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English 301

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### Annotated Bibliography

Aaron, Henry J., and William B. Schwartz. *Can We Say No?: the Challenge of Rationing Health Care*. Washington, D.C.: Brookings Institution, 2005. Print.

Analyzes ways to curtail low-benefit, high-cost care while ensuring financial access to care for all Americans. The book views America's health care system as inadequate and offers answers to ways in which care can be provided at a higher benefit than cost. The book compares practices in Great Britain, a place where health care is traditionally thought to be rationed by the government. The book delves deep into the idea of rationing care in this day and age and whether or not there is any truth or promise behind it.

The two authors' of the book have a very solid foundation for writing on the topic. Both are members of the Brookings Institution, which is committed to solving big social problems of our day, Aaron and Schwartz give the reader sound analysis of the problem and constructive recommendations for a solution. As they analyze the idea of rationing health care, they take a comparative look at America and the United Kingdom. However, the authors' fail to sufficiently acknowledge the large differences of the two countries in many different aspects of life. After studying in England for a semester, I can attest to the fact that the two English speaking countries are anything but similar. The failure to recognize the many differences between the two countries hurt the books legitimacy.

I chose not to use this source in my paper for a couple of reasons. First, its comparative outreach deviated further than the scope of my topic and covered topics such as surgeries, diagnoses, and matters of life and death in the two respective countries. These issues were very irrelevant to my assignment. Secondly, the sole focus on rationing health care did not fully correspond with what I was striving to achieve in my paper, thus I deemed the source inappropriate to cite in my paper.

Csikai, Ellen L., and Elizabeth Chaitin. *Ethics in End-of-life Decisions in Social Work Practice*. Chicago, Ill.: Lyceum, 2006. Print.

A comprehensive resource targeting those in the profession of social work on how to sufficiently handle end of life decisions their patients may be facing. It aims to provide advice and information that can be practically used in the workplace. It also provides a foundation for social workers to continue to gain knowledge and understanding of contemporary trends in health care. Within each chapter, the reader will find case examples that illustrate decision

making processes and potential ethical dilemmas. The chapters are formed in a logical order, discussing the role of philosophy in medical ethics, advance care planning, and all ethical issues that may arise during end of life decision making process.

Csikai and Chaitin, the authors of the book, are both credible enough to be writing extensively on the subject. Dr. Csikai is an associate professor in the School of Social Work at the University of Alabama and has done social work in a trauma intensive care unit and hospice situations. She has received multiple awards for her work and research throughout her career. Dr. Chaitin is the director of Medical Ethics and Palliative Care Services Department of Shadyside Hospital and as a professor of medicine at the University of Pittsburg, and has also received recognition for her work. Thus, they back their claims with ethos from the very start by informing the reader of their qualifications for writing about the topic. However, the intended audience is very narrowly tailored towards those with pre-existing knowledge of social work which at times left me lost as I browsed the source for information on euthanasia. The merit of the logistical appeal was also strong. All definitions were thoroughly defined and many perspectives of how various cultures and religions view end of life decisions were explained in their entirety. These explanations were accompanied by many case studies they have come across in their careers that give the reader a vivid understanding of multiple situations that could potentially arise in their professional careers.

Although I would recommend this source for a professional social worker, I would not pass along the book to one of my peers writing on the topic of euthanasia. Instead of focusing on just assisted suicide, the authors discussed the whole spectrum of end of life care. I did, however, find some very useful historical information from this source, which I incorporated into my introductory paragraphs. I did not rely heavily on this source after carefully comparing it with other books, yet it provided me with a solid historical background and definition of euthanasia.

"Death with Dignity Act." *Center for Health Statistics*. Washington State Department of Health, 4 Mar. 2010. Web. 26 May 2010. <<http://www.doh.wa.gov/dwda/>>.

The Washington State Department of Health website is a government run website that provides the public with past and present information on health legislation, guidelines, and news affecting residents of Washington State. The website included the content of the recent Death with Dignity Act in its entirety. In addition to the complex dicta of the bill itself were sections for the public such as FAQ, forms, death certificate information, and a page for helpful information about the Act.

This source can be deemed as credible since it is government run and the information it is discussing is the making of the government. The Department of Health was heavily involved in determining what provisions the bill should contain and responded to many requests and questions of the general public. Its logistical appeal is apparent in the provisions that are stated in

the bill. The Department of Health has multiple health statistics readily available for Washingtonians and answers all the questions one could have regarding the bill located in the Annual Statistical Report. The website does a great job at giving the straight facts and not speaking on behalf of the whole state government. Therefore, the argument is strong and supplemented my argument immensely.

This website served to be essential in my argument. Not only was the example very applicable because it involved my home state, but the safeguards and provisions associated with it completely invalidated the nay-sayers argument substantially, such as the slippery slope concern. I was able to cite many of these provisions in my reasoning using the necessary pre-conditions set forth in the Washington Act as a guideline that many other states could soon follow and implement to their respective statutory codes.

Foy, Andrew. "The Moral Case Against Health Care Reform." *American Thinker*. 23 Mar. 2010. Web. 08 June 2010.  
<[http://www.americanthinker.com/2010/03/the\\_moral\\_case\\_against\\_health.html](http://www.americanthinker.com/2010/03/the_moral_case_against_health.html)>.

Foy presents a detailed look into the immorality of health care reform shortly after the bill's passage in March of 2010. In this piece, Foy continually refers to the United States Constitution, Declaration of Independence and Natural Rights. He portrays himself as a literalist, interpreting the Constitution word for word. He argues that in a free society, one individual's need does not constitute another's duty to provide. Foy also suggests that our Natural Rights to freedom and self-government are grossly violated when wealth is involuntarily or indirectly transferred.

Dr. Foy displays a very fundamentalist and extreme case against the morality of health care reform. Although extreme, his use of historical texts does adequately support his argument if one interprets these documents strictly. Foy sees rationing health care through the government as immoral because "the decision of what constitutes a need is made by a third party with no personal connection to the individual or their circumstances." Foy goes on to suggest that one should not have to pay for another person who does not have the means to pay for their own needs. In doing so Foy highlights the teachings of Thomas Jefferson and Karl Marx on collectivism and individualism which contribute to the ethos of his argument as both are respected famous philosophers and thinkers in our history. After further browsing through the archives of the *American Thinker* I found many other articles that were very right-wing in nature which may mean that this conservative article is not in isolation from others written on this website.

Although I disagree with the content of the article, Foy does a great job using exact words from our founding documents to put an immoral spin on health care reform. He also backs his claims with historical figures and his experience as a doctor in the medical field. I did implement this source into my paper in discussing the morality of reform. It does bring up interesting points as to why certain types of health care could be considered immoral in America.

Gruber, Jonathan. "The Cost Implications of Health Care Reform." *The New England Journal of Medicine* 362 (2010): 2050-051. EBSCO. Web. 6 June 2010. <<http://content.nejm.org/cgi/content/full/362/22/2050>>.

Gruber provides his account of the cost implications of the unprecedented health care bill that was signed into law in March of 2010. His fair and balanced outlook surrounds only the financial implications that will likely ensue in our near future. The article does not discuss the content of the bill or take issue with its passage. It simply looks at the true cost ramifications of its existence and attempts to separate fact from fiction with regards to how it will affect individuals and our country financially.

Gruber focuses on two studies done by non-partisan entities done by the Congressional Budget Office and Center for Medicare and Medicaid Services. Gruber outlines the concerns that the 'naysayers' have and uses the studies to determine whether or not the concerns hold merit. Gruber does an excellent job warranting his claims using raw numbers. For example, Gruber challenges those who oppose the bill who state that the 2% increase in health expenditures will not lower the cost of health care of our nation's GDP. However, as Gruber notes, "these changes are quite small relative to the gains in coverage under the new law". He notes that without reform health care costs would grow by 6.6% per year between 2010 and 2019. Thus we will be increasing the ranks of the insured by 34 million people (15%) at a cost that is less than one-sixth of one year's growth in national health care expenditures. This a prime example of Gruber backing his claims with empirical evidence found from bipartisan organizations. His argument and voice remained practical and straight forward throughout his article, and he made a very convincing argument about the real cost of reform.

I did implement some of Gruber's calculations into my research. It supports the financial side of my argument and disproves many claims from the opposition that health care reform is far too expensive. He was able to make a rather confusing topic seem very straight-forward in just a single article in the New England Journal of Medicine, an accredited scholarly journal published weekly.

Mechanic, David. *The Truth about Health Care: Why Reform Is Not Working in America*. New Brunswick, N.J.: Rutgers UP, 2006. Print.

The purpose of this book is to broadly explore the influences that make achieving consensus and implementing significant change to the health industry so difficult. Mechanic gives a strong case for health care reform, separating his book in to three sections: Our health dilemma, the struggle for solutions, and the fork in the road. Each section is then broken down further into sub-sections while delve deeper in to the underlying causes of reform failure.

Mechanic provides readers with a deeper understanding of the forces working against reform that are often overlooked; the cultural context of care, increasing cost and demand, entrepreneurial activity, the momentum of technology, issues of trust, and financing increasing

expectations. All of these underlying claims were sufficiently backed with data and modern day examples of reform. The reader sees a very well rounded approach as Mechanic uses ethos, pathos, and logos to form his argument. His ethos and pathos are understood from the preface as he has written many books of health care before and spoke strongly and empathetically when introducing the topic of health care in America. It was interesting to see Mechanic's proposal and how closely aligned he was with the actual reform bill that passed in March. He provided specific suggestions and completely looked at America's health industry in its entirety.

I did find Mechanic's book to be a useful source to consult in conducting my research. It was structured in a way that made navigation feasible and provided a good background for all facets of the health sector. However, since reform recently passed in March, many of his recommendations and ideas became moot, and inadmissible for the purpose of my paper.

Palin, Sarah. "Obama and the Bureaucratization of Health Care." *Wall Street Journal*. 8 Sept. 2009. Web. 7 June 2010.  
<<http://online.wsj.com/article/SB10001424052970203440104574400581157986024.html?KEYWORDS=sarah+palin+++health+care>>.

Former Vice-Presidential hopeful, Sarah Palin, provides a critical outlook on the President's proposed health care reform plan. In her article, Palin focuses on an interview President Obama did with the New York Times about his health care overhaul plan. She dissects many of the President's verbiage from this interview and relies on the concept of "common sense" to invalidate the proposed plan. In doing so, Palin paints the picture of an ineffective and irresponsible Washington that has existed for decades.

Palin's rhetorical techniques are often not appropriately backed up or warranted in this article. The article lacks any logistical appeal as her writing becomes nothing more than an opinionated drawn out version of saying "no" to any extent of reform the Democrats advocate. Halfway through the article Palin criticizes Obama's creation of a nonpartisan Medicare Advisory Council to find inefficiency and wasteful spending in Medicare programs. She then is guilty of making a hasty generalization, in saying the unelected group is largely unaccountable and a pathetic attempt to work outside normal political channels. How does the reader assume the group is not held accountable? Will Palin be accountable for her article even though she is an unelected figurehead at this point in time? Furthermore, Palin suggests we reform health care through the most ambiguous and vague terms such as "market-oriented, patient-centered, and result-driven." These broad policy recommendations demonstrate the lack of substance behind her plan and significantly weaken Palin's argument.

I did not rely on Palin's article too heavily for my paper. I did, however, quote her on a few occasions because her statements often indirectly support my argument for reform and further attest to the fact that the opposition holds no true alternative plan. Implementing ideas from well-known political figures greatly assisted me in forming my argument and increased the credibility of my stance as I attacked the viewpoints of past and present policy makers directly.

Reid, T. R. *The Healing of America: a Global Quest for Better, Cheaper, and Fairer Health Care*. New York: Penguin, 2009. Print.

An in depth comparative analysis of health care systems of different countries. Reid strategically lays out beginning with the different types of health care models we commonly see in our world today. By stating the common principles these different models share, Reid shows the reader why America's health care system is so complex and cannot simply change to a different model as the industry is a complex combination of many types of health. The paradox of US health care is also address as the author explains why a country as successful and developed technologically as America, often fails to provide basic health care to its citizens. After these topics are addressed, Reid examines the health care systems of France, Germany, Japan, England, and Canada. He uses these as examples in concluding that America is not too big to change and can achieve reform to the health industry.

The author provides a detailed explanation of why reform can't simply just happen. In doing so, a detailed outline of the four primary health care models are outlined and broken down to explain how America is a mixture of all models. For example, the author uses the example that some are universally covered in America through programs like Medicare and the VA. We are similar to France and Germany in that working people under age 65 share premiums with their employers. He concludes, however, comparing the 45 million uninsured Americans left to the health care of Cambodia, because they have very limited access to health care and cannot afford the very high cost of out-of-pocket expenses. This breakdown shed a new light on health care in America and made the argument very strong. It truly exemplified the deeply embedded root problem of healthcare, and how it cannot be easily fixed. He backs his claims with deep analysis from varying countries around the globe and supplements his argument with statistical information such as the Gross Domestic Product of America, and how much health care costs have contributed to that over the last 25 years. I feel it is credible because the author doesn't take a specific stance or make a particular policy recommendation, but simply states that the problem is too big to ignore.

I relied fairly heavily on this source throughout my paper because it used the perspectives of many countries and had commentary from various political analysts. In reviewing the author's sources it was refreshing to know that nearly 100 sources had been referenced.

Rein, Mei Ling, Abbey Begun, and Jacquelyn Quiram. *Death & Dying: Who Decides?* Wylie, Tex.: Information Plus, 1998. Print.

Published by Information Plus, the book outlines death throughout our history and current ethical and medical considerations that face the world today. It gives a strong background of euthanasia as well as the legal implications that are associated with its practice. This unbiased source does not take a specific side nor does it attempt to persuade the reader one way or

another. It simply states many relevant sides of the argument both for and against assisted suicide and really delves in to where the history of this argument began and how it became such a contentious issue.

One aspect of the book that supported the claims of the authors was the amount of statistical data and numerous graphs found within the text. Some examples include tables breaking down death rates by suicide, according to sex, race, age, and geographic location. The chapter on physician assisted suicide was very informative because it addressed topics such as physician compliance with requests and recent court cases and legislation that had been passed regarding euthanasia. It is evident that the authors went to great lengths in conducting research and studies on public beliefs regarding euthanasia. However, there was a slight lack of any real argument and remained informative throughout, this forced me to read between the lines to help form my own argument about the text.

Initially, I thought I would rely quite heavily on this source in my paper. After finding that much of the information presented was much too technical and scientific for the purpose of this essay, I decided to use the source fairly sparingly. That said, it did give an ample amount of information regarding the “Hippocratic Oath” that physicians must agree to follow. After reviewing how ancient the oath was, I argued that it needs to be written to more adequately fit public opinion and modern medicine of our day which led me to find more information on amending contemporary ethical standards.

Rich, Frank. "If Only Arizona Were the Real Problem." *The New York Times*. 2 May 2010. Web. 12 May 2010. <<http://query.nytimes.com/gst/fullpage.html?res=9506E3D61F3DF931A35756C0A9669D8B63&sec=&spon=&pagewanted=3>>.

Op-ed columnist Frank Rich examines the new controversial immigration legislation that was recently passed in Arizona. The focus of the article surrounds that the Arizona immigration law is a reflection of a more widespread movement of the Republican Party to eliminate illegal immigrants in an unjust manner. He suggests that laws of this nature may become more commonly adopted by other states in the future. Using sarcasm and relevant examples, Rich provides a rather convincing case against the new law and the hypocrisy behind it.

Frank Rich bases his argument on the use of ethos and pathos as well as historical political contexts to form his argument. The language of Rich’s article transcends any normal form of academic writing yet his claims are uniquely backed by evidence consistently throughout. Rich’s use of sarcasm is also warranted. For example, in response to Sarah Palin’s comment that the Arizona law would not lead to racial profiling, Rich asks the rhetorical question “So how does that profiling work without race or ethnicity, exactly?” His word choice also contributes to his argument because his emotion for the subject is evident leaving the reader well aware of his strong feelings towards the immigration law. I feel that Rich’s reputation immediately asserts his credibility and reaffirms the ethos of his argument, as he has been a respected New York Times columnist for a number of years.

Since this was my primary and only source for my first paper, I relied heavily upon its content. It was very interesting to look deeper into an article I would have normally just read at face value. In examining the rhetorical conventions Rich used, I was able to obtain a greater understand of rhetoric and notice different types of rhetoric in many different places; and see arguments everywhere. I used this source for a number of different reasons. First, Frank Rich has also written about interesting and controversial topics of political nature which I find very interesting. Second, a pressing issue in our country such as immigration needs to be looked at with a close eye so we can eventually reach a consensus for reform to the system, and need to be able to identify steps taken in the wrong direction.

Richmond, Julius B., and Rashi Fein. *The Health Care Mess: How We Got into It and What It Will Take to Get out*. Cambridge, Mass.: Harvard UP, 2005. Print.

The first two chapters of the book discuss the changes that took place in education and science in the early decades of the century. The following three chapters examine the development and implementation of Medicare and Medicaid as well as the public reaction to these programs. The ending chapters focus primarily on the failed efforts to regulate health expenses and the reliance on the belief that free markets and competition would fix the health industry, as well as the challenges our nation faces today.

Richmond and Fein analyze what they see as a “disconcertingly large gap, between the scientific glories of American medicine and the delivery failures of the American health care system (1). Their claims are obviously very opinionated and their support for universal health care reform is evident from the first sentence of the book. They sufficiently back their claims by drawing correlations to even the first few instances in American history that sent our health care system in the wrong direction. They also incorporate studies from the American Medical Association and the Association of American Medical Colleges. The writing becomes very technical at many points in the book, referring to a few causal effects that often go overlooked such as the entrepreneurial and consumer revolutions, the tension between regulation and market forces, and health education.

Since the source was incredibly detailed from a historical standpoint, I was able to cite some examples in my paper as I outlined the history of health care in America. However, due to the technicality of the writing and the strong historical focus, much of the information would have been irrelevant to my argument.

Rove, Karl. "How to Stop Socialized Health Care." *Wall Street Journal* (2009). *Wall Street Journal Online*. 11 June 2009. Web. 7 June 2010.  
<<http://online.wsj.com/article/SB124467554761003983.html>>.

Karl Rove, former chief advisor to President George W. Bush, presents readers of the Wall Street Journal with five reasons Republicans should use to prohibit reform from taking place. The article was written when the “public insurance option” was still on the table. Rove outlines his main reasons why people should oppose reform. These included the giant cost of the



proposal, an increase in taxes, government interference in doctor-patient relationships, and the idea that reform is not a necessity.

Although my ideology does not match up with the ideas of Karl Rove, there were still strong points to his article. Rove asserted his ethos from the beginning. Rove worked in the White House for the entirety of Bush's Presidency and now writes an op-ed column for the Wall Street Journal every week. His experience with public policy should not be overlooked as he is qualified to write on contemporary political issues. However, Rove's article is fairly weak as he fails to justify many of his claims. This is exemplified in his thought that reform is unnecessary because there is plenty of competition in the health care industry claiming, "1,300 companies sell health insurance. That's competition enough". However, Rove fails to mention the outrageously high cost of premiums those private insurers' charge and the ability of those companies to openly deny "high risk patients." The column may be appealing to some, but is completely discredited by other sources, including unbiased sources such as the Congressional Budget Office, which significantly weakens his argument.

Rove's argument was somewhat applicable to my paper. It assisted me in addressing counter-arguments concerns from the opposition. Because Rove is well-known in America, and often speaks as a leader of the Republican Party, I was able to more effectively find information that directly disproved his opinions in the article. However, Rove was primarily speaking about the public option which was not included in the final health reform bill, so a good portion of the article was somewhat irrelevant to my argument.

Scherer, Jennifer M., and Rita J. Simon. *Euthanasia and the Right to Die: a Comparative View*. New York: Rowman & Littlefield, 1999. Print.

Provides the reader with an explicitly comparative approach to the topic of euthanasia and addresses the moral and political atmosphere of different societies that effect its implementation. Chapters one and two begin with a historical perspective and address the fundamental issues of assisted suicide. The following chapters discuss the practice of euthanasia in many different geographic locations including Canada, Holland, England, China, America, and South America. The authors conclude with a chapter that works towards a common social policy.

Since the book surrounds the idea of looking at comparative views, the voice remains relatively neutral throughout. For example, in Chapter two the proponents' position is explain followed by the opponents' fundamental positions on euthanasia. However, this section was not complete as each viewpoint only had a just few reasons stating why or why not euthanasia should be legalized. The issue is much more complex than that, and its complexity was not reflected in some parts of the book. This weakened their argument and made me question the books credibility. The target audience seemed to be one who has no previous knowledge about the topic, and some parts were not quite in depth enough for collegiate academic writing.

Personally, I felt the source was not completely relevant for what I was trying to accomplish in my paper. My focus was on euthanasia on a national level, not an international level. This book compared policies all around the world which would bring little relevance and credibility to my argument. However, I was able to find some interesting ideas and quotations on autonomy and self-determination which was one of my points as to why euthanasia should be legalized.

*The Unsustainable Cost of Health Care*. Publication. Social Security Advisory Board, Sept. 2009. Web. 6 June 2010.  
<[http://www.ssab.gov/documents/TheUnsustainableCostofHealthCare\\_graphics.pdf](http://www.ssab.gov/documents/TheUnsustainableCostofHealthCare_graphics.pdf)>.

The Social Security Advisory Board is an independent bipartisan board appointed by the President to advise the administration on issues related to social security income programs as well as other financial planning. In short, the publication is evidence that the board feels the current trends and cost of health care are truly unsustainable. They also believe that the rising cost of health care represents the most significant threat to the long-term economic security of workers and retirees. The report is broken up into different sections such as why health care costs are growing so rapidly, the threat to retirement security, and what can be done about health care costs.

The report marks the most convincing and well constructed source I came across during my research. The appeal of logos is very evident as each section contains multiple tables and graphs illustrating the claim that health care costs are unsustainable for our country. The graphs and tables extend from the last 50 years to anywhere 100 years in the future. The projections are all backed by mathematical calculations clearly marked with references displaying where they collected their numbers. If someone with an opposing viewpoint were reading this report, it would be difficult for them to use any financial argument against reform to keep the rising costs under control. The board does not write in a condescending manner nor do they state how they feel about health care from any perspective other than an economic one.

I heavily relied on this source throughout my paper. The headings and sub-headings made it feasible to navigate my way through the document to find all relevant topics. The source is credible as the board is comprised of professions from many different fields who specifically completed the task to determine the true cost of health care now and in the future.

Wekesser, Carol. *Euthanasia: Opposing Viewpoints*. San Diego, CA: Greenhaven, 1995. Print.

Wekesser presents in informative argument that is ideal for anyone striving to learn both sides of a controversial issue. The book is separated into four primary spectacles. These four sections discuss euthanasia as both an ethical and unethical practice and why or why not physician assisted suicide should be legalized. Each section is divided into different opinionated reasoning from different authors explaining why or why not they believe its practice to be

correct. The author asserts that the *Opposing Viewpoints* series is dedicated to the concept of free speech and expression in America and attempts to enshrine this basic principle in her book. The opposing viewpoints presented were often in stark contrast from one another and placed strategically right after one another introducing the reader to both extremes of the argument as well as opinions of commonality.

This source is very unique for a number of different reasons. First, it appeals to everyone and can offer something to any type of reader. The book is biased towards one side one minute, and quickly transfers to the other extreme the next. Each individual in the essay in the book had different approaches to explaining their sides and backing up their claims with warrants. For example, one entry suggested that because all life is intrinsically valuable, and since death is inevitable for all of us, there is no justifiable reason to speed up the process of death. Conversely, the subsequent contributing author sees opponents of euthanasia stuck in an 'ethical vacuum' unwilling to change with the times. Both of these viewpoints allow the reader to fully agree, or take the information at face value. Regardless of personal beliefs, this book will broaden your scope of the issue and provide discourse awareness.

I found this source very useful especially when modeling my argument in Rogerian format. As we have learned, any argument is not complete if it doesn't address contrasting viewpoints. This book brought in a variety of authors to write their opinions on a contentious issue, which was then transcribed into one text outlining both basic and intricate reasons for support and opposition. However, although this touched on all the fundamental basic arguments I was cautious to rely heavily on the resource due to its outdated publication date of 1995. I was hesitant to use a source over 15 years old because it could potentially discredit my argument as a large portion of the information may be out of date. I was sure to do not acknowledge the more contemporary aspects of both sides. Fortunately, after cross-checking arguments from other sources it became clear that many of the arguments I took from this source have not changed drastically and were admissible in my paper.