

Argumentative Essay Examples University

Example # 1:

Interprofessional Collaboration: Humans Service Professionals As A Vital Link In Public Schools

Collaboration is a complex intervention with multiple components. Public education and humans service professionals share a similar concern for social, mental, and academic problems confronting children and families. Both public schools and human services are being challenged to rethink and redesign their efforts to educate and focus on the climate and culture students and their families are faced with. As the educational landscape continues to change due to an increase in the academic and social-emotional needs of students and their families, and the inability for schools to handle the demands on their own, many public schools are moving towards community school models where human service organizations have satellite offices directly in schools. This form of collaboration is what is needed to effectively educate and support students and their families, ultimately improving outcomes for both. As more and more research support the ideology that students who have families that are involved in their education perform better in school, the need for inter-professional collaborations in education is becoming more important. In this paper, I will reflect on two evidence-based research articles that relate to professional collaboration. Both articles explore the roles of interorganizational, interagency, interprofessional, family-centered, and community collaborations in addressing students, their families and how schools have benefited from interprofessional collaborations. The peer-reviewed articles, *Innovative Models of Collaboration to Serve Children, Youths, Families, and Communities* (Anderson-Butcher, & Ashton, 2004) and *Culturally competent collaboration: School Counselor Collaboration with African American Families and Communities* (Moore-Thomas & Day-Vines, 2010) emphasize on building creative partnerships that extend beyond the four walls of any one school building, commitment, innovative strategies for developing wrap-around services, that require interprofessional leaders.

The first step in developing a culture of collaboration between district staff, families and humans service professionals is to develop a collaborative work frame that, includes adopting an improvement process, building a strong system of teams and making time for collaborative work. Each district team should specialize in goals or tasks that work towards the common goal of school improvement. Examples of district teams are instructional leadership teams, community engagement teams, committees on special education, behavior intervention teams, grade level teams, safety teams, humans service professionals, behavioral health, Department of Social Services, and Title I Services. To have a collaborative culture of sharing and analyzing pertinent district information, district staff must schedule time for collaborative sessions among the teams. Such work sessions should be systemically worked into the district calendar to promote continuity. Designated days such as superintendence conference days is a great time for district team collaboration with human service professionals. The goal of building a district culture of collaboration is grounded in the principle of shared responsibility among all stakeholders. Each team member should feel equally important to the other members. For examples, parents are as important as teachers, teachers are as important as principals and principals are as important as district administrators. Because each member is equally important, district decisions should be made collectively and collaboratively.

Family and community involvement play a critical role in the success of schools and students. Research suggests it is not enough for families to be involved just for the sake of being involved, many need

additional assistance. Human service professionals should provide families and school staff with meaningful goal-driven ways to be involved. Goal-linked partnerships require teachers to ensure that involvement activities contribute to student achievement and positive attitudes about school". When school district leaders along with school leadership teams are deriving goal-driven ways for parent and community involvement they should not only take into consideration the district goals but should include the community's interest and needs. This will promote parent and community involvement that is reciprocal in nature. Parents will feel just as comfortable initiating goal-linked initiatives as school leadership teams. It is imperative to understand that interprofessional professional (both in school and out of school) provide meaningful, engaging, goal-driven ways that families can work along with human service professionals to plan, conduct, evaluate and continually improve goal linked partnerships that engage families in a productive way".

Human service professionals have the dual task of understanding the state and federal policies, laws and regulations that affect school districts and the external factors that significantly impact the learning environment, such as, poverty, educational disadvantages and limited resources. By understanding these dependent variables, humans service professional become strong advocates for students and families and in return facilitate high-quality school improvement efforts working collectively with all team members. To effectively advocate for students and families, school district leaders must first develop partnerships with them. "Well executed partnerships go hand in hand with school improvement whether prompted by their own desire to create a better school or in the process of effectively implementing state education reform efforts and federal programs". It is difficult for high needs districts to fulfil state and federal requirements while building strong community partnerships due to limited resources. Because of this dilemma, high needs districts tend to be more reliant on state and federal funding to implement state and federal requirements and build strong community partnerships.

In conclusion, it is essential for human service professionals to advocate for students and families by working collaboratively to address the challenges students face, to develop ways to provide necessary services with limited funding and to build a school climate that is inclusive to family and community members. Students face serious social problems such as teenage pregnancy, substance abuse, behavior disorders, hunger, physical and mental illness, and family violence. The humans service professional, an expert can assist schools to pull together educators and staff to better address the needs of students. These efforts are a critical part of the school reform and will require continued commitment of both schools and human service professionals to develop service delivery systems that are both mutually beneficial and effective in meeting the needs of the school's most important clients, the student. Interprofessional collaborations seek to address the cracks between agencies and schools when students fall through cracks and decrease fragmentation by establishing a linkage of resources, like partnerships that will broader human services delivery of social and additional services.

Example # 2:

Medical Assistance In Dying In Canada

Life drives its own course along different terrains: a smooth and steady patch of road or a disheveled and rugged path. Nonetheless, both ways diverge into one end: a dead end. Though every life cease, its denouement is different. There can either be tranquil endings, or a tragic demise. For those trapped in

the arms of chronic pain and sickness, their stories do not have to end with the latter, but can shift towards the former option through physician-assisted suicide.

Medical Assistance in Dying (MAID) is the consensual process of ending a person's life at their request, through the prescription or administration of a substance by a practitioner. Though this procedure might sound horrific, these actions allow people with extreme suffering to die a dignified and peaceful death. In June 2016, Canada joined countries such as the Netherlands and Belgium in the legalization of assisted suicide (Ireland). Being a new addition to the group, Canada's far behind from the achievements that its brother and sister countries have accomplished. Canada's journey has only begun. It still has a long way to go before one can see the benefits that the legalization of assisted suicide attains. More than 1,300 Canadians have ended their lives through Medical Assistance in Dying. Despite this, access to MAID has not been easy, as some communities are lacking physicians and nurse practitioners that are willing to assist them in ending their lives. In addition, health facilities such as Catholic hospitals have the legal right to refuse assisted suicide. This is a growing problem that has caused enormous distress to the patient and family. For them, the government has not truly granted them full access to physician-assisted suicide. Although Canada still faces issues with its current Bill, assisted suicide should not be viewed in a negative light as its legalization facilitates more benefits than losses.

First, abuse of assisted suicide will pursue regardless if it is legal or not. Take into consideration driving privileges. There are still people who park in a no parking zone, cross red lights, or commit a mischievous crime such as drunk driving. These law violators are not hindered by a mere parking ticket or a sentence to jail; hence why they got the audacity to cross the boundaries. This makes the extermination of such heinous crimes, futile and absurd. Likewise, if assisted suicide was banned because of abuse, then might as well all the other privileges since no safeguards for such abuses are effective. Any restrictions or rules can be corrupted to harm others, so it is inevitable for MAID not to be exploited. On the other hand, even if assisted suicide was prohibited, illegal practices of it will still persist. In fact, it is better to have protocols permitting assisted suicide, as doctors who perform illegally will be even more "less likely to admit to participating in such practices".

Despite the existence of law violators, with or without prohibition, there will always be a majority group of people who will abide by the laws. Therefore, in regards to assisted suicide, it is more advantageous for it to exist legally alongside strict guidelines than to be prohibited. Furthermore, the legalization of physician-assisted suicide will not lead society down a slippery slope. Particularly, this argument disputes that if society allows actions such as assisted suicide, then civilization will be led "down the slippery slope", allowing other obscene acts like involuntary euthanasia to take place. The repercussion is argued to pose harm on vulnerable groups, but it is proven that there are no heightened risks on the following: women, uninsured people, the poor, racial and ethnic minorities, minors and mature seniors, and especially people with non-terminal illnesses or physical disabilities. This was a study based on robust data from Oregon and the Netherlands: two places that permit physician-assisted suicide. In both jurisdictions, those that died through MAID were more likely to be from groups "enjoying comparative social, economic, educational, professional and other privileges". The existence of assisted suicide will not threaten vulnerable groups, since society is highly structured and organized; it will not tolerate chaos. Ultimately, the slippery slope effect is not a concern for physician-assisted suicide. Lastly, the appalling picture of a family member, bedridden from agony and whose motivations to live have diminished, is a heartbreaking tragedy. For those trapped in the arms of chronic pain and sickness, the image and thought of life lasting slavery to the illness, is disheartening. Being provided palliative care, which aims to "relieve suffering and

improve quality of life”, is an inadequate solution for some. What people misunderstand is that for these people, “it is not always pain that renders a life worth living. To lay unconscious, but yet still breathing for the rest of their lives, is nothing but torture that is worse than death. Just as a terminally ill patient has said on a qualitative study in the United Kingdom, that he or she wants to be a “useful member of society and kill the pain at the same time”. They want to lose pain and gain a new purpose but unfortunately, palliative care can only alleviate pain. Strikingly, the opposition argues that physician-assisted suicide will impede palliative care, while encouraging a quick fix: death. But in fact, the expenditure for palliative care in Belgium has “grown consistently by an annual average of almost 10% since the regulation of physician assisted dying”. In other words, palliative care and MAID can work alongside each other, providing patients decisions that can change their lives. They both have the same goal of alleviating the suffering of patients. Thus, the image of a family member, bedridden from agony, is no longer a heartbreaking tragedy. It is now a memory filled with deep peace. Despite, the flaws and imperfections of Medical Assistance in Dying, it should be given a chance to live up to its purpose: grant Canadians a dignified death. Notably, abuse, the slippery slope effects, and the “impediment” of palliative care are not a hindrance to the legalization of assisted suicide. Ironically, the existence of assisted suicide constructively brings order and structure to society.

Overall, Canadian lives might be driven along different terrains nonetheless; both will diverge into one tranquil end. Physician assisted suicide is the key to the freedom of life’s end.