



Thank you for downloading this Decide kit!

Every kit contains all the necessary elements for a group of up to 8 people playing Decide. If you have more participants, provide each group with a kit.

The kit can be printed on A4 paper or cardboard. For best results, use 160g/m<sup>2</sup> paper.

The first 9 pages have borders of different colours, indicating the colour of the paper on which they should be printed. There are 4 green, 3 blue, 1 yellow and 2 orange sheets.

The other pages should be printed on white paper or cardboard.

The last 4 pages contain the placemat and the instructions for each participant.

***It is important that each participant has a placemat in A3 format.***

The instruction card should be printed preferably in colour, although it will work also in black and white.

Make sure that there are as many placemats and instructions cards as there are participants.

Enjoy Decide!

For any question or information, please email: [info@playdecide.org](mailto:info@playdecide.org)



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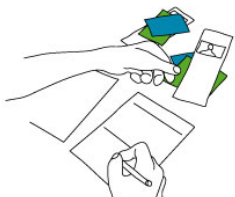
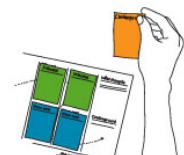
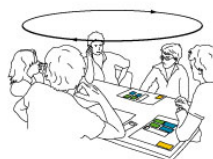
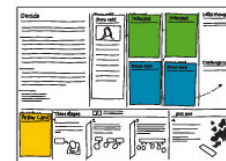
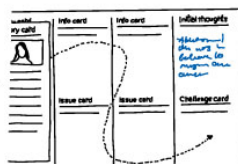
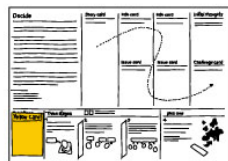
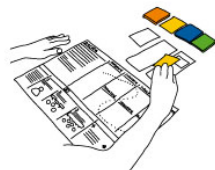
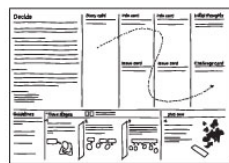
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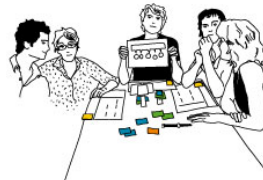
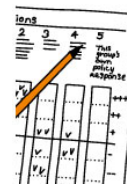
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A line drawing of a hand holding a pencil and filling out a 'Pain matrix' form. The form has a header with 'Pain matrix' and a grid of boxes for recording data. The hand is shown writing in one of the boxes.



# 6



# Instructions

## 1.

### **Preparation.**

Print out the PDF's on coloured paper or light cardboard according to the files' names. You need the following A4 sheets: yellow (1), orange (2), green (3), blue (3) and white (7).

Cut out the cards.

Print or copy as many placemats and instructions as there are players. Decide works best when played by 4 up to 8 people.

## 2.

### **Getting started.**

From start to finish, decide will take 80 minutes to play.

All players have a 'placemat' in front of them. There are different types of cards that will gradually fill up the placemats.

The facilitator talks the players through the flow of decide using the visual instructions. He or she points out the aims of the game.

During the first part of decide, information is gathered and shared. Then the discussion phase follows.

In the third part the players try to formulate a shared group response. Decide ends when the results are uploaded to [www.playdecide.eu](http://www.playdecide.eu)

Before the first phase starts, the facilitator reminds all players about the conversation guidelines (bottom left) and hands out the yellow cards.

Anyone can raise a yellow card to pause the discussion in case they feel someone is not respecting the guidelines. When the issue is solved, the discussion resumes. On the top right there is a space for notes and 'initial thoughts'.

## 3.

### **Phase 1. Information**

This part of the game will take approximately 30 minutes. All players read the introduction (top-left).

All players read a few storycards, choose one, which is significant for them and put it on the placemat. Each player briefly summarizes their storycard.

All players exchange and read infocards, choose two, which are significant for them and put them on the placemat. Each player briefly summarizes their infocards.

All players read issuecards, choose two, which are significant for them and put them on the placemat. Each player briefly summarizes their issuecards.

Players can use the white cards at any time to add information and issues if needed. (not all steps are shown, the same procedure is repeated for story-, info- and issuecards. At the end of this phase all types of cards are on the placemats as shown in the last image)

## 4.

## **Phase 2. Discussion**

This part of the game takes approximately another 30 minutes

There are different ways to discuss. You can choose one that fits the character of the group.

There is the 'Free form'. No restrictions, the discussion flows among the players. Everyone tries to respect the guidelines (if not the yellow cards can be used).

A more structured way to discuss is to 'talk in rounds'.

If the discussion is difficult or it slows down, 'challengecards' might loosen things up. The facilitator hands them out 'face down'. Players read them and take action.

During this phase, players use the cards to sustain their arguments.

They put on the table the cards that back up their contributions, group them and record the discussion by making clusters around the themes that reflect the group's vision.

All types of cards can be used to make a cluster. At the end of this phase there should be at least one cluster.

## **5.**

### **Phase 3. A shared group response**

This last part of decide will take approximately 20 minutes. Everybody reads the 4 policy positions.

Based on the conclusions of the cluster(s), all players vote individually in turn on all 4 policies.

Try to look for common ground. Is there a policy position you can all live with? If not, try as a group to formulate your own 'fifth policy'.

## **6.**

### **Upload results**

The facilitator transfers the results on the voting form using the 'upload' function on this website [www.playdecide.eu](http://www.playdecide.eu)

Your results will be added to the results of all other decide-sessions played in Europe.

## Info Card 1

### What are stem cells?

Stem cells are master cells of the human body which are able either to produce copies of themselves, or to produce other, specialised types of cells.

## Info Card 2

### Stem cells in embryos and adults

In the embryo, stem cells gradually specialise to produce all the cells of the body.  
In adult tissue, stem cells exist to keep regenerating particular body cells during the person's life.

## Info Card 3

### Where do stem cells come from?

extracted from:

- Embryos
- Some adult tissues (e.g. bone marrow)
- Placental cord blood
- Amniotic liquid

## Info Card 4

### Storage and use of stem cells

Scientists are able to isolate stem cells and keep them indefinitely in the laboratory. They can induce some stem cells to turn into specialised cells, e.g. nerve, skin, blood cells.

## Info Card 5

### The benefits of stem cells

Stem cells - or specialised cells derived from them - might be able to slow or even stop some degenerative diseases, repair damaged tissues, or cure burns.

## Info Card 6

### What are degenerative diseases?

Degenerative diseases can affect people of any age, from childhood through to old age. They include:

- Parkinson's
- diabetes
- cystic fibrosis
- multiple sclerosis
- muscular dystrophy
- hepatitis
- osteoporosis

## Info Card 7

### The status of current research

Research in this field is at an early stage. One day, stem cells may lead to cell replacement therapies, but it is unknown how effective these would be.

## Info Card 8

### Taking stem cells from embryos

Embryonic stem cells are usually taken from embryos created by in vitro fertilization. The cells are taken when the embryo is about a week old; it has 30 - 150 undifferentiated cells and measures 0.14 millimetres. The embryo is then destroyed.

## Info Card 9

### Which embryos do stem cells come from?

Embryos used in research are mostly 'surplus' from clinical treatments like IVF. Some countries permit them to be created specifically for research.

## Info Card 10

### Surplus embryos

In IVF, 'surplus' embryos arise when more embryos are created than a couple wants to implant. Currently there are hundreds of thousands of these embryos stored in Europe and destined to destruction.

## Info Card 11

### Adult stem cells

Stem cells are found in adult tissues such as bone marrow and the brain. They are few in number and are often difficult to obtain.

## Info Card 12

### Limits of adult stem cells

Adult stem cells usually produce only the few types of cells that are related to that particular part of the body (e.g. bone marrow producing different types of blood cells but not liver cells).

## Info Card 13

### iPS cells

Induced pluripotent stem cells (iPS cells) are very similar to embryonic stem cells. They are made by reprogramming adult cells and can be used to grow all the different specialised cells of the body. A whole mouse can be grown from iPS cells combined with host embryo cells.

## Info Card 14

### Stem cells from placental cord blood

Stem cells are found in placental cord blood at birth. They are more abundant than adult blood stem cells, easier to obtain, and may pose fewer rejection risks. However, recent research suggests they cause cancer when used to treat disease.

## Info Card 15

### Banking' cord blood

If placental cord blood cells could be turned into other cell types, cord blood could be frozen at birth and 'banked', to be available for cell therapy in later life. Therapies of this kind are still a long way off at the moment, and may prove not to be practicable because of technical hurdles and cost.

## Info Card 16

### The 14 day limit

In human development the embryo implants into the womb about 7 days after fertilization at which time the first steps toward cell differentiation begin. The first stages of the nervous system appear after 14 days. This is the legal limit for research on embryos.

## Info Card 17

### Reasons for the 14 day limit

Before the 14 day limit for research an embryo may split into twins. About half of all embryos, or perhaps even more, abort naturally because of spontaneous genetic abnormalities such as extra chromosomes in their DNA.

## Info Card 18

### Different countries, different rules

Some EU countries permit no embryo stem cell research. Some allow it only with surplus IVF embryos. The UK allows embryos to be created for stem cell research, including creating cloned embryos.

## Info Card 19

### Purpose and process of cloning

In the UK it is illegal to create a cloned human baby (reproductive cloning), but it is legal to make a cloned human embryo and allow it to grow up to the 14 day limit in order to make stem cells (therapeutic cloning). The difference is in the purpose not the process.

## Info Card 20

### Hybrid embryos

Human-animal hybrid embryos can be created by removing the genetic material from an animal egg and replacing it with human DNA. In 2008 some researchers in the UK were given permission to create this kind of hybrid for research.

## Info Card 21

### Preventing rejection by cloning

Therapeutic cloning aims to stop a patient's body from rejecting stem cells as foreign tissue. Cells are taken from a cloned embryo, created from the patient's own cells.

## Info Card 22

### How therapeutic cloning works

In therapeutic cloning, cells would be taken from a patient's body and fused with a human egg that has had its DNA removed. This creates a cloned embryo of the patient.

## Info Card 23

### Abortion for social or medical reasons

Week 24 is the limit on abortions for social reasons. Abortion for medical reasons is legal until full term (weeks 38-40).

## Info Card 24

### Cloning and the United Nations

In 2004 a United Nations ban on cloning collapsed. All nations support a ban on reproductive cloning (making a baby using cloning techniques), but some wanted to outlaw research with cloned embryos, which others allow.

## Info Card 25

### Development of the foetus

The foetus develops its brain structure by week 10. The limit for abortion for social reasons is 24 weeks, when the foetus starts to respond to light, sound and other sensory stimuli. The legal limit for research on the embryo is however 14 days.

## Info Card 26

### Preventing rejection by reprogramming

Scientists can now manipulate cells taken from adult skin cells to return them to an embryonic state in the laboratory. This is a much easier and more efficient procedure than cloning.

## Info Card 27

### The Jewish mainstream position

Before 40 days after fertilisation, Jewish law does not consider the embryo as "human life". Therefore, taking cells from an embryo is morally neutral.



## Info Card 28

### The Roman Catholic position

- Against: human life begins from the one-cell stage.  
- In favour: according to Saint Tomas d'Aquino's developmental approach: God introduces the human soul progressively in the embryo: The vegetative soul, then the sensitive soul and, then the human soul.

## Info Card 29

### The Protestant position

It covers a wide range of views from a total opposition to embryonic stem cell research to a position in favour of therapeutic cloning.

## Info Card 30

### The Muslim position

According to Muslim law, the moment when an embryo receives a soul does not occur until the fourth month of pregnancy. Embryonic stem cell research is morally neutral according to mainstream Muslim Law.

## Issue Card 1

### A big potential

If the power of embryonic stem cells can be harnessed and we are not prevented by opponents, we have the potential to treat a wide range of currently untreatable fatal diseases.

## Issue Card 2

### Life

When does human life begin?

## Issue Card 3

### What is an embryo?

What status should we give to a 14 day old embryo:

- a cluster of cells;
- a potential human being;
- a form of life;
- fully human life, with all the rights a human baby has?

## Issue Card 4

### Justification for research

Is the prospect of treating currently terminal illnesses justification enough for stem cell research using human embryos?

## Issue Card 5

### An ethical trade-off

In embryonic stem cell research, embryos under 14 days old are destroyed. Some people argue it is unacceptable to destroy a new life, even to save the life of an ill person. Where does the balance lie?

## Issue Card 6

### Whose moral values?

How important are moral values of the past? Should we still be bound by them or should we adjust our moral values as times change?

## Issue Card 7

### Science and human values

Are deeply rooted human values being sacrificed under pressure from scientific innovations? Or can we find a good balance?

## Issue Card 8

### What use of embryos is justified?

Is it wrong to create embryos just for stem cell research? What about using surplus embryos from IVF or embryo selection that will be destroyed otherwise?

## Issue Card 9

### Spare parts machines?

If we create embryos simply to use them as a source of stem cells is it treating embryos like a resource for getting spare parts? If so, is this okay or not?

## Issue Card 10

### Other issues related to pregnancy

Should we be allowing IVF (in vitro fertilisation or 'test tube' babies) and/or PGD (selecting embryos to avoid serious genetic diseases)?

## Issue Card 11

### A slippery slope?

Does the creation and use of cloned embryos and reprogrammed cells bring us nearer to creating cloned human babies?

## Issue Card 12

### One step at a time?

Should we do research with cloned embryos now? Or should we wait until we have thoroughly explored the potential of stem cells taken from spare IVF embryos or from adult tissue? Should the ability to reprogram cells change our view on using embryonic stem cells?

## Issue Card 13

### Which moral limits should science have?

Should we place moral limits on science? For example, only allow non-embryonic stem cell research? How might that affect the progress of research? Does that make a difference to your moral standpoint?

## Issue Card 14

### The limits for embryo research and abortion

Are the 14 day limit on embryo research and the 24 week limit on abortion based on science or moral distinctions, or are they just arbitrary legal boundaries?

## Issue Card 15

### Limiting the use of science

A UN ban on human cloning is proposed. Should society seek to limit certain applications of science? Or will it always be done, if it can be done?

## Issue Card 16

### Who should be involved?

Who should be involved in developing stem cell technologies and therapies - government, private corporations, foundations or trusts, academic institutions?

## Issue Card 17

### Other uses for the money

Should the research money for all stem cell research be reallocated to the foreign aid budget, to increase basic healthcare in poor countries?

## Issue Card 18

### Effects on developing countries

Will these technologies make the global divide between rich and poor better or worse?

## Issue Card 19

### Stem cell research is not just about embryos

Adult stem cells are already used in treatments, e.g. in bone marrow transplants for leukaemia. All stem cell research can help improve understanding of how stem cells work. Does this affect your view of embryonic stem cell research?

## Issue Card 20

### Raising expectations

Are we falsely raising expectations of cures for people suffering from degenerative diseases?

## Issue Card 21

### Embryo research and quality of life

How far are we justified in doing controversial research with embryos to help an ageing population live longer? What if the quality of very old age cannot be improved much?

## Issue Card 22

### Accepting that we all die sometime

Is there eventually a limit to medical research? Is there a point where we have to accept our mortality and the reality of suffering?

## Issue Card 23

### A question of democracy

How democratic is policy making on these issues and how democratic should it be?

## Issue Card 24

### The role of society

Even in medicine, researchers must not just make up the rules to suit their aims. Society has a right to say what should or should not be researched. How far should this be taken? How much control over research should society have?

## Issue Card 25

### Who should pay?

Stem cell research has great potential for treating serious diseases. However, where should funding for important research come from? Who should pay for the expensive process of creating patient-specific stem cells and specialised cells for disease treatment?

## Issue Card 26

### What regulations do we need?

Induced pluripotent stem cells (iPS cells) could potentially be used to create many cloned babies from an adult's cells. What regulations should be put in place to control how iPS cell research is developed and applied? How can we legislate for future developments?

## Issue Card 27

### Is it a question of politics?

If research is tightly controlled by regulation and legislation, is there a risk that science becomes too much of a political issue? How much influence should non-specialist political lobbyists have?

### **Guidelines Yellow Card!**

---

Use the yellow card to help the group stick to the guidelines. Wave it if you feel a guideline is being broken or if you do not understand what is going on.

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### Challenge Card

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Tell the group who you think pays (in terms of resources, or consequences), and in what ways.

### Challenge Card

---

Explain briefly to your fellow players what you think could be the effect on future generations.

### Challenge Card

---

What do you think the media would make of all this?

### Challenge Card

---

Are there any risks involved here? Think of a risk, tell the group, and ask two other players if they can think of another one.

### Challenge Card

---

Imagine what your grandparents would say about this topic! Share it with the group.

### Challenge Card

---

Is the group 'being polite' and not talking about a 'taboo' issue in relation to this subject? If so, say 'We're not talking about ...' and start the conversation.

### Challenge Card

---

Does this have an impact on nature? Let the group know what you think.

### Challenge Card

---

Express any feelings on the subject that you have not yet expressed to the group.

### Challenge Card

---

Pick a story card. As the character on your story card, present to the group your views on this topic.

### Challenge Card

---

Can we justify spending money on this research given the inequalities in health care between Europe and developing countries?

### Challenge Card

---

Do you think that human needs are more important than the needs of those without a voice- nature, animals, embryos?

### Challenge Card

---

“We should maximise human life and pursue all avenues of research to help people who are ill.”  
Do you agree with this statement?

### Challenge Card

---

Pick a Story Card and select one that is different from your own viewpoint. Tell the group how you think your own views are similar and different to the character.

### Challenge Card

---

Find out what the person on your right hand side feels on this subject. Find an argument to support their opinion.

### Challenge Card

---

Find out what the person on your left hand side feels on this subject. Play devil’s advocate (disagree with) their viewpoint.

### Challenge Card

---

Pick a Story Card character that is distant from your own viewpoint. As that character, briefly tell the group your opinion on what you are discussing.

## Story Card 1

### Anna Fitzgerald



Anna Fitzgerald is a scientist working on induced pluripotent stem cells. She is optimistic about the potential of reprogramming cells and thinks stem cell therapies will be hugely important as a way to treat the underlying causes of many serious diseases. However, she knows such therapies are still a long way off and thinks we should not rush into clinical trials. She is also concerned that a lot of resources will be needed to make therapies available to a lot of people in a cost effective manner. She wants her research to provide benefits for everyone, not just a small group of rich patients who can afford specialist treatment.

## Story Card 2

### Liz Hopeful



Liz Hopeful has been married for 5 years. She would really like to have children but it hasn't happened. So she and her husband have started IVF treatment. The first cycle of treatment failed but they still have 6 embryos in cold storage. All of them have names. One of the forms asked if they were prepared to donate some of the embryos from the IVF treatment to stem cell research. The idea that embryos be experimented on horrifies Liz. However, if she does have a baby she might consider having her baby's cord blood stored even though therapies using cord blood stem cells are a long way off.

## Story Card 3

### Father O'Reilly



Father O'Reilly is a Catholic priest. He sees a lot of suffering around the world and in his own country and feels a deep compassion about this. But true to a stream of his church's teaching, he believes that a human embryo is a sacred life from conception onwards. This means that it is impossible to accept any kind of research on embryos. Experiments should only be done on stem cells obtained from cord blood, or on iPS cells. He thinks scientists do not concern themselves with the spiritual laws and should be guided by those who do.

## White Card

## White Card

## White Card



## Story Card 4

### Tomaini Minde



Tomaini Minde is 12 years old. His father died of AIDS several years ago. He lives in Tanzania, a very poor country. He sees people around him dying of malnutrition or diseases like malaria and tuberculosis. He knows they have treatments but he is always being told that there is not enough money to provide them in Tanzania. His teacher has told him about very expensive cell research that people in rich countries are doing. Why are they putting so much money into this new research when there are not enough drugs for tuberculosis?

## Story Card 5

### Sir Grant Cameron



Sir Grant Cameron heads one of the leading research teams on embryonic stem cells. He is disturbed by what he sees as the blatant emotional appeal of those opposed to embryo research. It is irrational to ascribe human moral status to what is just a ball of cells at this very early stage of its development. In media appearances he appeals for an intelligent, rational debate. How can others deny a cure to so many? He thinks it's immoral to stand in the way of this research which could find cures for these debilitating diseases. Even now that iPS cells can be created, he believes embryonic stem cell research is vital to help scientists understand how stem cells work.

## Story Card 6

### Janice Fortune



Janice Fortune has been an entrepreneur all her life. She has set up a company to create human stem cells for research and eventual clinical practice. She cares about sick people and is aware of ethical issues, but her primary concern is how to run a viable company when it could still take 10 years or more to fulfil the huge promise of stem cells. If embryos look to be able to deliver the fastest results, she will use them; if adult or iPS cells look best, she will opt for that route.

## White Card

## White Card

## White Card

## Story Card 7

### Ted Murdoch



Ted Murdoch is 50 years old and has a good career. He is close to his family and looking forward to eventual retirement. But he has been diagnosed with Parkinson's Disease and is already losing some functional ability. This disease scares him. He will die slowly and probably give much pain to his family on the way. He doesn't want to be a burden. He has heard about stem cells as a possible cure and feels it could save people like him. He has become a strong supporter of all kinds of stem cell research, including the use of embryonic stem cells. Together, scientists using all these different approaches must surely beat the disease.

## Story Card 8

### Amanda Prentice



Amanda is a young cell biologist at a leading stem cell research institute. Recently, government regulators licensed her boss to use cloned embryos, made using a blood sample from a patient with motor neurone disease. Stem cells would be taken from the patient to create a supply of cells which exhibit the disease. Amanda has misgivings about creating embryos just for research. She is worried that maverick scientists could use the results to try to make cloned babies. The project is speculative, but might achieve real breakthroughs in understanding an awful disease. She struggles to work out where she stands.

## Story Card 9

### Zed Omega



Zed is a transhumanist. For him, regenerative medicine with stem cells is only a short term goal. He anticipates a convergence of reprogramming, genetic, stem cell, cybernetic and nanotechnology research which will open up techniques for creating permanent human genetic changes and much else. These would not only eliminate genetic diseases but would also enable enhancements. We could expand our intelligence, extend our sensory capacities, increase our endurance and overcome ageing. He scorns our current religious and ethical short-sightedness. We should grasp our human destiny in our own hands. All regulation risks denying us that destiny.

### White Card

### White Card

### White Card

Story Card 10

Dr. Sharon Taylor



Dr. Sharon Taylor is a neurosurgeon and often sees patients who are paralysed as a result of a serious injury to their spinal cord. She keeps up to date with the latest developments and is keen to try the latest technologies, but she is worried that stem cells are often presented as a magical cure. She feels under pressure from patients and their families to perform stem cell transplants whatever the risk. However, she knows that such therapies have not been thoroughly tested and clinical trials are only just beginning. She is not prepared to use stem cells until a safe and effective therapy is available, but she worries that desperate patients will turn to unscrupulous people who might exploit them to make money, despite health risks.

White Card

White Card

White Card

**Name of cluster:**

**Which conclusions does this cluster lead you to?**

**Cards in this cluster:**

Info Card	Issue Card	Story Card	White Card

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Info Card	Issue Card	Story Card	White Card

**Name of cluster:**

**Which conclusions does this cluster lead you to?**

**Cards in this cluster:**

Info Card	Issue Card	Story Card	White Card

# Policy positions for Stem cells

## Positions

**1**

Stem cell research is only to be carried out on adult or cord blood stem cells.

**2**

As well as adult or cord blood stem cells, stem cell research can also be carried out using 'surplus' embryos under 14 days old that would be destroyed otherwise.

**3**

In addition to position 2, stem cell research can be carried out using embryos created specifically for research by IVF.

**4**

In addition to position 3, embryos can be cloned for stem cell research.

**Support**

**Acceptable**

**Not acceptable**

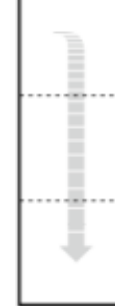
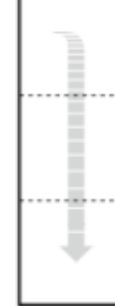
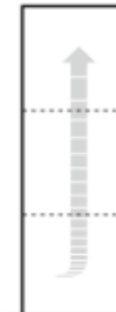
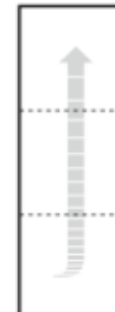
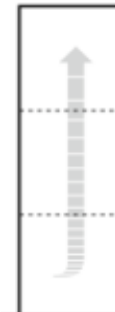
**Abstain**

**1**

**2**

**3**

**4**



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## Policy positions for Stem cells

### Positions

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Support

Acceptable

Not acceptable

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Stem cells



Introduction

Stem cells are master cells of the human body which can do one of two things. They can either simply make copies of themselves, or they can produce other types of specialised cells. The very early embryo contains stem cells which slowly specialise to produce all the cells of the body. Adult cells can now also be reprogrammed in the laboratory so that they return to an embryonic-like state and can be used to make all kinds of specialised cells.

The medical importance of stem cells

Stem cells taken from embryos or created by reprogramming adult cells would not be injected directly into the adult body because of a risk that they might go on copying themselves and become cancerous. But they can be induced under special conditions in the laboratory to grow into (in principle) any type of cell in the human body. This would give a ready source of cells to replace ones that normally can't be replaced once damaged, such as heart and nerve cells. Take a patient with a spinal cord injury. They might be helped to recover if nerve cells were injected into the spinal cord. Nerve cells might also be able to slow or even stop Parkinson's disease. Pancreatic cells might bring diabetes under control, and so on. The potential is clearly enormous, but at this early stage in the research it is difficult to know how many of these hopes will indeed become viable therapies. To extract stem cells from embryos is very controversial and the techniques for reprogramming cells are very new. It is not yet known whether reprogrammed cells will be able to do everything that embryo-derived cells can.

Positions

- 1. Stem cell research is only to be carried out on adult or cord blood stem cells.
- 2. As well as adult or cord blood stem cells, stem cell research can also be carried out using 'surplus' embryos under 14 days old that would be destroyed otherwise.
- 3. In addition to position 2, stem cell research can be carried out using embryos created specifically for research by IVF.
- 4. In addition to position 3, embryos can be cloned for stem cell research.

Aims of the game

- Clarify what your opinions are
- Work towards a shared group vision
- Let your voice be heard in Europe
- Enjoy discussing!

Story Card

Info Card

Info Card

Initial Thoughts

Write down your initial thoughts, use White cards to add issues

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Issue Card

Issue Card

Challenge Card

Guidelines

- You have a right to a voice: speak your truth.**  
But not the whole truth: don't go on and on.
- Value your life learning.**
- Respect other people.**  
Allow them to finish before you speak.
- Delight in diversity.**  
Welcome surprise or confusion as a sign that you've let in new thoughts or feelings.
- Look for common ground.**  
'But' emphasises difference; 'and' emphasises similarity.

Three stages

- 1. Information**  
Clarify your personal view on the subject, reading and selecting the cards which you feel are most important for you. Place your cards on the placemat and then read them aloud to the other players.

**± 30 MIN.**
- 2. Discussion**  
Together with the other players, start discussing and identify one or more larger themes that you all feel relevant. Everyone gets a chance to speak. Put your cards on the table to provide your arguments for each theme.

**± 30 MIN.**
- 3. Shared group response**  
Reflect on the theme(s) that the group has identified and the cards that sustain the arguments. As a group, can you reach a positive consensus on a policy position that reflects the group's view?  
You can formulate a new common policy, if you wish.

**± 20 MIN.**

. . . plus one

- 4. Action**  
Go to [www.playdecide.eu](http://www.playdecide.eu) to:
- Submit the results of your group to the Decide database;
  - See how other European countries think about this issue;
  - Read more about this subject;
  - Download a game kit to play with your friends or colleagues;
  - Learn how you can make a difference after playing Decide.