

# **FACULTY OF MANAGEMENT SCIENCES**

## CENTRE FOR ENTERPRISE DEVELOPMENT

QUALIFICATION: DIPLOMA IN BUSINESS PROC	CESS MANAGEMENT
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COURSE CODE: EPR511S	COURSE NAME: ENGLISH IN PRACTICE
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	2ND OPPORTUNITY EXAMINATION QUESTION PAPER
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MODERATOR:	Ms C. Botes

	INSTRUCTIONS	
1	. Answer ALL the questions.	
2	. Write clearly and neatly.	
3	. Number the answers clearly.	

### PERMISSIBLE MATERIALS

- 1. Examination paper
- 2. Examination script

THIS QUESTION PAPER CONSISTS OF \$\frac{11}{22}\$ PAGES (INCLUDING THIS FRONT PAGE)

Read the passage below and then answer all the questions that follow.

- 1. Jessie Lott suffered a massive cardiac arrest. While the doctors were struggling to get her heart beating again, she says that she left her body. "I was looking down, and I saw my body, and I saw the doctors. The next thing I can recall is being in a tunnel and moving towards a bright light. The light got bigger and bigger, and then I was in a place of brilliant, beautiful life. The sense of peacefulness was indescribable."
- 2. Jessie is one of 344 heart-attack victims who were interviewed about the experiences they had had while they were being revived. The study, published in the prestigious scientific journal "The Lancet", revealed that 18% could recall similar experiences. Jessie Lott's story is typical because it includes the out of the body experience, the feeling of euphoria and the journey through a tunnel towards a bright light that crop up repeatedly in accounts of what are commonly known as near-death experiences (NDEs).
- 3. The fact that some people have these experiences is undeniable; the question, though, is what are we to make of them? Joyce Hawkes, who had a near-death experience when she was knocked unconscious by a falling roof tile, is convinced that she was given a glimpse of a life beyond death. Previously she had been a cell biologist to whom the idea of a spiritual reality had seemed to be nonsense. Her NDE changed all that. "What I learned was that there truly is no death, that there is a change in state from a physical form to a spiritual form, and that there's nothing to fear about that transition," she said. She has since abandoned her career as a biologist and now works as a spiritual healer.
- 4. Some people a) (to remain) sceptical, however. Susan Blackmore, a psychology professor at a University in Bristol (UK), b. (to argue) that the apparent journey through a tunnel towards a bright light c. (to be) a perfectly understandable consequence of what d. (to happen) in the visual cortex of the brain when it e. (to starve) of oxygen.

- Medical scientists have also known since the mid-1990s that the drug ketamine (sometimes used as an anaesthetic) can induce experiences that have all the features described by people like Jessie Lott and Joyce Hawkes, including the experience of drifting away from the body. [There are also indications that a chemical, acting just as if ketamine, is released in relatively large quantities when the oxygen level in the brain is dangerously low (a state known as cerebral anoxia).] The conclusion of Dr Karl Jansen, a psychiatrist in London, is that those claiming to have "returned from death" may have been very close to death but they did not die. Their experience was not a glimpse of another reality. It was simply an altered state of consciousness triggered by chemical changes in the brain.
- 6. Arguments like this did not entirely convince the Dutch researchers who interviewed the 344 heart-attack victims. They insisted that the near-death experiences are different from ketamine-induced experiences in one important respect: only the former changed the lives of the people who had them. Although the evidence is very limited, it supports the view that only genuine NDEs can lead to marked changes in people's personalities, often involving losing the fear of death, and becoming more compassionate and loving. One heart-attack victim, Dianne Morrissey, said, "Since the experience I have been living my life with so much more enjoyment and appreciation. I live my life a hundred percent more now, and yet it is as if I can hardly wait to die. It is not that I have a death wish. It's just that I know now how tranquil things will be afterwards."
- 1. Which three events or elements are commonly included in an NDE? (3)
- How does Susan Blackmore account for the experience of travelling through a tunnel?
- 3. What is meant by a feeling of euphoria? (2)
- 4. Explain what an out of body experience is. (2)

5. If Dr Karl Jansen and Joyce Hawkes met up for a cup of coffee and a chat	
about NDEs, what do you think would be the most important issue	
about which they would fail to agree?	(3)
6. Explain what cerebral anoxia is?	(2)
7. Explain the changes that genuine NDEs can bring about in people that	
experienced them.	(3)
8. People like Dr Jansen think chemicals like ketamine can explain everything	3.
What do the Dutch researchers think it cannot explain?	(3)
9. The following words are used in the passage. Match them with their corre	ect
explanations from the list given below the words. Write down only the letter	r of
the meaning of your choice next to each word.	
1. tranquil	
2. struggled	
3. prestigious	
4. accounts	
5. glimse	
A. widely admired, held in high esteem	
B. a brief look	
C. tried hard	
D. stories, reports	
E. peaceful	

Read the paragraph below and then answer the grammar questions based on the paragraph.

Change the extract below into the Past Perfect Tense. Rewrite the extract and underline the change in tense.

While the doctors were struggling to get her heart beating again, she says that she left her body.

- 2. Change the verbs numbered (i) (v) in par. 4 into the correct verb tense. (5)
- 3.1 Identify whether each of the statements below is in the active or passive voice.

(3)

- a) Jessie Lott suffered a massive cardiac arrest.
- b) Jessie is one of 344 heart-attack victims who were interviewed by the reporters.
- c) The Dutch researchers interviewed the 344 heart-attack victims.
- 3.2 Change each of the sentences above at 3.1 to the opposite voice. (3)
- 4. Rewrite the following sentence into the reported speech. (3)

Dianne Morrissey said "Since the experience I have been living my life with so much more enjoyment and appreciation."

Identify and write a gerund and infinitive from the sentence below. (2)
 Although the evidence is very limited, it supports the view that only genuine NDEs can lead to marked changes in people's personalities, which

often involve losing the fear of death, becoming more compassionate and loving and learning to enjoy life.

- a) Gerund:
- b) Infinitive:
- 6.1. Identify and name the participle form in the sentence below by writing it down.(1)

Previously she had been a cell biologist to whom the idea of a spiritual reality had seemed to be nonsense.

- 6.2 Name the Parts of Speech of the following words as used in the sentence above.
- (i) Previously
- (ii) she
- (iii) cell
- (iv) to
- (v) idea

#### SECTION C: CRITICAL READING

[20]

(5)

1. Read the passage below and then answer the questions that follow.

(10)

The word euthanasia is of Greek origin and literally means "a good death." The American Heritage Dictionary defines it as "the act of killing a person painlessly for reasons of mercy." Such killing can be done through active means, such as administering a lethal injection, or by passive means, such as withholding medical care or food and water.

In recent years in the United States, there have been numerous cases of active euthanasia in the news. They usually involve the deliberate killing of ill or incapacitated persons by relatives or friends who plead that they can no longer bear to see their loved ones suffer. Although such killings are a crime, the perpetrators are often dealt with leniently by our legal system, and the media usually portrays them as compassionate heroes who take personal risks to save another from unbearable suffering.

The seeming acceptance of active forms of euthanasia is alarming, but we face a bigger, more insidious threat from passive forms of euthanasia. Every year, in hospitals and nursing homes around the country, there are growing numbers of documented deaths caused by caregivers withholding life-sustaining care, including food and water, from vulnerable patients who cannot speak for themselves.

While it is illegal to kill someone directly, for example with a gun or knife, in many cases the law has put its stamp of approval on causing death by omitting needed care. Further, many states have "living will" laws designed to protect those who withhold treatment, and there have been numerous court rulings which have approved of patients being denied care and even starved and dehydrated to death.

Because such deaths occur quietly within the confines of hospitals and nursing homes, they can be kept hidden from the public. Most euthanasia victims are old or very ill, so their deaths might be attributed to a cause other than the denial of care that really killed them. Further, it is often relatives of the patient who request that care be withheld. In one court case, the court held that decisions to withhold life sustaining care may be made not only by close family members but also by a number of third parties, and that such decisions need not be reviewed by the judicial system if there is no disagreement between decision makers and medical staff. The court went so far as to rule that a nursing home may not refuse to participate in the fatal withdrawal of food and water from an incompetent patient!

"Extraordinary" or "heroic" treatment need not be used when the chance for recovery is poor and medical intervention would serve only to prolong the dying process. But to deny customary and reasonable care or to deliberately starve or dehydrate someone because he or she is very old or very ill should not be permitted. Most of the cases coming before the courts do not involve withholding heroic measures from imminently dying people, but rather they seek approval for denying basic care, such as administration of food and water, to people who are not elderly or terminally ill, but who are permanently incapacitated. These people could be expected to live indefinitely, though in an impaired state, if they were given food and water and minimal treatment.

No one has the right to judge that another's life is not worth living. The basic right to life should not be abridged because someone decides that someone else's quality of life is too low. If we base the right to life on quality of life standards, there is no logical place to draw the line.

To protect vulnerable patients, we must foster more positive attitudes towards people with serious and incapacitating illnesses and conditions. Despite the ravages of their diseases, they are still our fellow human beings and deserve our care and respect. We must also enact positive legislation that will protect vulnerable people

from those who consider their lives meaningless or too costly to maintain and who would cause their deaths by withholding life-sustaining care such as food and water.

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Questions
1) The tone of the author can best be described as :
A. pleading
B. argumentative
C. compassionate
D. emphatic
E. empathetic
2) In paragraph 3, the author finds starvation and dehydration induced euthanasia is to be "more insidious" because
A. euthanasia is legally considered to be a criminal act.
B. the public's attitude toward euthanasia is becoming more positive.
C. it often involves those who cannot protest.
D. the patient has asked to die with dignity.
E. its perpetrators are viewed as kindly caregivers.
3) As used in paragraph 3, what is the best synonym for insidious?
A. mischievous
B. treacherous
C. seductive
D. apparent
E. cumulative

4) The author maintains that death by withholding care is
A. largely confined to hospitals.
B. largely confined to the terminally ill.
C. often requested by family members.
D. approved by living wills.
E. difficult to prove if prosecuted.
5) As used in paragraph 7, which is the best definition of abridged?
A. trimmed
B. shortened
C. lengthened
D. extended
E. compressed
6) Using the passage as a guide, it can be inferred that the author would find euthanasia less objectionable in cases in which
euthanasia less objectionable in cases in which
euthanasia less objectionable in cases in which  I. the patient's death is imminent
euthanasia less objectionable in cases in which  I. the patient's death is imminent  II. the patient has left instructions in a living will not to provide care
euthanasia less objectionable in cases in which  I. the patient's death is imminent  II. the patient has left instructions in a living will not to provide care
euthanasia less objectionable in cases in which  I. the patient's death is imminent  II. the patient has left instructions in a living will not to provide care  III. the patient refuses to accept nourishment
euthanasia less objectionable in cases in which  I. the patient's death is imminent  II. the patient has left instructions in a living will not to provide care  III. the patient refuses to accept nourishment  A. I only
euthanasia less objectionable in cases in which  I. the patient's death is imminent  II. the patient has left instructions in a living will not to provide care  III. the patient refuses to accept nourishment  A. I only  B. II only
euthanasia less objectionable in cases in which  I. the patient's death is imminent  II. the patient has left instructions in a living will not to provide care  III. the patient refuses to accept nourishment  A. I only  B. II only  C. I and II only
euthanasia less objectionable in cases in which  I. the patient's death is imminent  II. the patient has left instructions in a living will not to provide care  III. the patient refuses to accept nourishment  A. I only  B. II only  C. I and II only  D. II and III only

- A. lawyers will be unable to prosecute or defend caregivers.
- B. no comprehensive right or wrong definition of euthanasia will exist.
- C. using a subjective standard will make the decision to end an individual's life arbitrary.
- D. no boundary will exist between euthanasia and care omission.
- E. 'quality of life' will no longer be able to be rigidly defined.
- 8) In the final paragraph the author writes, "Despite the ravages of their diseases, they are still our fellow human beings and deserve our care and respect." The main purpose of this statement is to
- A. prove a previous argument
- B. illustrate an example
- C. gainsay a later statement
- D. object to a larger idea
- E. justify an earlier statement
- 9. Say whether the following is True or False
- 9.1. The word euthanasia means "the act of killing a person painlessly for reasons of mercy."
- 9.2. Most euthanasia victims are not so old or not very ill.

Question 2 (20/2=10)

Briefly summarise what euthanasia involves and how it can be prevented. Your summary should not be more than 100 words.

SECTION D: ESSAY WRITING [30]

Write an essay based on **ONE** of the following topics. You should write between **300** and **350** words (about one and a half pages). Indicate the number of words used.

- 1. If you could change one event in your life, what would it be and why?
- 2. A disturbing number of girls and young women suffer from eating disorders. How would you account for this phenomenon and what do you think ought to be done to improve the situation?
- 3. Divorce destroys family life.
- 4. Some people believe that university students should be required to attend classes. Others believe that going to classes should be optional for students. Which point of view do you agree with? Use specific reasons and details to explain your answer.
- 5. There should not be a minimum age to drive a car.
- 6. Feminists often argue that girls and boys should be raised in exactly the same way. What do you think? Argue whether or not you would raise your children with exactly the same types of toys, discipline and activity choices. Should boys and girls be raised exactly the same? If so, why? If not, what kinds of differences do they need?

### **END OF QUESTION PAPER**