

TEST CONTENT INTERNATIONAL SECTION : 1E - OIB

It is highly desirable that candidates enjoy studying English, and even if they have not had the opportunity to formally study English literature they read, quite extensively, on their own.

Written test (1,5 hours):

- Candidates will be given a thought provoking text to read that is related to language and literature.
- Following the text there is a choice of two essay questions.
- Candidates should chose one of the questions, and write an essay.
- Candidates are requested to write in a formal register.
- Because of the varying backgrounds of the candidates that will write the test, critical thinking skills and a candidate's writing ability will be assessed

Interview (10 minutes)

- Candidates must be fluent in English. They will be asked about their motivation for taking the OIB, and to articulate what they hope to do in the future.
- Candidates should also be prepared to discuss the content of their written essay.

SAMPLE OIB ENTRANCE EXAM

READING

The purpose of this exam is to assess a student's critical thinking abilities and their writing skills, and not, necessarily, to assess their past literary knowledge.

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They will be given a short passage to read on a topic that has discernible positions, then asked to write a formal response on the topic.

Here is an example :

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.

Question

Clearly the idea of euthanasia is quite contentious, even when it is not used against the weak and old. Write a response to the statement: that under certain circumstances euthanasia should be legal and accepted.