Video/Audio 1

Directions: Watch the video clip and choose the best answer to the following question.

1. Why did the couple not have children 4 years ago?
   A. Because one lived in Spain while the other in Mexico.
   B. Because they wanted to continue their education.
   C. Because their family were strongly against it.
   D. Because they were newly married.
2. What, according to Dr. Kaylen Silverberg, is important for a couple wanting to have children?
   A. To get pregnant before 30.
   B. To make preparation early.
   C. To understand infertility.
   D. To consult with doctors.
3. Which is not mentioned as a cause of infertility?
   A. Abnormal fertilization.
   B. Abnormal lifestyle.
   C. Abnormal sperms.
   D. Abnormal eggs.
4. Ellen and Steve are expecting _____.
   A. to have their first baby
   B. to give up attempts for children
   C. to have another baby in several years
   D. to have twin children: a boy and a girl

Script

Female Speaker: Ellen and Steve Kester have been married for more than four years. They met 14 years ago while studying Spanish in Mexico. Early in their relationships, they talked about having a family, but decided they would wait until the time seemed right.

Ellen Kester: When we got married, we knew we were not ready to have children then we were both pursuing our educations and careers and so and we could keep a very busy pace.

Steve Kester: We had make a consensus decision to have children later in life we just made a consensus decision to live our lives to do things we want it to do success our education we travel together, before we really had serious about thing about a family.

Female Speaker: Ellen and Steve thought that starting family while in their 30's would be okay.

Dr. Kaylen Silverberg: Pregnancy is something it has to happen when a couple is ready for it. So, they are now … in recommendations, we can't say you should get pregnant before you are 35 or before you are 38, but what couples really do need to understand is they need to understand the information. Infertility is inability to conceive or carry a pregnancy despite 12 months of unprotected intercourse. So, we know that 88% of couples in the United States who attempt pregnancy for 12 months will conceive and will be able to deliver. The remaining 12% were about 6 to 6.2 may be million couples in the United States have problems in conceiving. And they are defined as subfertile or infertile.

Female Speaker: Approximately 40% of infertility problems are due to the female and 40% to the male. The remaining 20% is the combination of problems in both sex and the causes unknown all together.

Dr. Zev Rosenwaks: So, it's a 50-50 proposition. One needs to have normal sperm, one need to have normal eggs, and one need to have normal fertilization.

Female Speaker: After a year of trying on their own, Ellen and Steve received diagnoses of unexplained infertility. They tried several treatments with no success, after a lengthy and emotional roller coaster ride, they saw a fertility specialist and opted for In Vitro Fertilization, IVF. It was a decision that would change their lives forever.

Ellen Kester: Hello Katherine. Katherine arrived two weeks early, rushed off to the hospital and two hours later we had a little girl in our hands.

Steve Kester: It's great. Being a dad is the most wonderful thing in the world.

Female Speaker: A few years later, Ellen and Steve decided to try another IVF cycle at the age of 36. They are preparing for yet another surprise.

Ellen Kester: We went in last week for a sonogram and we learned that we having

boy and girl.

Steve Kester: I don't think Katherine really knows what's coming in, as she is the center of our universe and she is the custom to be the queen of the household, so it'll be a little bit of adjustment no doubt when the twins come.

Female Speaker: How fertile anyone couple may be is a complicated equation with genetics, physiology, lifestyle, environment, and age all playing a role. And though doctors examine all male and female fertility issues, unfortunately not all couples will be able to conceive. Despite the best medical science has to offer. Still experienced fertility counseling may be a couple's best chance for success.

Video/Audio 2

Host: The discipline of bioethics is essential to our progress toward understanding how to deal with the monumental questions in our lives; quality of life, birth, reproduction, equal access to medical care and death. Individuals, private corporations and our governmental institutions need to sort through the many issues that our medical progress is creating. Next, were going to explore the ethical questions that we face when making critical decisions about terminally ill patients. When do we reach the limits of medicine? How much pain medication should be administered to patients in agonizing pain even when there could be a risk that it could hasten death?

Male: While modern medicine can sometimes provide solutions which seem extraordinary, there will always be a point where we much accept that there is a limit to what medicine can offer and we must face our mortality.

George F. Blackall: When we think about end of life decisions and we think about what are the primary goals in medicine in helping our patients, certainly, one of the primary goals of medicine is to preserve life and extend life but another important goal and you could also say a primary goal is the relief of suffering and sometimes, those two goals can intersect and there's a time where the preservation of life may no longer be a realistic goal and in that, then you have to decide how to relieve suffering in the face of end of life.

Male: Dr. Blackall has worked as a Pediatric Psychologist with children suffering from cancer and has witnessed the physical and emotional distress and pain.

George F. Blackall: There's a whole multitude of sufferings and when you look at how we help people with that, certainly the oncologist use their, if you will bag of tricks to relieve the physical suffering with the combination of both how they do their procedures, decisions they make about interventions for the child, medications to relieve pain, medications to prevent or relieve other very distressing symptoms like nausea and vomiting.

Male: Dr. Blackall acknowledges that the entire situation is emotionally charged. Children and parents develop fears that have to be addressed but he sees children as being highly resilient with tremendous coping skills.

George F. Blackall: They go through this period of intense adjustment but over time, what seems like an impossible task becomes a normal part of their life. They adapt, they smile, they come to the clinic, in the hospital and they interact with staff and they're playful. They had this incredible capacity to adapt and this resilience that keeps bouncing back and that's an important thing. When we talk with parents about their concerns for their child, certainly from the emotional suffering side, one of the things that we as parents to look out for is, "Has their child lost their resilience? Has their child lost their ability to bounce back?"

Male: When medicine has reached its limits, doctors face decisions around pain management and another ethical issue arises according to Dr. Berg. How far should doctors go to treat the pain? What are the legal and ethical implications of pain management?

Jessica Wilen Berg: I think there are probably two big areas that were seeing a concern of physicians, one is in pain treatment. Because we have seen an increased in prosecutions against physicians for inappropriate use of pain medication, there is clearly a hesitancy to prescribe significant amounts of pain medication.

Male: Pain management becomes complicated according to Dr. Berg because people can respond very differently to the same dosage of medication. Because there is a fear by doctors of over medication with legal ramifications, doctors tend to go in the other direction.

Jessica Wilen Berg: Which means that you're basically sending a signal to physicians to undertreat pain, which is really problematic since we know that we already undertreat pain. So, you probably don't want to make it harder for physicians to actually treat pain. I think that's a real concern especially for end of life care.

Male: "Mercy killing" or euthanasia is illegal. Therefore, doctors are hesitant to engage in any process that could be considered physician-assisted suicide.

Jessica Wilen Berg: This is where the tricky part comes in and I think this is where some of the pain relief issues come in. There is a practice called terminal sedation and the idea is that your pain is so significant; we can't control it except by sedating you.

Male: But as Dr. Berg points out, there are serious risks involved in the use of pain medication but if the patient is in unbearable pain, how far should a doctor go in alleviating that pain?

Jessica Wilen Berg: The sedative drugs and we know part of the problem of course with sedatives is that they have a danger that's why you're monitored all the time when you're put under for a surgery. It can decrease respiration and decrease breathing and if you're not careful, it can kill somebody. It however also can do many good things. It can put you under long enough to have a surgery and it can put you under long enough not to feel pain if you are in excruciating pain.

Male: While some may consider the administration of high levels of pain medication, illegal loophole in euthanasia, others view it as simply a means to a humane end, to get the patient to a point where he or she is at least comfortable in the final hours or days of life. Dr. Berg also points out that some patients may opt for the pain in order to stay conscious as long as possible.

Jessica Wilen Berg: Some patients by the way will say, "Id rather be alert. I know I'm in a lot of pain but I'd rather be alert as long as I can possibly be alert and I'll accept some level of pain in order to have the interactions." Other people will say and I think quite understandably, "I don't want to be in that much paint that's beyond

anything that I want to be doing at the end of my life. That's not how I want to die. I don't want to die in excruciating pain."

Male: In this situation, there is an extremely fine line between caring for the patients wellbeing in the final hours of life and hastening death.

Jessica Wilen Berg: There are still a lot of debate and discomfort with "Are you engaging in terminal sedation? Is that appropriate or were you really just trying to get to the patient where the patient died?"

Video/Audio 3

Male: It would appear that our great struggle is determining how long we should keep on going with medical treatment, hoping that at some point, a miracle will happen.

Mark P. Aulisio: A miracle can happen and people can believe that a miracle will happen but there still are limits to what medicine can actually do and we need to be aware of our human limits and really, if you're a theist, if you believe in a god or certainly if you believe in all-loving, all-powerful, just god who ultimately intends to make things right for humans, you have to be willing to accept your human limitations.

Male: For some, having faith in the ultimate will of God helps them to transition from a desperate clinging to life at all cost to an acceptance of the inevitability that death comes for all.

Mark P. Aulisio: You know, okay, God can do what God will do but as humans, this is all we can offer from medicine. We can't make this child better anymore. We can't make this adult better anymore. The best we can do is whatever it is; you got to fill in the details for the case and in some cases, the best we can do is just keeping somebody comfortable, just recognizing now that another surgery is not appropriate, another round of chemo is not appropriate.

Male: According to Dr. Aulisio, some families ask doctors to do things that are medically harmful in order to keep the patient alive at all cost because they are expecting a miracle. He points out that most of the time, doctors will not offer continued treatment if they think there is absolutely no hope and especially if it will only increase the discomfort of the patient.

Mark P. Aulisio: Life had quite a few cases that I've consulted on where people are saying, "We want him to be alive as long as possible because Gods going to work a miracle, so you do everything; you do everything." Well, even in the "doing of everything," you can reach a point where you've done everything and the miracle did or didn't come usually if you've reached the point where you've done everything, the miracle didn't come. So, I think at that point, people ought to be allowed to believe what they want but they have to understand also that within the scope of medical practice, physicians may not engage in bad medical practice in doing things that are harmful to patients because their loved ones, the patients loved ones are still waiting on a miracle.

Host: "We are such stuff as dreams are made on and our little life is rounded with a sleep." These words from Shakespeares play "The Tempest" are both comforting and chilling. For some, there is no question that death brings a sense of calm and peace, for others, it is the great mystery. Many have said that their fear is not so much about death but the process we go through in order to arrive on the other side of the veil between two seemingly distinct worlds. Modern medicine has in many ways extended

our transition from life to death leaving each of us to decide what measure are ethical, moral and makes sense to us.