

PREMIER DEBATE

Thanks for the massive participation in the “You Pick the Brief” poll. You asked for topicality and we delivered.

We developed these arguments based on cases read at the first two major tournament weekends. If there is a T argument that’s needed but doesn’t appear here, ask about it in the comments section, and our editors can provide advice.

You should see these T arguments as building blocks. They are ready to be read in debates, but it’s always best to write extensions, added weighing, and frontlines so you know the ins and outs of the argument.

Remember to use the navigation pane (View -> Navigation Pane) for best use.

Finally, our suspicion is that T was selected not because there are a lot of questionably topical affs, but because debaters just want to read T. We included some T arguments that you could read for strategic value in every neg debate, but you might be slightly trolly for doing so. To help you determine how trolly you are, we have provided a trolliness value from one to ten for each shell:

Soft PC = 8/10 Trolliness

Hard PC = 7/10 Trolliness

“A” = Only One = 10/10 Trolliness

Must Be Topical = 0/10 Trolliness

PC Must Opt-Out = 1/10 Trolliness

Just Society \neq Unjust Societies = 9/10 Trolliness

PC No Education Programs = 2/10 Trolliness

Deceased = Human = 0/10 Trolliness



PREMIER DEBATE

Main Session
July 25 - August 7



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General



T – Soft PC Only

Interpretation: Presumed consent allows the family to opt-out for the deceased

Gundle 4, (Kenneth Gundle, practicing orthopedic surgeon, MD Harvard Med School, BA Stanford University, Presumed Consent for Organ Donation: Perspectives of Health Policy Specialists, Stanford Undergraduate Research Journal, (2004) Spring, pp. 28-32, http://web.stanford.edu/group/journal/cgi-bin/wordpress/wp-content/uploads/2012/09/Gundle_SocSci_2004.pdf) [PDI]

There has been much debate on the influence of policy on organ donation rates. While the United States operates under a system of 'expressed volunteerism,' with consent received from donors and their families, other **countries such as Spain, Belgium, and Austria use an 'opt-out' policy frequently referred to as 'presumed consent.'** **Although the exact implementation varies, [but] the general concept is that individuals opposed to donating their organs may list their objection on a national registry, rendering them ineligible to donate. People who do not register are considered eligible to be donors unless their family specifically objects.**

Violation: The aff defends a "hard" presumed consent system that does not allow a family veto.

Standards:

Predictability – most countries follow the soft model

Dolling 09

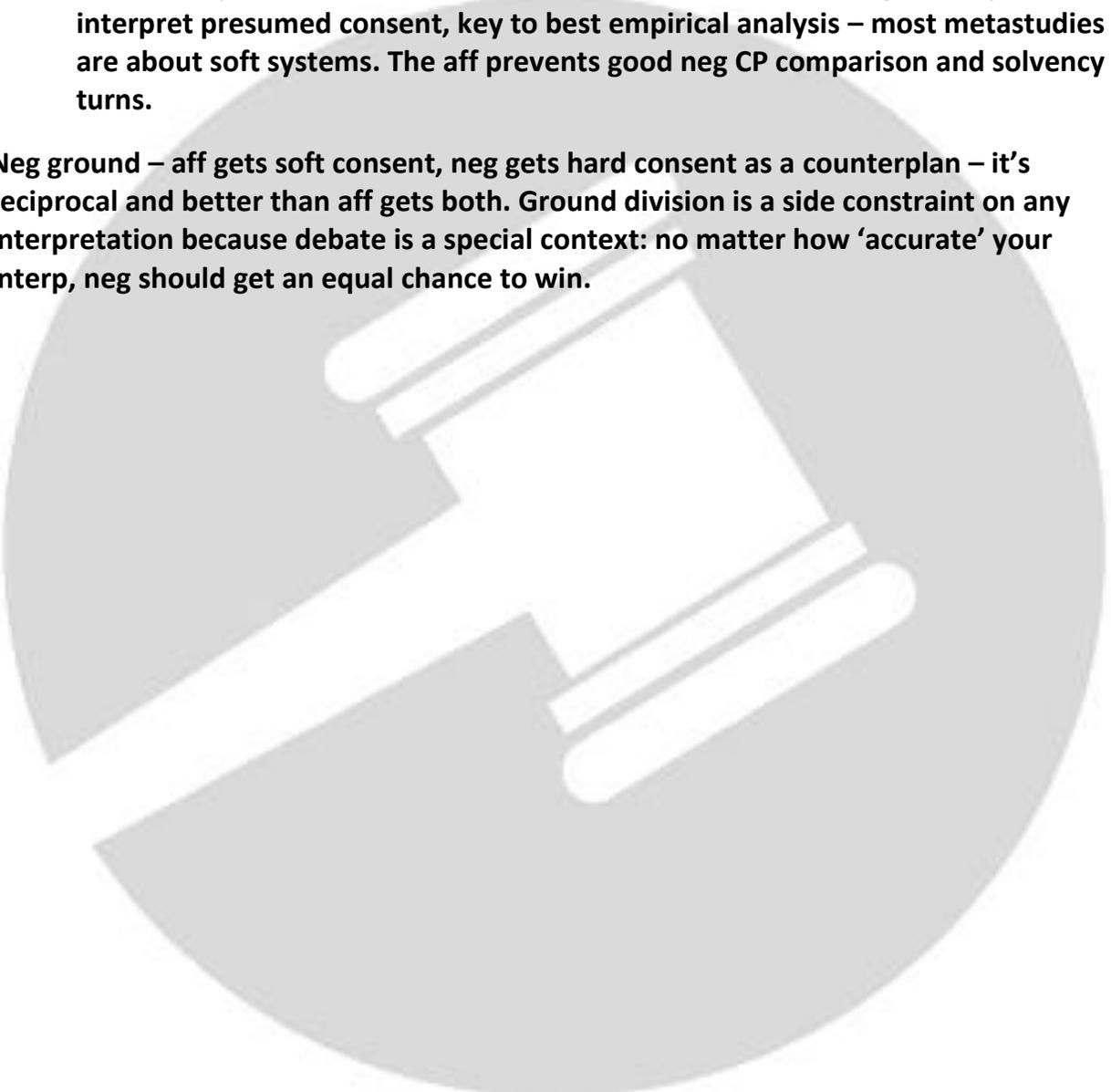
Jennifer Dolling, MA UToronto, "Opting In To An Opt-Out System: Presumed Consent As A Valid Policy Choice For Ontario's Cadaveric Organ Shortage" tspace.library.utoronto.ca/bitstream/1807/18276/1/Dolling_Jennifer_M_200911_LLM_thesis.pdf [PDI]

An opt-out system can be "hard" or "soft." In a "hard" system, the lack of an objection from the deceased is sufficient authority for organ removal to proceed¹⁷² regardless of the family's wishes,¹⁷³ which are neither considered nor requested.¹⁷⁴ In such regimes, families cannot refuse and their views are not taken into account.¹⁷⁵ **Few countries however strictly follow this "hard" system,¹⁷⁶ with most presumed consent nations using the "soft" model,** whereby physicians still consult with family members, such that they have the opportunity to explain the law to relatives and ask them if they know whether the patient had an unregistered objection to organ donation.¹⁷⁷ **In "soft" regimes, although technically no discussion with the family is required, in most countries the family is still consulted¹⁷⁸ and has the last word on whether organs will be donated,¹⁷⁹ even if no objection by the deceased has been declared.¹⁸⁰**

Outweighs

- a) Impacts to topic lit since if the vast majority of countries follow the soft model, there won't be much written about hard systems. That restricts my quality ground to come up with good neg cases and blocks.**
- b) Most in-depth, nuanced debates will be about how countries generally interpret presumed consent, key to best empirical analysis – most metastudies are about soft systems. The aff prevents good neg CP comparison and solvency turns.**

Neg ground – aff gets soft consent, neg gets hard consent as a counterplan – it's reciprocal and better than aff gets both. Ground division is a side constraint on any interpretation because debate is a special context: no matter how 'accurate' your interp, neg should get an equal chance to win.





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T – Hard PC Only

Interpretation: Presumed consent allows objections only from the living individual – “soft presumed consent” is not the same thing

Rosenblum et al. 11 (Amanda M. Rosenblum, Division of Nephrology, Department of Medicine, London Health Sciences Centre, Lucy D. Horvat, Division of Nephrology, Department of Medicine, London Health Sciences Centre, Department of Epidemiology and Biostatistics, University of Western Ontario, Laura A. Siminoff, Department of Social and Behavioral Health, School of Medicine, Virginia Commonwealth University, Versha Prakash, Trillium Gift of Life Network, Toronto, Janice Beitel, Trillium Gift of Life Network, Toronto, and Amit X. Garg, Division of Nephrology, Department of Medicine, London Health Sciences Centre, Department of Epidemiology and Biostatistics, University of Western Ontario, “The authority of next-of-kin in explicit and presumed consent systems for deceased organ donation: an analysis of 54 nations,” *Nephrology Dialysis Transplantation*, 2011, <http://ndt.oxfordjournals.org/content/early/2011/11/25/ndt.gfr619.full>) [PDI]

Presumed consent is defined as a system that ‘permits material to be removed from the body of a deceased person for transplantation and, in some countries, for anatomical study or research, unless the person had expressed his or her opposition before death by filing an objection with an identified office or an informed party reports that the deceased definitely voiced an objection to donation’. Some nations have also proposed a ‘soft’ presumed consent law, where the next-of-kin is still involved in the donation decision [20].

This means there's a distinction between "presumed consent" and "soft presumed consent" where the latter is something distinct from the term of art in the res.

Violation: They defend a "soft" presumed consent system that includes a family veto.

Standards:

Ground –

- a) **Autonomy ground** I can't argue the aff makes it hard for individuals to opt-out if they hadn't made a choice, didn't want to fill out the form or were still deciding when they died because the family will just opt-out or that the family's wishes are ignored. The autonomy NC, which is the stockest position on the topic, is almost unwinnable. That position should be the litmus test for any interp – it's clearly bidirectional unless the neg gets the stock NC.
- b) **Organ supply ground** – they artificially increase solvency by defending a soft system. It's unclear when the family would actually veto or how the process would work, so soft is far more likely to induce 1AR shifts in response to CPs or solvency arguments, that kills neg strategy.

Predictability – "soft" modifying presumed consent means that it's not "presumed consent." The res does not say "soft." That means their interp is less accurate and more arbitrary because it adds a word to the resolution to make the aff T. On face textual interpretation outweighs: you have to do more work to get to their interp, which makes it far less likely to be prepped.

At best they're extra T because they defend presumed consent with added procedures for a family veto. They'll say it's a type of presumed consent – but I can't predict what type they'll use – still harms neg prep.



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T – “A” = Only One

Interpretation: “A” means one

Dictionary.com n.d.

<http://dictionary.reference.com/browse/a?s=t>

a certain; a particular

That means the aff must defend that a particular just society ought to presume consent – not multiple just societies.

Violation: [E.g. they defend more than one just society]

Standards:

Limits – my interp sets the limit at one, which creates a better research burden because multiple just societies allows the aff to defend any permutation of just societies, which is orders of magnitude less predictable than defending presumed consent in just one society. Limits is key to

a) depth on one example. Depths outweighs breadth, 1) If we only talk about the resolution broadly, we just rehash education we gained through research and on the first solvency generic debate we had. 2) Depth prepares us to analyze an issue from multiple angles, more real world skill. 3) Prompts us to consider societies outside our own – new perspectives that we might not get if we just defend the resolution broadly all the time.

b) stable ground since the more specific the less shifty they can be in the 1AR, that ensures NC strategy sticks in the 2NR

c) predictability, since it gives the neg a set of advocacies to prep for. Key to quality cases and blocks to the aff.



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T – Must Be Topical

[NB: This T shell is generally aimed at responding to affs that do not talk about the topic or do not defend presumed consent at legislation. There are many different parts of the interpretation – not all of them will apply to every one of these not-quite-topical affs]

Interpretation: The aff must defend that a just society ought to presume consent for organ procurement from the deceased. The aff must defend a fiat implementation of a presumed consent system by an actor or actors.

Gundle 4 defines presumed consent (Kenneth Gundle, BA Stanford University, Presumed Consent for Organ Donation: Perspectives of Health Policy Specialists, Stanford Undergraduate Research Journal, (2004) Spring, pp. 28-32, http://web.stanford.edu/group/journal/cgi-bin/wordpress/wp-content/uploads/2012/09/Gundle_SocSci_2004.pdf) [PDI]

There has been much debate on the influence of policy on organ donation rates. While the United States operates under a system of 'expressed volunteerism,' with consent received from donors and their families, other **countries such as Spain, Belgium, and Austria use an 'opt-out' policy [is] frequently referred to as 'presumed consent.'** Although the exact implementation varies, the general concept is that **individuals opposed to donating their organs may list their objection on a national registry**, rendering them ineligible to donate. **People who do not register are considered eligible to be donors unless their family specifically objects.**

Violation: The aff does not defend a fiat presumed consent system.

Standards:

Ground - All of my neg prep on this topic is moot because of the aff. They might list some possible answers but I still lose 99% of ground. I could run a K but it's probably not mutually exclusive since it's not exactly clear what the aff defends. I don't get counterplans, disads, or common NCs unless they defend presumed consent as legislation. Ground controls the internal to their pre-fiat impacts since the neg needs to be prepared to debate the aff. The best education comes from a focused, in-depth discussion about a pre-decided topic

Steinberg and Freeley 8

David L., pf of Communication @ U Miami and Austin J., attorney, Argumentation and Debate: Critical Thinking for Reasoned Decision Making, 2008

Debate is a means of settling differences, so there must be a difference of opinion or a conflict of interest before there can be a debate. If everyone is in agreement on a fact or value or policy, there is no need for debate: the matter can be settled by unanimous consent. Thus, for example, it would be pointless to attempt to debate "Resolved: That two plus two equals four," because there is simply no controversy about this statement. (Controversy is an essential prerequisite of debate. Where there is no clash of ideas, proposals, interests, or expressed positions on issues, there is no debate. In addition, **debate cannot produce effective decisions without clear**

identification of a question or questions to be answered. For example, general argument may occur about the broad topic of illegal immigration. How many illegal immigrants are in the United States? What is the impact of illegal immigration and immigrants on our economy? What is their impact on our communities? Do they commit crimes? Do they take jobs from American workers? Do they pay taxes? Do they require social services? Is it a problem that some do not speak English? Is it the responsibility of employers to discourage illegal immigration by not hiring undocumented workers? Should they have the opportunity- to gain citizenship? Does illegal immigration pose a security threat to our country? Do illegal immigrants do work that American workers are unwilling to do? Are their rights as workers and as human beings at risk due to their status? Are they abused by employers, law enforcement, housing, and businesses? How are their families impacted by their status? What is the moral and philosophical obligation of a nation state to maintain its borders? Should we build a wall on the Mexican border, establish a national identification can!, or enforce existing laws against employers? Should we invite immigrants to become U.S. citizens? Surely you can think of many more concerns to be addressed by a conversation about the topic area of

illegal immigration. Participation in this "debate" is likely to be emotional and intense. However, **it is not likely to be productive or useful without focus on a particular question and identification of a line demarcating sides in the controversy. To be discussed and resolved effectively, controversies must be stated clearly. Vague understanding results in unfocused deliberation and poor decisions, frustration, and emotional distress,** as evidenced by the failure of the United States. Congress to make progress on the immigration debate during the summer of 2007. Someone disturbed by the problem of the growing underclass of poorly educated, socially disenfranchised youths might observe, "Public schools are doing a terrible job! They are overcrowded, and many teachers are poorly qualified in their subject areas. Even the best teachers can do little more than struggle to maintain order in their classrooms." That same concerned citizen, facing a complex range of issues, might arrive at an unhelpful decision, such as "We ought to do something about this" or, worse, "It's too complicated a problem to deal with." Groups of concerned citizens worried about the state of public education could join together to express their frustrations, anger, disillusionment, and emotions regarding the schools, but without a focus for their discussions, they could easily agree about the sorry state of education without finding points of clarity or potential solutions. A gripe session would follow. But if a precise question is posed—such as "What can be done to improve public education?"—then a more profitable area of discussion is opened up simply by placing a focus on the search for a concrete solution step. One or more judgments can be phrased in the form of **debate propositions**, motions for parliamentary debate, or bills for legislative assemblies. The statements "Resolved: That the federal government should implement a program of charter schools in at-risk communities" and "Resolved: That the state of Florida should adopt a school voucher program" more clearly identify specific ways of dealing with educational problems in a manageable form, suitable for debate. They **provide specific policies to be investigated and aid discussants in identifying points of difference. To have a productive debate, which facilitates effective decision making by directing and placing limits on the decision to be made, the basis for argument should be clearly defined.** If we merely talk about "homelessness" or "abortion" or "crime" or "global warming" we are likely to have an interesting discussion but not to establish profitable basis for argument. For example, the statement "Resolved: That the pen is mightier than the sword" is debatable, yet fails to provide much basis for clear argumentation. If we take this statement to mean that the written word is more effective than physical force for some purposes, we can identify a problem area: the comparative effectiveness of writing or physical force for a specific purpose. Although we now have **a general subject**, we have not yet stated a problem. It **is still too broad, too loosely worded to promote well-organized argument.** What sort of writing are we concerned with—poems, novels, government documents, website development, advertising, or what? What does "effectiveness" mean in this context? What kind of physical force is being compared—fists, dueling swords, bazookas, nuclear weapons, or what? A more specific question might be, "Would a mutual defense treaty or a visit by our fleet be more effective in assuring Laurania of our support in a certain crisis?" The basis for argument could be phrased in a debate proposition such as "Resolved: That the United States should enter into a mutual defense treaty with Laurania." Negative advocates might oppose this proposition by arguing that fleet maneuvers would be a better solution. This is not to say that debates should completely avoid creative interpretation of the controversy by advocates, or that good debates cannot occur over competing interpretations of the controversy; in fact, these sorts of debates may be very engaging. The point is that debate is best facilitated by the guidance provided by focus on a particular point of difference, which will be outlined in the following discussion.

And that ground is especially key and predictable on this topic

Price 12

D. P. T. Price, School of Law, De Montfort University, "Legal framework governing deceased organ donation in the UK" Oxford University Press 2012

Laws and policies governing the use of organs for transplantation **are evolving rapidly in response to** sensitivity to **ethical concerns** and increasing shortages of transplantable organs. **They are necessarily becoming increasingly detailed and complex.** Professional **practice will be enhanced by clear statements of current provisions, and the debates accompanying their formulation and evolution.** This is necessarily a highly selective contribution, with focus on what are perceived to be the most critical items affecting contemporary deceased donation, apart from the meaning of death itself.

Predictable limits – they allow any aff tangentially related to the topic. There’s no clear standard for what constitutes an aff, which creates an incentive to run to the least predictable and debateable advocacies. Disclosure doesn’t check – the neg should be able to look at the topic and do research to guess what the debate will be about. That’s the only guaranteed pre-round stasis point in tournament invites and written on the ballot. Predictability is a gateway to have a discussion about the aff. They disrespect and exclude the neg, which harms effective dialogue

Galloway 7

Ryan, Samford pf of Comm, “Dinner And Conversation At The Argumentative Table: Reconceptualizing Debate As An Argumentative Dialogue” Contemporary Argumentation and Debate, Vol. 28, 2007

Debate as a dialogue sets an argumentative table, where all parties receive a relatively fair opportunity to voice their position. **Anything that fails to allow participants to have their position articulated denies one side of the argumentative table a fair hearing. The affirmative side is set by the topic and fairness requirements.** While affirmative teams have recently resisted affirming the topic, in fact, the topic selection process is rigorous, taking the relative ground of each topic as its central point of departure.¶ Setting the affirmative reciprocally sets the negative. **The negative crafts approaches to the topic consistent with affirmative demands.** The negative crafts **disadvantages, counter-plans, and critical arguments premised on the arguments that the topic allows for the affirmative team.** According to fairness norms, each side sits at a relatively balanced argumentative table.¶ **When one side takes more than its share, competitive equity suffers. However, it also undermines the respect due to the other involved in the dialogue. When one side excludes the other, it fundamentally denies the personhood of the other participant** (Ehninger, 1970, p. 110). **A pedagogy of debate as dialogue takes this respect as a fundamental component. A desire to be fair is a fundamental condition of a dialogue that takes the form of a demand for equality of voice. Far from being a banal request for links to a disadvantage, fairness is a demand for respect, a demand to be heard, a demand that a voice backed by literally months upon months of preparation, research, and critical thinking not be silenced.**¶ Affirmative cases that suspend basic fairness norms operate to exclude particular negative strategies. Unprepared, **one side comes** to the argumentative table **unable to meaningfully participate in a dialogue.** They are unable to “understand what ‘went on...’” and are left to the whims of time and power (Farrell, 1985, p. 114). Hugh Duncan furthers this line of reasoning:¶ **Opponents** not only tolerate but honor and **respect each other because in doing so they enhance their own chances of thinking better and reaching sound decisions. Opposition is necessary because it sharpens thought in action.** We assume that argument, discussion, and talk, among free and informed people who subordinate decisions of any kind, because it is only through such discussion that we reach agreement which binds us to a common cause...If we are to be equal...relationships among equals must find expression in many formal and informal institutions (Duncan, 1993, p. 196-197).¶ Debate compensates for the exigencies of the world by offering a framework that maintains equality for the sake of the conversation (Farrell, 1985, p. 114).¶ For example, an affirmative case on the 2007-2008 college topic might defend neither state nor international action in the Middle East, and yet claim to be germane to the topic in some way. The case essentially denies the arguments that state action is oppressive or that actions in the international arena are philosophically or pragmatically suspect. Instead of allowing for the dialogue to be modified by the interchange of the affirmative case and the negative response, the affirmative subverts any meaningful role to the negative team, preventing them from offering effective “counter-word” and undermining the value of a meaningful exchange of speech acts. **Germaneness and other substitutes for topical action do not accrue the dialogical benefits of topical advocacy.**



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Specific



T – PC Must Allow Opt-Out

Interpretation: Presumed consent is an opt-out system. It does not procure organs from those who have explicitly expressed that they do not want to donate

Bramhall 11, (Simon Bramhall, Consultant Liver Transplant Surgeon, Annals of The Royal College of Surgeons of England, 2011, V. 93: 268–272, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3363073/>) [PDI]

Presumed consent is alternatively known as an ‘opt-out’ system and means that unless the deceased has expressed a wish in life not to be an organ donor then consent will be assumed.

This can be divided into what is known as a ‘hard opt-out’ where the family are not consulted or a ‘soft opt-out’ when the family’s wishes are considered in the same manner as with the current ‘opt-in’ system.

More definitional support – presumed consent is a system that has measures to allow objections

Rosenblum et al. 11 (Amanda M. Rosenblum, Division of Nephrology, Department of Medicine, London Health Sciences Centre, Lucy D. Horvat, Division of Nephrology, Department of Medicine, London Health Sciences Centre, Department of Epidemiology and Biostatistics, University of Western Ontario, Laura A. Siminoff, Department of Social and Behavioral Health, School of Medicine, Virginia Commonwealth University, Versha Prakash, Trillium Gift of Life Network, Toronto, Janice Beitel, Trillium Gift of Life Network, Toronto, and Amit X. Garg, Division of Nephrology, Department of Medicine, London Health Sciences Centre, Department of Epidemiology and Biostatistics, University of Western Ontario, “The authority of next-of-kin in explicit and presumed consent systems for deceased organ donation: an analysis of 54 nations,” Nephrology Dialysis Transplantation, 2011, <http://ndt.oxfordjournals.org/content/early/2011/11/25/ndt.gfr619.full>) [PDI]

Presumed consent is defined as a system that ‘permits material to be removed from the body of a deceased person for transplantation and, in some countries, for anatomical study or research, unless the person had expressed his or her opposition before death by filing an objection with an identified office or an informed party reports that the deceased definitely voiced an objection to donation’. Some nations have also proposed a ‘soft’ presumed consent law, where the next-of-kin is still involved in the donation decision [20].

Violation: [E.g. the aff defends a conscription-based system where individuals do not have the opportunity to opt-out]

Standards:

1- **Limits.** Their interp allows any aff that takes organs without consent after death – that underlimits because it assumes nothing about the system itself. It's too vague to establish a clear limit. They allow the aff to say yes opt-out, no opt-out, some opt-out, or put conditions on opt-out. That limit matters because it determines how much solvency the aff gets, what CPs compete, and what autonomy offense the neg accesses.

2- **Ground.** Consent is an important discussion on this topic

Wilks 98

Michael Wilks, British Medical Association, chair of the committee on Forensic Medicine, The Lancet - 11 July 1998 (Vol. 352, Issue 9122, Page 151) DOI: 10.1016/S0140-6736(98)85064-2
The Medical Ethics Committee of the British Medical Association (BMA) has frequently discussed the advantages and disadvantages of a presumed-consent system for organ donation which I Kennedy and colleagues discuss.¹ Although I recognise the need to increase the number of organs available for donation, the BMA is wary of rushing into a change in legislation which, unless supported by the public and health professionals, could be counterproductive. **A major issue is how safeguards could be built into the system to ensure that all people have a genuine opportunity to opt out of donation if that is their wish.**
There is a concern that some groups, such as those who do not speak English or cannot read and write, and those with limited or fluctuating mental capacity, may have difficulty in expressing a refusal or understanding the system. **Consent can only be presumed if people are properly informed and given a genuine opportunity to opt out. These practical issues need to be addressed before any change in legislation can be contemplated.**

The majority of solvency answers, comparative CP arguments, and neg cases are built around opt-out systems. That's also the most predictable ground since the best examples of presumed consent are nations with opt-out

Gundle 4 (Kenneth Gundle, orthopedic surgeon, MD Harvard Med, BA Stanford, Presumed Consent for Organ Donation: Perspectives of Health Policy Specialists, Stanford Undergraduate Research Journal, (2004) Spring, pp. 28-32, http://web.stanford.edu/group/journal/cgi-bin/wordpress/wp-content/uploads/2012/09/Gundle_SocSci_2004.pdf) [PDI]

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3- **Accuracy.** My definitions reflect intent to define, which means it's written for the purpose of conceptual clarity. It not only defines presumed consent but claims it's equivalent to opt-out. It's unlikely multiple authors would make such a strong claim about a concept in their field and be completely wrong.

Their definition is based on a misunderstanding-

Dolling 09

Jennifer Dolling, MA UToronto, "Opting In To An Opt-Out System: Presumed Consent As A Valid Policy Choice For Ontario's Cadaveric Organ Shortage"

tspace.library.utoronto.ca/bitstream/1807/18276/1/Dolling_Jennifer_M_200911_LLM_thesis.pdf [PDI]

Presumed consent is “(t)he system by which consent to donate is presumed unless a person has expressly indicated otherwise during his/her lifetime; also known as the opting out system.”¹⁶⁶ **With presumed consent, the default position in the absence of express objection is donation.**¹⁶⁷ **There is much misunderstanding over the meaning of presumed consent, with many people mistakenly confusing it with policies authorizing organ procurement without any consent at all.**¹⁶⁸ **Some of this confusion may stem from the fact that there are several different types of presumed consent laws, differing in how the presumption is made,**¹⁶⁹ **with the content and enforcement of these laws varying greatly across countries**¹⁷⁰ **and sometimes even within a country.**¹⁷¹

And, authority – World Health Organization says opt-out is part of presumed consent. This definition sets the standard globally

WHO 10

World Health Organization, “WHO GUIDING PRINCIPLES ON HUMAN CELL, TISSUE AND ORGAN TRANSPLANTATION” 2010, <http://www.who.int/transplantation/TxGP08-en.pdf>

The alternative, **presumed consent** system – **termed “opting (or contracting) out” – permits material to be removed from the body of a deceased person** for transplantation and, in some countries, for anatomical study or research, **unless the person had expressed his or her opposition before death by filing an objection with an identified office, or an informed party reports that the deceased definitely voiced an objection to donation. Given the ethical importance of consent, such a system should ensure that people are fully informed about the policy and are provided with an easy means to opt out.**

Extra Definition

One of the most common meta-analyses cited on the topic uses an opt-out definition

Rithalia et al 09

A Rithalia, C McDaid, S Suekarran, G Norman, L Myers and A Sowden, "A systematic review of presumed consent systems for deceased organ donation" Health Technology Assessment 2009; Vol. 13: No. 26 Health Technology Assessment NIHR HTA programme May 2009 DOI: 10.3310/hta13260

Presumed consent: [is] Legislation that allows the organs to be used for transplantation after death if there is the opportunity to do so, unless the individual has objected during his or her life.





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T – Just Society =/= Unjust Societies

Interpretation: A just society is one that conforms to what is morally right
Merriam Webster n.d.

<http://www.merriam-webster.com/dictionary/just>

“acting or being in conformity with what is morally upright or good”

Violation: [They defend X country, which is not morally upright because...]

Standards:

Underlimiting – They get to defend any country. Last year’s debates on JanFeb prove – no one gets into much depth when the aff defends some random small country like Peru or Malaysia. There are like 200 countries. Neg can’t possibly prepare for all of them. “Just” puts a limit on only those countries that are reasonably morally right, which makes the topic debateable for the neg. “Just” is a predictable cap since it’s in the resolution – their counter-interp is arbitrary.

Ground – they create bizarre fiat/solvency problems where the unjust country might not follow through with allowing opt-out or family veto. The best and most real world neg solvency arguments are circumvention claims that the country will pass a law but won’t uphold it properly. They fiat too much by supposing that unjust countries act justly, which has little real world relevance to consider and little neg lit. No one is writing articles that say, “well let’s pretend that [X] country is moral and just.” Ground is key against plans because otherwise the debate will be one-sided.



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T – PC No Education Programs

Interpretation: Presumed consent is an opt-out system--

Bramhall 11, (Simon Bramhall, Consultant Liver Transplant Surgeon, Annals of The Royal College of Surgeons of England, 2011, V. 93: 268–272, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3363073/>) [PDI]

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This can be divided into what is known as a ‘hard opt-out’ where the family are not consulted or a ‘soft opt-out’ when the family’s wishes are considered in the same manner as with the current ‘opt-in’ system.

That system is distinct from information campaigns and education programs

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There is a concern that some groups, such as those who do not speak English or cannot read and write, and those with limited or fluctuating mental capacity, may have difficulty in expressing a refusal or understanding the system. Consent can only be presumed if people are properly informed and given a genuine opportunity to opt out. These practical issues need to be addressed before any change in legislation can be contemplated.

Violation: [E.g. they defend some kind of education programs, ad campaigns, or information dissemination]

Ground – the aff claims education programs as a part of presumed consent, which allows them arbitrarily high rates of solvency and kills neg counterplan ground. Education and education-plus-delay CPs should be neg ground to compete with presumed consent, but they expand their ground to encompass them.

Limits – they could claim anything that makes presumed consent solve better is a part of presumed consent. No limit on what that might be: education campaigns, religious exemptions, family veto, presumed consent in some communities but not others, etc. Kills predictability since it’s not in the res – there’s no stable basis for what counts as normal means, which prevents adequate neg prep.



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T – Deceased = Human

Interpretation: Presumed consent for organ procurement from the deceased means taking organs from humans

American Heritage 09

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<http://www.thefreedictionary.com/deceased>

n. pl. **deceased** **A dead person.**

Rosenblum et al. 11 (Amanda M. Rosenblum, Division of Nephrology, Department of Medicine, London Health Sciences Centre, Lucy D. Horvat, Division of Nephrology, Department of Medicine, London Health Sciences Centre, Department of Epidemiology and Biostatistics, University of Western Ontario, Laura A. Siminoff, Department of Social and Behavioral Health, School of Medicine, Virginia Commonwealth University, Versha Prakash, Trillium Gift of Life Network, Toronto, Janice Beitel, Trillium Gift of Life Network, Toronto, and Amit X. Garg, Division of Nephrology, Department of Medicine, London Health Sciences Centre, Department of Epidemiology and Biostatistics, University of Western Ontario, “The authority of next-of-kin in explicit and presumed consent systems for deceased organ donation: an analysis of 54 nations,” *Nephrology Dialysis Transplantation*, 2011,

<http://ndt.oxfordjournals.org/content/early/2011/11/25/ndt.gfr619.full>) [PDI]

Presumed consent is defined as a system that ‘permits material to be removed from the body of a deceased person for transplantation and, in some countries, for anatomical study or research, unless the person had expressed his or her opposition before death by filing an objection with an identified office or an informed party reports that the deceased definitely voiced an objection to donation’. Some nations have also proposed a ‘soft’ presumed consent law, where the next-of-kin is still involved in the donation decision [20].

Violation: They defend organ transplants from animals

Standards:

Accuracy – prefer my interp because it’s a conjunction of two definitions. Even if “deceased” could mean animals, “presumed consent” definitely deals with persons. It doesn’t even make sense to think of consent for most animals – how could they opt-out if they don’t know what an organ is? If the interp doesn’t make sense, the neg shouldn’t be expected to predict it.

Limits – they underlimit by allowing the aff to defend organ procurement from anything with organs. There are thousands of different animals they could defend. Kills 100% of neg ground premised on human transplant.