

Whose Face Do You See?

Context

The Author



Biographical information

I was born in Sussex in southern England in 1954 - far too long ago. I was an extremely dreamy and shy child, and I used to use to wander round muttering to myself and playing games with imaginary friends. My parents had to shout "He's in the land!" to explain to people why I apparently couldn't hear what they were saying to me. I did very badly at school - I was daydreaming too much to concentrate on anything much. It wasn't until I was pretty nearly grown up that I started to think that the world around me might be at least as interesting as what was going on in my own head.

I did poorly at school, although occasionally teachers would think I had a lot of promise. In those days we had an exam called the eleven plus, which you did just before you went to High School. If you were a clever kid with a good brain, you passed and went to Grammar School to learn brainy things, and if you were a dumb kid, you failed and went to Secondary Modern School and learnt how to do things with your hands. I was a kid with hands. I went to Secondary Modern School.

I wasn't very happy at my new school. I remember having a lousy teacher there, who bawled me out for doing a story in a way she hadn't ordered - I'd done it as a diary. She was furious! - called me out in front of the whole class and made a fool of me. So, she got no good stories out of me. My parents moved again, to Reading in Berkshire. This new school was going comprehensive - children of all abilities were to go there. I got on much better there, due to one or two very good teachers who helped me along, but I was still a poor worker, and came away with two very bad A levels, in Biology and English. Mine was only the second year to do A levels - I'm sure, if they hadn't been desperate to let anyone do them, no one would have let me near the exams at all.

Life got rapidly better for me after I left school, but for the first few months I hadn't got a clue what to do. My dad eventually filled in an application form for a job as a journalist with the local newspaper. Somehow I got the job and went off to do a course for six months training.

The course was great - it was my only real time as a student - but by the end of it I had decided that I really wanted to write and that no other career would do. I packed in the job as soon as I got back home, much to the editor's disgust. "I think the saddest, thing, Melvin, is that you have deprived someone else of a career opportunity," he intoned. Then I got on with writing my first book, which, of course, no one wanted to publish.

For the next fifteen years, I wrote on and off, had casual jobs here and there, spent a lot of time out of work with not much to do, and I enjoyed myself enormously. I moved to Bristol after a couple of years where I lived until I was thirty. Inner-city Bristol was a great place to live, with a big racial and cultural mix. I learned a lot there and got my feeling for life. My book *Junk* is based on Bristol in those years, and although it is not biographical, you can pick up a lot of the atmosphere and meet a few of the people in its pages.

I was living in London aged about thirty five when I began to think it was time for me to really try hard to see if I could make writing work for me. I'd written a great deal off and on for years, a lot of it experimental, but I'd never really put getting published over writing what I felt like writing. So I had a go - I did short stories, radio drama, and children's fiction. I had some success in all three, but my book *The Cry of the Wolf*, was shortlisted for the Carnegie medal. So that's what I've been doing ever since.

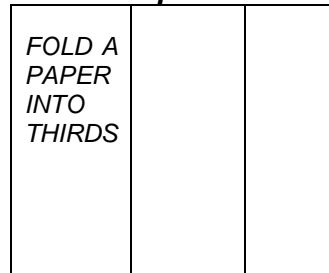
1. Complete the sentences on the left with the corresponding ones on the right, according to the text:

1. As a child, in Sussex, he withdrew himself in a successful and imaginary world.....	a)... before starting as a journalist in the local newspaper.
2. He wasn't a very successful student....	b)... was the setting for his book "Junk"
3. Being an imaginative gifted boy.....	c)... simply because the real one didn't seem alluring enough.
4. He first had to do a six month training course....	d)... and he started to take notice of what publishers wanted rather than just what he wanted to write
5. Soon after he decided to become a writer....	e)... in spite of being considered a talented boy.
6. The big racial and cultural mix of Bristol	f)... he has been writing.
7. At the age of 35 he decided it was high time for him to profit from his writing	g)... his writing abilities weren't easily recognised by all his teachers.
8. Since then	h)... instead of following a career of journalist.

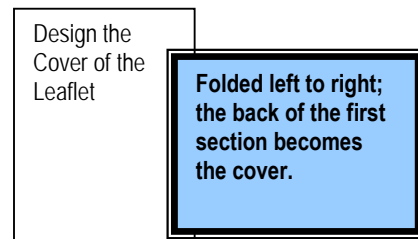
2. Having in mind other biographies you have read and studied, how different is this one?

3. After having gathered so much information about Melvin Burgess why not spread the word by making a leaflet?


Step 1



Step 2



1. **Cover** 2. **Inside** 3. **Inside** 4. **Inside** 5. **Back / Inside** 6. **Backcover**

<p>Author's Name:</p> <p>Date of Birth</p> 	<p>Life of the Author</p> <p><i>Write a few sentences on the Melvin's life.</i></p> <p><i>If you want add a picture related to the author.</i></p>	<p>Writing of the Author</p> <p><i>Write on the kind of writing the author did in one or two paragraphs.</i></p>	<p>Related Suggestions</p> <p><i>Suggestions: Films, songs, poems, or other short stories related to "Whose face do you see?"</i></p> <p><i>Issues covered by this short story</i></p>	<p>What they say about Melvin Burgess</p> <p><i>Browse through the information given by the teacher and select the ones you find catchier....</i></p>	<p>Name of School:</p> <p style="text-align: center;">😊</p> <p>Designed by:</p> <p>Name of Std: N° _____ Class _____</p> <p>Date:</p>
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Details from the Text

1

“My Marianne. She’s perfectly healthy but she has no personality. And now the hospital has had enough. There are so many patients and not enough staff, not enough beds, not enough doctors. Of course she has a right to life, but there is an alternative. We can simply withdraw support. No drugs to kill her, but no medicines to fight off infection, and no food and drink to sustain her. She would be heavily sedated, there would be no discomfort- assuming she is capable of discomfort, which none of us believe anymore anyway. She would pass quietly away without any fuss or distress within a week.”

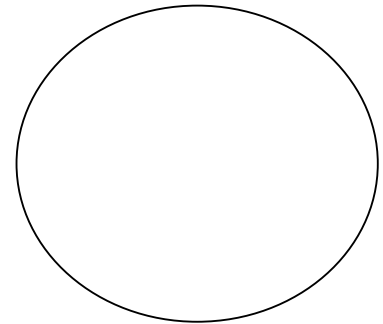
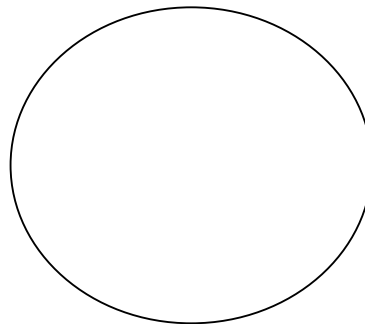
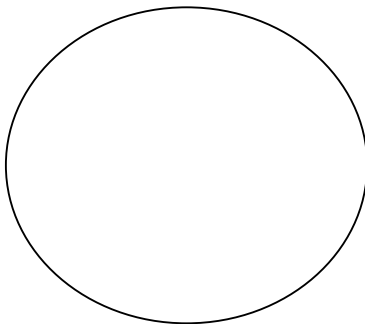
- a. Marianne’s parents must take a decision. What is it?
- b. While they talk to the doctor each of them go through a mixture of different feelings. Sort them out and fill the diagrams.

persuasiveness	self-conviction	hope	guilt
desperation	fatigue	objectivity	insistence
realism-like	comprehension	reassurance	mercy
	doubt		

Doctor

Mother

Father



- c. Find evidence in the text of four of these feelings for each of them.

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2. Narrators and Narratives

This short-story is made up of two narratives that alternate one with the other giving the readers different points of view about the same events.

- A. a. Who is the narrator of the narrative in italics?
b. Who is the narrator of the other narrative?

- B *Are they 1st or 3rd person narrators?*
Do they participate in the events they narrate or do they watch them from a distance? Do they reside within or outside the world of the story?

- C *When Marianne's parents are asked to make a decision, the readers are first given an idea of the doctor's opinion and of the complex mixture of feelings the parents go through (the mother's narrative) and only then the girl's opinion about this painful decision (the narrative in italics). The same technique is used later at the end of her birthday party.*

"I'd like to tell them that it's right. Marianne would agree if she were here. She wouldn't want everyone to keep coming into the hospital, year after year, watch her get older and older. So yes, please. Turn me off, put out my tubes. I've done nothing but lie here for all this time and I'm still so, so tired. I just want it to stop."

"Yes, goodbye, Mum, goodbye Dad! It was good of you to try for so long. I'm sorry, but the doctor's right; (...)"

"Poor Mum and Dad! Tonight they take the tubes out. It won't hurt they've told them. It's the best thing."

"Yes, Mum, go. It's all for the best."

How does her opinion influence the readers' feelings about the parents' decision?

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Debate

Marianne has been in a coma for some months. It is time to make a decision. A meeting will take place to decide what to do next: to disconnect or not the machine.

You are going to form four groups, each one representing a different perspective. Some ideas are given but the students should add more.

Group 1: the parents

- they do not want to say goodbye to their little girl
- they believe she will recover
- they think it is their duty to keep her alive
- ...

Group 2: the doctor

- he thinks there is very little hope of recovery
- she is just another patient
- medicine does not perform miracles
- ...

Group 3: Sister Charlene

- she has a religious perspective
- God wants you to live not to die
- People should have faith
- ...

Group 4: the hospital director

- the hospital is full, they need the bed
- there is no hope of recovery
- it is getting too expensive for the hospital
- ...

There will also be a moderator to organize the debate and to decide whose turn it is to speak/ to express an opinion.

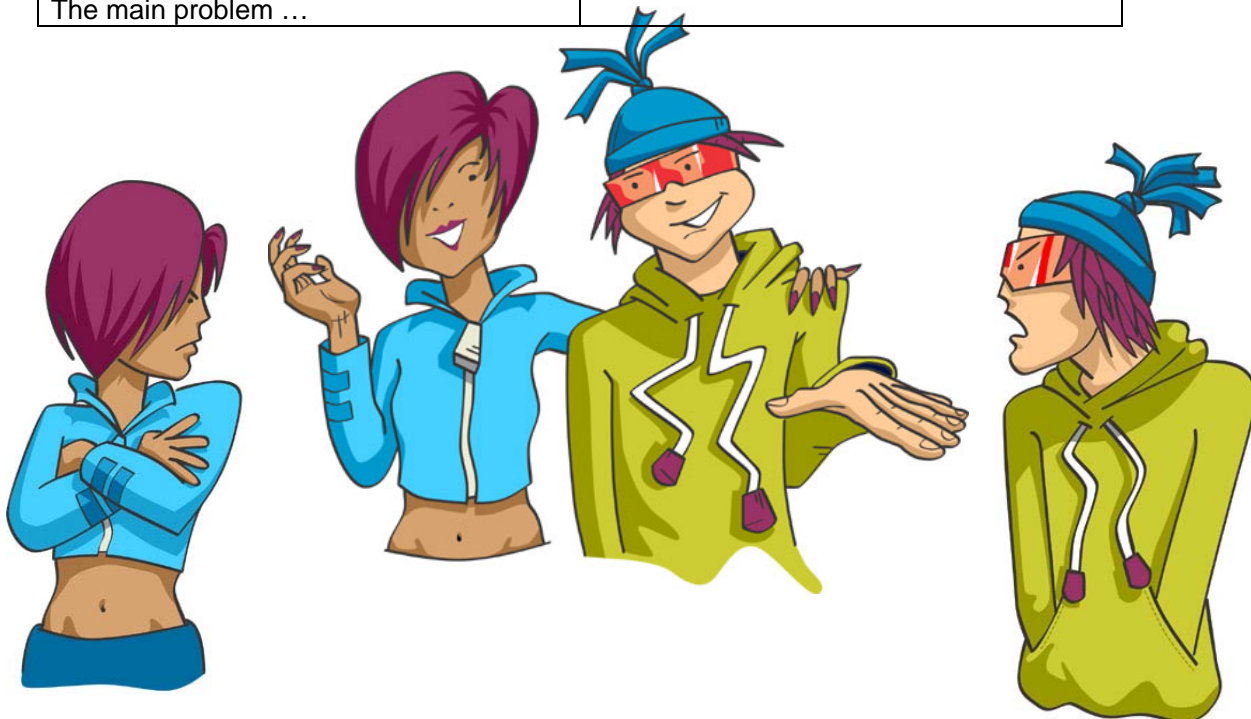
Another student will be a secretary to take notes of what each person says, to write down the arguments for, the arguments against and also the final decision(s).

Useful expressions for the Debate:

Expressing opinion	Agreeing / Disagreeing
<p>I'd just like to say...</p> <p>If you ask me ...</p> <p>As I see it ...</p> <p>I feel very strongly ...</p> <p>In my honest opinion ...</p> <p>As far as I am concerned ...</p> <p>It is my belief that ...</p>	<p>That's just what I was thinking ...</p> <p>Well, you have a point there, but ...</p> <p>You must be joking!</p> <p>I'm sorry but I think you are mistaken ...</p> <p>I'm afraid that's not quite right ...</p>

Interrupting	Arguments for / against
<p>Hold on a second!</p> <p>You are out of order!</p> <p>Let me take you up on that ...</p>	<p>How can you ...</p> <p>It's a total nonsense ...</p> <p>The truth is ...</p> <p>How can I put it?</p> <p>Sorry, what I meant was ...</p> <p>You seem to be forgetting ...</p> <p>Personally I would rather ...</p> <p>It is hard for me to admit ...</p>

Explaining/Adding information	Concluding
<p>To begin with ...</p> <p>In addition to ...</p> <p>In the first place ...</p> <p>... is a result of ...</p> <p>... is due to the fact ...</p> <p>The main problem ...</p>	<p>All things considered, I must say that ...</p> <p>To sum up ...</p> <p>In conclusion ...</p>



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Newspaper article

Imagine you are a reporter for a local newspaper and you have to write an article about Marianne's situation. In order to gather information because you do not know anything about coma, you should try to find the answer for the following questions: (you may add some of your own).

- a) What are the symptoms of being in a coma?
- b) What is the difference between coma and vegetative state?
- c) How long can a person be in a coma?
- d) Can you name some causes for it?
- e) Is there any possible treatment?
- f) Can you ever recover? And if you do, can you be back to the way you were before?
- g)?

To accomplish this task you can search the internet (for example: www.neurologychannel.com/coma) or you can look up in reference books or magazines or even in an encyclopaedia. (NOTE: some of the answers can also be found elsewhere in this kit.)

HOW TO WRITE A GOOD NEWSPAPER ARTICLE

- Choose an appealing / attractive headline
- Write an introduction that motivates the reader to find out more
- Organise the body of the text into paragraphs (each paragraph deals with a different idea)
- Sum up the main ideas of the article in a final paragraph

Don't forget to use linking words, varied and appropriate vocabulary
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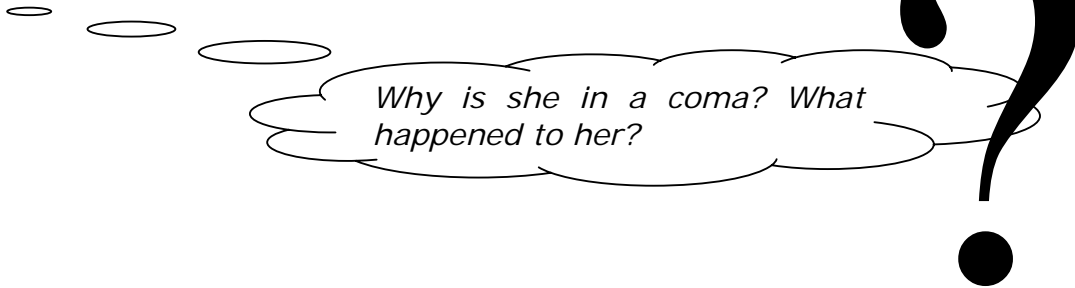
Speculating

What happened before the story?

I nod, but I can't get it out of my mind. What if she's lying there in agony, day after day, week after week, month after month? And she can't say a word.

'The real question is not if she's in any pain, but whether or not she's ever going to wake up. It's been eight months now,' says Dr Morris. 'Physically she's perfectly healthy, but we have no evidence of any personality at all.'

From the story, we know Marianne is in a coma! But ...



Speculate about the possible reasons, bearing in mind she is a teenager!

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Legal Issues

1. Reading for Information – BACKGROUND INFORMATION

2. Read the following text and answer the questionnaire that follows it. With the teacher's help work out the results of your class answers:

A. Euthanasia and the law

What is the law on deliberate euthanasia in Britain and other European states? Ursula Smartt, senior lecturer in law at Thames Valley University in West London, explains.

Apart from in The Netherlands, euthanasia is against the law, and classed as a criminal act.

Euthanasia is popularly taken to mean the practice of helping severely-ill people die, either at their request or by taking the decision to withdraw life support.

The definition under Dutch law is narrower - it means the termination of life by a doctor at the express and voluntary wish of a patient.

Since the Dutch Supreme Court declared in 1984 that voluntary euthanasia is acceptable, the law allows a standard defence from doctors if they have adhered to ten clearly defined official guidelines and conditions.

Intentions

These hinge on the intentions of the person wanting to die, on the request and whether or not the suffering is relievable.

It is not a condition that the patient is terminally ill or that the suffering is physical. Citizens from other countries are not eligible for euthanasia in Holland.

Other European countries do not allow euthanasia even if a patient wants to die - as a matter of public policy, the victim's consent does not provide a defence in the UK.

Deliberate euthanasia would normally leave anyone assisting liable for murder, though liability can be reduced to manslaughter on the basis of diminished responsibility.

Within English law, a difference is made between acting and refraining to act.

Withdrawing care

Passive euthanasia is when treatment to which the patient has not consented is ended. A landmark ruling came in the 1993 Bland case.

Anthony Bland was a 17-year-old left severely brain damaged after the 1989 Hillsborough Football Stadium disaster.

His parents and the hospital authority concerned sought permission from the High Court to withdraw the artificial nutrition and hydration that was keeping him alive. The High Court and the House of Lords agreed.

Active euthanasia occurs when treatment is administered with the intention of ending the patient's life.

In a 1985 trial known as Dr Arthur's Case, a Down's syndrome baby, John Pearson, was rejected by the mother soon after birth.

Dr Arthur, a highly respected paediatrician, prescribed a sedative designed to stop the child seeking sustenance.

The child was given water but no food, and died just over two days after birth.

Dr Arthur said in a statement that the purpose of the drug was to reduce suffering.

Murder charge

The case revolved around whether the doctor should let the severely-ill baby die of natural causes, in this case an ill-formed intestine, or allow him to die painlessly

Initially, Dr Arthur was charged with murder by poisoning - later the charge was reduced to attempted murder.

The prosecution argued that though there was no intentional murder, the doctor had declined to operate to save the child's life and the child should have been left to die of natural causes.

Instead, the doctor had administered a drug which had caused the eventual death of the child.

Professor Campbell, an expert witness at the trial, argued: "There is an important difference between allowing a child to die and taking action to kill it."

Dr Arthur was acquitted by the jury at Leicester Crown Court. It was decided that he had not committed the act of 'positive euthanasia'; he had merely prescribed a drug, which had resulted in the peaceful death of the child.

There have been so far only a few court cases revolving around the question of euthanasia. The true extent of how many people are helped to die is far from clear.

BBC NEWS

<http://news.bbc.co.uk>

B. Euthanasia

What is Euthanasia?

Euthanasia comes from Greek, meaning 'pleasant death'. It typically refers to the killing of a person for their own (or another) good, usually to end their suffering.

While virtually no one in modern society would condone involuntary euthanasia, 'mercy killings' and 'assisted suicides', where the person killed consents to his or her fate, are the subject of heated international debate.

An important distinction in UK law exists between active euthanasia and passive euthanasia. Since the Bland ruling of 1993, 'assisted suicides', which involve 'omissions' that are principally the removal of life-saving care, are not illegal. However, actively taking action to end another's life is illegal, even with consent.

Medically assisted suicide, where doctors help patients to die or actually kill them, is legal in a number of European countries, including Belgium and the Netherlands.

Euthanasia is a highly complex issue involving difficult questions regarding the role of modern government and the rights of individual citizens. The central premise of those supporting legalisation of euthanasia is the right of individuals, often in unbearable pain, to choose where and when they will die. The arguments against the legalisation of euthanasia highlight the utilitarian role of governance and the inability of any government to support acts violating the right to life of its citizens.

Background

In law, euthanasia has no special legal position in the UK. Instances described as euthanasia are treated as murder or manslaughter. However, the Suicide Act 1961 makes a specific offence of 'criminal liability for complicity in another's suicide', while declaring suicide itself to be legal.

In practice, however, the prosecution of euthanasia in the UK is distinct from other cases of unlawful killing - the consent of the Attorney General to prosecute is an explicit requirement of the Act, and sentencing is influenced by the often desperate and harrowing circumstances of individual cases.

The law has been reviewed since 1961, but has not been substantially changed, despite regular attempts by backbenchers in Parliament.

Since the Human Rights Act 1998, however, campaigners have claimed that the denial of a right to release oneself from unbearable pain amounts to inhuman and degrading treatment (Article 3 of the European Convention on Human Rights), is a violation of privacy and family life (Article 8), amounts to discrimination given the legality of suicide itself, and that an individual's inherent dignity and 'right to die' is violated by the current legislation. Jurisprudence, however, does not recognize a parallel right to die implied by the right to life.

Controversies

The subject of Euthanasia is a highly controversial and divisive topic, raising an array of sophisticated moral, ethical, social, philosophical, legal and religious concerns.

Many of these were aired in the case of Diane Pretty, who was dying of motor neuron disease and wanted her husband to end her life without being prosecuted for aiding and abetting suicide. Her case led to a high profile legal and public debate on the issue, as her husband first applied to domestic courts (up to the House of Lords), and then to the European Court of Human Rights (ECHR) for judicial review of the refusal to give him immunity from prosecution. Had the case been successful, it would have effectively struck down the legal ban on assisted suicide.

Mrs. Pretty was unsuccessful as the domestic courts, in recognition of the complex moral considerations at stake, deferred to the democratic will of parliament as enshrined in the legal text. The ECHR applied the EU equivalent, the 'Margin of Appreciation', and rescinded from passing judgment on the issue in 2002.

There are two main groups of arguments deployed against euthanasia.

The first group is religious: many religions, notably Christianity, do not recognize a right to die, believing life to be a divine gift. Christians also regard suicide as a sin.

The second group relates to the requirement of consent. The capacity of a terminally ill patient to give informed consent for their own killing is questioned. It is also suggested that doctors and relatives may press people into accepting euthanasia against their will and for reasons not related to their welfare.

In the US, Dr Jack Kevorkian - known as 'Dr Death' successfully challenged the law on euthanasia, avoiding prosecution for conducting medically-assisted suicides across the country for 10 years. In a landmark 1999 decision, however, he was sent to prison for 10 to 25 years for administering a lethal injection.

3. Compare the legal status and arguments above with the situation in your country.

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From the Press

Woman Speaks Again After 20 Years

"Rather than speaking *about* Sarah, it became very clear she was speaking *to* Sarah"

For 20 years, Sarah Scantlin has been mostly oblivious to the world around her — the victim of a drunken driver who struck her down as she walked to her car. Now, after a remarkable recovery, she can talk again and has begun to regain her memory, sending her father "from despair to joy."

Sarah Scantlin's family and friends celebrated the development on Saturday at the health care centre where she lives.

"She's 100 percent Sarah again. The family is back together, and it's just simply a joyous situation," her father, Jim Scantlin, said in a broadcast interview. Scantlin's father says he knows she will never fully recover, but her newfound ability to speak and her returning memories have given him his daughter back.



For years, she could only blink her eyes — one blink for "no," two blinks for "yes" — to respond to questions that no one knew for sure she understood. "I am astonished how primal communication is. It is a key element of humanity," Scantlin said, blinking back tears. She still suffers constantly from the effects of the accident. She habitually crosses her arms across her chest, her fists clenched under her chin. Her legs constantly spasm and thrash. Her right foot is so twisted it is almost reversed. Her neck muscles are so constricted she cannot swallow to eat.

Scantlin was 18 when she was struck while walking to her car in 1984. She had been aware of her surroundings but unable to make any sounds other than loud crying until a month ago, when she told staff members, "OK, OK." "It just happened one day and nobody really knows why," said Sharon Kuepker, administrator for the Golden Plains Health Care Center. She is now forming other words, counting and remembering people and places, staff members said. "You condition yourself to be able to try to deal with something like this, and then all of the sudden, the world instantly changed from despair to joy because it's amazing how important communication is between human beings," her father said.

The driver who struck Scantlin, Douglas Doman II, served six months in jail after being convicted of driving under the influence and leaving the scene of an injury accident.

Sarah's father told *The Early Show* co-anchor Harry Smith in a separate interview that his daughter had been "basically unresponsive, in the regular sense of the word 'alert.' She was able to do eye contact and was very aware of her surroundings, but otherwise, physically, she was completely incapable of doing anything." Sarah's mother, Betsy Scantlin, says Sarah actually started to make some noises a couple of years ago. "We didn't have any idea what that meant," she said to Smith. "We just knew it was a noise that she hadn't made for 18 years, and the people -- it's kind of like having a baby. You kind of learn to know the sounds, and they could kind of tell whether she wanted her TV changed or she was hurting or something, but otherwise, nothing."

Jim recounted the phone call he and Betsy got, informing them of the unimaginable: "It was amazing. I'm in the living room. Betsy was in the computer area, and the phone rings, and I'm immediately aware that it's the

nursing home...where (Sarah) resides. "And suddenly, I'm aware that there's a profound, distinct difference. Rather than speaking *about* Sarah, it became very clear she was speaking *to* Sarah. It was the most amazing feeling in the world." Besty says she's "still stunned" to be hearing Sarah's voice again.

"There are just no words. Twenty years ago, I cried a lot. This week, all I've done is laugh because, when I heard her say, 'Hi Mom,' I said, 'Sarah, is that you?' And she said, 'Yeah.' And all I can do is just say -- I've just laughed ever since, because it's just so amazing." What's more, Jim says Sarah is showing "uncanny recall. It's amazing how -- considering how severe and profound her injury was, her ability to recall -- it's astonishing."

Sarah's doctor, Bradley Scheel, adds that, "It's just been amazing. We're all thrilled. And it seems, almost from day to day, she's able to make more responses. We're really anxious to see how she does from here." Scheel said physicians are not sure why she suddenly began talking but believe critical pathways in the brain may have regenerated. "It is extremely unusual to see something like this happen," Scheel said.

From <http://www.cbsnews.com/> February, 12 2005 *On-line edition*