 年 12 月第 1 次印刷
印数:1—6 000 册 定价:11.00 元

购买本社出版的图书,如有缺页、错页的,本社发行部负责调换。

前言

英语学习者最苦恼的莫过于自己已通过母语掌握了大量自然、社会及人类的知识,却受制于自己的英语能力,无法与以英语为母语的人进行交流。在当今英语已成为世界通用语的情况下,不能与以英语为基础的文化进行交流,等于自锁前进之门。

那么,怎样才能和英语文化进行交流呢?先决条件是要有丰富的知识储备,这种储备不仅包括用汉语积累的储备,还包括用英语积累的储备。不知道怎么用英语去阐释一种文化现象,就等于失去了顺利交流的基础。回顾我自身学习英语的过程,英语世界文化知识是通过大量阅读获得的。读各种题材和体裁的文章,读各个时期、各个领域的文章,从中感悟英语世界的各个侧面,感悟它的文化,最终丰富自己的储备。有了大量阅读,有了丰富的知识储备,才会有与英语世界交流的基础。

本书编写的目的就是增加读者的英语文化知识储备。书名虽然只谈生死观,内容却不

囿于此,还包括金钱观、正义与人道、现代技术、人生成长、成就大志、美国移民、家庭亲情、服饰时尚等。每篇文章用意在于反映英语世界色彩斑斓文化中的一点。读者在和这些文化点的接触中,可以将自己的理解和文中的思想进行比较,从中得到启迪。

相信读者经过不断的英语文化知识储备,必将会达到一种中西文化贯通的境界。到那个时候,求知和交流的过程将在更加自由、更加广阔的时空中完成。同时,对人生、自然和社会的感悟也会更加透彻深入。愿与各位读者共勉。

曹洁煌

1999年10月

Unit 1

“Enough, I Want to Stay Alone”

“够了，我想独自呆着”

一个 15 岁的孩子经过两次肝移植手术后不愿再接受治疗。来日不多，与其用药物拖延生命，不如平静地面对死亡，享受最后一段人生。但社会各界对此莫衷一是。孩子成为医生、法官、伦理学家、热心病人关注的焦点。等待死亡还是继续治疗，成为人们的争论话题。

It is an almost universal truth that children who have been sick most of their lives have a wisdom and maturity beyond their years. Benito Agrelo, 15, possesses both—and is brave enough. When social workers arrived with five police cars and two ambulances at his Coral Springs, Florida, home, they planned to

force the boy, who is dying of liver failure, to go to the hospital. But Benny, who has already undergone two liver transplants, told them he wanted to be left alone to live out whatever remained of his life in peace. The 5-ft. 2-in. teenager, who weighs just 79 lbs. , kicked and screamed and even managed to knock out a window pane with his elbow before being tied to a stretcher and loaded into an ambulance. At the hospital he refused to have a biopsy or blood tests and refused the antirejection drugs he was offered. Finally, after four days, a judge ruled that Benny could go home, where he can sleep late if he wants to, play Nintendo with some of the neighborhood children or read a good book.

At first glance, Benny's story seems to be yet another case of a patient claiming his right to die when medicine can only prolong suffering. The problem is that Benny is still, in the eyes of the law, a child who cannot make such weighty decisions on his own. If he were in his 70s, the decision would seem like a victory: a dignified death with the comfort of a rich life fondly remembered. Benny, however, seems not only too young to die but also too young to want to.

The boy's mother has made her peace with his decision, and the Florida judge also thought him suitably mature to make the choice. But Benny's doctors would like to buy him some more time. Perhaps, they argue, they could find a way to vary the amount of the antirejection drugs he is taking so the side effects are not quite so miserable. There is also the possibility of yet another transplant. The chances he could live year after a third operation. however, are generally considered to be less than 50%. " We suggested trying to rescue his liver , " says Dr . Andreas



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Tzakis, head of liver transplantation at the University of Miami. "He refused." One thing is sure: as Benny loses weight, and his skin turns ever deeper shades of yellow, his chances dim with each passing day.

Born with a malfunctioning liver, Benny underwent his first transplant at age 8. For five years, he took a drug that prevented his body from rejecting the alien organ. When that medicine no longer worked, his doctors at Children's Hospital in Pittsburgh performed a second transplant in 1992 and started him on what was then a new treatment called FK506. Given his long experience, he was probably better prepared than most people for the pain and discomfort antirejection drugs can sometimes cause. He had already lived longer than most of the children he had met in the hospital while awaiting the first transplant.

Eventually the side effects, which are poorly understood, proved too much. An avid reader, Benny found he could not read a book for more than five minutes without a blinding headache. The pain in his joints often kept him from playing with friends. Last year, after thinking about it all summer, he decided to cut back on his dosage. His mother and the rest of his family protested, but by October Benny had stopped taking any medicine at all. And for half a year he lived what he has called "the best months of my life".

Nevertheless, in the view of transplant experts, Benny had made a mistake. In some cases transplant patients can be kept away from their antirejection drugs, but it must be done under close medical supervision so doctors can interfere at the earliest sign of trouble. If Benny had bided his time, say doctors, he

might have had a happier relationship with the transplanted organ. "The longer you have an organ, particularly the liver, the more it becomes a part of you, and you a part of it," says Dr. Andrew Klein, a liver transplant expert at Johns Hopkins Medical School. Transplant surgeons admit they are among the most aggressive at trying to keep death at bay. "Because of the severe shortage of donor organs, I think there is a moral obligation to take care of the organ you receive as best you can," says Klein. He allows, though, that preserving an organ is not as important as preserving some pleasure in life.

One suspects that in Benny's case, patient and doctors failed to understand one another's priorities. Perhaps the boy felt his pain was not being taken seriously enough. Perhaps the medical team misunderstood the young man's growing determination to choose his own fate. "Often when problems like this arise, people suspect the families," says James Nelson, a medical ethicist at the Hastings Center in New York. Someone from the Pittsburgh team decided to call the child-abuse hot line in Florida to try to force Benny to continue treatment, and the result was the awkward standoff. "That's the most painful part to us," says Tzakis. "We all have to feeling that Benny has slipped out from under us."

Tzakis has not given up hope that Benny may still change his mind. Several transplant recipients have volunteered to talk to the boy. But after a week spent dealing with lawyers and turning away phone calls from Nightline, people and other national media, Benny seemed weary. "Just tell them", he said, "I want to be left alone."

New Words

1. maturity [mə'tjuəriti] *n.* 成熟
2. ambulance ['æmbjuləns] *n.* 救护车;野战医院
3. transplant ['trænsplɑ:nt] *v.* 移植,移接;[医]移植
4. stretcher ['stretʃə] *n.* 担架
5. biopsy [bai'ɒpsi] *n.* [医]活组织检查
6. antirejection [ˌæntiri'dʒekʃn] *n.* [医]反抵制作用
7. Nintendo (长时间伸长脖子玩电子游戏机造成的)颈项僵直;斜颈
8. prolong [prə'lɒŋ] *v.* 延长;拖延
9. malfunction [mæl'fʌŋkʃən] *n.* 机能失常;故障
10. alien ['eiljən] *a.* 不相容的;相异的
11. joint [dʒɔɪnt] *n.* [解]关节
12. dosage ['dəʊsɪdʒ] *n.* 剂量;服用量
13. supervision [ˌsju:pə'viʒn] *n.* 监督;管理
14. bide one's time 等待
15. keep at bay 不使……接近;遏制
16. donor ['dəʊnə] *n.* [医]输血者;(组织、器官等)供给者
17. priority [praɪ'ɔriti] *n.* 优先(权);先取权
18. ethicist ['eθɪsɪst] *n.* 伦理学家
19. awkward ['ɔ:kwəd] *a.* 为难的;棘手的
20. stand off 避开;孤立
21. recipient [ri'sɪpiənt] *n.* 接受者

Reading Comprehension

1. In the second sentence of the first paragraph, the word "both" refers to _____.
A. five police cars and two ambulances

-
- B. a wisdom and maturity of a child who has been sick most of his life
- C. the two liver transplants
- D. the social workers and his parents
2. Which of the following statements is NOT true about Benito Agrelo when the social workers tried to take him to the hospital?
- A. He was tied to a stretcher and loaded into an ambulance.
- B. He told the people that he wanted to be left at home.
- C. He wanted to remain in peace.
- D. He tried to knock out a window pane with his elbow.
3. According to the story, which of the following is NOT the response of the people when Benito Agrelo decided to go home instead of staying in the hospital?
- A. The lawyers thought that Benny was too young to make his own decision.
- B. Benny's mother agreed with him and let him stay at home.
- C. The judge considered it a right thing for Benny to make his own choice.
- D. Benny's doctors did not want to give up the medical treatment.
4. What does the story say about Benits Agrelo's disease and its treatment?
- A. When Benny was born, his liver functioned very well.
- B. The first transplant was a failure. Therefore, the doctors performed the second transplant.
- C. The first transplant was a complete success because he

lived much longer than the other children with similar diseases.

- D. A kind of medicine helped his body from rejecting the transplanted organ.
5. All of the following are included in the "side effects" in paragraph 5 of the transplant except that _____.
- A. Benny became an avid reader
- B. Benny couldn't read a book comfortably for more than five minutes
- C. Benny suffered a severe headache if he read for long
- D. Benny couldn't play with his friends because of the pain of his joints
6. As mentioned in the story what is the mistake that Benny made in the eyes of the transplant experts?
- A. Benny didn't adapt himself well with the transplanted organ.
- B. Benny reduced the dosage and finally stopped taking any medicine.
- C. Benny didn't let the doctors intervene when he had trouble.
- D. Benny let his family keep the antirejection drugs from him.
7. What is Dr. Andrew Klein's viewpoint about Benny's attitude toward the transplanted organ?
- A. Dr. Klein thinks that Benny was too aggressive when he refused the antirejection medicine.
- B. Dr. Klein insists that Benny should take the new organ as part of himself.

-
- C. Dr. Klein insists that pleasure in life should be the most important thing in the world.
- D. Dr. Klein thinks that Benny was morally wrong not to take care of the new organ because of the limited number of donors' organ.
8. It can be inferred from the story the reason why some people called the child-abuse hot line in Florida is that _____.
A. they thought that Benny was quickly dying
B. they thought that Benny's family was not loving enough the child and they suspected that it was a case of child-abuse
C. they thought that the hospital was not taking Benny's case seriously
D. they thought it was very painful to get the awkward result
9. Among the following groups of people, which one is NOT mentioned in the story as those who put their eyes on Benny's case?
A. Lawyers and social workers.
B. Transplant experts and surgeons.
C. Benny's friends and playmates.
D. Medical ethicists and judges.
10. Which of the following would be the most appropriate title for the story?
A. A Sick Boy Says "Enough!"
B. Organ Transplant: Success or Failure?
C. What about a Shorter but Happier Life?
D. Making Your Own Choice!

Assisted Suicide's Slope Slippery

实施安乐死的阻力

安乐死一直是个颇具争议的话题。赞成者认为，选择生存还是死亡是当事人自身的权利；反对者认为，把安乐死合法化相当于默认杀人无罪。道德、伦理、法律、情感等诸多方面的考虑使这一问题更加扑朔迷离。

Until last week, the “right to die” dispute was about where the abortion controversy was when the Sherri Finkbine case hit the media in 1962.

Finkbine, a mother of four, unconsciously took thalidomide and sought an abortion to avoid bearing a deformed child. Amid great publicity, an Arizona hospital shouted, and Finkbine eventually got an abortion in Sweden.

In her book, *Decoding Abortion Rhetoric*, Celeste Michelle Condit depicts Finkbine as a powerful myth and rhetorical device for those who wanted to legalize abortion. As Condit sees it, the Finkbine narrative told a new abortion story in the language and symbols of the old antiabortion agreement. She was married, middle-class, responsible, wanted more children and refused to break the law by seeking an illegal abortion.

“Persuasive narratives,” Condit writes, “always present the most extreme cases with the most noble purposes.” Finkbine

was “only a first move”, someone who made an interesting story. She was Chapter 1.

Who are the interesting Chapter 1 figures in the euthanasia narrative? People like Thomas Hyde, of course, the man Jack Kevorkian has just been sentenced of killing through assisted suicide. Kevorkian made the strategic mistake of entering Chapter 2 by “assisting” several people who were not terminally ill, including a woman who had beaten her son at tennis the week before. But the big trial focused on the assisted suicide of a suffering, dying man with strong emotional appeal. Most of us are fearful of a long and painful death and the prospect of being kept alive for years.

The power of story. The Kevorkian discharge was hardly a decisive turning point. Over the years, other mercy killers and suicide helpers have gotten off. But it's strong indicator of the power of interesting narratives to influence jurors who should apply the law but don't. “Society is too troubled by the emotional appeal of these cases to look at the big picture,” said Yale Kamisar, a University of Michigan law professor. The big picture is that once the right to intervene actively and bring about death is established, there is almost no way to prevent the rest of the chapters of this book from being written.

What if Thomas Hyde had lacked the strength to pull the string that brought on Kevorkian's carbon monoxide? Well, what's the difference, let's pull it for him or give him some pills. Assisted killing of suicidal loved ones would come along quickly. Once doctors are licensed to kill, what jury will convict a spouse or other family member who kills person?

Several proposed plans on assisted suicide include the safeguard of at least two physicians certifying that death is less than six months away. But these are like the old plan to limit abortion to cases of rape and incest. In a rights-oriented culture, such restrictions won't last long. Soon the medical benefit of death would be extended to those in heavy pain who are not terminally ill, and equal-rights dispute would seek to extend it to make patients unconscious and, inevitably, AIDS patients.

The rhetoric of the abortion-rights movement, with its emphasis on "choice", "self-determination" and "rights", has gradually changed to the right-to-die movement. Last week, a rather stunning federal court ruling in Washington State clearly linked the two issues. Judge Barbara Rothstein said that a terminally ill adult has a "constitutionally guaranteed right" under the 14th Amendment to medical assistance in committing suicide.

Her decision explained the Supreme Court's 1992 reaffirmation of abortion rights in *Planned Parenthood v. Casey* and said the suffering, terminally ill person is no less deserving of protection than a pregnant woman who wishes to abort. This seems to put our story into Chapter 6 or 7 of the death book. Suicide is no longer a crime anywhere in America, so people are always free to kill themselves, but no previous court had ever called physician-assisted suicide a right.

Having sent this big stone downhill, Judge Rothstein was careful to set a tiny twig in its path to restrain it: The state also has a right to seek the prevention of suicide by people who are not terminally ill. The problem is this: Though the judge was careful to insert the words "terminally ill" as often as possible,

the logic of the decision seems to establish the right for everyone, young or old, terminal or not. Using the language of the Casey decision, the ruling says that “choices central to personal dignity and autonomy... [are] central to the liberty protected by the 14th Amendment.” But if it’s a basic right, how can it be denied to those who aren’t terminally ill?

Judge Rothstein dismissed the difficult argument, even as she rushed down the slope herself. Once again, we are trapping ourselves by a mess with rights-talk. In principle, rights are always absolute, unconditional. As ethicist Leon Kass writes, “It is hard enough... to try to figure out what is morally right and humanly good, without having to contend with uncompromising and absolute demands of a legal and moral right to die.” Such a right would also translate into an obligation on the part of other to kill or help kill. Isn’t it time to pause and rethink this?

New Words

1. deformed [di'fɔ:md] 畸形的
2. thalidomide [θə'lidəmaɪd] *n.* 酞酞亚胺基戊二酰胺(一种镇静药, 可以致胎儿畸形。)
3. rhetoric [ˈretərɪk] *n.* 言语; 辩术
4. legalize [ˈlɪgəlaɪz] *v.* 使合法化
5. narrative [ˈnærətɪv] *n.* 记叙文
6. euthanasia [ˌju:θəˈneɪzjə] *n.* 安乐死(一般是指为结束不治之症患者的痛苦而施行的无痛苦致死术。)
7. intervene [ˌɪntəˈvi:n] *v. & n.* 干涉
8. carbon monoxide 一氧化碳
9. incest [ˈɪnsest] *n. & v.* 乱伦