## INFORMATIVE SPEECH TRANSCRIPT

## **Euthanasia**

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Imagine you are unable to get out of bed, to eat, unassisted. Needing another to clothe and bathe you day in and day out. Is that living? When it's your time to go, would that be dying with dignity? Let's say you have a chronic illness and you are in extreme physical pain. Wouldn't you want the right to ask your doctor to end your suffering? Or is that treading too far? Welcome to the debate of euthanasia.



Notice how this attention getter uses rhetorical questions to draw the audience in.

Today I will discuss the history and argumentation of assisted suicide.

This is a statement of the general topic and purpose of the presentation.

Assisted suicide, also known as euthanasia, is a hot-button issue that was brought into the light by Dr. Jack Kevorkian. Dr. Kevorkian was a controversial activist who tried to legalize assisted suicide under the argument that everyone deserves a humane death. There had been much debate on the issue, and our legislatures have explored what the practice entails and the moral implications of assisted suicide. However, it is still illegal in all of the United States. But Physician Aid in Dying or PAD is legal in Washington, Oregon, and Montana. The difference is that euthanasia involves a third party to administer the dose, whereas PAD leaves it up to the patient to take it.

In this section, Laura shows the importance of the topic

In this presentation I will focus solely on euthanasia, including the role of Dr. Kevorkian and the moral implications of legalizing assisted suicide.

The speaker gives a clear preview of the main points in the presentation. It is clear that Laura will be using a topical organizational pattern.

The concept of choosing a time to die with the help of a physician was first medically explored by Dr. Jack Kevorkian. Born in Royal Oak, Michigan, he attended the University of Michigan. There, he saw patients suffering. Especially in cases where there was no cure available, he wanted to end their suffering in a humane way. In his own words Dr. Kevorkian stated, "I'm going to do it right." That was published in the New York Times in 2007. According to a 2011 New York Times article, in 1990 Kevorkian helped 130 people die using his machine titled the Thanatron, which is Greek for "death machine." A 2011 Washington Post article described his infamous death machine, which is said to have been made from scraps for just \$30.

Laura uses several citations to demonstrate she has done her research.

This sentence is a transition between the two main points.

Other methods Kevorkian employed were carbon monoxide masking and overdose by injection. His practice earned him the nickname Doctor Death. Due to the contentious nature of the procedures, Dr. Kevorkian had to perform them in secrecy; as I stated, this was not an open practice. No church or hospital would host his practice. This forced Dr. Kevorkian to perform assisted suicides in his VW van. However, Dr. Kevorkian grew tired of doing everything in secrecy, and the demand was high. So, he brought his practice out into the public sphere.

By publicizing his work, writing about the need for assisted suicide and the humanness of dying with dignity, he started a great debate in the United States in a more elaborate and graphic attempt to draw public attention.

Dr. Kevorkian taped a filming of an assisted suicide by a man who had Lou Gehrig's disease. The taping was shown on 60 Minutes in order to draw the attention of the courts, and attention he got. The courts decided that the taping of his assisted suicide was considered first-degree murder. In 1999 NPR stated that the court sentenced Dr. Kevorkian to 10 to 25 years for this, but he only served 8. He was released on parole on June 1, 2007, on the condition that he would not offer advice on suicide to anyone. He died four years later of natural causes. Before he died, however, Kevorkian stated, "Dying is not a crime." And ever since he called attention to the idea and practice of assisted suicide, people have been debating the "how" of that quote.

Indeed it is how one enters death that stems all the debate. The moral implications alone are enough to prompt the nation's most notable academics and doctors to take a look at assisted suicide, also known as death counseling and euthanasia. According to an article released by the New York Times in 2011, 60% of Kevorkian's patients who chose to be euthanized were not terminally ill. In addition, the biggest critique of the method was the lack of psychiatric analysis and counseling before the procedure. According to another 2011 New York Times article, in at least 19 cases persons chose to die within 24 hours of meeting Dr. Kevorkian. The Economist stated, "Studies of those who sought Dr. Kevorkian suggest that though many had a worsening illness it was not usually terminal. Autopsies show that five people had no disease at all. Little over a third were in pain. Some presumably suffered from no more than hypochondria or depression" (June 9, 2011). In response to this Kevorkian stated on CNN, "What difference does it make if someone is terminal? We are all terminal" (June 14, 2010). You see, for Kevorkian a patient didn't necessarily need to be terminal, just suffering. "While there are heavy critiques against the procedure, Kevorkian's work can be credited for stimulating the debate and improving end-of-life care in the United States." That was printed in the *Detroit Free Press* in 2011.

The speaker transitions to the conclusion of the speech

Today I have discussed the difficult and loaded topic of assisted suicide.

Laura concludes the speech by referring back to the attention getter.

Its history is synonymous with the name Dr. Jack Kevorkian. Kevorkian, while his work was controversial, did make public the topic of extreme patient suffering and a doctor's role in addressing it. Whether you support or oppose Dr. Kevorkian's work, remember that there is only one absolute in life, that it will end one day. When your time comes, I hope you are able to go with as much dignity as you lived.