Check Out the Vocabulary

The words in the following section appear in boldface type in the reading. Are you already familiar with some of them? Knowing the meaning of all these terms will increase your understanding of the material.

Exercise 2 Checking Out the Vocabulary

Directions: Complete the matching exercise below before, during or after your reading. Be sure to review each word in the context of the selection.

1. ethics*  a. intrusive, infringing, causing change or harm by altering
2. humility  b. first
3. initial*  c. ungracefully tall, thin, bony
4. invasive  d. able to be carried or easily moved
5. lanky  e. system of moral principles, dealing with right and wrong and/or good and bad of certain actions
6. pediatric  f. capability of coming into actuality or realization
7. portable  g. likely to happen or to become
8. potential*  h. a gut feeling, an instinctive reaction felt within the body
9. prospective*  i. an idiom referring to the notion that one action or thought will lead to another and another
10. slippery slope  j. the quality of being humble, courteous, and respectful
11. sterilize  k. to make incapable of bearing children
12. visceral  l. the branch of medicine dealing with the care of children

* from the Academic Word List

as you read

Establish Your Purpose

Now, read and annotate the selection. Focus on the major points of information. Identify Ashley’s situation, the concerns and desires of her parents, and the views of those opposed to the treatment.

Actively Process While You Read

Stop to process information as you read.
Exercise 3  Processing While You Read

Directions: Answer the following questions at the conclusion of each paragraph. This will help you monitor your reading process and understand the material.

Paragraph 1
1. What treatments can you infer that doctors performed on the disabled child?

2. Based on the metaphor of the “steaming message boards,” what issue can you infer will be discussed in the article?

Paragraph 2
3. What two doctors are involved? What is their concern?

4. What important challenge does the author believe is raised when considering the Ashley case?

Paragraph 3
5. What medical intervention is the topic of this paragraph?

6. According to Ashley’s parents, what would be the benefit of the procedure?

Paragraph 4
7. List two additional procedures, and their potential benefits, that are cited in the paragraph?

8. What is your reaction to these procedures thus far?

Paragraphs 5–6
9. What is the topic of these paragraphs?

Paragraph 7
10. What does the bioethics committee conclude?
11. What three medical benefits of being able to move Ashley are listed?

Paragraph 8
12. What does Diekema imply when he says, “Humility is important in a case like this”?

Paragraph 9
13. Gunther says, “This is a girl who was never going to grow up... she was only going to grow bigger.” What does he mean?

Paragraph 10
14. How is the idea of a “slippery slope” used to build a case against the Ashley treatment?

15. Paraphrase Dr. Gunther’s response to that argument.

Pillow Angel Ethics
By Nancy Gibbs

What kind of doctors would agree to intentionally shorten and sterilize a disabled six-year-old girl to make it easier for her parents to take care of her? The question has had message boards steaming for days, but the answers are in no way easy.

Dr. Daniel Gunther and Dr. Douglas Diekema, who first revealed the details of “The Ashley Case” in the Archives of Pediatric and Adolescent Medicine, think that many of their critics don’t understand the nature of this case. Talk to them, and you confront every modern challenge in weighing what medicine can do versus what it should.

The case: Ashley is a brain-damaged girl whose parents feared that as she got bigger, it would be much harder to care for her; so they set out to keep her small. Through high-dose estrogen treatment over the past two years, her growth plates were closed and her prospective height reduced by about 13 inches, to 4’5". “Ashley’s smaller and lighter size,” her parents write on their blog “makes it more possible to include her in the typical family life and activities that provide her with needed comfort, closeness, security and love: meal time, car trips, touch, snuggles, etc.” They stress that the treatment’s goal was “to improve our daughter’s quality of life and not to convenience her caregivers.”
4 But the treatment went further: doctors removed her uterus to prevent potential discomfort from menstrual cramps or pregnancy in the event of rape; and also her breast tissue, because of a family history of cancer and fibrocystic disease. Not having breasts would also make the harness straps that hold her upright more comfortable. "Ashley has no need for developed breasts since she will not breast feed," her parents argue, "and their presence would only be a source of discomfort to her."

5 The parents say that the decision to proceed with "The Ashley Treatment" was not a hard one for them, but the same cannot be said for the doctors. "This was something people hadn't thought about being a possibility, much less being done," says Diekema, who chairs the bioethics committee of the American Academy of Pediatrics and was brought in to consult on this case. For the ethics committee of Seattle Children's Hospital, which reviewed the proposed treatment, "it took time to get past the initial response—'wow, this is bizarre'—and think seriously about the reasons for the parents' request," says Diekema.

6 First they had to be sure there would be no medical harm: removing breast buds, Gunther says, is a much less invasive procedure than a mastectomy. The hormone treatment was commonly used 40 years ago on lanky teenage girls who didn't want to get any taller. "The main risk," Gunther says, "is of thrombosis or blood clot, which is a risk in anybody taking estrogen. It's hard to assess in a young child because no one this young has been treated with estrogen." There were very few reports of thrombosis among the teenage patients, he says, "So I suspect the risk is fairly low. After treatment is finished, I don't see any long-term risk, and we've eliminated the risk of uterine and breast cancer."

7 The ethics committee essentially did a cost-benefit analysis and concluded that the rewards outweighed the risks. Keeping Ashley smaller and more portable, the doctors argue, has medical as well as emotional benefits: more movement means better circulation, digestion and muscle condition, and fewer sores and infections."If you're going to be against this," Gunther says, "you have to argue why the benefits are not worth pursuing."

8 They knew that the treatment would be controversial, though they did not quite foresee the media storm that would erupt when they decided to publish the case and invite their peers to weigh in. "I felt we were doing the right thing for this little girl—but that didn't keep me from feeling a bit of unease," admits Diekema. "And that's as it should be. Humility is important in a case like this."

9 Gunther also understands why the case has inspired such intense feelings—but notes that "visceral reactions are not an argument for or against." This was not a girl who was ever going to grow up, he says. She was only going to grow bigger. "Some disability advocates have suggested that this course of treatment is an abuse of Ashley's rights and an affront to her dignity. This is a mystery to me. Is there more dignity in having to hoist a full-grown body in harness and chains from bed to bath to wheelchair? Ashley will always have the mind of an infant, and now she will be able to stay where she belongs—in the arms of the family that loves her."
But how far would Drs. Gunther and Diëkema take this argument? Would they agree to amputate a child's legs to keep her lighter and more portable? Hormone treatment is nowhere near as risky and disfiguring as amputation, Diëkema retorts; it just accelerates a natural process by which the body stops growing. Parents of short children give them growth hormones for social more than medical reasons, he notes. How can it be O.K. to make someone "unnaturally" taller but not smaller? To warnings of a slippery slope, Gunther tilts the logic the other way: "The argument that a beneficial treatment should not be used because it might be misused is itself a slippery slope," he says. "If we did not use therapies available because they could be misused, we'd be practicing very little medicine."

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d ➤ after you read

Review Important Points
Going over major points immediately after you have read, while the information is fresh in your mind, will help you to recall the content and record key ideas.

Exercise 4 Reviewing Important Points

Directions: Answer the following questions based on the information provided in the selection. You may need to go back to the text and re-read certain portions to be sure your responses are correct and can be supported by information in the text.

1. What is the overall controversy being discussed in this article?

2. List the medical treatments received by Ashley and the purpose of each.

Organize the Information
Organizing the information you have discovered in a reading selection shows you have understood it and can restate the material in a different way. You
1. In my business class, we spend a great deal of time discussing the moral principles and issues of right and wrong that are part of the advertising world.

2. Since Junaid loves kids so much, he plans to study the field of medicine that deals with the health of children when he enters medical school.

3. Because I will be changing residences over the next several years, I am looking for a wall unit that is easily moved around from place to place.

4. Not considering himself exceptional or unique, Professor Jenkins accepted his award for outstanding teaching with courtesy, respect, and a humble manner.

5. The process of surgically altering cats and dogs so that they are unable to reproduce is common practice at pet adoption centers today.

6. Although Caroline enjoys her work as a fashion model today, she hasn’t forgotten her early teenage years when she felt very awkward being extremely thin, tall, and not very graceful.

7. As soon as Peter took a bite of the chocolate cookie he felt his diet was over and that this single act would send him on his way to one bad behavior after the next, leading to weight gain.

8. It seems as though Wanda’s likelihood for attaining good grades has really improved since she increased her weekly study time.

9. Do you go along with the adage that your first response to a multiple-choice question is usually correct?

10. After driving 10 miles over the speed limit, Phil had an intense, gut reaction when he heard the sound of sirens behind him.

11. Maureen felt it was very intrusive and impinging upon her privacy when her parents came into her bedroom unannounced.

12. The likelihood of realizing his dream to become a professional actor increased when Eric was selected to star in the freshman class drama series.