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# Euthanasia and the Teaching of Argumentation in Chile<sup>\*</sup>

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## ABSTRACT

This paper reports on a research project about Chilean students' argumentation competency. Our thesis is that ethical issues are an impediment for the teaching of argumentation at high school level. To prove this, we analyze students' discussions and we compare them with standard philosophical discussions to show the breach between them. We use the pragma-dialectical approach to contrast the different kinds of argumentation.

KEY WORDS: argumentation, argumentative competency, cognitive-rhetorical strategies, ethical issues, euthanasia, teaching of argumentation, pragma-dialectical approach.

## INTRODUCTION

The recent debate about legalizing euthanasia in Chile raises a problem that requires the elucidation of two crucial aspects: the ethical and the argumentative. On the other hand, in their interest to motivate discussions among high school students, with the purpose of teaching argumentation, Philosophy teachers and Language and Communication teachers often present this and other ethical issues for classroom discussions. In the present work we intend to examine whether the conditions are present for this goal to be successfully attained, both from the perspective of the teaching of argumentation and from the perspective of ethical education, i.e., whether the students will become better arguers and will develop a greater ability to reflect about ethical issues.

In Chile, the teaching of argumentation takes place in high school's third grade, corresponding to the eleventh grade of the North American educational system, in two classes: Language and Communication, and Philosophy. In the first case, there is a teaching unity called 'Argumentation', in the second case there are several

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<sup>\*</sup> This paper reports on some preliminary findings of Fondecyt (Chilean National Fund for Scientific and Technological Research) Project 1060439: "La competencia argumentativa oral en el aula: Un estudio exploratorio con estudiantes de enseñanza media" (Oral argumentative competency in the classroom: An exploratory study with high school students), by Marinkovich, J., Cademartori, Y., and Vicuña, A. M.

instances for debating and arguing, e. g., in the teaching unit called ‘Individual and Sexuality’, but there is no formal teaching unit on argumentation in the regular program (Marinkovich 2007, p. 128), except only in a special alternative program, which is not mandatory.

Several studies concerning the teaching of argumentation in written discourse in Chilean schools have shown that students of diverse levels of learning encounter serious difficulties in expressing their argumentative intentions, in structuring their argumentations, and in adjusting their discourse to the contextual demands (Marinkovich and Morán 1995; Parodi and Núñez 1998, 1999; Morán 2002; Parodi 2003). Among other considerations, these difficulties were fundamental in motivating the formulation of our Fondecyt Project 1060439 (Marinkovich, Cademartori and Vicuña 2006).

This research project’s objective is to report what happens in the classroom, both in Philosophy class and in Spanish Language and Communication class in high school’s third grade (equivalent to North American eleventh grade), when students interact argumentatively, in order to assess their argumentative competency. For this purpose, we have gathered a corpus of 36 video recorded sessions of 45 minutes each, conducted in two middle class private subsidized schools of Valparaíso, Chile, and later transcribed using some of the conventions proposed by Tusón (1995).

In the present paper, we study only a small portion of that corpus, consisting of one 45 minutes class of Spanish Language and Communication, where the students argue about the convenience or inconvenience of legalizing euthanasia in Chile.

In analyzing this session we use the cognitive-rhetorical strategies, based on Baker’s (1999) description, and the pragma-dialectical approach of van Eemeren and Grootendorst (1992, 2004), and later we contrast the student’s argumentation with some standard philosophical argumentation on the subject (Kuhse 1995; Peck 1999). In the assessment of the students’ argumentative competency, we also introduce some considerations from the Philosophy for Children Program, created by Matthew Lipman (Lipman, Sharp and Oscanyan 1980).

We shall start by clarifying the concept of euthanasia and showing some complexities of the concept that account for the difficulties encountered in the students’ debate, next we shall analyze the students’ argumentation in the portion of the corpus studied (a simulated debate) in terms of the ‘cognitive-rhetoric strategies’ used by them and in terms of a ‘critical discussion’, and finally we shall show that a debate about euthanasia is quite inadequate for attaining the double goal of teaching argumentation and developing ethical reflection.

## EUTHANASIA

From a philosophical, ethical, perspective, the debate about euthanasia is complex. According to Helga Kuhse (1999), in western classical antiquity infanticide, suicide and euthanasia were commonly accepted. However, in later times, through the influence of Judaism and Christianity, human life began to be viewed as sacrosanct, and deliberately causing the death of an innocent human being was considered as a usurpation of God’s right to give and to take away life. Nevertheless, modern philosophers, such as David Hume, Jeremy Bentham and John Stuart Mill questioned this view, and even earlier, in the sixteenth century, a Christian thinker as Thomas More had suggested, in his *Utopia*, the use of euthanasia as a solution for incurably sick persons (Kuhse 1999, p. 406).

The psychiatrist and theologian Scott Peck (1999, p. 15) poses several questions in order to illustrate the complexity of the problem of euthanasia:

Is euthanasia only an act that someone –a physician, a member of the family – does to a sick or a dying person? Or can this word also be used to define someone who is sick or dying and commits suicide without the help of anyone else? Does euthanasia require the consent of the patient? Of the patient's family? Is it different from other forms of suicide or homicide? How is it different from the simple fact of turning the switch off? If one type of euthanasia consists in avoiding the use of heroic means in order to prolong life, how are these heroic means to be distinguished from those that are part of the treatment? Is it possible to establish a difference between physical and emotional pain? And above all, why are there ethical questions involved and which could they be?<sup>1</sup>

In a preliminary way, it can be said that the concept of euthanasia requires two conditions (Kuhse 1991, p. 405): (a) to deliberately terminate with a person's life and (b) that this act be performed for that person's good (usually because this person suffers from an incurable illness). These two conditions distinguish euthanasia from any other way of terminating with a person's life. Nevertheless, many people consider active euthanasia as a form of homicide and it is prohibited by law in all countries, except Holland. Those in favor of the moral permissiveness of euthanasia have appealed to compassion towards incurable patients and their sufferings, or (in the case of voluntary euthanasia) to respect for the person's autonomy. In order to resolve the ethical controversy that underlies this dispute, it is necessary to introduce some crucial distinctions (Kuhse 1991, pp. 406-414).

### *Voluntary, non voluntary and involuntary euthanasia*

Euthanasia is *voluntary* if it is performed by A *at the request* of B and *for the sake* of B. This could be the case even if B cannot request to die at the present moment, but has done so in a previous time, when he/she was competent. There is a close similarity between voluntary euthanasia and assisted suicide. We speak of *non voluntary euthanasia* when a person has not expressed his/her desire to die, either because an invalidating accident has taken away his/her competency to do so, or because it is a new born baby with an incurable or incapacitating illness. We speak of *involuntary euthanasia* when no consent has been given, either because it has not been requested, or it has been denied when requested. Although the cases of involuntary euthanasia are extremely rare (e. g., A shoots B, without B's consent, in order to prevent B from falling into the hands of a sadistic torturer), it has been claimed that some generally accepted medical practices, such as administering increasing doses of analgesic medicines that will eventually cause the patient's death, are equivalent to involuntary euthanasia.

### *Active and passive euthanasia*

The three types of euthanasia mentioned above can be active or passive, because A can cause B's death in two ways: killing B or letting B die.

If A kills B, e.g., by administering B a lethal injection, A performs *active* euthanasia; if A lets B die, e.g., by withdrawing or denying B the treatment that keeps B alive, A performs *passive* euthanasia.

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<sup>1</sup> This quotation has been translated from the Spanish version by Ana María Vicuña.

There is a general consensus that both actions and omissions can constitute euthanasia, e.g., the Roman Catholic Church, in the *Declaration about euthanasia* (1980, p. 6) defines it as “an action or omission that brings about, by itself or intentionally, death” (quoted by Kuhse 1991, p. 408). Nevertheless, there are philosophical debates around *which* actions or omissions constitute euthanasia. For instance, some philosophers deny that, if a medical doctor abstains from resuscitating a new born infant with severe impediments, or if a medical doctor administers ever increasing doses of analgesic drugs, which he/she knows will bring about the patient’s death, he/she has practiced euthanasia. But other philosophers maintain that every time that an agent participates deliberately and consciously of an act or omission that determines the foreseen death of a patient, he/she has performed euthanasia (active or passive).

### *Central questions*

According to Kuhse (1991, pp. 408-409), the debates have centered on the following central questions:

- 1) Is it morally relevant to distinguish between actively causing death and it happening, instead, as the result of withdrawing or denying life supporting treatment?
- 2) Should all existing life supporting means be used always, or are there ‘extraordinary’ or ‘disproportionate’ means that should not be used?
- 3) Is it morally relevant to distinguish between directly intending the patient’s death and letting it happen as a merely foreseen consequence of the agent’s action or omission?

These questions lead to a set of distinctions that are frequently present in the debates about euthanasia: killing and letting die; ordinary and extraordinary means, or proportionate and disproportionate means; intentionally causing death and merely foreseeing its occurrence. In the mentioned article, Helga Kuhse (1991, p. 409-414) summarizes the main points of these philosophical debates, showing, for instance, that, whereas there are situations where we are equally responsible for our actions and our omissions (e.g., failing to feed our baby until it starves is equivalent to actually killing him/her), in the case of voluntary euthanasia, the patient does not desire to continue living, therefore, the agent performing active euthanasia is acting morally better than the one performing passive euthanasia: in this case, killing is better than letting die. Through numerous examples, the author shows the complexity of the debate and the absurdity of such distinctions as that between intending and merely foreseeing a patient’s death. In her conclusion, she states that it is frequently agreed that there are no intrinsic moral differences between active and passive euthanasia, ordinary and extraordinary means, and directly intended and merely foreseen deaths. However, these distinctions are necessary, according to some, in order to establish limits and demarcations for legislation and public policy. These are oriented to safeguard the lives of the more vulnerable members of society and protect us all from unjustified murder.

### *The ‘slippery slope’*

One of the arguments most frequently used against legalizing euthanasia is precisely based on the above mentioned considerations. It maintains that if euthanasia were to become legal, the most vulnerable members of society, such as the very aged and the physically and mentally disabled, would be in danger: if society permits the intentional termination of life in certain circumstances, it would inevitably advance to a dangerous 'slippery slope' and pass from the justified practices to the unjustified ones.

As Kuhse (1991, p. 414-415) shows, this argumentation is neither logically nor empirically convincing:

There is no logical reason for which the reasons that justify euthanasia – compassion and respect for autonomy – would also justify logically homicides that are neither compassionate nor show respect for autonomy.(...) in Holland there is actually in practice a 'social experiment' of voluntary active euthanasia. There is no evidence, to this moment, that this has pushed the Dutch society down a slippery slope.<sup>2</sup>

### THE ANALYSES

As stated earlier, we performed two types of analysis on the argumentative portion of the selected corpus, consisting of a 45 minutes video recorded and transcribed session of a Spanish Language and Communication class: an analysis of the cognitive-rhetorical strategies and a pragma-dialectical analysis.

The context is that of a fictitious debate about the legalization of euthanasia in Chile, presented as an assignment for the teaching unity 'Argumentation' in the Spanish Language and Communication class. The students are required to present a debate in front of the rest of the class, simulating that they are in a TV show, playing the roles of a Roman Catholic priest, a psychologist, a medical doctor, a member of the parliament, a layman father head of a family, the president of an association against euthanasia, and the facilitator of the debate. At about the same time, a proposal for a law about euthanasia has been actually presented for discussion at the Chilean parliament.<sup>3</sup>

#### *Cognitive-rhetorical strategies*

In the present study, the cognitive strategies were considered as the constitutive elements of critical thinking, but, since the interactions in the classroom are performed orally, it was considered that these should be complemented with rhetorical components, in order to better assess the students' argumentative competency. This led us to define 'cognitive-rhetorical strategies' as

the resources that the participants in an argumentative interaction use in order to clarify or distinguish their standpoints, or to move to a deeper, more fundamental or more general level of them, in order to argue more effectively in view of reaching an agreement or solving a conflict. (Marinkovich 2007, p. 133).

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<sup>2</sup> This quotation has been translated from the Spanish version by Ana María Vicuña.

<sup>3</sup> We had the intention of following this controversy in the Chilean press, in order to contrast it with the students' argumentations, but the controversy did not develop, due to political reasons: the subject of legalizing euthanasia threatened to divide the coalition governing Chile (the 'Concertación de partidos por la democracia'), confronting the Christian Democrats and the Socialists, so the proposal was withdrawn.

As we said in the Introduction to the present paper, our concept of cognitive-rhetorical strategies is based on Baker (1999). This author, in turn, bases his conception of argumentation as a kind of interactive game, in which one participant emerges eventually as winner and the other as loser, on Barth and Krabbe's (1982) 'formal dialectic'.

For the analysis, the different phases of the argumentative interaction were marked along the transcription, following Baker's (1999) proposition, numbering each intervention and inscribing in a column, in front of each, whether it corresponded to the opening, the argumentation or the closing phase. In a different column it was marked whether the interventions were related to the thesis, to attacks or to defenses of the thesis, and, in a fourth column, each type of cognitive-rhetorical strategy was identified, and the proposition in which it was present was marked in italics in the column of the transcription.

The results show that only the strategy of 'definition' is used in the opening phase, e.g., "Euthanasia is a false compassion against the person that is being killed", and this same strategy is predominantly used in the argumentation phase, e.g., "Euthanasia is a death of an incurably sick person and this is called 'death for compassion'" (Defense argument). In the second place, come the strategy of 'exemplification' and the strategy of 'formulating hypotheses', e.g., "For instance, in 'Plan AUGE'<sup>4</sup> there are many ailments that are not covered yet, and still a lot of money is being spent in sick persons for whom there is no hope of healing" (Defense argument). Less used are the strategies of 'causality', 'refutation' and 'analogy', e.g., "I don't agree with you, because behind the sick person there is a family and the family would suffer" (Attack argument). The strategy of 'concession' is used only by the student playing the role of facilitator.

The predominance of the strategy of 'definition' and the low frequency in the use of other more complex strategies indicate that the students are in a basic level of development of their argumentative competency. It is worth noting that the students not always use cognitive-rhetoric strategies, but appeal to beliefs, customs, social relations and the status that the roles they play in the debate confer upon them.

### *Pragma-dialectical analysis*

According to van Eemeren and Grootendost (2004, p. 95),

The aim of the pragma-dialectical analysis is to reconstruct the process of resolving a difference of opinion occurring in an argumentative discourse or text. This means that argumentative reality is systematically analyzed from the perspective of a critical discussion. All components of the discourse or text that are in any way relevant to the resolution are in the reconstruction taken into account; all components that are irrelevant to this concern are left out. In this manner, an analytic reconstruction is given of the argumentative 'deep structure' of the discourse or text.

Following these directions, in our analysis the students' interventions were grouped in arguments for or against two main opposing standpoints: (1) Euthanasia should be legalized in Chile and (2) Euthanasia should not be legalized in Chile.

In this way, the students playing the roles of the Roman Catholic priest, the layman father head of a family, and the president of an association against euthanasia

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<sup>4</sup> Plan AUGE is the Chilean government's health plan that aims at covering, with state funds, the expenses for the most common ailments that affect the Chilean population, when the affected person is unable to do so.

are the protagonists of the negative standpoint and the antagonists of the positive standpoint, while the students that play the psychologist, the medical doctor, and the member of the parliament are the protagonists of the positive standpoint and the antagonists of the negative standpoint. The student playing the role of the facilitator remained neutral or, in pragma-dialectical terms adopted a zero standpoint (van Eemeren and Grootendorst 1992, pp. 15-16).

Since there are two opposing standpoints that are being defended and questioned in the debate the dispute is characterized as a 'single mixed dispute' (van Eemeren and Grootendorst 1992, pp. 17-22)

The argumentation for the positive standpoint: 'Euthanasia should be legalized in Chile' has two supporting arguments, each of them supported by a subargumentation, and three counter arguments attacking the arguments of the opposing party. The argumentation for the negative standpoint: 'Euthanasia should not be legalized in Chile', has four supporting arguments, two of them supported by subargumentation.

In the following schematic representation, 'S' means standpoint, 'S+' means positive standpoint, 'A' means argument and the Arabic numbers indicate the argument sequential number. A subargumentation is indicated by placing a point followed by numbers 1, 2, etc., according to the number of supporting arguments. The argumentative structure is not represented.

*The argumentation for the positive standpoint represented in simplified schematic way*

S+ Euthanasia should be legalized in Chile.

A.1 Euthanasia makes the quality of life better.

A.1.1 Euthanasia avoids the suffering of the sick person and his/her family.

A.2 Euthanasia would avoid the excessive health expenses.

A.2.1 The money that is now spent in those who cannot be saved could be used for saving those who can be healed or to increment 'plan AUGE'.

A.3 To disconnect someone from a machine is not the same as killing.

A.3.1 A hundred years ago there was not the technology that exists today and the terminal patients died in a natural way.

A.4 Not legalizing euthanasia is to prolong the lives of agonic persons who are suffering and whose families also suffer.

A.5 To prolong life more than our bodies can resist is not divine, but human.

A.5.1 God gave us the life until our bodies can resist.

*The argumentation for the negative standpoint represented in simplified schematic way*

S- Euthanasia should not be legalized in Chile.

A.1 Euthanasia is a false compassion.

A.1.1 Euthanasia avoids the 'purificatory' and 'meritory' pain of sickness.

A.2 It is quite possible for a person who authorizes the performance of euthanasia to a member of his/ her family to regret this decision afterwards.

A.3 Euthanasia is irreversible.

A.4 Euthanasia is against God's law.

A.4.1 Euthanasia is to kill a human being.

A.4.2 Killing is against God's law.

According to the pragma-dialectical ideal model of a critical discussion (van Eemeren and Grootendorst 1992 pp. 34-37), there should be four stages in the process of resolving a difference of opinion: confrontation, opening, argumentation and concluding stage. Of these, only the argumentation stage is fully represented in the debate analyzed. There is a (pseudo) confrontation stage when the student that plays the role of facilitator offers a definition of 'euthanasia' and invites the panelists to give their opinions about it. The opening stage is absent: there is no distribution of roles and no common starting points are stated. The argumentation stage is sufficiently represented: different arguments for and against each standpoint are presented. The concluding stage is also absent: the result of the discussion is not determined.

### *Conclusion*

In evaluating the students' argumentative competency we compared their argumentation with the pragma-dialectical ideal model of a critical discussion and with the philosophical arguments on the problem of euthanasia. We also considered the Philosophy for Children program as a guide for evaluating the educational effectiveness of the fictitious debate on euthanasia.

Our preliminary results show a low level of argumentative competency in the discursive text studied. As we saw in the preceding section, most stages of the ideal model are lacking. The definition, offered by the 'facilitator', of euthanasia as

the act of terminating a person's life, at his/her request or not, with the purpose of minimizing the pain that this person is suffering, because of a terminal illness,

could have been adopted as a common starting point, but none of the panelists refers to this definition during the debate.

This definition of euthanasia does not take into account the philosophical distinctions between killing and letting die, active and passive euthanasia, voluntary, non voluntary and involuntary euthanasia. Neither do the panelists.

In the argumentation stage, the arguments in favor of legalizing euthanasia in Chile only concern the suffering of the patients and their families, and monetary considerations, failing to realize the danger of being accused of leading society to a 'slippery slope' and without the opposing party taking advantage of this weakness and confronting them.

The arguments against legalizing euthanasia emphasize the sanctity of human life, as given by God, and try to defend, without much conviction, the religious sense of suffering as a purifying experience. They even use the archaic terms 'merit' and 'purificatory' as epithets for suffering, without explaining them or elaborating the concept. The subject of emotional pain as a preparation for a "good death" (Peck 1999, pp.77-80), although hinted at unwittingly, is notably absent in the arguments of those against legalizing euthanasia.

A good move is the counter argument that distinguishes between 'disconnecting' and 'killing', in order to maintain that euthanasia is not a homicide. This approaches the distinction between active and passive euthanasia, but it shows that this distinction, that could have been quite useful for them, was not in their repertoire.

Another good move is the counter argument about the (artificial) prolonging of human life, which would not be divine will, but human action. It approaches the

distinction between ‘proportionate’ and ‘disproportionate’ means, but, again, the students show their ignorance of this distinction, which prevents them from using it to make a better case.

From the perspective of the Philosophy for Children program, meaningful learning occurs when the students’ true interests are involved (Lipman, Sharp and Oscanyan 1980, pp. 12-13). It seems fairly obvious that in the debate just analyzed the students’ immediate interests are absent. Euthanasia is not a subject that is close to their vital experience, even the idea of death, due to their own youth, is alien to them. In their debate about euthanasia, a deeper reflection and a closer understanding of the sense of life and death are obviously lacking.

We do not mean to deny that such a deep reflection is possible to achieve, even with much younger students. But the approach has to be quite different: the ideal setting for ethical education is the ‘community of inquiry’, as it is practiced by many teachers and students around the world (Vicuña 1999a). If the students were to become more vitally involved, perhaps through a movie or a literary work, it could be possible to create an adequate environment for discussion in a ‘community of inquiry’. Moreover, such a community would permit to practice the ‘code of conduct for reasonable discussants’ that van Eemeren and Grootendorst (2004, pp. 187-196) recommend and, in that way, attain a more coherent and conclusive knowledge.

Even so, since the subject is a difficult ethical issue, the students will require from the teacher to provide the conceptual tools and the necessary distinctions to approach more efficiently this subject.

Finally, Chilean teachers and authors of school textbooks should make a much greater effort to provide the means that are required in order to assure a firm acquisition of argumentative competency and the learning of argumentation theory by high school students in the Chilean educational system. In this way, they will contribute to the betterment of our society.

[link to commentary](#)

## REFERENCES

- Baker, M. (1999). Argumentation and constructive interaction. In P. Coirier and J. Andriessen (Eds.), *Studies in writing. Foundations of argumentative text processing* (pp. 179-207). Amsterdam: University of Amsterdam Press.
- Barth, E.M. & Krabbe, E.C.W. (1982). *From Axiom to Dialogue. A Philosophical Study of Logics and Argumentation*. Berlin/New York: Walter de Gruyter.
- Eemeren, F.H. van & Grootendorst, R. (1992). *Argumentation, Communication, and Fallacies. A Pragma-Dialectical Perspective*. Hillsdale, NJ: Lawrence Erlbaum Associates.
- Eemeren, F.H. van & Grootendorst, R. (2004). *A Systematic Theory of Argumentation. The pragma-dialectical approach*. Cambridge: Cambridge University Press.
- Kuhse, H. (1995). La eutanasia. In P. Singer (Ed.), *Compendio de Ética* (pp.405-416), Madrid: Alianza Editorial.
- Lipman, M., Sharp, A.M. & Oscanyan (1980). *Philosophy in the Classroom*. Philadelphia: Temple University Press.
- Marinkovich, J. (2007). Las estrategias cognitivo-retóricas y la dimensión dialéctica de la argumentación oral en una clase de lengua castellana y comunicación. *Revista Signos*, 40(63), 127-146.
- Marinkovich, J. & Morán, P. (1995). La calidad del texto argumentativo en estudiantes de 4º medio: Algunos rasgos significativos. *Estudios filológicos*, 30, 7-17.
- Marinkovich, J., Cademartori, Y. & Vicuña, A.M. (2006). La competencia argumentativa oral en el aula: Un estudio exploratorio con estudiantes de enseñanza media. (Unpublished research proposal that obtained Fondecyt’s financing and is actually in progress).

- Morán, P. (2002). Cómo se argumenta en contexto escolar: Una experiencia con escolares chilenos. In G. Parodi (Ed.), *Lingüística e interdisciplinariedad: Desafíos del nuevo milenio* (pp. 209-226). Valparaíso: Ediciones Universitarias de Valparaíso.
- Parodi, G. (2003). *Relaciones entre lectura y escritura: Una perspectiva cognitiva discursiva*. Valparaíso: Ediciones Universitarias de Valparaíso.
- Parodi, G. and Núñez, P. (1998). Desarrollo de estrategias de lectura comprensiva: Una aplicación experimental del programa L & C: Leer y Comprender. In M. Peronard, L. Gómez, G. Parodi & P. Núñez (Eds.), *Comprensión de textos escritos: De la teoría a la sala de clases* (pp. 249-264). Santiago de Chile: Andrés Bello.
- Parodi, G. and Núñez, P. (1999). En búsqueda de un modelo cognitivo/textual para la evaluación del texto escrito. In M. Martínez (Ed.), *Procesos de comprensión y de producción de textos académicos: Argumentativos y expositivos* (pp. 83-116). Cali: Universidad del Valle.
- Peck, M. S (1999). *La negación de alma. El problema de la eutanasia*. Buenos Aires: Emecé Editores.
- Sagrada Congregación para la Doctrina de la Fe (1980). *Declaración sobre la eutanasia*. Ciudad del Vaticano.
- Tusón, A. (1995). L'aula com a escenari comunicatiu. *Articles de didáctica de la llengua i la literatura*, 6, 47-58.
- Vicuña, A. M. (1999a). Ethical education through philosophical discusión. *Thinking* 14, 23-26.