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https://www.100test.com/kao_ti2020/539/2021_2022__E8_80_83_E7_A0_94_E8_8B_B1_E8_c73_539130.htm 2002年Text 4 The Supreme Court ' s decisions on physician-assisted suicide carry important implications for how medicine seeks to relieve dying patients of pain and suffering. Although it ruled that there is no constitutional right to physician-assisted suicide, the Court in effect supported the medical principle of "double effect," a centuries-old moral principle holding that an action having two effects—a good one that is intended and a harmful one that is foreseen—is permissible if the actor intends only the good effect. Doctors have used that principle in recent years to justify using high doses of morphine to control terminally ill patients ' pain, even though increasing dosages will eventually kill the patient. Nancy Dubler, director of Montefiore Medical Center, contends that the principle will shield doctors who "until now have very, very strongly insisted that they could not give patients sufficient medication to control their pain if that might hasten death." George Annas, chair of the health law department at Boston University, maintains that, as long as a doctor prescribes a drug for a legitimate medical purpose, the doctor has done nothing illegal even if the patient uses the drug to hasten death. "It ' s like surgery," he says. "We don ' t call those deaths homicides because the doctors didn ' t intend to kill their patients, although they risked their death. If you ' re a physician, you can risk your patient ' s suicide as long as you don ' t intend their suicide." On another level, many in the

medical community acknowledge that the assisted-suicide debate has been fueled in part by the despair of patients for whom modern medicine has prolonged the physical agony of dying. Just three weeks before the Court's ruling on physician-assisted suicide, the National Academy of Science (NAS) released a two-volume report, *Approaching Death: Improving Care at the End of Life*. It identifies the undertreatment of pain and the aggressive use of "ineffectual and forced medical procedures that may prolong and even dishonor the period of dying" as the twin problems of end-of-life care. The profession is taking steps to require young doctors to train in hospitals, to test knowledge of aggressive pain management therapies, to develop a Medicare billing code for hospital-based care, and to develop new standards for assessing and treating pain at the end of life. Annas says lawyers can play a key role in insisting that these well-meaning medical initiatives translate into better care.

"Large numbers of physicians seem unconcerned with the pain their patients are needlessly and predictably suffering," to the extent that it constitutes "systematic patient abuse." He says medical licensing boards "must make it clear...that painful deaths are presumptively ones that are incompetently managed and should result in license suspension." 56. From the first three paragraphs, we learn that . [A]

[A] doctors used to increase drug dosages to control their patients' pain. [B] it is still illegal for doctors to help the dying end their lives. [C] the Supreme Court strongly opposes physician-assisted suicide. [D] patients have no constitutional right to commit suicide. [答案]

[答案] B [解题思路] A选项对应于文章第三段的第一句话"Doctors

have used that principle in recent years to justify using high doses of morphine to control terminally ill patients ' pain" (近年来，医生们一直在用这项原则，为自己替病危患者注射大剂量的吗啡镇痛的做法提供正当的理由)，但是显然选项与原文不符，用大剂量并不表示医生们总是会增加剂量。C选项对应于文章第二段第一句话"Although it ruled that there is no constitutional right to physician-assisted suicide, the Court in effect supported the medical principle of "double effect"" (尽管裁决认为，宪法没有赋予医生帮助病人自杀的权利，然而最高法院实际上却认可了医疗界的"双重效应"原则)，这说明最高法院的态度至少不是强烈反对。D选项的对应信息同C选项，但是原文的意思是"宪法没有赋予医生帮助病人自杀的权利"，没有提到"宪法没有赋予病人自杀的权力"，因而也是错误选项。同样，也很容易判断B是正确选项。 [题目译文] 从前三段，我们了解到 [A] 医生过去通过增加剂量来减轻病人的痛苦 [B] 医生帮助那些垂死的病人结束生病现在仍然是非法的 [C] 最高法院强烈反对医生协助病人自杀 [D] 病人没有宪法赋予的自杀权力

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