

# Research Package #1

## (High School – Cross Examination)



**“BIRT Canada should remove health benefits for those who choose an unhealthy lifestyle.”**

**(POLICY DEBATE)**

**Fall Workshop Topic (Sept./Oct.) 2006-2007**



# Code of Conduct

Preamble: Coaches need to familiarize themselves with this code as well as the rules in the **POLICY AND RULES MANUAL** and formally inform their debaters, parents, and supporters about these ethics and rules prior to competition each school year.

## **I. PARTICIPANTS:**

### GENERAL

- a. Participants shall be courteous and friendly to other competitors, judges, organizers and guests.
- b. Participants shall use language conducive to proper public speaking decorum. **Profanity is unacceptable.**
- c. In the event of a complaint, all participants must bring the issue to their coaches only, who will then approach the tournament organizer on their behalf. Complaints must be lodged immediately following a round of debate or speech.
- d. Participants shall not argue with the judge or their opponents about the conduct or the result of the speech or debate. Participants shall not dispute the result of a debate or speech round in the presence of the judge(s).
- e. The Association does not approve of the use of any illicit drugs or the consumption of alcohol at Association sponsored events

### DEBATE

- a. Debaters shall not seek to influence the judge by means other than evidence and argumentation during the debate.
- b. Debaters shall not listen to teams debating that they might meet on the same topic at a later time and thereby gain a competitive advantage. Coaches may, however, observe their own teams.
- c. Use of audio or visual equipment for the purpose of recording a debate may be done with the prior consent of both teams, their parents, and the organizer of the event.
- d. A team shall not seek or provide second-hand information regarding the cases of potential opponents.
- e. Debaters shall not breach normal courtesy by interruption, heckling, grimacing or whispering loudly while an opponent is speaking. Heckling, in an appropriate manner, in the case of Parliamentary style debating is acceptable.
- f. Debaters shall not, either by word or action, seek to belittle their opponents. Debates must be a clash of issues and not personalities.
- g. Competing teams must not collude to affect the debate in any way.
- h. Debaters must respect the personal physical space of an opponent. (Do not invade an opponent's space.)
- i. In an Impromptu style debate, debaters must define definitions in the spirit of debate. In other words, they must be defined fairly and allow for debate on both sides of the resolution.
- j. Students may not use computer, palm pads, cell phones, or any communication technology during a round of debate. Debaters must be able to compete on their own merit and the strength of their research done prior to the event.
- k. A debater shall not pass notes/cards to his/her partner when one of them has the floor, either from the constructive speech or the cross-examination. Debaters are judged on individual skills.

**Any conduct not in accordance with these codes will be grounds for disqualification in a tournament, and may include banning participants from future ADSA activities. Matters may be referred back to school based administrators.**

## **2. COACHES:**

- a. According to the School Act, as well as School Liability, a Teacher Representative/Coach must be present at all ADSA events that their students participate in.
- b. In the spirit of cooperation, coaches shall actively encourage the sharing of resource materials available from public libraries and other public resource centers between teams within their own school.
- c. Coaches must demonstrate qualities of courtesy and good sportsmanship. These are evidenced by proper acceptance of officials' judgement, positive encouragement of student performance and polite interaction with tournament organizers in the event of a complaint.
- d. Coaches will support the volunteer efforts of fellow coaches and judges, and will encourage their debaters to do so as well.
- e. The Coach/Teacher, as a representative of the school, is responsible for the conduct of all personnel composing the school's team (participants, spectators from their school, and parents of your students). Coaches/Teachers shall make an attempt to control any negative situation, before it becomes an issue for the tournament organizer.
- f. When organizing tournaments, organizers should make an effort to ensure that students from the same school can avoid debating each other when possible and that all debate teams from a school will have a fairly even split of affirmative and negative debates. Coaches should try to assign a bye to the school with the most teams at a tournament.
- g. Coaches will not scout out teams.

**Any conduct not in accordance with these codes shall be grounds for the ADSA to notify the School's Administration. If behavior does not change, the ADSA will hold the right to ban coaches/teachers from attending future ADSA activities.**

## **3. PARENTS AND SPECTATORS:**

- a. Parents and spectators, both student and adult, will demonstrate courtesy and good sportsmanship by positive encouragement (before and after a debate) for their team/children.
- b. Parents and spectators will demonstrate respect towards opponents, coaches, judges and tournament organizers.
- c. In the event of a complaint, parents and spectators are only permitted to approach their team/child's coach, who will then approach the tournament organizer (in that order). Parents, spectators and coaches will not approach opposing teams, coaches or judges after a debate has been completed.
- d. Parents will encourage their child to follow the rules of debate.
- e. Parents will not scout out teams.
- f. Parents and spectators will act in a supportive manner towards all volunteer personnel, who help in the development of all participant's skills, and encourage the promotion and growth of the ADSA.

**Any conduct that is not in accordance with this code, shall be as grounds for ejection from a tournament, and may include suspension of future participation in ADSA tournaments or interactions with the ADSA volunteers and participants.**

## What is a debate?

Debate is an organized way to discuss and come to a conclusion about an issue. The issue is stated at the beginning and is sometimes called a proposition or resolution. For example – BIRT Canada should remove health benefits for those who choose an unhealthy lifestyle. All of the discussion must relate to it. In a debate, one person speaks at a time and the other participants listen. The Alberta Debate and Speech Association is an organization that encourages debate. We have established a set of rules to ensure that these debates are fair for all competitors. ADSA has been in existence since 1974.

## What kinds of Debates are there?

The two types of resolutions which you will most commonly encounter are:

1. Propositions of policy (Should the drinking age be changed?).
2. Propositions of value (Women are better than men).

**Policy Debate** – In a policy debate, the resolution is a statement that a particular course of action should be pursued. For example, “BIRT the federal government refuses to allow the testing of Cruise missiles within its territorial boundaries”, or “BIRT the government limit the availability of medicare”. In a policy debate, the Affirmative must propose a **significant change, the reason(s) for it (arguments) and a plan for carrying it out**. They must show that their plan is feasible but not necessarily that it is legal or constitutional. They must be prepared to defend attacks on their position from the Negative while clashing with their opponent’s arguments.

**Value Debate** – In a values debate, the resolution is a statement of opinion. For example, “A program of nuclear deterrence is more likely to create peace than a program of nuclear disarmament” or “Women are better than men”. Evidence that makes the audience likely to accept your view can be presented but the statement is still simply an opinion and so it cannot be conclusively affirmed or disproved.

Unlike policy debate, the teams are not required to produce statistics and evidence. Instead, they make logical arguments for their points. This is not to say they may not use proof, but rather that this is not necessary to win the debate. The Affirmative does not introduce a plan or needs for change in values debate. The Affirmative team simply argues for the resolution and the negative against it. The Affirmative still carries the burden of proof.

So the BIG difference between a policy debate and a values debate is the Plan and the needs for change. You need a plan and needs for change in a policy debate, you do NOT need a plan or needs for change in a values debate.

## What kind of Debate will this one be?

This first debate topic for the 2006 season – removal of health benefits – is a POLICY debate, therefore it requires needs for change and a **plan** for carrying it out! It is a very contentious issue with strongly held and diametrically opposing views on both sides. This debate is really a debate between competing ethics of egalitarianism and utilitarianism. An egalitarian approach solves allocation issues by providing equal access to health care resources, whereas a utilitarian approach solves allocation issues by providing the greatest good for the greatest numbers. Utilitarians would argue that patients who do not lead a healthy lifestyle do not deserve the same treatment as those who “look after themselves.” Egalitarians would say that all patients should have equal access to health care.

You will notice that this topic involves the idea that a change should take place. In this case the resolution proposes a change to the way things are presently done. Since the Affirmative supports the resolution they are in favour of the change. The Negative wants to convince the judges that the Affirmative arguments should be rejected. The status quo should be maintained.

### THE AFFIRMATIVE SAYS

**In this debate, the Affirmative is really arguing for a utilitarian approach – solving allocation of health care resources by providing the greatest good for the greatest number.**

Utilitarians argue that Canadian society has come to a crossroads. Comprehensive health-care coverage for every citizen in every province of our country is simply too expensive, they say. Costs are “out of control.” The system is “not sustainable.” Since we cannot afford all of our values, we must chuck out some of them. If we want to preserve high-quality medical care (at least for those who can afford to pay what it will cost), then we must sacrifice hitherto sacrosanct principles, such as universal accessibility and comprehensiveness. Equality (of access), say the critics, is the enemy of quality (of care).

Canada spends more on health care than any nation, and the cost of health care has risen since the mid-1960s at a rate in excess of the rate of inflation or economic growth. There is strong pressure to change the structure of the health system in order to achieve cost containment. Many approaches have been taken including the restriction of services to subsets within the population. The restriction of services is justified because many of these therapies do not significantly alter quality of life or length of life for these patients. It is time that Canada defined what treatment should be withheld and to whom. Doctors are already doing this and our government needs to create a legal avenue for doctors.

## THE NEGATIVE SAYS

**The Negative in this debate is really arguing for an egalitarian approach to this program – solving allocation issues by providing access to health care resources to everyone on the same basis.**

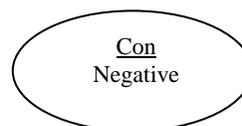
Roy Romanow's Commission on the Future of Health Care in Canada acknowledged that its first task was to seek clarity "on what values Canadians want their health system to reflect in its policies and programs." The commissioner identified universal access based on need as the value to which Canadians assign the highest priority: "Almost all Canadians I have heard from to date want to ensure that the poorest in our society have access to health care. They also believe Canadians should not be bankrupted by the costs of acquiring needed health-care services, and that all Canadians should be protected against catastrophic illnesses and injuries. Most think that need should always be taken into account, with a majority convinced that it should be the sole factor in determining what core of medically necessary services the system should cover."

Seeking to limit treatments to contain a budget is problematic and unethical. If money is to be saved, it should be saved fairly. Medicine and nursing exist to care for the welfare of human beings regardless of race, color, age or lifestyle behaviors. Health care in Canada is supposed to be about equal treatment for all comers.

The idea behind debate is that there are two sides to every issue. In a debate, the two sides are known as the Affirmative and the Negative. The two sides of the debate have different jobs arising from their position with respect to the resolution, issue, or topic.

The Affirmative supports the Resolution.

The Negative opposes or clashes with the Affirmative.



To win a debate, you must do two things:

1. Give good reasons why your side of the topic is *true*, and
2. Show why your opposition's reasons are *wrong* (rebuttal).

## THE AFFIRMATIVE

The Affirmative speaks first in any debate. Why? Because the Affirmative is suggesting a change. Without this change there would be nothing to talk about. As the Affirmative you are saying: "Hey everybody, stop what you're doing, I have an idea how we can change things."

The job of the Affirmative in any debate is to persuade the judges that the present system, or status quo, should be **significantly** changed. In order to accomplish this, there are a number of steps that the Affirmative team will go through.

- 1) Define the resolution (Make sure everyone knows what we're talking about).
- 2) Present needs for change (arguments). Tell us why we should change things. (What's wrong with the status quo).
- 3) Present a plan that solves the problems of the present system.
- 4) Show the benefits of the plan (Why bother?).
- 5) Refute negative attacks on the Affirmative case. (Show why they're wrong and you're right).

Owing to time restrictions, the Affirmative duties are normally divided up between the first and second Affirmative speakers.

# THE NEGATIVE

The job of the Negative is to be disagreeable! Whatever the Affirmative believes, generally, the negative disagrees. The more you disagree, the better! The Negative has to convince the judges not to accept the Affirmative proposition.

The Affirmative wants to convince the judges that their proposal (to change the system) should be adopted.

The Negative wants to convince you that the affirmative proposal should not be accepted for one or more reasons.

The steps that the Negative would use are:

- 1) Either agree with the Affirmative definition or propose a definition of your own.
- 2) Rebut the Affirmative needs for change (arguments).
- 3) Attack the Affirmative Plan and sometimes propose a counterplan.
- 4) Present reasons (arguments) to keep the status quo (show why the present system is OK).
- 5) Refute Affirmative attacks on the Negative case (show why they're wrong and you're right).

Owing to time restrictions, the Negative duties are divided between the first and second Negative speakers.

Before the debate begins, members of both teams should write the Resolution on the board and indicate their names and team codes on the chalkboard at the front of the room, so that the judges can enter this information on their ballots.



What are the formats and times of Sr. High Debate?

## Senior High Cross-Examination (2 Person Teams)

	Beginner Level	Open Level
1 <sup>st</sup> Affirmative Constructive	6 min	7 min
1 <sup>st</sup> Affirmative cross-examined by 2 <sup>nd</sup> Negative	3 min	3 min
1 <sup>st</sup> Negative Constructive	6 min	7 min
1 <sup>st</sup> Negative cross-examined by 1 <sup>st</sup> Affirmative	3 min	3 min
2 <sup>nd</sup> Affirmative Constructive	6 min	7 min
2 <sup>nd</sup> Affirmative cross-examined by 1 <sup>st</sup> Negative	3 min	3 min
2 <sup>nd</sup> Negative Constructive	6 min	7 min
2 <sup>nd</sup> Negative cross-examined by 2 <sup>nd</sup> Affirmative	3 min	3 min
Break	5 min	5 min
Rebuttal Speech by 1 <sup>st</sup> Negative	4 min	4 min
Rebuttal Speech by 1 <sup>st</sup> Affirmative	4 min	4 min

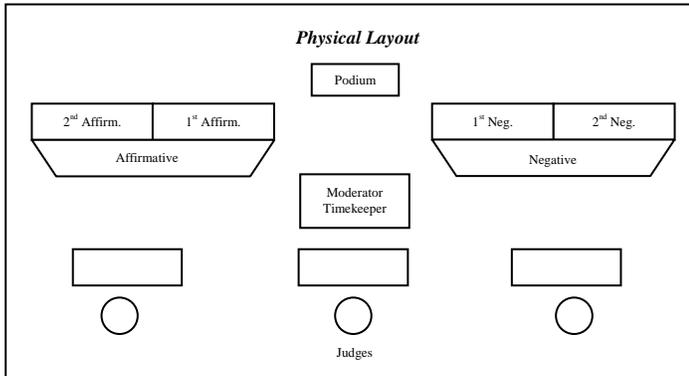
## Bilingual Senior High Cross-Examination (2 person teams)

	Beginner	Open
1 <sup>st</sup> Affirmative Constructive in French (Definitions in both languages)	6 min	7 min
1 <sup>st</sup> Affirmative cross-examined by Second Negative in French	3 min	3 min
1 <sup>st</sup> Negative Constructive in French	6 min	7 min
1 <sup>st</sup> Negative cross-examined by 1 <sup>st</sup> Affirmative in French	3 min	3 min
2 <sup>nd</sup> Affirmative Constructive in French	6 min	7 min
2 <sup>nd</sup> Affirmative cross-examined by 1 <sup>st</sup> Negative in French	3 min	3 min
2 <sup>nd</sup> Negative Constructive in French	6 min	7 min
2 <sup>nd</sup> Negative cross-examined by 2 <sup>nd</sup> Affirmative in French	3 min	3 min
Break	5 min	5 min
Rebuttal by 1 <sup>st</sup> Negative in English	4 min	4 min
Rebuttal by 1 <sup>st</sup> Affirmative in English	4 min	4 min

### Special notes:

- The first speaker is the Rebuttal speaker, and this never changes.
- Speakers must never interact with their partner while speaking.
- During cross examination, heckling, talking, pulling faces and the like are never tolerated.
- Passing of notes is not acceptable.

## What is the Physical Layout of a debate?



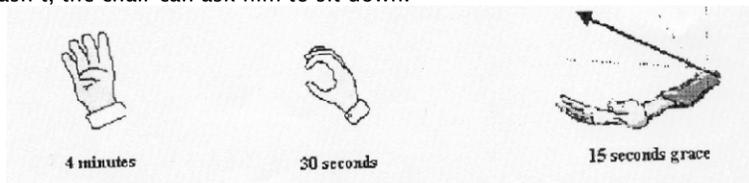
The affirmative and negative teams always face the audience from the front of the room. Affirmative on the left and Negative on the right from the point of view of judges. Seated in clear view of both teams is a "chair/timer".

The debate is 'controlled' by the 'chair' (also referred to as a 'chairperson'). Debaters should always start their speeches by acknowledging both the chair and the audience. A male chair is usually referred to as "Mr. Chairman"; a female chair as "Madame Chair". A common way of starting a debating speech is therefore, "Mr. Chairman, ladies and gentlemen", or "Madame Chair, ladies and gentlemen".

The chair/timer introduces the debaters before they speak and is in charge of ensuring that the debaters know how much time they have left in their speeches. This is indicated either on numbered cards or through standard hand signals.



The timekeeper indicates the number of minutes left in a speech by holding up the appropriate number of fingers. The last 10 seconds are counted down on the timekeeper's fingers, in the same way the minutes were counted. After the full time of the speech is completed, the debater still has a 15-second grace period to finish his remarks. This is counted down with the timekeeper's arms (imagine the second hands ticking down on a clock). The debater must have finished his speech by the end of the grace period. If he hasn't, the chair can ask him to sit down.



It is important not to be too prescriptive about timing. Ultimately, the best timing depends on the context. Sometimes, for example, you will find it important to spend more time than usual on rebuttal; on other occasions, you will need to spend more time explaining your arguments clearly. The most important requirements of internal timing is simply that you spend about 30 seconds on your conclusion, and a few minutes on rebuttal. As a general rule, each speaker in the debate will spend more time on rebuttal – so the second negative, for example, will generally rebut for longer than the second affirmative, who will rebut for longer than the first negative.

Just as important as 'internal timing' is what is sometimes called 'external timing' – the amount of time that you speak for. The principal here is simple: *you should use all of your allotted time, but not much more!*

A speaker who speaks for less than his time is making a significant strategic mistake – he or she is missing important persuasion time. That said, it is important not to go over time, either. Judges will generally allow a speaker about 15 seconds overtime before they start deducting marks. Speaking overtime is completely unwarranted – not only will Judges deduct marks; they will stop listening to what you are saying!

There is no single way to ensure effective timing. Some speakers wear stopwatches and check the time of their speech; most simply develop a good sense of how long an argument should take. Either way, you need to be aware of time as your speech progresses. When you see the card showing one minute left, you need to finish the point that you are on and start summarizing. When you see the stop card, you need to finish whatever you're on and sit down!

Finally, to decide the winning team and evaluate the individual speakers, an odd number of judges must be present. Having an odd number of judges is necessary in most tournaments to eliminate the possibility of a tie being awarded. The judges work individually in scoring the debate; they may not confer with each other or with anyone else in the room until they have completed their ballots.

# Policy Debate Flow Sheet

## High School – Cross Examination

### The Task of the Affirmative Team

- The Affirmative will argue **for the resolution**
- Members of the Affirmative team will provide contentions and arguments and evidence in support of the resolution
- If the Affirmative Team’s Position is, on balance, more credible than the Negative, then the Affirmative wins the debate

### The Task of the Negative Team

- The task of the Negative is to argue **against the resolution**
- Members of the Negative team will provide contentions and arguments and evidence in opposition to the Affirmative and in support of the Negative position
- If, on balance, the Negative’s Team Position is more credible than the Affirmative, then the Negative team wins the debate.

1 <sup>st</sup> Affirmative (Beg – 6 min, Open – 7 min)	Cross X (3 min)	1 <sup>st</sup> Negative (Beg – 6 min, Open – 7 min)	Cross X (3 min)	2 <sup>nd</sup> Affirmative (Beg – 6 min, Open – 7 min)	Cross X (3 min)	2 <sup>nd</sup> Negative (Beg – 6 min, Open – 7 min)	Cross X (3 min)	Break (5 min)	Negative Rebuttal (1 <sup>st</sup> Negative) (Beg – 4 min, Open – 4 min)	Affirmative Rebuttal (1 <sup>st</sup> Affirmative) (Beg – 4 min, Open – 4 min)
Introduction	1 <sup>st</sup> Affirmative Cross examined by 2 <sup>nd</sup> Negative	Introduction	1 <sup>st</sup> Negative Cross examined by 1 <sup>st</sup> Affirmative	Introduction	2 <sup>nd</sup> Affirmative Cross examined by 1 <sup>st</sup> Negative	Introduction	2 <sup>nd</sup> Negative Cross examined by 2 <sup>nd</sup> Affirmative	Debaters use this time to work on rebuttal.	Both rebuttals summarize their position and point out the basic flaws of the opposition.  No new arguments can be introduced.  Explain why your team should win and the other team should lose.  Remind the judges of your arguments.  Tell the judges why they should believe your arguments even after the other team’s attack.  Explain why the judges should not listen to the other team.  Review critical evidence.	
Definitions		If necessary, attack definitions		Show unity with Caseline		Show unity with Caseline				
Theme/Caseline		Theme/Caseline		Clash with Negative arguments		Clash with Affirmative arguments				
Needs for change (arguments) – why is present system bad		Clash with Affirmative arguments		Additional needs for change (arguments)		Further status quo benefits				
Introduce Plan		If necessary, counterplan. Otherwise defend status quo		The Plan		Attack the Plan and benefits				
Conclusion		Conclusion		Benefits of Plan		Conclusion				

# 1<sup>st</sup> Affirmative Constructive Speech

## 1<sup>st</sup> Affirmative Constructive Speech (Sr. Beg - 6 min.) (Sr. Open - 7 min.)

1. Introduction
2. Definitions
3. Theme/Caseline
4. Arguments (Needs for Change)
5. Introduce Plan
6. Conclusion



The first affirmative speaker commands a most important role in the debate. He/she presents and clarifies the resolution for debate and is the first person to speak in favour of accepting the terms of the resolution and as such sets the initial tone and direction of the debate. The first affirmative constructive speech is the only speech that is prepared in its entirety prior to the debate. This speech has six main components:

### 1. Introduction

A formal introduction is required for the first affirmative speaker. This means more than merely saying, “Good evening”, or “Madame Chair, ladies and gentlemen...” – it means that you need to actually introduce the debate *as a whole*. In essence, a formal introduction involves ‘taking the audience by the hand’, and introducing to them the overall *issue* of the debate. This does not mean giving an intricate factual or historical background to the issue; the goal is simply to provide a conversational and ‘big picture’ introduction to the debate.

Formal introductions will rarely win you a debate – no judge is likely to say, “Despite everything that followed, this debate was really won by the first affirmative’s formal introduction!” However, the formal introduction *is* a vital opportunity for you, as first affirmative, to introduce the topic and issue as you see it.

The important point is that a formal introduction is more than a mere greeting – it is an introduction to the issue and, if you choose, a characterization of that issue from your team’s point of view. In essence, it is a roadmap telling the judges what the team will do. This is sometimes called “the split.”

Let’s take a look:

“Good Morning, ladies and gentlemen. I rise today to talk about an issue of great importance to our society. The topic for debate is BIRT Canada should remove health benefits for those who choose an unhealthy lifestyle. Our medical profession is becoming so overburdened that doctors are refusing to see “unhealthy patients” because caring for them would be too complicated and too much of a burden for their already overcrowded practices. The Affirmative team supports this practice. I as the first speaker will define terms, present a theme and then offer two arguments in favor of the resolution. My partner will present a further argument in favor and present a plan on how this can be done, as well as presenting some benefits of our plan.”

### 2. Definitions

It is impossible to debate without first understanding what the topic means. Therefore, both teams need to decide what they think the topic means *for the purposes of the debate*. This is known as ‘the definition.’

Not many debating topics involve complicated words. Therefore, the purpose of the definition is *not* to tell your audience, Judge and opposition what a word means *in general*. Instead, the purpose of the definitions is to explain what a word means *for your debate*.

In *all* cases, the affirmative team must present a definition of the topic; a clear statement of what the team understands the topic to mean. The first affirmative speaker presents this definition early in his or her speech. Essentially, be defining the topic, the first affirmative speaker is saying, “We think that this is what the topic means for the purposes of our debate. We think that *both* teams should debate on the basis of this meaning.”

In some circumstances, the negative team may disagree with the affirmative team’s definition. In that case, the negative team is essentially saying, “No – we disagree with your suggested interpretation of the topic. We think that *both* teams should be debating on the basis of another meaning – the meaning given by our definition.” Therefore, before every debate, *both teams* need to prepare a definition of the topic.

Above all, both teams should try to be as clear and as simple as possible when defining the topic. Definitions should embody the standard meanings of the terms of the resolution in contemporary public discourse. Creative, novel or

whimsical definitions are not appropriate. (This is sometimes referred to as “squirreling” definitions). Choose straightforward terminology. Be specific and give details so everyone knows exactly what you mean.

Define terms in the topic, not every single word. There is nothing wrong with defining individual words. However, you should *choose* the terms and words to define; don’t just define every word for the sake of it. Defining many words (such as ‘a’ or ‘the’) is both confusing and a waste of time.

From a judge’s point of view, the worst debates are when the two sides are talking about completely different things. So make it easy on us as judges and on yourselves as debaters: define the terms of the resolution fairly!

So in this first debate we would define the following words:

**remove** – to stop providing for, to stop providing equality of access, or to limit access to treatment

**health benefits** – care and services that a patient is due; public entitlements

**unhealthy lifestyle** – self destructive vices such as erratic and unhealthy eating habits, smoking, drugs, alcohol, etc.

**Hint for the Negative:** *If the definition is defined in a way that isn’t fair you must say this in your first speech.* The ADSA constitution states:

- a) The Affirmative must reasonably define the essential terms of the resolution.
- b) The Negative should take issue with the definitions only if it feels those provided by the Affirmative are patently unreasonable. If this happens, the judge shall accept the definition that is best supported through evidence and argument throughout the debate. Definitional debates are a drag for everyone.
- c) The Negative should not first accept and then later object to the definitions. Failure to challenge a definition is understood to be acceptance of it.

The negative may challenge the definitions offered by the affirmative only at the beginning of the first negative speech and on the grounds that the definition does not meet the requirements set out in the previous rule. The judges must decide at the start of the debate whether such a challenge is warranted. Meanwhile, the negative may either attempt under protest to make it under the definitions offered by the previous rule and make its case under them. If the negative does not challenge the definition offered by the affirmative at the beginning of the first negative speech, it will be assumed to have accepted them.

### 3. The Theme/Caseline

The practice of using a theme/caseline is now becoming more popular in many provinces. Experience shows us that the most successful arguments are those that can be expressed with a simple and unifying idea. It is important to give your audience many *individual* reasons (arguments) that support your side of the topic. However, if possible, it is also very helpful to show your audience, Judge and opposition the ‘big picture’ to your case. This is the purpose of a ‘theme’ (also known as a ‘caseline’).

A theme is a single, concise sentence that explains the main idea behind your case. Ideally, a theme will explain two things:

- **WHY** you say the topic is (or is not) true, and
- **HOW** this comes about

For example, consider the topic “BIRT Globalization is doing more harm than good”. A theme for the affirmative team might be, “Globalization’s emphasis on economic competition advantages a few developed nations at the expense of the majority of the world’s population.” Assuming that it reflects the affirmative team’s arguments, this is an effective theme (whether or not, of course, it is actually true). Specifically,

- It explains **WHY** the topic is said to be true: the affirmative team opposes globalization because it “advantages a few developed nations at the expense of the majority of the world’s population”, and
- It explains **HOW** this comes about: through “globalization’s emphasis on economic competition.”

The simple approach to formulating a theme, therefore, is to ask, “Why is it true to say that our side of the topic is correct?” In our case, we would ask, “Why is it true to say that globalization is doing more harm than good?” An effective theme answers this question.

#### How often should the theme be used?

Debaters are often told that a theme should be used so often that the audience can remember it when they leave the debate. Some believe that the theme should be stated at the beginning of the first speaker’s arguments, and at the conclusion of every point. Some particularly unimaginative debaters also use it as a standard introduction and conclusion, often in the same speech!

However, this approach is a particularly unsophisticated way of debating. As will be explained later, it is important at the end of each argument to explain very clearly how that argument supports the main *idea* of the team case. It is true that the

theme should embody this main idea. However, repeating the theme after every argument becomes monotonous, and usually distracts debaters from actually explaining how their argument supports the main idea of their case.

Therefore, the simple rule for using themes is this: *The theme should be stated at least once in every speaker's speech. Every speaker should return repeatedly to the idea that underpins his or her team's case, but there is no need for a speaker to repeat the theme after it is initially stated.*

#### How should the theme be presented?

The theme is first presented by the first speaker of the team, early in his or her speech. There are a number of ways that the theme can be introduced. Some of these are:

- "Our theme for this debate is ..."
- "Our central thematic argument will be ..."
- "The crux of our case is this: ..."
- "Tonight, our team will show you that ..."
- "The fundamental reason that we support [or oppose] tonight's topic is ..."

So in the first debate, the theme/caseline could be:

Increasing costs, overcrowded medical practices, overburdened doctors and an ever-increasing unhealthy lifestyle is forcing the medical profession to make choices about which patients to treat.

#### 4. The arguments (needs for change)

Present the affirmative arguments for change by demonstrating flaws in the present system, or status quo. State the arguments for a Big Change. **BIG** – This is very important. As the Affirmative, your mission in life is to change things. If you only make small changes, that's like saying "Basically we support the present system." Good Affirmatives don't do that.

Like many words used in debating, the word 'argument' has many meanings. For our purposes, an argument is *a distinct point supporting your side of the topic*. For example, if the topic is "BIRT Schools give too much homework", then the essence of an argument for the affirmative might be, 'Students have so much homework to do that they do not have enough time for sport or other activities.' This is not necessarily the *main* point for the affirmative team, and it is hardly the *central* point (that is, the theme). However, it is *a* point nonetheless so, for our purposes, it is an 'argument'.

Therefore, in the simplest sense, we can consider a debating case to comprise different arguments, brought together by the case approach.

When presenting arguments, or any other important point in a debate, you should go through 4 steps:

1. State your point.
2. Explain your point.
3. Provide evidence in support of your point (give an example).
4. Explain how that evidence proves your point (tie it back to your theme).

#### How many arguments do you need?

There is no set rule about how many arguments you need in your case. Naturally, the ideal number of arguments will depend upon the context of your debate – for example, the grade, the length of speeches and the complexity of the topic itself. However, we can spot some important guidelines.

The first and second speakers almost always need at least two arguments. Four or more arguments for either the first or the second speaker will almost certainly become unwieldy – the speaker will probably spend so much time setting up and tying-back those arguments that there will be little time for the essence of each argument itself!

You then need to divide your arguments between your first and second speakers, so that each speaker knows what he or she has to present. This process is known as the '**split**'. Therefore, *as a general principle*, the first and second speaker should each have two arguments. This means that, as a team, you should prepare three or four arguments. Here are some suggestions for our first topic. Do not use all these arguments. Pick the ones you can support well or present some of your own.

### Why Canada Should Remove Health Benefits for Those Who Choose an Unhealthy Lifestyle

1. The cost of health care in Canada is skyrocketing. In 2000, Statistics Canada added up the total bill at \$97.9 billion. The Conference Board of Canada predicts that, when adjusted for inflation, health care costs will total \$147 billion in 2020.
2. People can choose to alter their unhealthy lifestyles by exercising, eating recommended foods, quitting smoking, etc. If these people do not wish to live healthier, other Canadians should not be forced to foot the bill.
3. Smoking, obesity, and alcoholism can render certain medical procedures to be futile. Nicotine impairs bone healing – failure rate in operations where bone must heal to bone is five times higher among smokers. Obese people are at higher risk for surgery due to healing and pulmonary issues. A transplanted liver will become severely damaged by alcohol just like the old one.
4. Doctors are already overburdened. Unhealthy patients take longer to treat and require complicated care, reducing the overall number of patients a doctor can see.
5. Removing health benefits can provide additional incentive for altering a person's unhealthy lifestyle. A person is more likely to change their habits if it becomes a life or death situation.
6. Health benefits will go to the people who stand to gain the most. In this way, society will benefit the most from limited resources.
7. An unhealthy lifestyle generally leads to a longer hospital stay, incurs greater costs and leads to poorer outcomes. This process is a waste of resources.
8. In the United States, where patients pay for their own health insurance, their premiums are adjusted for lifestyle. In some states, premiums are higher for smokers. If we are to continue our public health care system in Canada without resorting to privatization, we must account for the higher costs of unhealthy lifestyles.
9. Obese patients' conditions are harder to diagnose. X-rays, ultrasounds, MRIs, and CT scans of obese patients are more likely to produce inconclusive images.
10. Treating those with unhealthy lifestyles is a lost cause. The patients are likely to leave the hospital and recommence the activities that led to the need for admission to the hospital in the first place.

#### 5. The Plan

After presenting all the needs for change (arguments), the First Affirmative speaker usually has just enough time to give a brief outline of the plan before concluding the speech. Remember, the 1<sup>st</sup> affirmative MUST at least outline the plan. This outline might consist of stating the points of the Plan without elaborating on them. This protects the negative team. If the plan is revealed later in the debate, there is no time for the negative to respond to it.

The Affirmative's plan must be completely outlined during the first Affirmative speech and completely described before the end of the second Affirmative speech. When proposing a counterplan, the Negative must describe the entire counterplan in the first Negative speech.

#### Summary of the Plan

The mechanisms of accountability that were once appropriate to a health care system comprised largely of medical professionals and non-profit institutions no longer apply. With the cost of health care rising, it is third-party payers who increasingly underwrite the costs of various procedures. Because health care resources continue to be limited, the third party payers are demanding a prioritizing of these scarce resources. The challenge is to develop and implement a scientifically sound process for handling treatment decisions.

We propose a plan similar to that advocated by the Australian Government in 2003 – The Disability Discrimination Amendment Bill, or similar to the Illegal Use of Drugs and Alcohol section of the U. S. Code, except that we would add smoking, obesity and alcoholism to the list. In addition, to ensure that no-one's human rights are violated, we advocate a system that uses a set of criteria for treatment: need, equality, contribution, ability to pay, effort and merit.

#### 6. A conclusion

No matter how hard they have concentrated, and how carefully they have listened, audiences and judges can still be swayed by an effective appeal to emotion or a punchy summary of a main idea. This is the role of an effective conclusion – to succinctly and powerfully remind your audience of your central point.

Try to find something – a quote, an idea, a triplet, or any other kind of punchy line that sums up your approach.

# Cross Examination

In Senior High – when the 1<sup>st</sup> Affirmative speaker has finished his constructive speech, he/she remains standing and says, “I am now open (ready) for cross examination.”

## First Affirmative cross-examined by 2<sup>nd</sup> Negative (3 min.)



After delivering a constructive speech, each debater is cross-examined by one opponent. You are always cross-examined by the member of the opposite team who is NOT speaking next. Cross-examination is a skill that is often practiced separately from speech-making. Although it is an integral part of cross-examination style debating, it requires special knowledge and strategy.

Have you ever seen an attorney fire questions at a witness in a heated courtroom scene on TV or in a movie? Although usually less thrilling than this artificial replication, cross-examination is essentially just that. In debating, cross-examination is a tool by which a debater attempts to extract damaging admissions from an opponent, thereby exploiting loopholes in the opponents' case while strengthening his/her own claims.

In cross-examination, one debater, like the attorney, asks all the questions. This person is called the *examiner*. The other debater (the one who has just finished delivering a constructive speech) must answer all the examiner's questions and is known as the *witness*.

### Rules for Cross-Examination

- (a) The examiner controls the cross-examination. The respondent should be permitted reasonable - but not unnecessary - time to answer questions.
- (b) The respondent must answer all relevant questions honestly and must not ask questions except to request clarification.
- (c) A debater shall not seek assistance from his partner while asking or answering questions.
- (d) Judges should penalize speech making, irrelevance, flippancy, discourtesy or any attempt to personally discredit an opponent. Judges should also penalize lack of co-operation by a respondent and browbeating and rebutting by an examiner. (Examiners should only ask questions.)
- (e) New contentions and evidence may be introduced during cross-examination.
- (f) The examiner should ask fair, relevant questions. Questions need not directly relate to the speech just delivered but should relate ultimately to the topic at hand.
- (g) **Questions may not be personal** (i.e. Did you vote in the last election?).
- (h) If an irrelevant answer is given to a relevant question, the moderator, on request or on his/her own initiative, should order the respondent to answer the question properly.
- (i) The witness has the right to qualify answers.
- (j) Stay out of each other's space, do not touch each other's materials.

### Strategy of Cross examination

Judges are normally able to tell only four things about a debate: they can tell who was the most at ease; they can tell who had the most concrete information; they can tell who was the easiest to understand; they can tell whose speech or remarks they remember best. Judges are not normally able to tell who was “right”, which side won the argument or won particular issues.

If this hypothesis is correct, it should govern your approach to cross examination debating. Your purpose is not to convince your opponent that you are right, but to install yourself in your judges' minds as the person who is most at ease, most concrete, most understandable and most memorable.

Witnesses rarely confess to murder in court, and even more rarely in cross examination debate. Your purpose as an examiner is more modest. You hope to convince the judge, not the witness, that you are correct. Your opponent whom you are examining ceases to be relevant – at least in the sense that although you are asking him questions you do not particularly care what answer he in fact gives. If by clear questioning you paint your opponent into a corner, it does not matter that he at the last moment makes an inconsistent denial. It is enough if the judge realizes that you are right as a result of the questions asked. Obviously, it will make your success more apparent if the witness admits that you are right; it is sufficient, however, that it is apparent to the audience.

This fact governs your entire strategy as witness and examiner. It means that the successful witness will never be defensive or surly: that tells the judge that the examiner is asking damaging questions and makes the judge sit up and take notice. Even if the judge does not understand why the witness is defensive, the judge infers that the witness is losing ground. Similarly, as an examiner, don't be frustrated when a witness denies questions which must obviously be answered “yes”. The judge knows the

correct answer to the question, and he is the only one you are seeking to convince. Your calm, deliberate manner will convince the judge that you are succeeding.

### Uses of Cross Examination

Novice debaters assume that cross examination is simply an extension of rebuttal: a second chance to refute arguments made by your opponent. That is a use of cross examination, but only one:

a) Rebuttal

The questions can be used to show that the witness is mistaken, to show that the witness is uninformed or ignorant of the facts or important issues in the debate, or to show that part of the witness's argument contradicts another part.

b) Construction

The questions can be used to set up the witness, particularly now that each speaker (except the first) asks questions of an opponent immediately before giving his or her own speech. You can do several things here: get the witness to admit that he is familiar with particular evidence or accepts the validity of your source ("You're familiar with the findings of the Kelly Commission?"); you can pin down details of your opponent's case ("Would you give the police the power to search without cause?"); you can get the witness to agree with hypothetical arguments or with some of the underlying assumptions in your argument.

c) Compromise the credibility of the witness

Particularly if the witness is not being entirely truthful or is guessing at some of his answers, you can use the period to expose him. You can show the judges that the witness is hesitating, avoiding the questions or lying.

Excellence in cross examination requires that the questioner size up the witness and determine which of these four strategies can be pursued most effectively given the particular witness, examiner and judges. Normally, of course, some combination of approaches is in order. If I can generalize, however, I would suggest the following:

- In the first cross examination, show the relation between the cases right away.
- In the first couple of examinations, spend your time on constructive purposes: it's more effective and more devious than rebuttal.
- Whenever the witness is on shaky ground, move in for the kill: expose through questioning that he is not to be believed.
- In the last two examinations, or when you run out of other questions, focus on rebuttal.

#### THE EXAMINER

**ROLE:** to ask questions of an opponent following his/her speech

**GOAL:** to extract damaging admissions from opponent using a crafty progression of questions

**TECHNIQUES:** short, straightforward, specific questions, yielding an answer about 5 seconds in length, often just "yes" or "no"

- a series of short questions leading to a self-evident conclusion
- a series of questions, each of which yields the same answer
- offensive attack of witness's speech through questioning on its inconsistencies and logical flaws
- maintaining control of cross-examination by questioning on more obscure information, such as specific surveys or statistics
- questioning on points that will be brought up in examiner's speech, but are as of yet unknown to witness, thus resulting in confusion as to the desired response of the examiner

**DESCRIPTION:** polite, patient, confident and knowledgeable

**WOULD NEVER:**

- deliver a speech
- ask a question to which he/she does not know the answer
- ask personal questions, or questions that are irrelevant to the debate
- converse with partner or opponent
- demand a "yes or no" answer from witness

### Advice to Examiner

It follows from what has already been said that the most important concern of the questioner is to create a positive impression on the audience. Let me make some observations about the nature of questions and then give specific advice.

Questions in cross examination debate are very different from those in Parliamentary debate. In Parliamentary debate, only a single question may be put, and it carries the burden (either through humour or straight refutation) of making a point. That is very difficult to do. In cross examination debate, however, a whole series of questions may be asked, and by seeking information a little bit at a time, a much more substantial point may be made. There is a more important reason for asking questions in a series: your purpose is to convince the audience; if you jump around, you may lose them. By asking questions in series, you may lose them. By asking questions in a series you let the audience follow your line of thought, and understand the purpose of the questions. You allow the judges to recognize your ability to think logically. And by focusing on three or four important lines of questioning, you signal to the judge that you can distinguish between important and trivial matters.

Manner

Questioning is a mental martial art. Few trained witnesses can withstand professional questioning which is tough and fair. Almost any debater can be pushed around by his examiner. There is therefore a great tendency for the judge to sympathize with the witness. The excellent debater solves this problem by being careful not to seem unfair or take advantage. His manner is gentle, sincere and friendly – and only becomes tough after it is clear to the judge that the witness is being evasive or lying.

## How to Formulate Cross-Examination Questions

### 1. Start friendly, end up aggressive

When you're cross-examining, your opponent is in a defensive position. You want to extract statements that will be anything but defensive. Therefore, starting with an aggressive, accusatory question is simply counter-intuitive, and invariably results in a hostile witness. Start with friendly questions, such as "*Is it true that you stated in your speech...?*" or other questions that are not easily contestable. Guide your opponent through a series of increasingly specific and contestable questions before posing the climactic finale.

### 2. Brevity is the soul of wit

Being the cross-examiner is all about keeping the floor. Your opponent is allowed up to 30 seconds to answer each of your questions. Since you're interested in furthering your own case and not in hearing your opponent make another speech, your job is to design questions that will cut off your opponent well before the 30-second mark. The best way to keep the floor is by phrasing questions that will yield brief answers. Follow two rules for designing such questions:

#### i) Make the question short and to the point

Long, convoluted or multi-pronged questions invite lengthy answers. Divide your points – never tackle more than one detail in a given question – and phrase each question as concisely as possible. This technique should result in more questions that might be shorter in length.

#### ii) Make the questions specific

Ask short, leading questions. When a lawyer says to his client, "You were only traveling about 30 miles an hour when you had the accident, weren't you?" he "leads" his client to the answer he wants – a different answer, perhaps, than he would get if he asked, "Did you notice how fast you were going?" or "How fast were you going when you had the accident?" In cross examination debate, you should always ask leading questions – not because they show the witness what answer you want (although that is important) but because they show the judges what answer you want. Do not ask, "What do you think ...?" or "How do you explain ...?" Such questions invite an answer of book length and are not focused. Instead, invert the question and supply the answer you want the witness to reach: "You think ..., don't you?" This often forces a "yes" or "no" answer (and even if it does not it narrows the issue greatly), it makes the issues clear for the judges, it leaves you in control of the examination, and it tells the judge exactly what the purpose of your question is. It follows from this that the best form of question is normally one which is short and contains a statement that you put to the witness. So, in a debate on "free" university tuition, don't ask, "What proportion of a student's income is spent on tuition?"; turn the question around and ask, "An average student spends about 25% of his income on tuition, doesn't he?"

### 3. Factual questions

It is almost impossible to ask questions of value during an examination. You are almost always best advised to limit yourself to factual questions – which prove the value you are asking the judges to accept. If you are denying the need for more police powers, ask questions that show that the number of assaults on police officers is declining anyway. If you are showing the danger of police powers, ask questions which show abuses and accidents as a result of police powers.

### 4. Don't argue

NEVER argue with your witness. It wastes your valuable cross examination time; it is a breach of the rules (which permit only questions) and so will result in a penalty; it is unnecessary if you are in control; and it gives your witness a chance to hedge or answer back.

If the witness wishes to argue, leave the subject and return to it in your own speech a few minutes later. Then the witness cannot explain his side of the matter, and you've not wasted your examination period. Any argument during

the questioning period is normally a matter of unsubstantiated assertion on each side: "Did too", "Did not". The excellent debater waits until his speech, produces the factual information to contradict the witness completely, and then smashes him and moves on.

5. Tie answers down

Debaters occasionally make damaging admissions in their speech. If they do so, it is very important that you nail down the admission in your cross examination period. Do it gently: don't let them see what mistake they have made, and don't let them know what you are up to. Make use of the admission in your own speech – when it is too late for the witness to cover up.

Equally, make use of admissions obtained during cross examination. Your first remarks in your speech should almost always be, "Before I get to the body of my speech, I'd like to deal with the admissions that my opponent made under cross examination." This is vital: it makes clear to the judges why the admissions were damaging; it nails down the admission before your opponent can blur it in his team's next speech; it makes a good transition between the questioning and your speech.

6. Leave answers alone

Don't repeat a witness's answers unless they are inaudible. If you do, the witness will normally worry that he has made a damaging admission, and hedge the answer. "The car was going 30 miles an hour?" "Twenty-five" "Twenty-five miles an hour?" "Maybe it was 20." When you get a good answer, leave it alone.

7. Ask in positive form

Never ask questions with a negative in them. "You agree that the crime rate isn't rising?" "Yes" is an unintelligible exchange. If you have really trapped the witness, then in his final rebuttal he will weasel out of the trap by pointing out that "Yes" meant, "Yes it isn't rising" instead of "Yes it is rising" or vice versa.

8. Ask a series of questions

You should break each line of questioning into individual questions in which you seek to make only one point per question. And you should normally have between three and ten questions in a given line of questioning. (If your purpose is constructive, for example, to obtain plan details, or to show the relationship between the affirmative and negative case, one or two questions may be enough. Only in your "rebuttal" use of questions is three-to-ten-in-a-series a useful rule of thumb).

9. Relevance

If your questions are being asked as a form of rebuttal, tie them to the preceding speech as closely as you can. The newest judge will be able to tell how closely the questions that are asked follow from the speech that has been given. More sophisticated judges will know that that is not the test of the questions. Although it might not be the test, the better you can tie it in, the better it will be – if your questions are being asked as a form of rebuttal.

There is a second sense in which this is important: Have you heard a debater ask a question and wondered whether he was listening to the answers? No matter what he hears, he seems to ask the next question. An excellent examiner responds to answers by nailing down any equivocation, by re-framing the remainder of the questions and by responding to what he has learned about his opponents' weaknesses of fact and strategy.

10. Don't back down

Judges sometimes misinterpret courtesy for backing down. While you must be courteous, you must demonstrate that you are in control. When you have the answer you want, or when the witness begins to stray from the topic, or ask questions, bring him back to the subject tactfully and try another tack: "Thank you witness, that answers the question." Or "Perhaps we can get to that later, for now all I asked was ...", or "I'll ask the questions now, thank you." To disarm the witness and make a favorable impression with the audience, it is often wise to begin with neutral questions and move from the general to the specific.

Similarly, you must not try to choke off an apparently damaging answer – because the judges will conclude (whether the answer is damaging or not) that some facts are against you and you are trying to cover up your weak position. The only time you can interrupt an answer without alienating the judges is when it is clearly irrelevant, and often then only after a long series of irrelevant answers. If the witness avoids answering a question, ask it again, if possible in exactly the same words. This is an effective way of underlining the witness's evasion. Be polite, however; asking leading questions as suggested above will give the audience the impression that you are being tough with the witness. If this is accompanied by any intimidation by voice or gesture you are likely to lose the sympathies of the audience. For the same reason, don't demand a particular answer of the witness: your goal is to convince the audience, not the witness. Even if he does not give you exactly what you want, if the audience realizes that he is equivocating, you obtain the same measure of success. And it may be that your argument can be made with what he gives.

## 11. Order of questions

In choosing which lines of questioning to use, keep two considerations in mind: if you run out of time, you must have already covered the most important areas of your examination – so put them first. On the other hand, you want to end on a strong note – as much of your strategy is creating the impression of success, rather than obtaining any particular admission from the witness. So you may decide that you should stop early – rather than commence a line of questioning that you will not be able to see through to its conclusion.

### Predicting an answer to a question

From time to time, in planning your examination, you will want to know what answer you will likely get to a question. Let me suggest that you can predict the answer:

1. If it is a matter of established fact;
2. Based on admissions from his speech;
3. If it is in the interests of his case;
4. If it is according to the presumed prejudices of the judges; or
5. If it is against the interests of your case.

### When not to ask questions

Don't ask a question once you find:

- The witness does not know the answer to a relevant factual question, whether because he is ignorant or mistaken;
- The admission you want is so damaging that the witness will hedge the answer;
- You want to focus attention on only a limited area of the debate;
- There is a gap between your premises and your conclusion.

### Constructing Effective Questions

I think it is quite easy to construct effective questions once you are armed with the foregoing advice. Let us consider the steps to follow:

1. Decide what admissions you want from the witness.

What is the purpose of the questioning? The easiest way to write questions is to start backwards: decide what you would like your opponent to admit (be reasonable!) and devise questions that will elicit that admission. As a negative debater in a debate on "Increasing police powers" you may decide you want the following admissions: The public generally (and police officers in particular) are not in greater danger now than in the past; and The public needs to be protected from the police, too (and so, you imply, we should not increase police powers).

2. Recognize that admissions fall into two principal categories:

Admissions of fact and conclusions. Normally, you will ask a series of factual questions designed to produce a conclusion. So once you start with what conclusion you want the audience to draw, attempt to break that conclusion into a series of factual statements that lead to it. In the example above, "Has the crime rate increased or decreased since 1980?" is a factual question that would lead to the conclusion that you want: the danger is no greater now than in the past.

3. Once you have your draft question, make it a leading question.

This ensures that it implies the answer that you want, and is normally accomplished by inverting it. The questions in the example above become, "The rate of violent crime has decreased since 1980?" and "The number of assaults against police officers has declined in the same period?"

4. Add the factual basis to the question.

It is not enough to imply the answer; your question should also have the content that makes it indisputable. In the two examples above, the questions, although leading, might still produce an unsatisfactory or disputed answer. They should be improved: "In 1983, the rate of violent crime declined from 14 incidents per thousand population to 9 incidents per thousand?" and "In the same period, assaults against police officers declined from 312 to 249 in Canada?"

You now have your cross examination questions. They may benefit from editing and polishing (and they may identify to you areas of your own case that require further research) – but you should now be a strong cross examiner.

Of course, what specific questions you ask is very much a result of the particular debate resolution, the side you are on, and the position your team takes on the several issues in the debate. Because the examiner may only ask questions, it is very difficult to cross examine on abstract issues (which, in any event, should be avoided in a debate). The possibility of error or police abuses in the present system is vague; the case of Donald Marshall is concrete. The crime rate is vague; the case of Clifford Olson is specific. If abstract issues are to be dealt with, they should be taken by concrete examples, analogies or particular instances.

## THE WITNESS

**ROLE:** to answer examiner's questions as honestly and reasonably as possible

**GOALS:** to defend position and avoid admitting to damaging concessions

**TECHNIQUES:**

- qualify an answer with reasonable information
- use up full 30 seconds allotted to each answer
- surprise the examiner by remaining unflustered at all times, even when offering damaging information

**DESCRIPTION:** calm, cool and collected

**WOULD NEVER:**

- refuse to answer a question, unless it be of an uncomfortably personal nature
- ask any questions of the examiner, other than clarification of the question
- be evasive by deliberately stalling or talking around the question instead of providing a direct answer
- deny obvious truths or dispute accepted facts for the sake of irritating the examiner
- formulate an answer longer than 30 seconds

### How to Answer Questions

Your objective as witness is the same as your objective as examiner: to create a favorable impression with the audience. To do that, you should appear cooperative and helpful. You must not become defensive (which signals that you are making damaging admissions). And you should not stall – that signals that you do not know the answer, that it is damaging, or that you are unprepared. Answering a question with a question reveals a poor knowledge of the rules. You want to convince the audience that you are forthright, well prepared and correct in your views; you don't want to alienate them through bad manners. In particular, if a question has trapped you, be as nonchalant and pleasant as possible – by doing so, the judges may miss (or misunderstand) the effect of the admission you are forced to make. Further, such an attitude may bluff the opposing debater into thinking the admission unimportant or also to your advantage.

The first step to being a good witness is to be well prepared. It is fundamental to our craft as debaters that for every argument (or authority) there is an equal and opposite argument (or authority). Your success as a witness depends in part on you having located that "reply" and being able to produce it quickly. Cue cards with the necessary information readily at hand may prove invaluable in the height of cross examination when time is precious. (The rules prohibit you from consulting your partner while under examination.) Of course, if you are well prepared, you will understand the issues; when the examiner asks a question, you should be able quickly to understand the issue being raised and be prepared for the opportunity to present the "reply" – that opposite argument or authority that your research has produced to support your conclusion.

Your job as a witness breaks down into four steps:

1. Listen to the question carefully. Be certain that you understand what is being sought before you attempt an answer – but don't stall;
2. If you do not understand the question, ask for clarification; if the question is really several questions, ask the examiner which one he wants answered;
3. Answer the question truthfully, and as briefly as possible. Long answers always look evasive, and may create a bad impression on the judges. Worse, a long answer uses up the examination period – and the best impression you can create comes when you answer "all of the questions your opponent could possibly have" and still have time left over. A long answer is also more likely to contain information damaging to your case than a short one.
4. Don't make speeches, and don't declare to the audience "I know where you are going with that line of questioning!" Far better that you should (apparently without trying) turn the questions to your advantage.

### Strategies in Answering Questions

1. Don't be in denial

Many debaters mistakenly believe that they are most successful as witnesses when they deny everything that the examiner asserts to be true – even obvious facts. Remember that you do not gain points for being argumentative, or lose points for conceding to certain facts. The tactic of denying everything generally makes fools out of witnesses rather than increases their credibility. When asked a direct, simple question, it is best to give the direct, honest answer that the examiner desires. Most questions of that nature are usually innocuous anyway, so denying them for the sake of being argumentative only makes you look defensive and hostile. For instance, if an examiner asks you what year it is, giving a false or sarcastic answer is counter-productive. It makes you look either ignorant or impudent, and insecure because you are afraid that your case will be lost by telling the examiner something trivial such as the current calendar year. Confident witnesses will pleasantly agree to obvious facts, rather than make a point of giving the examiner anything but the desired answer.

## 2. Don't be evasive

Another tactic frequently used by nervous witnesses is constant evasion of the question. Overly-concerned with the defence of their own case, many witnesses refuse to answer even the most direct questions, sometimes without even realizing it. Cross-examination depends on both debaters giving each other a fair chance. The examiner is expected to give the witness a fair chance to defend his/her stance, and the witness should return the favour. Being evasive, by jumping ahead to a later question, or delivering a speech, or providing off-topic information, rather than simply answering the question, deprives the examiner of an opportunity to extract admissions from you. Therefore, dodging the question is another tactic that ultimately makes you look hostile and insecure. The idea behind being a good witness is answering the questions so that the examiner has a *chance* at succeeding, but answering them in such a way that the examiner is unsuccessful overall.

## 3. Qualifying answers

At this point, you may be wondering how you can possibly answer questions honestly without giving up ground. One tactic witnesses can use to defend their stance under cross-examination is to qualify the answers they give. In most situations, an examiner's question will not require a direct, one-word response that you must provide without hesitation, as described earlier. Many questions will allow you to *slant* your answer with commentary or evidence that enforces your own stance. By incorporating such information, you can answer the question honestly without conceding as fully as the examiner would like you to.

In answering questions, you must, of course, tell the truth and be (and convey the impression of being) forthright; but you can do so within the limits of the following. You have two possible approaches:

- 1) The examiner is wrong or mistaken – and so you give him an answer he does not want or does not expect. You disagree with him. If this is to succeed, you should have at hand sufficient information or reasoning to make it clear why your answer is correct, and not merely an evasion.
- 2) Sometimes you can give the examiner the answer he wants or expects without hurting your case. This can be very effective. For example, it may be that,
  - a) the logic or premise on which the questions are based is wrong: even if you answer all of the questions the way the examiner wishes, that may not prove the conclusion he wishes to draw. (Even though there have been a number of recent, sensational police killings, that does not show the rate of violent crime is generally increasing.);
  - b) the answers you give do support the conclusion your examiner wishes to draw, but that conclusion itself does not prove his case as a whole. (There are a lot of abuses under the existing parole system, but that does not by itself call for a return to Capital punishment; it seems to call for parole reform.);
  - c) many of the answers you give are ones your examiner seeks, but to crucial questions you give an answer he does not want or does not expect. You may be able to give the examiner most of what he wants without hurting your case. (It is true that 40% of car accidents are “alcohol-related” but that statistic does not mean that 60% of those who drink-and-drive don't have accidents; it means that of all drivers – those who have been drinking and those who haven't – a disproportionate percentage of the total accidents are caused by those who drink and drive.);
  - d) the answers you give do support the case of the examiner, but it may be that the evidence as a whole is against it. (Incarceration is more expensive than Capital punishment, but that doesn't end the debate on the death penalty.).

Whichever approach you take – and of course, it may be different for different lines questioning – it may be necessary to make clear to the judges why the conclusion the examiner wants does not follow from the answers you have given. I recommend that the next debater on your team begin his speech by referring to the two recent cross examination periods – in which your team answered questions and then those questions which your team has just been asked. His purpose in doing so is to explain away any apparently damaging answers you have given, and to highlight the damaging nature of the answers your opponent has just given.

“Before I begin my constructive remarks, ladies and gentlemen, I'd like to say a brief word about the two cross examinations recently concluded. Under examination, my opponent admitted that the crime rate has declined over the last three years, while at the same time complaints against the police have increased. This reinforces our belief that there is no present need for an increase in police powers. At the same time, you will recall that when my colleague was cross examined, he admitted that protection of the public is the reason for a police force, and that a police force is vital to the protection of society. But these questions show that the Affirmative team has missed the point of the debate: we are not suggesting that the police force be disbanded – of course we need a police force. The real question is whether we need a more powerful police force at a time when crime is declining and there are many objections to the existing police powers ...”

However you answer the questions put to you, it is best to be forthright and cooperative, and so create a favorable impression with the judges. If the examiner is mistaken, show later why his questions don't make sense, or don't justify the conclusion he seeks. If the question requires an extended answer, ask for permission to give an extended answer; if the examiner refuses, you win the point in the minds of the judges; if he consents, he can hardly complain that you are taking too long. (“There are four reasons why we believe that. Do you want me to explain them?”)

# 1<sup>st</sup> Negative Constructive Speech

## 1<sup>st</sup> Negative Constructive Speech

(Sr. Beg - 6 min.)  
(Sr. Open - 7 min.)

1. Introduction
2. Outline "the split"
3. If necessary, attacks definitions
4. Negative team's theme/caseline
5. Clash with Affirmative arguments (needs for change)
6. Counterplan (If one is used)
7. Explain why status quo is good (arguments)
8. Conclusion



It is usually the role of the first negative speaker to oppose the affirmative philosophy and, in turn, the resolution. In particular, the first negative attacks the points made by the first affirmative.

### 1. Introduction

How does the 1<sup>st</sup> Negative actually start his/her speech? The answer is simple: acknowledge the chair of the debate and the audience, and don't waste time doing it! For example, start simply with something like, "Good evening Mr. Chairman, ladies and gentlemen ...", or "Madame Chair, ladies and gentlemen ...", then dive straight into your rebuttal.

### 2. Outline "the split"

Before rebuttal, however, you need to set up your team's approach. The first speaker of each team must carefully move through every part of the 'foundation' of his or her team's case. Just like 1<sup>st</sup> Affirmative did, 1<sup>st</sup> Negative must also present the "big" picture. Here's what 1<sup>st</sup> Negative might say in this debate:

"The Negative Team is going to oppose this resolution. We feel it is unethical and is contrary to both the Canada Health Act and the Canadian Charter of Rights and Freedoms. I will outline our theme/caseline and present two reasons to oppose this resolution. My partner will present a further reason for opposing as well as indicating other avenues that the government can use."

### 3. Definitions

If the affirmative has failed to define any key terms of the resolution, you may offer definitions. If the affirmative definitions are absolutely illogical or unreasonable, you must contest them immediately by providing compelling reasons for their rejection. This must be done in the first negative speech and only if the affirmative has used definitions which are unfair. (Check the rules on this point). Otherwise, it is assumed that your team is in complete agreement with the terms as defined

### 4. Negative team's theme/caseline

Just as 1<sup>st</sup> Affirmative did, 1<sup>st</sup> Negative would present the Negative theme/caseline. In this debate, the Negative theme might be:

Limiting an individual's access to health care is a violation of their basic rights and is problematic and unethical.

### 5. Rebuttal (clash with Affirmative arguments)

You must now attack your opponents' arguments. This is what we call 'rebuttal.' The goal of a debate is to convince your audience that your side of the topic is true - that is, for your case to defeat your opposition's case. Therefore, you should refute your opposition's case - by rebutting any notion, assertion, argument, example, statistic or anything else whose demise will contribute to the successful collapse of your opposition's case.

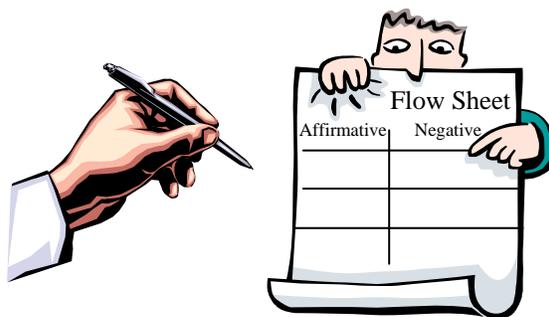
How can I keep track of all the points made by my opponent?

During a debate, it is important to take notes: you will need to clash with each point the other side makes and you can't possibly remember everything they say unless you take notes. Use whatever note-taking method works best for you, but many debaters find it helpful to keep a flow sheet with the Affirmative on one side and the negative on the other. Write down each point the other side makes, as well as your response to it.

Also make note of evidence that supports your arguments. You can use this sheet for the refutation part of your speech. Clash, well done, does not just involve taking issue with the logic of the opposition argument. It incorporates evidence that you have held in waiting for just such an occasion.

Creating a flow sheet:

- 1) Make notes on the key points of your opponent's speech on a piece of paper.
- 2) Leave room on the paper to jot down your arguments in response.
- 3) Make a note of evidence that supports your argument.
- 4) You can use this page for the refutation part of your speech.



### The Flow Sheet

A Flow Sheet is kind of like a cheap video tape recorder... it allows you to record what the other guy said and to let you think about what you want to say!

THEM	US

- A Flow Sheet allows you to respond to all the points your opponent makes. This is important because judges also keep Flow sheets. In other words, if you forget something --- you could be in trouble.
- Flow Sheets also provide you with a sort of tape recording of the debate.
- You cannot possibly remember everything in the right order and in enough detail without a Flow sheet (**order your opponents' ideas into a structure that better highlights the strengths of your case points**).
- Wouldn't you rather give a speech from a Flow sheet than off the top of your head?

#### What things should my rebuttal concentrate on?

The first issue is rebuttal of your opposition's theme. Attack the important ideas and assumptions underlying your opposition's case, *and refer to your opposition's theme while doing this*. The second issue is rebuttal of substantiation: examples and statistics. If your opposition's case is well supported by certain examples or statistics, you need to rebut them! *If you do rebut examples and statistics, you need constantly to consider and discuss their relevance and context in the debate*. In simple terms, it can be very effective to rebut an example or statistic if you show how your opposition's case was reliant upon that material.

### 6. Counterplan (if one is used)

The COUNTERPLAN involves the negative agreeing that the status quo should be changed, and then presenting a plan that is *significantly different* from the affirmative's plan. Remember, it must be very different, or it will sound like you are agreeing with the affirmative, which you must not do on any account if you wish to keep your dignity as a negative team member! If you run this strategy, make sure you explain what you are doing to the judges. The counterplan must be within the resolution. **This strategy is only used when it is conducive to do so.**

**There are problems with the counterplan strategy. In agreeing with the needs for change you give away half of the debate leaving an uphill fight. We do not recommend it!**

If a counterplan is presented, it must be done entirely by the 1<sup>st</sup> Negative speaker.

### 7. Status quo arguments (Reasons for keeping things as they are)

First Negative must now present reasons to justify the preservation of the status quo. Because he was rebutting 1<sup>st</sup> Affirmative's arguments, 1<sup>st</sup> Negative will only have time to present 2 reasons to maintain the status quo. Just like 1<sup>st</sup> Affirmative, when presenting the arguments, he/she should go through 4 steps:

- 1) State your point.
- 2) Explain your point.
- 3) Provide evidence in support of your point (Give an example).
- 4) Explain how that evidence proves your point (Tie it back to your theme).

Below are some suggested arguments for this topic. Do not use all these arguments. Pick the ones that you can support well, or present your own.

### Why Canada Should Not Remove Health Benefits for Those Who Choose an Unhealthy Lifestyle

1. Section 10 of the Canada Health Act ensures that health services are provided on uniform terms and conditions. Section 12 states that insured persons must have reasonable access to these services without discrimination based on age, health status, or financial circumstances. We cannot selectively remove health benefits without undermining the core values of Canada's health care system and the Canadian identity.
2. Unhealthy lifestyles are not always a direct result of choice. Genetics plays a large part in determining obesity. Smokers may have become addicted before understanding the harmful effects.
3. It is morally and ethically wrong to withhold potentially life-saving treatment from individuals. Refusing to help those in suffering or in pain is particularly cruel.
4. Even if individuals can be blamed for their medical ills, that does not allow others the right to judge and prescribe punishment. Each individual is a unique case and would need to be dealt with accordingly.
5. Drawing the line at which health benefits to remove would prove to be a difficult task. Which services would be deemed essential and non-essential?
6. Determining which people have unhealthy lifestyles may not be obvious. Elaborate tests would have to be performed on individuals to ensure fairness, which would be a drain on the limited resources in the health care system.
7. A group should not be denied access to health care if the only rationale is to save money. There are many alternatives to saving money that do not involve life-or-death situations.
8. In a recent Maclean's survey, which polled 3,759 people across the country, 81% of Canadians said that everyone who relies on the public health care system has a responsibility to look after themselves, but only one-quarter said those who didn't take good care should receive a lower priority. Public support for removing health benefits entirely would be much lower.
9. The purpose of doctors, as described in the Hippocratic Oath, is "*to practice and prescribe to the best of [their] ability for the good of [their] patients.*" Removing health benefits would violate a key value for physicians.
10. According to the Canadian Charter: "Everyone has the right to life, liberty and security of the person and the right not to be deprived thereof..." Denying health care would be a clear contradiction.

### 8. Conclusion

Just as we suggested for 1<sup>st</sup> Affirmative, here too, an effective conclusion needs to remind your audience of your central point.

## Cross Examination

In Senior High - when the 1<sup>st</sup> Negative has finished his constructive speech, he/she too remains standing and says "I am now open (ready) for cross examination."

First Negative is then cross-examined by 1<sup>st</sup> Affirmative.  
(3 min.)



## 2<sup>nd</sup> Affirmative Constructive Speech

### 2<sup>nd</sup> Affirmative Constructive Speech (Sr. Beg - 6 min.) (Sr. Open - 7 min.)

1. Introduction
2. Clash with points made by Negative
3. Outline team's case approach
4. Further Affirmative Arguments
5. Present Plan in detail
6. Benefits of the Plan
7. Conclusion



The second affirmative speech is the first opportunity the affirmative team has to directly clash with the arguments of the negative case. It is also the affirmative's last chance to present new contentions that support the resolution and their proposal.

#### 1. Introduction

Acknowledge the chair and the audience and then dive straight into the rebuttal.

#### 2. Rebuttal (Clash with Opponent's arguments)

- Use a flow chart to keep track of everything that the 1<sup>st</sup> Negative speaker said
- Now directly address each of the specific challenges that he/she issued. Challenge the arguments that he/she gave for changing the system. Show why you consider his/her reasoning or evidence to be wrong. One way or another, you should deal with every argument, example and significant idea that your opposition raised.
- What about rebutting of rebuttal. What happens if our opposition rebuts one of our arguments? Should we rebut their rebuttal? The answer is – yes, every time. You should not spend too much time doing it, but it must be done.

#### 3. Outline team's case approach

As a second speaker, you will not have to set up a case. However, it is nice to give a sense of 'case unity' – to show the audience and judges how your arguments fit together. Therefore, as a second speaker, it helps to provide a brief link to your case as a whole before you dive into your individual arguments.

Usually, this means stating your team's theme and briefly recounting your first speaker's arguments, before moving on to outline your own.

For example, you could say:

Our first speaker presented you with the theme that the ever-increasing unhealthy lifestyle is forcing the medical profession to make choices about which patients to treat. He presented 2 arguments why we felt that this system needed to be changed. It is my duty to present one further argument in favor of change and to present to you a Plan to accomplish this.

#### 4. Further Affirmative Arguments

Second Affirmative must now continue to present reasons to change the system. Because he/she was rebutting 2<sup>nd</sup> Negative's arguments, 2<sup>nd</sup> Affirmative will only have time to present 1 more reason to change the system. Just like 1<sup>st</sup> Affirmative, when presenting the arguments, he/she should go through 4 steps:

- 1) State your point.
- 2) Explain your point.
- 3) Provide evidence in support of your point (Give an example).
- 4) Explain how that evidence proves your point (Tie it back to your theme).

#### 5. The Plan

The 2<sup>nd</sup> Affirmative now presents a Plan as to how the change that was suggested can be carried out.

The plan we propose will follow that already proposed by the Government of Australia – The Disability Discrimination Amendment Bill 2003 (This Part does not render it unlawful for a person to discriminate against another person on the ground of the other person's disability if the disability is the other person's addiction to a prohibited drug; and the other person is addicted to the drug at the time of the discrimination). This bill is also similar to the Illegal Use of Drugs and Alcohol section of the U. S. Code that permits discrimination of individuals who are currently engaging in the use of illegal drugs.

We propose that Canada adopt these sections into the Canada Health Act with these changes:

1. In addition to illicit drugs, we add smoking, obesity, and alcoholism.
2. Only practicing physicians will be allowed to discriminate.
3. The only discrimination permitted is in the form of removing health benefits by prioritizing patients.
4. The following criteria be used to distribute health services:

The ethical principle of justice requires that in an egalitarian society all individuals have an equal opportunity to access scarce resources. This ideal requires health care organizations and health plans to provide to individual recipients the care and services that each is due. Providers, managers and policy-makers alike struggle with the complex rules that explicitly define 'what is due'. In many situations, the language of rules (i.e., health plan benefits, public entitlements and organizational policy) fails to enlighten difficult, conflicted or ambiguous decisions. Nor do they always help to reconcile individual demands with the scarcity of the resource. In cases where individual interests and needs conflict with public interests and needs, providers in an organization are likely to feel they must represent the interests and demands of the individual under their care. This leaves policy-makers and managers to interpret or enforce rules governing the decision to allocate or deny resources.

These situations are contentious and difficult, especially if they are handled in a public forum. Articulated ethical principles such as those related to distributive justice may be useful to inform or guide difficult decisions. A discussion of how obligations may be calculated and met in management practice using distributive justice principles follows.

Six criteria inform allocation decisions when the dilemma calls for fairness in the distribution of scarce resources. Each criterion is weighted "in balance" by decision makers to determine whether justice is being served in a particular situation.

1. **Need:** While the concept of need may appear to be a useful criterion, most patient situations (those NOT involving strictly elective procedures) involve a known medical need for treatment or service. This is complicated by the fact that individuals may perceive need differently than their professional providers or health plans.
2. **Equity:** There will be a wide range of demand for services ranging from individuals who require few health care services to those who require continuous care for life. No one would advocate the provision of services to healthy individuals just to get an equal share of publicly financed health care. Likewise, Canadian norms will not support the denial of health care to an individual merely because the number of services or cost of care has exceeded some predetermined quota.

Part of the complexity of management practice and policy making is reflected in Medicare. All use some form of limited payment liability by not covering specified services or by limiting coverage to a maximum, predetermined dollar limit. The notion that a provider or plan would not consider other factors is abhorrent to us.

3. **Contribution:** The consideration of contribution requires a determination of what an individual might be expected to give to society at a future date. To require a contribution to society as a prerequisite to receive services is likewise considered unfair as a precondition to receiving health care and services. The mechanism of projecting or determining future contributions for prospective recipients such as infants and children, or those from poorly educated and unskilled backgrounds is not realistically feasible. Furthermore, a uniform calculation basis for considering future social contributions is simply not known. In the face of advanced age would we consider past or future contribution?
4. **Ability to Pay:** Decisions based on ability to pay are of limited benefit in making allocation decisions based upon the individual situation. To deny health care services based on ability to pay is counter to the fundamental belief in generosity and charitableness held by most. Moreover, most citizens believe that health care in general is a necessity. This is particularly true when it alleviates suffering.
5. **Patient Effort:** Patient effort may be a useful criterion in that patients who fail to observe medical advice or who are habitually non-compliant call into question the level of effort that they are willing to expend to help themselves. It is reasonable to consider the value of spending limited resources on individuals who have not contributed a reasonable level of effort (cooperation) to support the care they receive.
6. **Merit:** From an ethical standpoint, perhaps the best criterion upon which one could base allocation decisions is that of merit. Defined as the potential to benefit from the additional investment of limited health care resources, merit is particularly valuable as a criterion upon which to base difficult or limited resource allocation decisions for individual and population-defined situations. The use of merit requires that data or evidence-based decision making be adopted. Empirically derived data from clinical research is especially useful.

## 6. Benefits of the Plan

### Benefits of the Plan

- Doctors will be allowed to continue their practice of prioritizing patients without the threat of legal action.
- Allowing doctors to prioritize permits the most knowledgeable and experienced people to make decisions for each patient. In this way, each patient can be treated as a unique case which prevents wide scale discrimination.
- There is no outright denial of health care; "unhealthy" patients are simply reprioritized.
- People living healthy lifestyles are finally rewarded for not draining the health care system, the reward being a higher priority on waiting lists.
- "Unhealthy" people are given more incentive to change their bad habits.
- The distribution criteria are fair to both healthy individuals and "unhealthy" individuals who put in effort to change.
- The maximum benefit is achieved from limited resources. Doctors can see more patients overall.
- We can continue our public health care system without resorting to privatization.

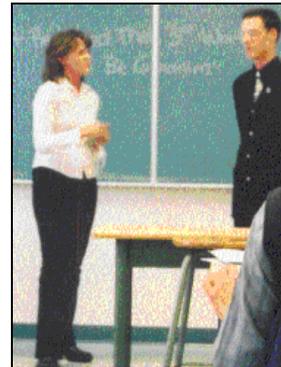
## 7. Conclusion

As with the other 2 speakers, here too an effective conclusion needs to remind your audience of your central point.

## Cross Examination

In Senior High - after 2<sup>nd</sup> Affirmative finishes his/her constructive speech, he/she says "I am now ready for cross-examination."

**The 2<sup>nd</sup> Affirmative is then cross-examined by 1<sup>st</sup> Negative.  
(3 min.)**



## 2<sup>nd</sup> Negative Constructive Speech

### 2<sup>nd</sup> Negative Constructive Speech (Sr. Beg - 6 min.) (Sr. Open - 7 min.)

1. Introduction
2. Continue attack on Affirmative
3. Counterplan benefits (if used)
4. Outline team's case approach
5. Further status quo arguments
6. Conclusion



This final constructive speech of the debate gives the second negative speaker an opportunity not only to criticize the affirmative plan, but also to present the final contentions that complete the negative case.

#### 1. Introduction

Acknowledge the chair and audience and dive straight into rebuttal.

#### 2. Rebuttal (Clash with opponent's arguments)

The negative may argue that the present system is fine or that with minor changes within the system it will be fine. The key to this negative strategy is refutation. This involves using flow sheets as was described previously. Keep track of everything that the 2<sup>nd</sup> Affirmative said, then challenge everything he/she said, specifically.

The role of the negative is to defeat the affirmative by persuading the judges that the affirmative proposal should not be accepted. One way this can be accomplished is by attacking the needs and/or the Plan.

- Attack the affirmative plan as unworkable, undesirable, unable to solve the needs, and/or unnecessary.
  - a) Does the plan constitute a significant change as required by the rules?
  - b) Does the plan meet and solve the needs for change?
  - c) Does the plan create new problems that potentially outweigh the benefits of its implementation?
- Deny the supposed benefits of the plan.
- Refute the affirmative case as a whole. Defend and strengthen negative arguments, including those presented earlier by your partner. Try to refine and solidify your best points without sounding repetitive.

#### 3. Counterplan Benefits (only if counterplan is used)

#### 4. Outline team's case approach

Just as with the 2<sup>nd</sup> Affirmative, you will not have to set up a case. However, it is nice to give a sense of 'case unity' - to show the audience and judges how your arguments fit together. Therefore, as a second speaker, it helps to provide a brief link to your case as a whole before you dive into your individual arguments.

Usually, this means stating your team's theme and briefly recounting your first speaker's arguments, before moving on to outline your own.

#### 5. Further status quo arguments

Second Negative must now present one more reason to justify the preservation of the status quo. Because he/she was rebutting 2<sup>nd</sup> Affirmative's arguments, 2<sup>nd</sup> Negative will only have time to present 1 more reason to maintain the status quo. Just like the other speakers, when presenting the arguments, he/she should go through 4 steps:

- 1) State your point.
- 2) Explain your point.
- 3) Provide evidence in support of your point (Give an example).
- 4) Explain how that evidence proves your point (Tie it back to your theme).

#### 6. Conclusion

Here too, as with the other 3 speakers, an effective conclusion reminds your audience of your central point.

## Cross Examination

In Senior High – when the 2<sup>nd</sup> Negative finishes his/her speech, he/she says “I am not open (ready) for cross-examination.”

The 2<sup>nd</sup> Negative is then cross-examined by the 2<sup>nd</sup> Affirmative.  
(3 min.)



## Break (5 min.)

The 5 minute break is the opportunity for both sides to review the debate and focus their ideas for the concluding speeches. A well-developed final speech requires teamwork; so both debaters should be fully involved in contributing ideas.

During this 5 minute break, the judges usually use this time to jot down notes and review their flow sheets. Members of the audience usually chat together and may even leave the room.



## Rebuttal (Reply) Speeches

**Rebuttal by 1<sup>st</sup> Negative**  
(Sr. Beg. – 4 min)  
(Sr. Open – 4 min)



Followed by

**Rebuttal by 1<sup>st</sup> Affirmative**  
(Sr. Beg. – 4 min)  
(Sr. Open – 4 min)



Reply speeches are given by the first speaker on each team. Reply speeches occur in reverse order – the negative reply before the affirmative. The negative team therefore has two consecutive speeches: the second negative speech, followed by the negative reply speech.

Reply speeches are not 'more of the same' – they are not merely a continuation of the second speeches. The aim of reply speeches is to give each team a brief opportunity to consolidate its ideas and review the debate, in order to present the debate in the most favourable light for each side.

The reply speeches should be different from the other four speeches in the debate. By the time the reply speeches arrive, the debate is essentially concluded. The goal of the reply speech, therefore, is not so much to win the *argument* as it is to step back and explain how your team won the *debate*. You can emphasize the reasons that your team won, and you can constructively criticize your opponents' approach, explaining why they lost.

The simplest approach is to spend approximately half of your reply speech discussing your opposition's case, and approximately half discussing your own. Of course, this does not mean giving an even-handed appraisal of the cases – naturally, you will analytically criticize your opposition's case as you summarize it, and emphasize the strengths of your own case. Ideally, when you summarize your case, you will show how it answered the questions or problems posed by your opponents.

Look for *specific* reasons that your opposition may have lost the debate. For example, your opposition may have established criteria that it has failed to meet, or promised to support a model that has not been mentioned since the first speaker. Similarly, your opposition may have forgotten to rebut one of your arguments – you should keep track of this, because it can be a significant point in your favour.

## Judges Break

Following the last rebuttal (reply speech), the chair/timer announces that the judges will be given time to complete their evaluation sheets. At this time, the two teams may approach each other to shake hands and offer congratulations. The teams should then return to their seats and remain there quietly until the chairperson collects the judge's forms.

### Debate Judge's Ballot Senior High Cross Examination

Affirmative (Team code ____ )			Negative (Team code ____ )	
Name _____	Name _____		Name _____	Name _____
1 <sup>st</sup> Affirmative	2 <sup>nd</sup> Affirmative	<b>Criteria for individual evaluation</b> A scale of 1 to 5, 1 is poor and 5 is excellent	1 <sup>st</sup> Negative	2 <sup>nd</sup> Negative
1 2 3 4 5	1 2 3 4 5	<b>Organization:</b> The speech should be well structured, logical & coherent, containing and effective introduction and conclusion	1 2 3 4 5	1 2 3 4 5
1 2 3 4 5	1 2 3 4 5	<b>Evidence/Logic:</b> Facts, statistics & authorities offered in support of contentions must be sound. Credit should be given for thorough and relevant research.	1 2 3 4 5	1 2 3 4 5
1 2 3 4 5	1 2 3 4 5	<b>Delivery:</b> Poise quality & use of voice, combined with emphasis, variety and enunciation. Effectiveness and ease of gestures, and eye contact should be assessed.	1 2 3 4 5	1 2 3 4 5
1 2 3 4 5	1 2 3 4 5	<b>Refutation/Clash:</b> The ability to apply logic and evidence in refuting the opponents' contentions while defending your own.	1 2 3 4 5	1 2 3 4 5
1 2 3 4 5	1 2 3 4 5	<b>Format:</b> Does the examiner develop a series of questions which draw admissions? Does the Examiner remain in control? When answering questions, does the witness show an understanding of the issues? Is the witness cooperative?	1 2 3 4 5	1 2 3 4 5
___ /25	___ /25	<b>Totals</b> (please double check addition)	___ /25	___ /25

Senior High Debate (Cross Examination) Scoring Rubric

	1	2	3	4	5
<b>Organization</b> – The speech should contain an effective introduction and conclusion. It should be well structured, logical and coherent. Argumentation and logic should be straightforward and relevant and, as much as possible, strategy and organization should complement each other.	No introduction or statement of resolution	Has an introduction but does not state the resolution.	Introduces the resolution.	Introduction was interesting. Clear statement of resolution.	Introduction grabs your attention. Clear statement of resolution.
	Little sign of organization. Difficult to follow. Little, if any, notes making it impossible to verify information.	Some sign of organization is demonstrated but speech does not flow smoothly. Inadequate notes and unable to find information.	Speech shows some signs of organization. Some weakness in overall flow. Adequate notes but took time to find information.	Well structured and interesting speech. Able to follow the flow. Good notes and information can be retrieved, as needed.	Awesome speech which keenly holds your interest. Logical and easy to follow. Excellent notes and readily accessible information.
	No conclusion	Uncertain conclusion.	Stated conclusion.	Clear conclusion brings closure to the topic.	Effective conclusion convinces you.
<b>Evidence</b> – Facts, statistics, and authorities offered in support of contentions must be sound. Credit should be given for thorough and relevant research.	Does not seem to address the topic. No facts are given to support the topic	Seldom addresses the topic. Few facts are given to support the topic.	Tries to address the topic. Some facts are given to support the topic.	Usually addressed the topic. Uses facts to support the topic.	Always addresses the topic issues. Uses many sound facts to accurately support the topic.
	Contentions are missing or unclear.	Contentions are vague and hardly convincing.	Contentions are clear and plausible.	Contentions are clear, somewhat concise and usually convincing.	Contentions are clear, concisely stated and convincingly.
	No evidence of any research or serious factual errors. Details/examples conflict with the position.	No direct credit given for any research. Details/examples do not contribute to the position.	Credit given for some research. Details/examples have a minor influence in the clarity of the position.	Credit given for most research. Details/examples attempt to add clarity to the position.	Credit given for thorough and relevant research. Details/examples clarify the position.
<b>Delivery</b> – The mechanics of good speech should be faithfully observed throughout. Poise, quality and use of voice, effectiveness and ease of gesture, emphasis, variety, and enunciation should be assessed.	Appeared very nervous and did not use gestures. No eye contact.	Difficulty with voice control and ineffective gestures. Little eye contact.	Appropriate attempt to control voice and gestures. Some eye contact.	Good control of voice and gestures. Good eye contact.	Excellent control of voice and gestures. Excellent eye contact.
	Limited vocabulary, often repetitive, and somewhat monotone.	Minimal descriptive language with very little tone change.	Some descriptive language with occasional tone change for emphasis.	Some descriptive language presented with good variance of tone.	Very descriptive language presented with varied emphasis.
	Appears very nervous. Bad posture coupled with many distracting movements.	Appears unsure and nervous. Bad posture and a number of distracting movements.	Body language shows control. Good posture but some distracting movements.	Body language exhibits confidence. Good posture with not too many destructive movements.	Appears confident and comfortable at all times. Excellent posture and no distracting movements.
<b>Refutation/Clash</b> – Each speaker should demonstrate an ability to apply evidence and logic in refuting his opponent’s contentions.	No clash	Little clash to show the opposing arguments have been understood.	Clash shows some understanding of the opposing arguments.	Good clash demonstrating an understanding of the opposing arguments.	Clashes are appropriate and show a clear understanding of the opposing arguments.
	No counter-arguments made.	Almost no counter arguments made.	Few effective counter-arguments made.	Some effective counter arguments made.	Many effective counter-arguments are made.
<b>Format: Cross Examination</b> – Has each student demonstrated an ability to develop a series of questions which challenge the witness? Did the examiner remain in control? Did the witness show an understanding of the issues? Was the witness cooperative?	Questioning tactics are very poor. Questioner reads questions, appears to have no goal in mind. Questions are of a simplistic nature. Questioner lost control.	Questioning tactics are fair, but Questioner appears to have no goal in mind. Questions are reasonably phrased. Questioner at times loses control.	Questioning tactics are good but are single and do not form a series. Phrasing of questions is good. Questioner retains control.	Questioning tactics are clear and appear to have purpose in mind. Phrasing of Questions is well done. Questioner keeps questioning on target.	Questioning tactics are excellent. Questions form a series designed to get witnesses to admit contradictions. Questioner knows where he wants questions to lead.
	Witness appeared to have problems answering questions. Often answers were of a one-word variety. Often witness appeared to be hostile and made personal remarks. Examiner dominated questioning process.	Witness appeared to have difficulty answering. Often responses were uncertain and short. At times hesitated in making responses. Examiner took advantage of his uncertainty.	Witness answered questions honestly, courteously and was cooperative. He did not abuse the questioning process.	Witness shows a good understanding of issues. Is cooperative and courteous. Was able to dominate questioning process. Controlled cross examination exchange	Witness shows an excellent understanding of issues. Is always cooperative and courteous. Was able to take over control of questions. Dominated cross examination exchange.
	Speaker is rude, disrespectful, uncooperative, makes personal remarks.	Speaker occasionally shows disrespect & resistance. Appears to make personal remarks	Speaker is courteous and respectful, does not make personal remarks.	Speaker is courteous and cooperative. Does not make personal remarks.	Speaker looks and acts professionally, deliberately refrains from making personal remarks.

## Decision

In most tournaments, once the judges have completed their ballots, the chair/timer will announce the winning team. Every debate has a result – one team wins and one team loses. There cannot be a draw. Judges are not allowed to make random or arbitrary decisions – they must follow clear guidelines about what is, and is not, good debating. Of course, debaters and audience members will often disagree with a judge’s decision, and sometimes judges disagree with each other. However, this is part of the challenge of debating: to debate well enough that you can persuade *any* judge that you deserve to win the debate.

In some tournaments, the Chair/timer may be asked not to announce the decision so that debaters cannot predict who the finalists will be. Individual ratings are not revealed.

## Judges’ Reponses

After the judges have submitted their ballots, they are sometimes invited to share their thoughts on the debate. The constructive comments received there, based on “Principles of Debate” outlined in the “ADSA Guide to Judging Debate,” are a real asset to debaters, contributing greatly to the refinement of their skills. **Debaters or anyone in their party (except coaches on rare occasions only), cannot respond to, or question the judges either during or after the debate. Judges’ decisions are final.**

THE ARTICLES HERE HAVE BEEN EDITED, REPHRASED & ANNOTATED

**RESEARCH  
RESEARCH  
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**This Research booklet is not complete. It is only an overview of information and good debaters will use this booklet as a basis for their thinking and move on to other ideas and research. As well, the best foundation for any research into a topic begins with some basic reading on the ideas. Follow this with an interview with someone who is knowledgeable, can suggest ideas and can direct you to other ideas and research. Although you cannot quote this person unless he/she is published in print or on video, a human being can always explain issues better than an article.**

## Overeaters, smokers and drinkers: the doctor won't see you now

**Health care is meant to be open to everyone equally. But some doctors question, even deny, treatment to those with certain vices.**

NICHOLAS KOHLER AND BARBARA RIGHTON

It's a touchy subject. So touchy that after an hour-long interview, one Calgary orthopaedic surgeon decides he wants to remain anonymous. From New Brunswick, where a surgeon recently cancelled an operation on a crippled man's leg, a Moncton Hospital spokesperson calls asking *Maclean's* to stop trying to contact the doctor. At issue: health care for patients with self-destructive vices -- overeating, smoking, drinking or drugs. More and more doctors are turning them away or knocking them down their waiting lists -- whether patients know that's the reason or not. Frightening stories abound. GPs who won't take smokers as patients. Surgeons who demand obese patients lose weight before they'll operate, or tell them to find another doctor. Transplant teams who turn drinkers down flat. Doctors say their decisions make sense: why spend thousands of dollars on futile procedures? Or the decision is the product of frustration: why not make patients accountable for their vices? Others call it simple discrimination. But in a health system with more patients than doctors can treat, where doctors have discretion over whom they'll take on, some say it's inevitable that problem patients will get shunted aside in favour of healthier, less labour-intensive cases.

So here's the question: if people won't stop hurting themselves, can they really expect the same medical treatment as everyone else? Health care in Canada is supposed to be about equal treatment for all comers. For some doctors, however, there are patients who are less equal than others. Winnipeg GP Frederick Ross is one. In 2002, he told his patients he'd no longer see them if they continued smoking. "I said, this is stupid. I told my patients, you have three months to quit or I am going to ask you to find another doctor," recalls Ross, a genial man. "I said, your smoking is impeding my progress in treating you." Some people left in a huff. One challenged him on the basis of human rights (a tribunal later threw the case out). Others -- hundreds, he says -- stayed and quit smoking.

Cutting out the cigarettes might have helped some patients avoid an appointment with Dr. Alberto de la Rocha. As a former thoracic surgeon in Timmins, Ont., de la Rocha operated on lung cancer patients for 17 years before quitting. "I burned out in an atmosphere of indifference and lack of accountability -- public and personal accountability," says de la Rocha, who is now a medical officer of health in northeastern Ontario. Smoking, says de la Rocha, goes hand in hand with entitlement. "It goes like this: 'I am sick. You are the guy who is supposed to cure me. You are going to do that in whatever condition I am in and that is my right.'"

Not in my operating room, said de la Rocha, who decreed that his lung cancer patients would have to minimize their risks of a heart attack on the table or of post-op respiratory complications by not smoking for at least five weeks before surgery. "Your surgery will be booked at a time when you are prepared for it," he told them. "And if you continue smoking, I am afraid you are going to have to look for a surgeon hungry enough or foolish enough to take your case as it is." (De la Rocha is no stranger to controversy. In April 1993, he received a suspended sentence, three years probation and a six-month suspension of his medical licence for his role in the October 1991 death of a 68-year-old lung cancer patient. He admitted dosing her with a noxious substance -- potassium chloride -- as well as morphine, on her deathbed. The woman's sons, who did not know at the time about the deadly shot, said they were very satisfied with his humane treatment.)

Meanwhile, Dr. Paul Salo, a Calgary orthopaedic surgeon, says he's reluctant to proceed with surgery on "inveterate" smokers or the "massively overweight." Nicotine impairs bone healing, Salo explains, before adding that the failure rate in operations where bone must heal to bone is five times higher among smokers. Indeed, even the risks associated with surgery are high enough, Salo says, to require smokers to quit three months before an operation. If they don't? He goes ahead, but warns: "Look, if this doesn't heal, I am not going to be very happy and you are going to be miserable." Salo is most definite when it comes to turning down drug addicts. "I have the option to say, 'I can't form a therapeutic contract with you,'" he says. "If someone has an elective problem and they are not going to comply with my treatment recommendations, I am under no obligation to take them on."

Canada's provincial colleges of physicians -- the professional regulatory bodies governing doctors' conduct -- have no specific policies in place to stop the practice of denying treatment. "The physician makes recommendations based on what is in the best interest of the patient's health," notes Dr. Bill Pope, registrar of the College of Physicians and Surgeons of Manitoba. "By refusing to accept advice related to major issues with the patient's health, the patient is saying to the doctor, I don't believe you, I can't trust you, I can't accept you -- and is basically saying I can't work with you."

Dr. Ruth Collins-Nakai, president of the Canadian Medical Association, stresses that doctors will always provide care in emergency situations. She adds, however, that in cases of "lifestyle-induced problems" brought on by such habits as smoking, "the doctor cannot change those things without the co-operation of the patient. And if the patient isn't willing to co-operate, then it becomes very frustrating for the doctor to have to continue looking after the patient." And, though she says doctors who drop such patients are rare, she adds that continuing to treat people who won't change "may not be the wisest use of the few resources we have in terms of doctor-availability."

Doctors across the country told *Maclean's* of colleagues who would not take "unhealthy patients" -- smokers, drinkers and the obese -- because caring for them would be too complicated, and too much of a burden for their already overcrowded practices. Such patients might, in other words, take longer to treat, reducing the number of patients a doctor can see and bill for. The

consequence is an entrenched tendency to choose the gym-goer, the moderate connoisseur of red wine and the non-smoker. Says Dr. Edward Schollenberg, the registrar of the College of Physicians and Surgeons of New Brunswick: "The idea that smoking or drinking or excess weight impacts on your health care is just the way the world is."

Nowhere is this dictum truer than in the realm of the overweight and obese. Dr. David C.W. Lau, an obesity specialist at the University of Calgary, says there are sound medical reasons to explain why doctors are less likely to want to operate on people who are heavy. "Operating on them would pose a significant increased risk of complications," says Lau. "Surgeons don't like to deal with complications and none like to see their post-op complications go up." The Calgary orthopaedic surgeon who doesn't want his name used has done thousands of knee and hip replacements on overweight people -- but he's not pleased about it. "Prostheses have a limited lifespan," he says. "If patients are overweight, they will wear them out much faster." Plus, he says, "Historically, obese people are at higher risk for surgery. There is a higher complication rate. There are healing and pulmonary issues. And they don't mobilize as fast as thin people."

But some doctors say there are more insidious factors keeping big Canadians from receiving the same treatment as the rest of us: discrimination. Bluntly put, fat people -- a group that represents over 50 per cent of Canadians -- are more likely to be discriminated against by the general public than drinkers and drug addicts (somewhere in the four per cent range) or smokers (22 per cent) because their affliction is so noticeable (all numbers are from Statistics Canada). And the medical community is as guilty of it as the rest of us. "The attitudes in the medical profession are surprisingly wanting," says Dr. Robert Dent, who heads up a weight-management clinic at the Ottawa Hospital. "The feeling is that if somebody's overweight, it's because they're eating too much and they're lazy." He adds: "If we want to use older language, we find that overweight people are considered guilty of two of the seven deadly sins -- sloth and gluttony." The consequences of such discrimination can be subtle -- or not.

Dr. Arya Sharma, an obesity specialist at McMaster University in Hamilton, has heard his patients complain of doctors who've told them, "Don't break my scale, don't sit on my chair." He adds: "It's not just doctors -- it's nurses, it's dieticians. Health professionals don't like obese people." (For that matter, says eating disorders statistician C. Laird Birmingham at the University of British Columbia, "Obese people hate obese people.")

The problem is so ingrained in the medical profession that even those doctors who specialize in obesity dislike their clients, according to a 2003 Yale University study. Questioning 329 members of the North American Association for the Study of Obesity -- many of them doctors or obesity counsellors -- at their annual meeting in Quebec City, researchers found a pro-thin, anti-fat bias based on something called the Implicit Association Test. Subjects were given a list of words that fit into one of four categories. After a practice run where they paired such things as "flowers" with "good" and "insects" with "bad," the obesity specialists jumped to associate "fat people" with words like "slow," "lazy" and "sluggish," and "thin people" with "determined," "motivated" and "eager." The study concluded that "the stigma of obesity is so strong that even those most knowledgeable about the condition infer that obese people have blameworthy behavioural characteristics that contribute to their problem," even extending to core characteristics of intelligence and personal worth.

Such notions represent an antiquated view, says Dent. In a study aimed at matching the different types of obesity with some 600 different genes that he is conducting with Ruth McPherson, director of the Lipid Clinic at the University of Ottawa Heart Institute, Dent is looking at 1,000 overweight and obese patients cross-referenced with 1,000 patients who are underweight. About half of the thin people "are eating as much or more than our obese patients," says Dent, who then adds the counterpoint example: "We occasionally have some people who won't lose weight on 500 calories a day." (The average Canadian's daily intake is about 3,000 calories.) Some physicians call this the burden of genetics -- something Dent refuses to do. "We don't call those bad genes because they caused the human race to survive across many famines in the history of humanity. A skinny guy like me wouldn't have made it."

Late last year, England weighed in on the question of hip and knee replacements for the obese (who tend to put more strain on artificial joints) when three health boards in East Suffolk said they'd no longer approve them for fat people. "We cannot pretend that this wasn't stimulated by the pressing financial problems of the National Health Service in East Suffolk," Brian Keeble, the director of public health for Ipswich Primary Care Trust in East Suffolk, said at the time. While local doctors threw their support behind the health board's move because replacing weight-bearing joints in the obese is risky anyway, the decision's motives were still about the bottom line.

There's no arguing that in Canada, too, health care costs are skyrocketing. In 2000, Statistics Canada added up the total bill at \$97.9 billion. The Conference Board of Canada predicts that, when adjusted for inflation, health care costs will total \$147 billion in 2020. Also inarguable: vices such as a penchant for high-fat foods and cigarettes are really ringing up the cash register. The fallout from obesity, says UBC's Birmingham, now accounts for five per cent of our total health care dollars, or \$5 billion a year. "You've heard that phrase 'obesity is the new smoking,'" says Ross in Winnipeg. "Well, private health care is going to come into Canada because our public system is going broke over obesity." The ultimate costs of bad behaviour? A new heart -- \$80,000. Liver? \$150,000. Lung? Somewhere in the neighbourhood of half a million. Indeed, Dr. Gary Levy, the medical director of Toronto General Hospital's multi-organ transplant program, says unhealthy living is simply unaffordable: "We are getting to the point where we can extend life. And that is something society is going to have to come to grips with because technology is more and more expensive. If we can't change people's behaviour, look, I am going to tell you, we are going to run out of money. We probably *have* run out of money." Levy says 75 per cent of the patients he sees need transplants because of their own excesses.

The burden on our health care system is so high that some propose making vice-plagued patients pay. "This is an issue of behaviour and choice," says Nadeem Esmail, a senior health policy analyst with the Fraser Institute. "People can choose to alter their behaviour, can choose to go to the gym more often -- these are choice things." If you can't persuade yourself to live healthier, or so the argument goes, why make the rest of us foot the bill? "We have a universal program, really, to protect people from the fickle hand of fate," says Esmail. "And so the optimal solution is to say to them, your behaviour is going to

incur higher health costs over your lifetime and so, because you can control this, you should be paying a higher health premium."

For GPs, it's also a question of a volume-driven health care system that gives them little incentive to tackle time-consuming, complex cases. The more time a doctor spends with a patient, the fewer patients can be seen and the less revenue generated for a doctor's practice. It's the kind of bind that leads to frustration. "Many of these individuals continue their lifestyle unabated," says Lau. "And not only are they not losing weight or holding their weight, they're continuing to gain weight while they're on the surgical waiting list. So, between the time the surgeon sees them and the time they're operated on, there may be a significant increase in weight." In the words of the anonymous Calgary knee and hip surgeon, doctors "feel like we are beating our heads against the wall" trying to treat chronically overweight patients in a climate of underfunded, turnstile medicare.

And then there's the garden-variety prejudice on the part of doctors who believe their patients are unhealthy because they can't control themselves. "Doctors can pick and choose their patients because we have a situation where there are more patients than doctors can handle," says Dr. Andreas Wielgosz, a cardiologist at Ottawa Hospital. "Can they pick the best candidates? Sure." How do doctors pick and choose? The Calgary orthopaedic surgeon says he never refuses to do surgery on overweight people. But, he says, knee and hip replacements are elective. "They are not a matter of life and death." And? "A doctor can sell an operation any way they want. If I see someone with a so-so joint and they are overweight, I may tell them to wait." How long? His waiting list is one to two years.

One patient whose lifestyle ran afoul of her doctor is 45-year-old homemaker Kelley Bartlett, of Burlington, Ont. Bartlett is forthcoming about her weight -- she's five foot eight and weighs 243 lb. Overweight since her early 20s, Bartlett recently lost 50 lb. and was feeling pretty good about herself. Then her GP diagnosed a hernia and sent her to a general surgeon for an assessment. "The hernia is quite large," she says, "and, yes, there is fat on my stomach too." The surgeon was brutal. "After the surgery, you will still have a bulge," he told her before adding: "I am not a plastic surgeon -- I don't do tummy tucks."

Bartlett was struck dumb. "He couldn't have been any blunter. He said there was only a 50 per cent chance of success because of my weight," she says. "He told me to go away and lose weight before I saw him again in April. I tried to tell him that I had already lost quite a bit of weight and that I hoped to lose more." He wasn't interested, Bartlett says. "I didn't choose to be like this," she adds.

In New Brunswick, a surgeon decided Robert Randall could wait -- forever. Illiterate, 42 years old, Randall lives with his wife and two of their four children in a tiny crossroads called Albert Mines, about 50 km south of Moncton. Randall used to fish for lobster and scallops on the Bay of Fundy. But he hasn't done much of anything except wallow in pain since the night in February 2004 when he drove his snowmobile into a tree, fracturing his right femur and shattering his knee. The throttle stuck open, Randall explains, but he also admits he'd been drinking. The accident earned Randall an ambulance ride to a Moncton hospital and emergency surgery to repair a mangled leg. That was soon followed by a second surgery to fix the damage Randall did by trying to balance on his good leg while chopping the wood he uses to heat the family home. A third surgery, during which orthopaedic surgeon Dr. Steven Massoeurs immobilized him in a full body cast, didn't "take," says Randall -- despite the fact that he faithfully used crutches and "went right to the letter on what the doctor told me."

Well, not quite. Randall is a lifelong smoker (he began at age 10) who refuses to give up despite his surgeon's warning that nicotine would slow the healing process. "I said, 'I've got all the time in the world,'" Randall says, obviously failing to grasp that "slow" might mean not at all. In January, his fourth surgery -- the one he thought would involve a bone graft -- was cancelled with two days' warning, says Randall, after Massoeurs' assistant called to say the surgeon wouldn't operate. There are no plans to reschedule.

Randall says he doesn't understand why his doctor cancelled the procedure. Schollenberg, of the College of Physicians and Surgeons of New Brunswick, says the answer's pretty simple. The central issue "was whether the patient's lifestyle -- including his two-pack-a-day habit -- would impact on the results of surgery." Randall's repeated surgeries didn't help. "Doing that many procedures in the same area is asking for trouble -- and it is compromised significantly by the patient smoking." Whether the benefits of a procedure outweigh the risks is up to the doctor, not the patient, adds Schollenberg. "Robert Randall thought he was entitled."

That doesn't help Randall much. In constant pain and with a right leg that now "bows" with his weight, he survives on welfare, the morphine he gets from his family doctor, and a steady stream of hand-rolled cigarettes. "Just sitting here staring at the walls," says Randall, "if I didn't smoke, I would go crazy."

All of this might come as a shock to those health professionals who side with the notion of justice for all. "If, in our medical system, we start blaming people for whatever condition they have, then we can probably close down our hospitals -- because 90 per cent of the medicine that we do is related to people's lifestyles," says Sharma, the Hamilton obesity specialist. The move in the U.K. to restrict surgical procedures based on weight, says Diane Finegood, scientific director of the Institute of Nutrition, Metabolism and Diabetes for the Canadian Institutes of Health Research, "disturbs me greatly because I am wary of leaving such decisions up to the physician."

But that is exactly what's happening right here, right now. Dr. Pete Sarsfield, the medical officer of health for the Northwestern Health Unit in Ontario, is one doctor who says he's known colleagues to decline problem patients. "And I have sympathy for those docs because I know what it's like to treat addicts -- you pick up the pieces and they don't change their behaviour," he says. Sarsfield has campaigned tirelessly against such destructive behaviour as smoking, but he still doesn't agree with doctors who won't treat smokers. "In this job, we don't have a right to pick and choose. We have a duty of care. Where does it say in the Hippocratic oath, 'I will only treat people who are well?'"

Ross, the Winnipeg doctor who dumped his smoking patients, doesn't mind the notoriety he's generated with the move. When he first tossed out his ultimatum four years ago, his colleagues kept silent. But the media didn't. CNN called him. So did a TV station in New Zealand. Ethicists, meanwhile, lined up to condemn him, citing the Canadian Medical Association's first fundamental responsibility: "Consider first the well-being of the patient." Said Ross at the time, "I have been criticized, vilified and downright denigrated for taking this stance." Still, he never blinked. After all, the CMA's fourth fundamental responsibility is: "Consider the well-being of society in matters affecting health." Says Ross, "Forty-four thousand people a year are still dying in Canada of smoking-related disease. I don't want to hear any more excuses. We can fix this." Why don't more doctors follow his example with more tough love? "Because we are seen as the nice guys. That is our role."

So when can a doctor expect an individual patient -- the smoker, the overeater, the boozier -- to take that long, hard look in the mirror and drop the vice? "Look," says Levy, "We are all guilty. All of us do things that are not good for us. The reality is we go to fast-food restaurants. We drive too fast. We should cut our salt intake. We need to educate all elements of society. We have an obligation: we have to put the brakes on bad living styles. We need to convince people of the value of living healthy lifestyles and what the cost is, not only to themselves and their families, but to society."

De la Rocha is a little more pointed. There are some instances when medical science and expertise are just not good enough to fix the problem, he says. "We have become a society that is complacent, that is soft, that is demanding, that has unrealistic expectations, and that has a deeply ingrained sense of entitlement. We have to say to patients, 'I am sorry, man, you are going to have to become responsible for your own health and that means addressing the issue of your tobacco addiction, addressing the issue of your sedentary life, addressing the issue of your very erratic and unhealthy eating habits, addressing the issue of your excess drinking. Do something for yourself.' "

## Resources

### Articles that Researchers Found Useful in Preparing This Package

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"Denying treatment to drug and alcohol-dependent patients." Robert G. Batey. Addiction 92.9 (1997): 1189-1193.

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"The right of equal access to health care for people with disabilities." Human Rights Watch United States: Protecting One's Health - A Human Right. 2003.

"Smokers' Rights to Coronary Artery Bypass Graft Surgery." Janie Heath, Mary Ann Braun and Margaret Brindle. JONA's Healthcare Law, Ethics, and Regulation 4.2 (2002): 32-35.

"Smoking cessation and elective surgery: the cleanest cut." Matthew Peters, Lucy Morgan and Laurence Gluch. MJA 180 (2004): 317-318.

### General Information

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<http://www.canada.com/>

Stanford Encyclopedia of Philosophy - Distributive Justice  
<http://plato.stanford.edu/entries/justice-distributive/>

CBC News Indepth - Health Care  
<http://www.cbc.ca/news/background/healthcare/>

### Reports

Canadian Centre for Policy Alternatives (CCPA)  
<http://www.policyalternatives.ca/>

Canadian Institute for Health Information (CIHI)  
[http://secure.cihi.ca/cihiweb/disPage.jsp?cw\\_page=home\\_e](http://secure.cihi.ca/cihiweb/disPage.jsp?cw_page=home_e)

Institute for Research on Public Policy (IRPP)  
<http://www.irpp.org/indexe.htm>

NursingWorld - Administrative Ethics  
<http://www.nursingworld.org/ojin/topic8/tpc8toc.htm>

