

Argument Essay



The Art of Persuasion

Arguable or Not Arguable?

- ❑ Marijuana should be legalized.
 - ❑ Arguable
Smoking is harmful to people's health.
 - ❑ Not Arguable

- ❑ UMHS is the best school in the district.
 - ❑ Arguable

- ❑ Emissions hurt the ozone.
 - ❑ Not arguable

Gather Data to Support Your Claim

- ❑ Complete research as necessary
- ❑ Use appropriate web sites
- ❑ Make sure your experts are valid
- ❑ Prepare your *Works Cited* page and your *parenthetical citations* (Source Notes) in advance

Complete Pre-writing

▣ Chart

Topic: Should marijuana be legalized?

Pro	Con

Logos, Pathos, and Ethos

- Logos-logical appeal
 - Evidence and the reasoning based on that evidence

- Ethos-ethical appeal
 - According to Aristotle--the credibility or trustworthiness that the author establishes in his writing

- Pathos-Emotional appeal
 - Persuades the audience by using emotions

Introduction

- Get the attention of the audience
 - Attention Getter or Hook
- Provide background information to orient the reader to the issue
 - What does the reader need to know about this issue?
 - Define terms
- Create a thesis statement or assertion to guide the reader

The Antithesis

- Address the case of the opposition
 - Several paragraphs at the beginning or weaved throughout the paper (argument-concession)
- Concede points which can not be refuted
 - Use signal words and phrases such as *Admittedly*, *While it is true that* etc.
- Offer refutation for claims which can be countered
 - Use signal words and phrases such as *It has been argued*, *However* etc.

Body Paragraphs

- ❑ Provide a clear topic sentence for each paragraph
- ❑ Use Topic Sentence, Concrete Detail, Commentary (TS, CD, COMM) or Statement, Evidence, Explanation (S-E-E) or, Claim, Data, Warrant (CDW)
- ❑ Build to the strongest argument
- ❑ Use a variety of appeals
- ❑ Demonstrate logic and reasoning
- ❑ Address the opposition

Conclusion

- ❑ Restate your main premise
- ❑ Provide a brief summary of your argument
- ❑ Show how a group will benefit from following your assertion
- ❑ Explain what might happen if your idea is not accepted
- ❑ End with a rhetorical question
- ❑ Ask for a call to action

Sample Argument Essay

- Read the annotated essay on the next slide and review the following:
 - attention getter
 - organization
 - antithesis—con
 - how author refutes the con
 - connective words—transitions
 - development of arguments
 - slippery slope metaphor
 - conclusion

Slippery slope of 'death with dignity'

Nat Hentoff is a columnist for the Village Voice.

By Nat Hentoff *Sacramento Bee* 7/29/92

Intro. catch -
"Slippery slope" metaphor

IN DEBATES with those bioethicists and physicians who believe that euthanasia is both deeply compassionate and also a logical way to cut health-care costs, I am invariably scorned when I mention "the slippery slope."

When the states legalize the deliberate ending of certain lives - I try to tell them - it will eventually broaden the categories of those who can be put to death with impunity.

I am told that this is nonsense in our age of highly advanced medical ethics. And American advocates of euthanasia often point to the Netherlands as a model - a place where euthanasia is quasi-legal for patients who request it. But two physicians must be convinced the patient will not recover or is in intractable pain. With such safeguards, there can be no slope, slippery or otherwise.

Yet, the September 1991 official government report on euthanasia in the Netherlands revealed that at least 1,040 people die every year from involuntary euthanasia. Physicians were so consumed with compassion that they decided not to disturb the patients by asking their opinion on the matter.

Now, the slope has become more slippery in the Netherlands. The Dutch Pediatric Association's panel on neonatal ethics has asked the government to permit euthanasia for infants so damaged that their "quality of life" is low. Says Dr. Zier Versluys, chairman of the group: "It's not always good to prolong someone else's life, because life is not always good."

With that advance in medical ethics, the slope has become a chasm. Over the years, in this country, I have come to know a number

of people who, at birth, were condemned to death by physicians because of their very poor "quality of life" to come, but their parents refused that compassionate advice. One of the survivors is a psychologist working with the disabled; another is a lawyer for an insurance company.

Meanwhile, anticipating some misguided criticism, Walter Nagel, secretary of the Dutch Society for Voluntary Euthanasia, cautions of the proposal to terminate handicapped infants: "We do not consider this as

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euthanasia because euthanasia is considered here in the Netherlands as a request for the termination of life. Newborns, of course, cannot make a request. So the term euthanasia is incorrect in this case."

On Nov. 3, voters in California will have a chance to legalize euthanasia - though not yet of infants. Californians Against Human Suffering has succeeded in placing on the ballot Proposition 161: The California Death With Dignity Act. The sponsors are careful not to use the word, "euthanasia." What this merciful measure would provide is "aid in dying."

If a patient desired to end his or her life, two doctors would first have to conclude that the patient had less than six months to live. (As many doctors will attest, this sort of prediction can be alarmingly imprecise.) The two doctors, by the way, could include anyone with a medical degree who was licensed in California - a dermatologist or a plastic surgeon, for instance. The attending physician also would have to determine that the patient was mentally "competent." But there would be no requirement that the physician get the opinion of a psychiatrist or psychologist. (The Death With Dignity Act says only that the physician "may" request such a consultation.)

One of the grave problems with clinical depression is that many physicians cannot recognize it in a patient. Another problem is that unless it is treated, some of the depressed think obsessively about suicide. The California Death with Dignity Act would facilitate more such suicides of patients - with a doctor's help - before they could get out of their depressions.

There is much more reckless cheapening of life in the act, including this invitation in the official wording of the measure by the attorney general of California: "This measure would result in some unknown savings due to decreased utilization of the state Medi-Cal program and other programs, including county programs."

Savings would also result, of course, for overburdened families of the chronically ill. And the burden that the ill place on their families often creates considerable guilt in those who are sick, particularly the elderly.

Now, if California becomes the first place in the world to license its physicians to provide aid-in-dying and thereby relieve this guilt, the state will indeed have created a stunningly steep slope.

Newspaper Enterprise Assn.

tr. to dying about

Pro ironic tone

tr. to "determine competence"

Pro

Pro

Pro

Restatement of thesis

Referral back to opening metaphor

Thesis Statement

Anti-thesis Con

Refuting anti-thesis

Tr. -> hooked to 1991

Refuting anti-thesis

Tr. - hooks Pro

The "pro" arguments arguing that legalizing "those who can be put to death with impunity" will lead to a broadening of categories are written in a sardonic style so that the tone amplifies the author's viewpoint.

Resources

- Peer Edit--Persuasive Essay
 - Download a copy and use it as you outline your essay
- Directions and/or notes from teacher
- Rubric
 - Find out how the assignment will be assessed
 - Revise and edit to make sure you have met all the requirements to the level of competence or above

Web Links

- <http://almaz.com/nobel/peace/MLK-jail.html>
 - Martin Luther King Jr., *Letter from Birmingham Jail*

- <http://www.gpc.edu/~jbusbee/Grisham.htm>
 - John Grisham, *Unnatural Killers*

Additional Resources

- Your teacher
- UMHS Library
- After School Tutorial