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I am submitting herewith a dissertation written by Elizabeth Atwood-Gailey entitled "Constructing a 'Good Death': News Media Framing of the Euthanasia Debate from 1975 to 1997." I have examined the final copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Communications.

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We have read this dissertation
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Associate Vice Chancellor and
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CONSTRUCTING A "GOOD DEATH": NEWS MEDIA FRAMING OF THE EUTHANASIA DEBATE FROM 1975 TO 1997

A
Dissertation
Presented for the
Doctor of Philosophy
Degree
The University of Tennessee, Knoxville

Elizabeth Atwood-Gailey
August 1999

DEDICATION

I dedicate this dissertation to Paul Gailey, whose years of emotional and financial support made this project possible. I also dedicate it to my family--especially my sisters, Nancy Favero and Barbara Blazek, whose friendship has been my joy and sustenance--and my mother, whose love of ideas and learning gave me the motivation to seek a graduate degree.

ACKNOWLEDGEMENTS

This dissertation is the result of the support and intellectual contributions of a number of individuals at The University of Tennessee, Knoxville. I first wish to thank Dr. Dorothy Bowles, my committee chair, whose patience and belief in me kept me going through long weekends and nights of dissertation work. I hope someday to offer graduate students the kind of support and warmth (and great editing suggestions) she has so tirelessly and unselfishly extended to me since my first course with her in 1992. In addition to igniting my interest in and love for mass communications law, she has significantly shaped my approach to news media scholarship. The impassioned classroom exploration she encouraged in her press-government course sparked my own interest in the structure and ownership of the news media and in journalistic conventions such as reliance on state and institutional sources and the privileging of official and institutional frames. And her focus and scholarly work on news media support for First Amendment issues fueled my initial interest in the role of the news media in a fully functioning democracy.

I also owe a great debt to Dr. Paul Ashdown for his long years of friendship and mentoring. Aside from encouraging me to enter the doctoral program, Dr. Ashdown profoundly influenced my writing and teaching. Like hundreds of other students fortunate to have him as a professor, I benefited from his deft and witty editing suggestions and personal attention to my work. Using few words, he instilled in me (and other students I know) the drive to excel. Equally important, he granted me my first opportunity to teach a class of 150 students and mentored me through the

(initially terrifying) experience. In his understated way he encouraged me to believe and trust in myself as a scholar and teacher. Dr. Ashdown is among the most learned and interesting people I know, and I am grateful to be counted among his friends.

A third professor who has had a strong impact on my work is Dr. Ronald Taylor. Perhaps more than anyone, Dr. Taylor challenged me to develop myself as a researcher and scholar. The two graduate courses I had with him were transformative for me intellectually. Under his tutelage, I was exposed to concepts and theories that turned my perceptions--not only about the mass media, but of the meaning of the American cultural experience in general--upside down. His interest in James Carey's ritual view of mass communications has been instrumental in my own culturally grounded approach to research on news; and his course on critical theory introduced me to a powerful new paradigm for understanding the mass media as a dominant institution of social control. The ideas he introduced--in addition to his personal character, high academic standards, and brilliance--enriched and enhanced my academic experience. Moreover, my attempts to evaluate, digest, and apply his ideas on deep-structure and multiple realities continue to inspire and energize my work both in and out of the classroom.

I would also like to extend special thanks to the wonderful Betty Bradley, den mother of graduate students, for her unflagging support. I will never forget how she nurtured me during my comprehensive exams and shepherded me through the maze of dissertation details. She is among the kindest people I know--unfailingly warm and friendly whenever graduate students call or drop by regardless of how busy she is or

friendly whenever graduate students call or drop by regardless of how busy she is or mundane their requests. My appreciation of and admiration for her are boundless.

Two special former classmates and friends from the doctoral program also aided me with this project. Dr. Joyce Wolburg, currently an advertising professor at Marquette University, spent long hours talking to me about my dissertation. Her intellectual depth and willingness to explore new ideas have influenced my work--particularly her interest in the way in which cultural values such as individualism are circulated in the mass media. I would also like to thank Dr. Dale Brill, another close friend who is currently an advertising professor at Florida State University. Over long lunches we discussed a broad range of ideas (including our dissertations), and Dale sent me helpful advice on finishing my dissertation in a timely manner.

Finally, I would like to thank my colleagues and students at the University of Tennessee, Chattanooga, who supported me patiently as I struggled to finish my dissertation while teaching full time. Dr. Kittrell Rushing, my Department Head, took a personal interest not only in my progress, but in my research topic. Moreover, his offer to pinch-hit for me in my media law course as I put the final chapter together was a godsend. I will also always be grateful to my colleague and friend, Dr. Betsy Alderman, whose humor, sharp insights, and faith in me helped put everything into perspective when dissertation anxieties loomed large.

ABSTRACT

Social and legal acceptance of euthanasia--including physician-assisted suicide--has picked up considerable momentum in the 20th century. Among the most important chroniclers and shapers of cultural attitudes, beliefs, and values about issues such as euthanasia are the mainstream news media. The purpose of this study is to examine the national, print news media's role in conditioning public knowledge about euthanasia and its consequences. To accomplish this task, news framing analysis was conducted of all *Time* and *Newsweek* euthanasia articles published in the roughly two-decade period between the two major United States Supreme Court cases that encase this controversial issue (the 1976 *Quinlan* case and the Court's 1997 decision upholding state laws prohibiting physician-assisted suicide). Using a variety of framing strategies advanced by framing theorists, 57 stories were analyzed according to their dominant frames and ideological positions. In order to explore the dynamic between the news media and social change processes, shifts in framing stages over time were also charted, and special attention was devoted to assessing some of the factors triggering these changes.

Results showed dominant frames to reflect pro-euthanasia views in all but a few of the stories analyzed, a phenomenon that held true throughout the two decades of research. Moreover, journalists represented this highly complex and emotionally laden issue through two basic frames: medicine and law. Given the broad spectrum of topics euthanasia encompasses--including metaphysics, philosophy, ethics, sociology, psychology, and religion--such narrow coverage raises troubling questions. Unlike

their forebears, whose exposure to death was intimate and commonplace, individuals in late 20th-century America know about death primarily through the mass media. Yet news consumers relying on the mainstream news publications in this study for information on euthanasia were offered a meager selection of perspectives and positions from which to assess this critically important issue.

PREFACE

Before the rise of modernism, with its accompanying advances in medical technology, the concepts of "death" and "rights" were seldom, if ever, coupled. Yet by the last several decades of the 20th century, the notion of a "right to die" had obtained widespread cultural currency in industrialized countries throughout the world. Meanwhile, phrases such as "living wills," "death with dignity" and "quality of life" also entered the popular vernacular. Clearly, a major shift has taken place in public attitudes, not only toward death itself, but toward the fundamental *meaning* of what constitutes "a good death" in American culture. In light of these changes, a crucial question concerns *how* such changes have occurred in a relatively brief span of time and what *role* the mass media, as our primary "consciousness industry," has played in the cultural conflict over the appropriate role of euthanasia in death and dying.

Before these questions may be explored, it is important to understand some of the critical events leading up to and fueling the ongoing controversy over euthanasia. Chapter 1 provides details on one of the most dramatic of these developments--passage of the Oregon Death With Dignity Act (DWDA)--which allows physicians to provide death as a medical "service" to qualifying patients. This introductory chapter also explains the purpose and scope of the study, its theoretical approach, and the research questions that guide it.

As Gusfield (1981) and others have pointed out, the power to *name* social problems and their solutions is of fundamental concern to social activists. Nothing is

more critical to the success of a movement's goals than the terms and definitions used to establish the boundaries of public discourse on a political issue. For this reason, Chapter 2 attempts to cut through the "semantic thicket" surrounding the euthanasia debate by identifying some of the ambiguities and disparities in the terms and phrases used in the debate.

Chapter 3 attempts to place the dispute over euthanasia into a contextual framework through an overview of the historical evolution of social attitudes toward suicide and "mercy killing." While the historical roots of euthanasia in Western civilizations extend to ancient Greece and beyond, the present "right to die" conflict is only a few decades old. Along with a discussion of the historical antecedents of the modern RTD movement, this chapter includes a discussion of some of the sociocultural, ideational, and material factors spawning the present conflict, as well as some of the key legal and technological milestones that have shaped euthanasia discourse over the past several decades.

Chapter 4 offers a detailed explanation of framing theory, as well as a review of relevant research on news media framing of major social issues. In order to make sense of the conclusions offered by this study, it is essential to understand the *theoretical framework* that informs them.

Chapter 5 focuses on framing analysis as a research *method* as well as a theoretical construct. Here, this the framing perspective is shown to be an invaluable tool for revealing systematic patterns in cultural texts such as news stories. A major advantage of framing analysis as a *method* lies in its power to distill cultural meanings

from large quantities of published material. As Gans (1983) points out, framing analysis "permits the exclusion of ephemeral detail from the content analysis, thus reducing the need for extensive counting and making the method less tedious, more efficient, and less expensive...." (p. 181).

Chapter 6 and 7 report on the study's findings. Chapter 6 offers the results of framing analysis of news stories on euthanasia from 1975 to 1997, including a discussion of major shifts in dominant euthanasia frames over time. Chapter 7 follows with an in-depth discussion of the ideology of news frames in coverage of euthanasia, including representations of what constitutes a "good death" in late 20th-century America.

Finally, Chapter 8 addresses the implications of the research findings. Among these are a discussion of the significance of medicalization of euthanasia, the dominance of "rights" frames, and the use and omission of other frames to construct the "problem" of technologized death and its solutions. Additionally, this chapter discusses the implications of news media definitions of a "good death" and applies the study's results to a discussion of the impact of the news media on collective understandings of significant social issues.

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Chapter I

INTRODUCTION

> There is but one truly serious philosophical problem, and that is suicide. Judging whether life is or is not worth living amounts to answering the fundamental question of philosophy (Camus, 1955).

On November 8, 1994, long after the last of the day's meager light had dissolved behind Portland's west hills, several hundred members and supporters of the Oregon Right to Die (ORTD) committee, accompanied by a large contingent of reporters from the local, national, and international media, packed into a downtown art gallery. Outside, a chill autumn rain fell like sheetmetal on the city's barren streets. But inside, the crush of dancing and embracing bodies generated an almost tropical heat in the small space. Since early afternoon on this election day, Oregon's newscasters and conservative talk-radio hosts had been predicting the most sweeping Republican mandate nationwide in over a century. Yet as midnight approached, it was a decidedly liberal election return that had galvanized the crowd at First Street's Gango Gallery. Roughly an hour earlier, the group received word that Oregon voters had passed the Death With Dignity Act (DWDA)--the world's first law sanctioning physician-assisted suicide (PAS).

On the heels of defeats of similar initiatives in Washington in 1991 and California in 1992, Oregon's RTD activists knew that success in their state required seizing the moral high ground on euthanasia traditionally staked out by pro-life groups. To that end, the tiny grassroots ORTD had spent $900,000 in a bid to convince Oregonians that the most ethical course of action was to vote for a

referendum, known as Measure 16, that would allow physicians to help suffering and terminally ill patients die. Opposing the ORTD's efforts was a formidable phalanx of pro-life and other religious groups. Bankrolled heavily by the Roman Catholic Church, this pro-life alliance--known as the Coalition for Compassionate Care--poured $1.5 million into defeating the initiative (Hubert, Nov. 20, 1994). The battle, played out largely in the news media, proved fierce. On November 8, 1994, the DWDA passed by the slimmest of margins--51 percent for to 49 percent against.

The following morning reports of Measure 16's success made headlines worldwide, rekindling interest in the euthanasia debate and seeding fresh storms of controversy across the United States. Newspapers nationwide proclaimed the historic new law "unprecedented," "a leap into the unknown," and a step onto "uncharted political and ethical ground." One local front-page story likened the vote's impact on Oregon hospitals to "a bomb in the sick room" (O'Keefe and Bates, Nov. 12, 1994). Other papers lauded the new law's "humaneness" and built-in safeguards, praising it for allowing physicians to escape the "closet" where many had practiced euthanasia in secret for years (see, e.g., AP, Nov. 11, 1994).

In an attempt to explain what to many seemed inexplicable, still other news outlets attempted to shoehorn the election outcome into the category of "quirky Oregon" stories. Representing the landmark vote as an anomaly, some media stories attributed it to Oregonians' "libertarian independence," their "preference for 'direct democracy,'" or the state's unusually low percentage of "active members of a religious congregation" (Price, Nov. 10, 1994, p. A17; Bates and O'Keefe, Nov. 21,

1994, p. 3E; O'Keefe, Nov. 12, 1994, p. A4). Meanwhile, on television newscasts nationwide, constituents of various interest groups were characterized alternately as "happy" or "deeply troubled" over the new law. Catholic church officials responded to the DWDA's passage by calling for "a day of mourning for all humanity." The American Medical Association (AMA) denounced PAS as "unethical." And former United States Surgeon General C. Everett Koop declared the referendum a threat to society's well-being.

Although a series of legal challenges prevented Oregon's DWDA from being implemented until March 1998,[1] its shelf life in the media was remarkably enduring. In impassioned op-ed pieces, news-talk radio programs, and letters-to-the-editor, the historic vote retained the status of a "hot-button" media issue for years after its passage. Meanwhile, subtextually, it continues to surface in public discourse on topics ranging from individual rights and rising medical costs to the declining quality of American morality and the future viability of modern societies.

The fact that the news media have focused so relentlessly on a referendum passed narrowly by voters in a single "maverick" state testifies to the increasing

[1]After surviving two years of court challenges, the DWDA suffered what some predicted would be a mortal blow in June 1997, when Oregon's legislature voted to repeal the law and send it back to voters for reconsideration (Goldberg, June 10, 1997). But later that year, Oregon voters passed the initiative once again, and the new law was used the first time on March 25, 1998, when doctors assisted the suicides of two terminally ill residents (Hernandez and Eure, March 26, 1998). In the first year following the DWDA's implementation, 15 individuals used it end their lives (Verhovek, 1999).

importance and intensity of the euthanasia debate in the United States.[2] The notion that Americans are in "denial" about their mortality is something of a truism among death-and-dying experts and sociologists who study cultural attitudes toward death (see, e.g., Aries, 1981; Kubler-Ross, 1969). Yet, contrary to Arnold Toynbee's famous nostrum that, "Death is un-American," the United States population during the past half century has evinced an almost compulsive interest in end-of-life issues. As one source said nearly 15 years ago of this new public obsession, "Whether the issue is euthanasia or how to cope with grief, Americans can't seem to get enough of the subject of death" (Maloney, 1983).

American attitudes, beliefs, and values about euthanasia represent an intriguing--although still largely opaque--area of cultural investigation. If nothing else, the topic is noteworthy for the speed at which changes in public perceptions about it have evolved. Since the 1976 Karen Ann Quinlan case,[3] the rate at which social and legal acceptance of euthanasia in its various forms has progressed has been extraordinary. As the 20th century draws to a close, polls show that roughly 75 percent of Americans favor some form of legalized euthanasia (Wilkes, 1996).[4] This

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[2]In the early 1990s, similar PAS initiatives failed in California and Washington State, and the lopsided loss in 1998 of Michigan's PAS referendum underscores the uniqueness of Oregon's DWDA. During the last decade 20 states have introduced--and been unable to pass--bills to legalize PAS (Kamisar, 1998).

[3]*In re Quinlan*, 355 A.2d 647 (N.J.), cert. denied, 429 United States 922 (1976) (ruling that an "incompetent" patient's respirator may be removed to permit the patient to die.)

[4]For example, a 1997 national Gallup poll found that 75 percent of Americans support PAS (Van Biema, January 13, 1997).

is a remarkable mandate given opposition to the practice by virtually every major social institution in the United States--including the AMA and most organized religions.

What does America's near sweeping endorsement of a "right to die" signify about shifts in cultural beliefs and values on what constitutes a "good death?" What accounts for the dramatic growth and impact of the campaign to legalize euthanasia in the United States over the past two decades? How and why, in less than two decades, did the central question in the euthanasia debate evolve from "Should we allow comatose patients to be disconnected from artificial life-support systems?" to "Should we allow doctors to take proactive steps--even administering lethal drugs--to end the lives of terminally ill patients?" As columnist Ellen Goodman (1997) notes, "[S]omewhere along the way the right-to-die movement went from asking about stopping treatment to asking for a doctor's help in dying" (p. A27).

One approach to addressing these questions considers the *news media's* role as prime agents of social change. Mass communications research suggests that the news media influence audience cognition in multifaceted ways (e.g., Katz, 1980; Roberts and Maccoby, 1985). News reports *transmit* information to the public on a wide variety of issues and events; they set public and policy *agendas* by singling out particular phenomena as salient (e.g., McCombs and Shaw, 1972); and news stories move some issues to center stage while backgrounding or warehousing others (see, e.g., Gitlin, 1980; Lang and Lang, 1983).

But these functions reflect only the outer stratum of news media influence.

Mainstream news also serves as a chief *cultural conditioner and circulator* of values and beliefs (see, e.g., Carey, 1975, 1988; Hall, 1979). Reporters not only filter *which* and *when*, but *how* information is conveyed--the mix of images, tone, metaphors, anecdotes, and other discursive elements used in the construction of issues and events for public consumption (see, e.g., Schudson, 1978; Gitlin, 1980; Gamson and Lasch, 1983; Snow and Benford, 1988; Entman and Rojecki, 1993). In the process, news reports do more than highlight the significance of specific social phenomena. They reinforce, crystalize, and alter collective understandings of important issues and their solutions. They *legitimate or delegitimate* specific ideologies, individuals, and issues. They *manufacture* consent. And they *cultivate* general perceptions about social reality (see, e.g., Noelle-Neumann, 1974; Gerbner et al., 1978; Chomsky and Herman, 1988; Tuchman, 1978; Gans, 1979; McQuail 1979).

Study Purpose and Significance

The debate over euthanasia--and doctor-assisted suicide in particular--has arrived at a critical juncture in United States social and economic history. On the one hand, spiraling health care costs have led to dramatic shifts in the financing and practice of medicine, "with doctors and hospitals rewarded for doing less for their patients" (Meier, 1998, p. A23). What makes this "downsizing" of health care a key concern of medical ethicists and advocates of the aging is that it coincides with a radical *rise* in the number of elderly Americans--the population cohort most in need of adequate pain treatment, "time to talk to their doctor, answers to their questions and

reasonable attempts to prolong their life when death is not imminent." In the absence of such care, some fear, more and more elderly individuals will opt for suicide. Meanwhile, as these trends are taking place, both legal and social barriers to euthanasia appear to be crumbling.

The purpose of this study is to illuminate the national news media's role in conditioning public beliefs, attitudes and values surrounding euthanasia by examining news coverage of the euthanasia debate in the roughly 20-year span between 1976 and 1997. The project takes what Schudson (1989) calls a "culturological approach" to news scholarship. That is, it considers news stories about euthanasia as a *cultural lens*--a mechanism for exposing subtle shadings and shifts in American cultural characteristics, as well as a means of articulating the news media's role in shaping public understandings of critical social events and issues.

Like death generally, euthanasia throws socially accepted categories and norms into question. As a result, it represents a "culturally charged topic for storytelling that seeks to preserve or reinforce the conventional moral order of society--and its conceptual or symbolic foundation" (*Ibid.*, p. 275). Charting the dimensions of media discourse surrounding a culturally charged issue like euthanasia helps highlight "deep structure" cultural phenomena (Hall, 1973, p. 181). Undergirding everyday, taken-for-granted, "surface structure" reality, deep-structure phenomena function at the "root cellar" of human consciousness, or--to borrow Fiske's (1994, p. 7) metaphor--an invisible river of meaning-bearing currents that occasionally "bubble up to the surface" in the form of media events and discursive topics. Study of these culturally

charged topics or "media events" is useful

> because their turbulence brings so much to the surface, even if it can be glimpsed only momentarily. The discursive currents and countercurrents swirling around these sites are accessible material for the analyst to work upon: from them s/he must theorize the flows of the inaccessible and invisible currents of meaning that lie deep below the surface, and that will never be available for empirical study (*Ibid.*).

Like all transformative human experiences, death serves universally as a key social structuring agent. Death is never culturally neutral; it assumes its shape within specific social contexts. For example, after describing the "five distinct stages" that the image of death has undergone in Western cultures during the past 500 years, Illich (1976) concludes that, "The image of a 'natural death,' a death that comes under medical care and finds us in good health and old age, is a quite recent ideal" (p. 175). Heavily invested with cultural characteristics, values, and meanings, death and dying are played out within a labyrinthine web of social negotiations. To an increasing extent in American culture, these negotiations take place and are inscribed in mass media discourse. As Inglis (1993) writes, a society's cultural values and beliefs "*rest in the texts which are their vehicle, travelling through time.*"

This study takes as its starting point the notion that the cultural "nodes" residing in news texts are accessible through analysis of the discursive symbols journalists use to encapsulate them and, moreover, that these symbolic structures function as embodiments of *ideology* (Fiske, 1987). Through analysis of how the news promotes particular understandings and consensus on euthanasia, this study presumes to shed light on the press' role in authorizing and dispensing cultural "truths" about major social problems and their solutions.

Media Framing of Euthansia

Despite the increasing significance of the struggle over legalized euthanasia in American society, few media studies of any kind have been conducted on this topic. To help bridge this gap, this study analyzes euthanasia stories published in national news magazines over the more than 20-year period between the 1976[5] Quinlan case and the 1997 United States Supreme Court ruling on the constitutional validity of a "right to die."[6]

Social and legal acceptance of euthanasia has picked up considerable momentum in the last quarter of the 20th century. Among the most important chroniclers--and shapers--of cultural attitudes, beliefs, and values in American society are the mass media. As outlined earlier, a fundamental assumption of this study is that news plays a central role in constructing knowledge and cultural attitudes about social problems and their solutions. This study focuses on one significant way in which the news media condition such perceptions: through the practice of news *framing*.

According to framing theory, the news media place events and issues within a context--or "frame"--that systematically organizes and constrains their meanings in specific ways (Goffman, 1974). Similar to themes, news frames serve as "schemata of

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[5]The first actual story analyzed in the study was published in 1975--the year Quinlan slipped into a coma. Although her case was not actually ruled on by the United States Supreme Court until the following year, it made headlines internationally in 1975.

[6]*Washington v. Glucksberg*, 117 S.Ct. 2258, 138 L.Ed.2d 722 (1997); *Vacco, Attorney General of New York v. Quill*, 117 S.Ct. 2293, 138 L.Ed.2d 834 (1997). (This was a combined ruling by the Supreme Court on two lower-court decisions.)

interpretation" that categorize information and shape thought by foregrounding particular meanings and interpretations while obscuring others (Snow et al, 1986, p. 464). Best understood as a sort of discursive scaffolding upon which meanings are affixed, news frames perform the vital cognitive task of linking *new* information with *pre-existing* perceptions and cultural "truths."

Of course, the frames used to "package" information on important social issues do not originate with news workers themselves. Rather, journalists and their sources fashion frames from the pre-existing stock of cultural symbols and beliefs that structure all human communication and interaction (Swidler, 1986). Because news media frames originate in the raw materials of culture--visual and verbal images, metaphors, historical exemplars, catchphrases, and other discursive devices used to shape public understandings--they function as symbolic gateways to "deep-structure" cultural values and attitudes.

Framing theory offers a clear advantage to students of the news media's role in social change processes. Investigating the news frames or "sense-making structures" that journalists use to construct meaning and consensus around euthanasia offers insights into the news media's role in conditioning the popular cultural understandings that lead to social change. As such, news frames allow inroads into aspects of American culture unaccessible through other analytical means. As anthropologist Marshall Sahlins (1985, p. 153) writes, "an event is not just a happening in the world; it is a *relation* between a certain happening and a given symbolic system." Examining news framing of the euthanasia debate promises insights

into how the mass media deploy cultural symbols in the service of ideology. More specifically, framing analysis offers a window into pervasive cultural "truths" about euthanasia ranging from the appropriateness of various end-of-life options to discourse on the meaning of a "good death."

Research Questions Guiding the Study

The topic of euthanasia is particularly well-suited to framing analysis. As the focus of acrimonious and polarized debate in the United States, euthanasia--like death and dying generally--represents a core site of struggle and conflict in late-modern societies. A research approach that adopts a framing perspective--grounded in the perspective that the social world is structured or preorganized in crucial ways by the news media's choice of language and other cultural symbols--raises a number of questions about news media coverage of the euthanasia debate.

The questions guiding this research fall into three major categories, including those related to: (1) general framing characteristics; (2) the news media's role in social change processes; and (3) ideology. Questions dealing with general framing characteristics and the ideology of news frames attempt to penetrate what might be called the "cultural dimension" of news on euthanasia (see, e.g., Turner, 1969; Carey, 1975, 1988; and Schudson, 1989). Questions included in these groups include: What frames have *dominated* and/or been systematically *omitted* from national news discourse on the euthanasia debate? How has news framing of the issue served to *legitimate* or *delegitimate* particular points of views or ideologies (e.g., How are pro-life versus right-to-die frames employed in constructing the "problem" of

technologized death and its range of possible *solutions*?)? How are frames employed by journalists to assign *blame* or predict *consequences* for specific social actions and outcomes? What *implications* might particular news frames have for the welfare of specific groups such as the poor and elderly or for American society as a whole? How might use of the "rights" frame constrain public discourse and understanding of the issue? And finally, what do dominant news frames reveal about broad cultural values related to achieving a "good death," the "medicalization of death and dying," and the public's relationship to social institutions such as law, religion, and organized medicine?

A related line of questions involves sociocultural *change*. A social-change perspective raises such questions as: How have euthanasia frames and the framing elements used in their construction changed *over time*? What *inferences* might be drawn from specific shifts in euthanasia frames? A focus on framing patterns, in turn, suggests probing the complex dynamic between social movement and mass media cultures. While social movements are by definition in the "social-change business," the news media's role in this process is much more complex. By serving as reinforcers of the status quo and of established institutions of authority, mainstream news plays an integral role in both "accomodating and ameliorating social protest" (Olien et al., 1984, p. 148). One strategy for probing the news media-social movement dynamic is to consider the "evaluative dimensions of news messages" about social movements (Entman, 1991). For example, do news media frames encourage *identification* with certain movements and not with others?

CHAPTER II

TERMS USED IN THE DEBATE

> [A] definition is not, as conventional wisdom assumes, the set of necessary and sufficient conditions that constitute a known, fixed, starting point for political, economic, and ideological struggles. Rather a definition represents the *outcome* of such struggles--unstable, negotiated, and often quite temporary (Treichler, 1989, p. 449).

Of all the elements of social conflict, none tends to be more problematic--or more fiercely contested--than the definitions and terms social activists use to frame the discursive boundaries of public debate on controversial issues. As Treichler's quote above implies, even the most rudimentary definitions and terms used by claims-makers can profoundly shape cultural values, beliefs, and actions. Language is never neutral. Naming or defining a problem not only privileges certain interpretations, but establishes the *existence* of a social problem and, once established, determines its relevancy or irrelevancy (See, e.g., Toulmin, 1958; Gusfield, 1981; Lake, 1986; Zarefsky, 1986; Best, 1987).

Nowhere is the pitched battle over the *naming* of social problems and their solutions more evident than in the struggle over the definitions and terms used in the debate over euthanasia--among the most contentious and polarizing issues in American society. As is frequently the case in contests over the construction of social issues, each side of the euthanasia conflict brings its own preferred terms and definitions to the discursive arena. The result in the case of euthanasia is something of a terminological quagmire.

The first challenge for researchers investigating euthanasia discourse is how to

refer to the activists on either side of the conflict. The counter-movement formed to *oppose* legal and social acceptance of euthanasia goes by no formal name, although movement activists generally refer to themselves as "pro-life" or "anti-euthanasia."[1] Not coincidentally, the "pro-life" label is also used by abortion opponents, many of whom also oppose euthanasia. Although the term "pro-life" carries a subtle anti-euthanasia bias, for purposes of clarity and consistency, groups opposed to euthanasia in any of its forms are referred to by this label. On the other side of the debate, those advocating legal and social *acceptance* of euthanasia are referred to as either "pro-euthanasia" or "right to die" (RTD) in this study. The rationale for using the RTD label, which evokes the powerful "rights" frame and hence also carries ideological baggage is that pro-euthanasia activists widely identify themselves in this way (E.g., The Society for the Right to Die). Hence, the RTD label is used in this study to refer to both the general campaign to legalize euthanasia and to formal organizations--such as the Hemlock Society--dedicated to promoting social and legal acceptance of euthanasia.

While labeling the groups opposed to euthanasia may be problematic, it pales next to some of the other semantic hurdles awaiting those wishing to contribute to public discourse on euthanasia. Not even the word "euthanasia" itself is free from ambiguity. According to one commentator, "Even when one has an overriding aim of neutrality and precision, it is difficult to define, accurately and clearly, which

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[1]For example, one organization opposing euthanasia calls itself the International Anti-Euthanasia Task Force.

interventions on non-interventions should and which should not be regarded as constituting euthanasia" (Somerville, 1993, p. 2). A broad spectrum of meanings and definitions have been attached to the word "euthanasia" throughout history:

> In ancient Greece it simply referred to a good death, whatever the cause. By the end of the nineteenth century it referred to the manner of death, the taking of life in order to end suffering. By the end of World War II it had come to mean the taking of life without permission. Since then the word has been avoided by many right-to-die advocates who prefer phrases like 'self-deliverance,' 'accelerated death,' 'death by design,' 'self-termination,' 'elective death,' and 'the final freedom' (Colt, 1991, p. 358).

In 17th- and 18th-century England, terms for euthanasia included "self murder" and "self-killing," both of which were later supplanted by the Latin construct "suicide." A long list of terms have been used synonymously with euthanasia in the 20th century, including: "assisted suicide," "aid-in-dying," "therapeutic euthanasia," justifiable suicide," "rational suicide," "hastened death," "merciful release," and "auto-euthanasia." The exact meaning of yet another popular word for euthanasia--"mercy killing,"--remains obscure, and, for obvious reasons, is rejected by the anti-euthanasia (or pro-life) movement.[2]

Then there is the somewhat thorny problem of distinguishing "euthanasia" from "suicide," two overlapping terms that are often used interchangeably by pro-life activists, but which pro-euthanasia activists tend to take pains to separate. In both

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[2]Although Black's Law Dictionary (1990, p. 988) defines "mercy killing" as "euthanasia [or] the affirmative act of bringing about immediate death allegedly in a painless way and generally administered by one who thinks that the dying person wishes to die because of a terminal or hopeless disease or condition," Burnell argues that the term technically refers to ending one's life by "shooting or strangulation only" (1993, p. 248).

suicide and euthanasia, individuals decide to die and take steps to do so. Distinctions between the two are usually grounded in social and legal considerations, such as "the means by which death is achieved, that is, who delivers the fatal stroke, and...the physical and mental state of the person who dies or wishes to die" (Fairbairn, 1995, p. 121). This rather vague distinction does more to illuminate the ideological struggle to define the terms of the euthanasia debate than to establish the boundaries between "suicide" and "euthanasia." While pro-life activists often conflate the two constructs on the basis that all suicide--including euthanasia--violates the "sanctity of life" and is therefore immoral, RTD activists frequently stress the opposing *purposes* of each: Whereas suicide results from emotional or psychological illness, RTD activists regard euthanasia as a "rational" attempt by terminally ill individuals to control the time and manner of death to avoid suffering.

In addition to conflicts over the precise meaning and appropriateness of various labels used in the debate, uncertainty shadows discussions about the precise categories euthanasia encompasses. One writer, for example, has identified no fewer than *six* types of euthanasia: (1) passive; (2) semipassive; (3) semiactive; (4) accidental; (5) suicidal; and (6) active (Lundberg, 1988, pp. 2142-3). Interest in the relative merits and drawbacks of the minute variations in euthanasia practice has spawned something of a cottage industry for bioethicists, legal scholars, and medical authorities (see, e.g., Rachels, 1979; Hauerwas, 1986; Wennberg, 1990; Somerville, 1993). Moreover, as discussed more fully below, controversy exists over the meaning of "voluntary" versus "involuntary" euthanasia.

The inability of the two sides in the conflict to agree on particular terms, definitions, or even on a common meaning of "euthanasia" is indicative of the issue's deep divisiveness. For example, depending on the context and the point of view of the speaker, "euthanasia" encompasses everything from the removal of life-support systems and failure to administer medical treatments to injecting patients with lethal drugs. Adding to this problem is disagreement over whether and to what extent other activities--such as declaring patients "brain dead" for organ transplants--qualify as forms of "involuntary" euthanasia."[3]

Then there is the ambiguity of the phrase "right to die," which pro-life activists object to on principle. As one commentator observes,

> This foggy phrase could mean the right of competent patients to refuse extraordinary means of medical treatment. It could also signify an unconditional right to suicide. More radically, it could denote the right of an individual to be killed by another or even the right of the state to kill certain individuals deemed unfit. The precise understanding of this right stands at the heart of the current euthanasia debate, where one party adamantly defends the restricted sense of this right as one of rational refusal and where the other party ardently support extension of this right to include active euthanasia and suicide (Conley, 1994, p. 9).

In order to clear away some of the semantic underbrush obscuring euthanasia discourse, it is helpful to address the precise end-of-life activities that each side of the euthanasia controversy supports and opposes. Both pro-life (anti-euthanasia) activists and RTD (right-to-die) supporters tend to define euthanasia broadly--although for

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[3]For example, Citizens United Resisting Euthanasia (CURE) equates the harvesting of organs from patients who have been declared "brain dead" with "involuntary" euthanasia--or as CURE's founder describes it--as an example of "checkbook euthanasia" (Appleby, 1996).

dramatically different reasons (Somerville, 1993, pp. 2-3). While pro-life groups advocate a definition of euthanasia inclusive of all interventions and non-interventions that *shorten or fail to prolong* life, RTD activists argue for a definition spacious enough to allow all interventions or non-interventions that allow individuals *death with dignity*--by which they generally mean the right "to control the time and manner of death" (Beschle, 1988-89, p. 321). To buttress their position, RTD activists point to the etymological roots of "euthanasia," which--roughly translated from Greek--means "good death."[4] They therefore promote the legalization of any activity--medical or otherwise--that fosters this ideal.

In pursuing their general goal of a "good" or "dignified" death for all individuals, RTD supporters favor *active euthanasia*, defined as "the administration of any means intended to produce death, such as the deliberate injection of a lethal dose of morphine" (Schanker, 1993, p. 983).[5] An apparently widely practiced variation of active euthanasia is the "double effect" phenomenon, which refers to the administration of narcotic drugs to terminally ill patients--ostensibly to relieve pain, but also, in actuality, to suppress respiration and cause death (see, e.g., Hall, 1994;

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[4]"Euthanasia" derives from the Greek word *eu*, meaning easy or painless, and *thanatos*, meaning death.

[5]A 1997 study reported in the *New England Journal of Medicine* found that 53 percent of 118 physicians polled admitted knowingly prescribing lethal drug doses to AIDS patients who requested assisted suicide. Most of the physicians surveyed had prescribed lethal doses of narcotics at least three times, and one doctor admitted helping 100 patients die (Van Biema, February 17, 1997). In a more recent study reported in *The Journal of the American Medical Association*, roughly one-third of a group of 206 general internists said they would participate in PAS if the patient were terminally ill and "persistently" requested PAS (Sulmasy, 1998, p. 1034).

Newman, 1991; Emanuel, 1994; Meier and Cassel, 1983; and Lundberg, 1988).[6] Hall (1994) describes the "double effect" in this way:

> [A]n increasingly common practice in the United States today is to relieve distress with the use of narcotics which have the effect of inhibiting breathing. A typical case might be a terminal cancer patient whose breathing is assisted by a ventilator. The time comes when deterioration has progressed to a point where...the decision is made to turn the ventilator off. The patient may then experience severe distress, which can be relieved with narcotics, but the narcotics may also hasten the patient's death by depressing respiration. In cases such as this, the argument is often made that, if a physician acts to relieve the distress but the treatment also shortens the patient's life or 'hastens' his or her death, this is ethically acceptable because the death of the patient was an unintended consequence, a secondary effect in a double-effect situation (p. 11).

Of course, this rationale troubles some medical ethicists, doctors, and pro-life supporters who point out that by calibrating the dosages carefully, doctors can easily use the technique purposefully to cause death. Indeed, writes Newman (1991, p. 165), "If dosages of narcotic drugs are sufficiently high and the patient's respiration is poor, death is a virtual certainty."

In addition to active euthanasia, RTD supporters support the legalization of *passive* euthanasia, defined as "the withdrawal of life-sustaining care, such as artificially supplied nutrition and hydration or a respirator" (Schanker, 1993, p. 983). However, it is important to stress that euthanasia supporters consider the distinction between "active" and "passive" euthanasia "arbitrary and morally irrelevant...since

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[6]Although the exact number of physicians who help patients die is unknown, a Michigan survey published in 1996 in *JAMA* reported that one in five physicians admitted helping patients die (Stolberg, 1997). Additionally a survey of Washington state doctors found that 12 percent had been asked to help patients commit suicide and, of these, one-quarter did so (Angell, 1997).

the lethal injection or the withdrawal of treatment both result in the patient's death" (*Ibid.*, p. 984). As Newman argues,

> It is sometimes claimed that the 'passive' techniques are morally acceptable because they allow for a natural death, while 'active' techniques independently cause death. But in the modern medical setting, these terms and distinctions are ephemeral. The concept of natural death in the hospital has lost its meaning. 'If you want to have a natural death,' says Dr. Alan Stone, 'you have to stay out of the doctor's hands.' If you make it alive to the hospital, medical technology derails nature and alters the course, experience and timing of death (p. 164, quoting Stone, 1988, p. 636).

The rationale for "letting" patients die is that the actual cause of death "is not the withdrawal of life support, but the underlying disease that made such support necessary" (*Ibid.*). Burnell (1993) notes that "passive euthanasia" is also referred to as "euthanasia by omission." As he explains,

> passive euthanasia is usually requested by the person dying, either verbally or through a written document such as a living will. In passive euthanasia, by withholding intravenous feedings, medications, surgery, a pacemaker, or a respirator, the doctor can let the patient die of the underlying disease (p. 248).

In terms of these activities, RTD proponents favor both what they label *"voluntary"* euthanasia (carried out with the informed consent of a patient) and *"involuntary"* euthanasia (performed without the consent of the patient). Written requests for passive euthanasia are generally made in *"advance directives"* such as living wills, which specify in writing the specific end-of-life therapies individuals do *not* want in the event that they are unconscious and incapable of expressing their wishes directly.

On the opposite side of the debate, the most conservative pro-life activists oppose any intervention or non-intervention--medical or otherwise--*that hastens an*

individual's death. Many pro-life groups not only express opposition to self-administered or physician-assisted suicide (PAS), but consider refusal of medical treatments--even those with broad legal and medical acceptance--to constitute euthanasia.[7] Like RTD activists, some pro-life groups also dispute the distinction between "passive" and "active" euthanasia, recognizing no moral difference between withholding treatment and directly administering lethal medication--since both result in death (see, e.g., Rachels, 1975, pp. 78-9). These more conservative members of the pro-life movement consider *both* active and passive euthanasia practices to violate religious notions of the "sanctity of life" and in that sense to constitute "murder."

It is important to stress, however, that not all pro-life activists oppose those practices generally considered acts of passive euthanasia. In fact, most pro-life activists and many religions that oppose active euthanasia do not object to the withholding of life-extension therapies; not only do they *not* consider such actions to constitute euthanasia, but they object to the nomenclature "passive euthanasia" to refer to the withholding of medical care. Here, however, the distinction between euthanasia as the withholding *all* medical therapies and only those considered "extraordinary" becomes a crucial one. Often, approval or disapproval of the practice turns on this difference. Except for the most conservative opponents of euthanasia, pro-life supporters generally do not consider disconnecting a patient's artificial respirator to be passive euthanasia, but simply "allowing nature to take its course." As a rule, then,

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[7]For example, although most hospital staffs accept and follow "Do Not Resuscitate" (DNR) orders written in a patient's chart at the request of the patient's family, some pro-life activists consider DNR orders to violate the "sanctity of life."

those opposing euthanasia consider the "active/passive distinction as the most appropriate place to draw the line on how far society can safely go in allowing any form of euthanasia" (Schanker, p. 984).

The conservative branch of the pro-life movement has also brought its opposition to medical definitions of "brain death" into the debate over euthanasia. Arguing that death *only* occurs upon the cessation of the heartbeat, they contend that unconscious patients whose organs are removed while their hearts continue to beat are victims of *involuntary* euthanasia. In general, opponents of euthanasia object to the term "voluntary euthanasia" and consider it particularly fraudulent when it is applied to the disconnection of life-support systems from comatose or gravely ill patients who are unable to express their wishes in this regard.[8]

As this discussion makes clear, both the pro-euthanasia and the pro-life movements are restricted by their overly broad definitions of euthanasia (Somerville, 1993). By using the term to apply to all interventions or non-interventions that shorten life, the pro-life movement gains simplicity, but pays for it in loss of flexibility. Such all-inclusive definitions of euthanasia force pro-life members to take an all-or-nothing approach to an issue that most Americans regard as too complex and personal for black-and-white answers. As Somerville writes, "the full spectrum of issues raised by medical intervention or non-intervention in dying, should not be included in one term....The terms in this most important, sensitive, nuanced and delicate area need to

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[8]This is even so for patients who sign "living wills,"which some pro-life activists challenge as "immoral."

be precisely used" (pp. 3-4). The same dilemma confronts the RTD movement, which defines euthanasia as all interventions and non-interventions that promote a "good death." Bound to this broad agenda, RTD leaders unilaterally support all such activities rather than accepting certain procedures and interventions and rejecting others.

CHAPTER III

EVOLUTION OF SOCIAL ATTITUDES TOWARD EUTHANASIA

> The death of the patient in the hospital, covered with tubes, is becoming a popular image, more terrifying than the skeleton of macabre rhetoric (Aries, 1981, p. 614).

What accounts for the RTD movement's enormous impact in the United States over the last quarter of the 20th century? What sociocultural and economic forces have fueled the *intensity* of the debate over legalized euthanasia--as well as the dramatic changes that have taken place in social and moral acceptance of the practice in late-20th-century America? These questions provide the impetus for this chapter, which aims to peel back some of the contextual and historical layers that obscure the origins of the contemporary conflict. One of the central themes of this chapter is that the controversy over euthanasia is far from novel. Not only do the earliest medical records reflect dissension over the ethics and legality of "mercy killing," but, surprisingly, these debates pre-date the invention of advanced life-extension medical technologies (Emanuel, 1994).

As this section of the study demonstrates, social attitudes toward the taking of one's life--whether to mitigate pain and suffering or to secure the overall survival of the tribe or community--have vacillated markedly throughout history. As one observer explains, "In classical times suicide was a tragic option for human dignity's sake. Then for centuries it was a sin. Then it became a crime. Then a sickness" (Beschle, p. 320, quoting Fletcher, 1982). Depending on the culture and era, "mercy killing"

and other forms of suicide alternately have been deified, condoned, tolerated, vilified, criminalized, and even--ironically--punished by death (Warrick, 1991).

The primary purpose of this chapter, then, is to provide a road map for understanding the somewhat erratic course social acceptance of euthanasia has tracked throughout recorded history. This discussion--which also includes a survey of shifting concepts of Western European and American notions of a "good death"--is followed by a review of some of the sociological, ideational, and material factors giving rise to the 20th-century RTD crusade, including key technological developments shaping the contours of the modern debate. The chapter ends with a summary of the major arguments advanced by those on both sides of the debate over legalized euthanasia, followed by a brief overview of American mainstream news coverage of the conflict.

Historical Background

Early Cultural Attitudes Toward Euthanasia

The award-winning 1983 Japanese film, "The Ballad of Narayama," provides an anthropological glimpse into one late 19th-century tribal culture's solution to the problem of what to do with elderly citizens who have outlived their utility and hence threaten the survival of the group. Tradition dictated that in the autumn following their 70th birthday, villagers in the Northern Japanese settlement of Narayama were loaded onto the backs of their first-born sons and hauled up the steep slopes of Mount Shinshy. Abandoned by their offspring on the summit amid the sun-bleached bones of their ancestors, the "old ones" were left to die under the watchful eye of encircling bands of vultures. The luckiest of them, according to a ballad popular in the village,

were those blanketed on their first night by an early, killing snowfall.

It is safe to say that most Americans today would recoil in horror at the Japanese villagers' unblinking solution to the problem of feeding and caring for those too old or ill to support themselves. Yet no modern society--including the United States--is immune from wrenching questions about how best to allocate finite resources for care of the elderly and terminally ill. Like Narayama, cultures the world over have relied for centuries on both voluntary and involuntary euthanasia as a practical means of preserving and reallocating scarce resources, as well as a means of mitigating the pain and suffering of seriously injured and dying individuals.

According to historians and anthropologists who have studied the practice, euthanasia was remarkably common in aboriginal cultures--particularly those struggling for survival in hostile physical environments. In his extensive survey of euthanasia use among early tribal societies, Simmons found that "the more severe a tribe's living environment, and the more voluntary the death by the sick or aged individual, the more noble the death was perceived in the culture" (Mullens, 1996, citing Simmons, p. 58). The Inuit, for example, battling among the most extreme climatic conditions on the planet, considered assisted suicide an honorable, practical, and compassionate means of dealing with terminal illness, aging, and incapacitating injury while simultaneously assuring the survival of the tribe as a whole.

Yet it would be a mistake to assume that euthanasia was limited to cultures facing hostile or extreme physical conditions. Historical records show that in one form or another the practice was integrated into the death-and-dying rituals of cultures

in virtually every part of the globe, ranging from the North American Indians and South Pacific Islanders to the Khoikhoin of Southern Africa and the Amassalik Eskimos of Greenland (Mullens, 1996; Messinger, 1993; Osgood, 1995). Euthanasia methods used by early cultures ran the gamut from hanging and stabbing to shooting and poisoning (Mullens, 1996; Osgood, 1995). Some tribes, such as the Aymara Indians, withheld food and water from those taking too long to die naturally (Messinger, 1993, p. 185). Like the villagers of Narayama, Eskimos tended to abandon their hopelessly ill and elderly to the elements, assuring them both a relatively painless passing (in sub-zero temperatures) and "eternity in the highest heaven" if they met their deaths with courage (*Ibid.*, citing Humphry and Wickett, 1986). Other early euthanasia methods proved more inventive, if less humane: One Ethiopian tribe tied its elderly to wild bulls; the Amboyna cannibalized their aged and weak, with loved ones "eating their failing relatives out of a sense of charity"; and members of one Congolese tribe "jumped on the tired and old until life was gone" (Messinger, 1993).

Of course, so-called "primitive" cultures were not alone in actively advocating "mercy killing." Among Western civilizations, the practice is most famously associated with the ancient Greeks, who between 600 and 300 B.C., named "mercy killing" *euthanatos*, loosely translated as "good" or "easy" death (Roberts and Gorman, 1996). Poison appears to have been the method of choice for achieving the classic Greek version of a "good death." One of the earliest historical examples of euthanasia involved a rite that took place on the Greek island of Ceos, where each

year the elderly and infirm were gathered for a "banquet" and served poisonous drinks (Messinger, 1993, p. 182). Later, in Athens and other population centers, aristocrats who wished to die could request poison from an official magistrate, who--maintaining a stock of hemlock expressly for this purpose--dispensed it to those offering "noble" reasons for ending their lives (*Ibid.*). And of course, Socrates--arguably the most famous advocate of euthanasia in history--quaffed hemlock both to avoid imprisonment and the discomforts of old age.

The Greeks' openness and tolerance toward, if not actual promotion of, euthanasia was grounded in three philosophical notions. The first of these was a fundamental trust in human *reason* (Roberts and Gorman, 1996). Plato, arguing that individuals have the right to make rational decisions about the time and manner of their own deaths, sanctioned voluntary euthanasia for adults whose lives were no longer useful to society and involuntary euthanasia for defective or seriously ill children (Roberts and Gorman, 1996; Mullens, 1996).[9] In the following passage from *The Republic*, which portrays Socrates praising the physician Asclepius, Plato makes the case for a "good death" through what is now called "passive euthanasia"--withholding medical treatment or therapy to the dying or incurably ill:

> Where the body was diseased through and through, he would not try, by nicely calculated evaluations and doses to prolong a miserable existence.....Treatment he thought would be wasted on a man who could not live in his ordinary round of duties and was consequently useless to himself and to society (Mullens, 1996, p. 60, quoting Plato's *The Republic*).

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[9]E.g., Mullens notes that Socrates, Plato, and Aristotle advocated exposing disabled or sick newborns to the elements in order to keep them from burdening the state (p. 61).

This excerpt, as Mullens (*Ibid.*) points out, reveals Plato's motivation for supporting euthanasia to be an interest in the welfare of the *state* rather than compassion for the suffering and dying. Plato envisioned an ideal society in which individuals sacrificed their own needs for the collective good. In such a society, he believed, only selfish individuals would insist on surviving after they could no longer contribute to the welfare of the community as a whole.

The second philosophical foundation for Ancient Greeks support for euthanasia was the belief in individual *autonomy*--the idea that "man is the master of his own body, with the right to decide his own fate" (Messinger, 1993, p. 182). For example, the Stoics, a Greek philosophical school founded around 300 B.C. and influenced by Socratic ideals, considered the choice to end one's life the apotheosis of moral freedom and a dignified death the ultimate expression of character (Mullens, 1996).[10] Interestingly, unlike other Greek philosophical schools, the Stoics did not privilege life over death, but considered the two "morally equal states" (Roberts and Gorman, p. 5). At the core of their support for euthanasia was their abiding belief in harmony with nature: They considered a life out of sync with nature not worth living. Zeno, the Stoics' founder and a staunch advocate of euthanasia for the terminally ill and elderly, put his personal convictions into practice by hanging himself at the age of 98

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[10]One scholar makes an intriguing historical parallel between the Stoics and modern RTD activists, arguing that the Stoics' determination to control their deaths was a reaction to the disintegration of Greek society. Comparing the Stoics to modern RTD activists, he sees the actions of both groups as a response to times of "tremendous social change and upheaval" (Reinhold, 1974, p. 35, quoting Harvard professor Arthur J. Dyck).

after seriously injuring his toe (Osgood, 1995). Later, Seneca (4 B.C. - 65 A.D), among the most famous Stoics, passionately defended the freedom of individuals to end life as they pleased: "Just as I choose a ship to sail in or a house to live in, so I choose a death for my passage from life," he wrote. Waiting passively for nature to decide the time and manner of death meant "shutting off the path to freedom. The best thing that eternal law ever ordained was that it allowed to us one entrance into life, but many exits" (Mullens, p. 61, quoting Seneca). Seneca's own suicide--carried out to avoid execution for treason--"was considered tremendously noble by the Romans" (*Ibid.*).

Finally, Greek endorsement of euthanasia was also significantly embedded in Greek cultural notions about the supremacy of youth (Osgood, 1995). The "cult of youth" celebrated in Ancient Greece rendered aging and loss of vitality extremely unfortunate, if not deeply tragic, events. Youth, on the other hand, was regarded in Greek culture as

> the only period of life of true happiness. During the heroic age, manhood was measured by the standard of physical prowess. Old age robbed the person of such prowess and the ability to fight like a valiant warrior and robbed males of sexual prowess. Early Greek and Roman writings were filled with images glorifying youth and beauty and denigrating old age, which was associated with the loss of youth and beauty....The image of the strong, young man also dominated Greek art and sculpture from the first through seventh centuries B.C.....Except in the Hellenistic period (323-27 B.C.), Greek sculptors never portrayed older figures (*Ibid.*, p. 415).

In sum, Greek philosophers regarded euthanasia as a *rational* means of achieving a "good death" and an appropriate option for individuals faced with debilitating or terminal illness, undignified death, the threat of enslavement, capture,

or poverty, or a situation in which taking one's life would provide a service for others (*Ibid.*). Additionally, Plato wrote in *The Laws* that euthanasia was justified for adults who had "disgraced themselves beyond any hope of self-forgiveness, [and chose] to atone for their actions through suicide" (Roberts and Gorman, 1996, p. 5).

It is important to stress that while euthanasia enjoyed broad popular support in ancient Greece, it was not condoned by all Greek citizens. In fact, historians consider the writings of Greeks who spoke out against euthanasia as the strongest evidence of its widespread practice in ancient Greece.[11] Among the most famous critics of euthanasia was Plato's student, Aristotle, who attacked euthanasia as "an offense against the state" that robbed society of productive citizens (Roberts and Gorman, p. 5). In addition to the Aristotelians, the Pythagoreans objected to euthanasia on the basis that it robbed individuals of life--a sacred gift from the gods that humans had no right to take. And of course, the existence of anti-euthanasia sentiment in ancient Greece is clearly demonstrated by the Hippocratic Oath, which exhorts medical practitioners against prescribing "a deadly drug if asked, nor suggest any such counsel" (Robin and McCauley, 1995).

Historians caution, however, that these and other examples of opposition to euthanasia represented a minority view in ancient Greece and should be considered more a reaction to the exalted status euthanasia enjoyed in antiquity than as significant opposition to the practice (See, e.g., Messinger, 1993; Emanuel, 1994). The

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[11]As Messinger (1993) writes, "Perhaps the best evidence of euthanasia in Greece is the condemnation of the practice by others, such as the Pythagoreans, Aristotelians, and Epicurians" (pp. 183-4).

Hippocratic Oath, for example, has been characterized by some historians as proof of the widespread *support* euthanasia enjoyed in antiquity.[12] As Mullens (p. 60) notes, "[T]he act of helping people die was so common among physicians in Greek and Roman society that physicians in the...Hippocratic school wanted to set themselves apart." Moreover, according to Emanuel (p. 1891), "it was not until some time between the 12th and 15th centuries that the Hippocratic view of euthanasia became dominant."

At least until the second century B.C., the ancient Romans, following the lead of the Greeks, not only condoned euthanasia, but elevated it to "high fashion" (Alvarez, 1972). To the Romans, a "good death" meant ending life in the same manner as one lived: with honor and courage. "[O]ne's manner of going became a practical test of excellence and virtue....To live nobly also meant to die nobly and at the right moment" (*Ibid.*). A number of notable Romans left written record of their endorsement of euthanasia. Pliny the Elder, a naturalist who lived from 23 to 79 A.D., argued that the existence of poisonous plants provided evidence of the gods' approval of euthanasia for the old, suffering, and infirm (Osgood, 1995). The first Roman emperor, Augustus Caesar, wrote of desiring euthanasia to end his own life and that of his family (Mullens). And Emperor Marcus Aurelius noted the benefits of euthanasia when illness caused "intellectual decrepitude" (Messinger, p. 184, quoting

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[12]Moreover, significant questions remain as to *who* actually wrote the Oath (although it is typically attributed to the Greek physician, Hippocrates), as well as to the *date* it was introduced and the extent of its influence in antiquity. Based on their analysis, Roberts and Gorman (1996, p. 6) conclude that the Hippocratic Oath offers insufficient "proof of an ancient sanction against the practice of euthanasia."

Russell, 1977, p. 54).

Like the Greeks, ancient Romans championed euthanasia to mitigate suffering, to avoid dishonorable or undignified death, and/or to prevent enemy capture or enslavement (Messinger, p. 184). Crucial to understanding the broad popularity of euthanasia in antiquity is the notion of *heroic* death. The focus for ancient Romans was "not on whether it was morally acceptable to kill oneself, but rather on how to do so with the 'greatest dignity, bravery and style'" (Yuen, 1992, p. 584, citing Smith, 1989). Used to this end, euthanasia was referred to by the Romans as "a *summum bonum*, or extreme good" (Messinger, p. 184).

Judeo-Christian Attitudes Toward Euthanasia

By the third century A.D., Christianity had gained a foothold throughout Europe, emerging as the official religion of the Roman Empire (Roberts and Gorman, 1996). As the influence of the Church spread, definitions of a "good death" inspired by Greek and Roman philosophers were gradually replaced by Christian values, beliefs, and attitudes toward the taking of one's own life or that of others who were mortally ill and in anguish (Messinger, p. 185).

Early Christians differed fundamentally from the ancient Greeks and Romans in their ideas not only about the supremacy of individual reason and autonomy, but about the innate value of life itself. But perhaps the most significant distinction between Christian and Greco-Roman attitudes about death is found in their conceptions of the role and meaning of suffering in life experience. Rather than viewing the physical miseries associated with death as "undignified" or an experience

to be avoided, the Church considered pain and suffering a consequence of--and reparation for--the wages of sin. Christianity's embrace of suffering as a *virtue* reached a pinnacle after the 11th century, when the Church began actively promoting martyrdom and self-sacrifice as paths to spiritual growth and salvation (Roberts and Gorman, 1996).[13] This attitude toward suffering has not only persisted throughout almost 900 years of history, but is a critical aspect of modern Catholic doctrine, a point illustrated by a statement made by Cardinal Roger Mahony in 1994: "Christians, in particular, believe that loving acceptance of suffering can lead to enormous personal growth. We agree with the psychologists who have called the dying process the final stage of human growth" (quoted in Doerflinger, 1995, p. 152).

As the above reference to martyrdom suggests, early Christian opposition to suicide (and hence euthanasia) was not without contradictions. As Doerflinger (1995) and other historians have noted, early Christians combined opposition to suicide with "a firm acceptance of martyrdom, of testifying to the faith even if it would mean an unjust death at the hands of others" (*Ibid.*, p. 149). At the same time, the belief in life as a gift from God led to the Christian emphasis on the essential "inviolability" or "sanctity" of life. As Mitchell (1990, pp. 38-39) observes, "Western civilization has

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[13]E.g., Rubenstein (1995) notes that it was only after the 11th century that depictions of Christ began to reflect Catholic promotion of martyrdom and suffering. Before this time, in Coptic and Byzantine churches, she writes, "Christ was uniformly portrayed as...a triumphant sovereign," often dressed in splendid attire and depicted as fully alive even when nailed to the cross (p. 63). This image contrasts with later images of Christ, who "is portrayed as dead on the cross with his head slumped on his right shoulder, his eyes closed, and his face twisted. Often he wears a crown...of thorns. Tears and blood are often visible. Except for a loose-fitting loincloth that looks like it can be easily unraveled, he is naked" (*Ibid.*).

been indelibly marked by Christian influences, which have imbued an assumption that, to be civilized, a society must value human life absolutely." In a reversal of the ancient Greek and Roman stress on *quality* of life, then, Christian leaders taught that *life per se* eclipsed the actual *experience* or phenomenological aspects of life.

Some historians have suggested that the fierce opposition to euthanasia that marks both Christian and Jewish religious teachings may also have roots in the persecution and subjugation of these groups at the hands of Roman conquerors.[14] As Mullens (p. 62) writes, "Perhaps it was in opposition to the views of their Roman oppressors that followers of the Jewish and Christian religions developed an overwhelming abhorrence for suicide."[15] Other scholars have argued that a drop in the birth rate caused by Christians' embrace of martyrdom resulted in the Church's proscription against suicide (see, e.g., Markson, 1995). Whatever the origins of the Christian aversion to suicide, they are clearly not Biblical. Scholars have not only been unable to identify a solitary example of Biblical condemnation of euthanasia or suicide, but have found limited evidence of support for it in the Bible.[16] "Considering

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[14]For example, Mullens (p. 64) traces Jewish condemnation of suicide to the first century, A.D., "when Jewish historian Josephus dissuaded his army from mass suicide against the Roman army at Jotapata[,] arguing that suicide is cowardly, repugnant to nature, and violates the will of God."

[15]Interestingly, the first record of Jewish opposition to euthanasia coincides with the introduction of the Talmud in 1 A.D.--a period when Roman acceptance of euthanasia was at its *peak* (Mullens). After the 12th century, Jewish death rituals were governed by Maimonides, "The Misneh Torah: The Book of Judges," which equated euthanasia with murder (Roberts and Gorman, 1996).

[16]As Mullens (p. 63) notes, "of the eight cases of suicide in the Old Testament and one in the New Testament, none are condemned....Suicide in the Bible is often depicted as appropriate behaviour [sic], such as when Sampson pulls down the temple killing

Christianity's nearly two thousand years of intense opposition to suicide," writes Colt (1991, p. 153), "it is surprising that neither the Old nor the New Testament directly prohibits the act." He and other historians trace the Christian abhorrence of suicide to the highly influential Saint Augustine, who in the 5th century A.D., denounced the practice as "detestable and damnable wickedness" (Mullens, p. 64). It was Augustine who declared suicide a mortal sin and promoted the idea that those committing suicide should be condemned to hell.[17]

While the true genesis of Judeo-Christian antipathy to suicide remains unresolved, it is clear that it was well-entrenched in Church doctrine by the 3rd century A.D. Christian teachings during this time made no distinction between suicide resulting from emotional instability and suicide as an antidote to end-of-life suffering, incapacitating injury, or incurable illness. All suicide was considered *felo de se* (self murder) (*Ibid.*). Largely as a result of Augustine's harsh condemnation of suicide, the Church began excommunicating suicides and denying them a Christian burial--the most punitive of responses given the Christian belief that such a burial is essential for salvation (Roberts and Gorman).

By the 11th century A.D., secular laws across Europe added muscle to the

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himself and his Philistine captors, or when Ahithophel, the wise counsellor of Absalom, kills himself after his advice is ignored leading to Absalom's defeat, or Judas, after betraying Jesus to the Romans, hangs himself from a tree."

[17]Augustine gave four reasons to support his argument that suicide was a mortal sin: It violated the 4th commandment, "Thou Shalt not Kill"; it deprived suicides the salvation of penitence and absolution before death; it insulted God by removing the power of life and death from God; and it was a cowardly act (Mullens, p. 64).

Church's censure of suicide. In 16th- and 17th-century England, for example, "Suicide was regarded as a heinous crime..., a kind of murder committed at the instigation of the devil" (MacDonald, 1991, p. 86). Legal penalties for taking one's life were severe, ranging from "confiscation of property and exposure of the corpse to scavenging animals and criminal punishment for unsuccessful suicide attempters" (Newman, 1991, p. 154). Because a suicide's blood was considered corrupt, eligible heirs were also refused title to a suicide's property (Berk, 1992). Moreover, until well into the 19th century in England and other Western countries, the bodies of suicides were customarily impaled on stakes and displayed prominently near roadsides (MacDonald, p. 86).[18]

Renaissance and Enlightenment Influences

Until the 19th and 20th centuries, Christian stigmatization of suicide spread rapidly through Western Europe and remained largely unchallenged. But by the Middle Ages, occasional fissures of support for euthanasia began to appear in the bulwark of opposition to the practice--many from unexpected sources. For example, St. Thomas More, a 13th-century Catholic officially canonized by the Church, wrote in *Utopia* that euthanasia for the hopelessly ill and suffering represented "an honourable death" (Mullens, p. 67).

Nascent support for euthanasia also emerged during the Renaissance, when

[18]The practice of impaling the bodies of suicides on polls and exhibiting them publicly continued in England until as late as 1823 (Mullens, p. 66). Laws mandating forfeiture of a suicide's property remained on the books in England until the 1870s (Berk, 1992).

poets, humanists, historians, and playwrights began celebrating the heroism of famous suicides from antiquity, including Cato, Brutus, and Lucretia (MacDonald, 1991, p. 87). The rediscovery of Greek philosophy and medical knowledge prompted reconsideration of euthanasia as a *medical option*--a development that corresponded with the emergence of medicine as a realm of knowledge and authority distinct from Church teachings (Cartwright, 1977). By the Middle Ages, physicians had already begun to form professional organizations, and by the 17th century, medicine's image had benefited from improved physician education, training and initial efforts to standardize medical procedures. Most significant for the advancement of established medicine, however, was the advent of "natural" or scientific explanations for disease. It was during the Renaissance that physicians began dissecting cadavers and creating a classification system for understanding human anatomy. As medical science gradually adopted a view of the body "as a single system of finite materials and forces accessible to human comprehension" (Rubenstein, 1995, p. 35), human anatomy "came to be seen more as a machine than as a divine mystery" (Roberts and Gorman, 1996, p. 8). In the clear light of scientific observation and measurement, the body was demystified and the legitimacy of both Church teachings and folk superstitions about the causes and treatments of disease began its slow decline. Church authority on health and illness was weakened further by the post-Reformation rise in religious skepticism and "horror of religious fanaticism" (MacDonald, 1991, p. 98; see also Rubenstein, 1995).

Along with scientific explanations for disease specifically, the general move in

the Renaissance toward scientific investigation based on rational and philosophical analysis proved highly significant in the shift toward greater tolerance of euthanasia. From their reawakened interest in the classics, Renaissance scholars acquired new respect for the role of human *reason* and began arguing for the existence of innate civil liberties. These developments served as intellectual catalysts for a new discourse of *human rights* and *individual autonomy*. From this foundation emerged the notion of personal freedom over one's *body*: If individuals indeed possessed "natural" rights and reasoning abilities, some scholars concluded, they should be allowed to apply these innate liberties and intellectual powers to decisions about the time, place, and manner of their own deaths.

The trend toward acceptance of scientific method as a basis of knowledge intensified during the Enlightenment, an period in Western Europe marked by euthanasia discourse that "was more vigorous--and on the whole, more sympathetic--than it had been since the Roman Empire" (Colt, 1991, p. 171). As medical knowledge advanced in technological sophistication, concern also arose over medicine's *unintended consequences*--including its potential to increase suffering by prolonging death (Roberts and Gorman, 1996). Philosophers, poets, and statesmen, including Francis Bacon, John Donne, and David Hume, began to address this issue in their writings (Emanuel, 1994; Mullens, 1996). Additionally, the use of euthanasia to mitigate end-of-life suffering was championed by Voltaire, Montesquieu, Diderot, and other individual-rights advocates, whose arguments ultimately led to the decriminalization of suicide in France (Mullens).

By the 18th century in Europe and the American colonies, concepts such as "patient rights" and "physician responsibility" had achieved sufficient cultural currency to pose a challenge to Christianity's unequivocal proscription against euthanasia (Roberts and Gorman, 1996). Stethoscopes and other technological innovations developed during the Enlightenment established medical science as the preeminent authority on the human body. This shift away from trust in Church interpretations of human anatomy, disease, and death continued to dilute the Christian taboo against euthanasia. By the end of the 18th century half of the American colonies had removed anti-suicide laws from their books. As the medical model of disease gradually picked up momentum, discourse on euthanasia moved from the theoretical and academic to the practical and legal. Increasingly, from this period on, patient-rights advocates, physicians, and legislators would search for tangible ways to ensure hopelessly ill patients "autonomous choices about their own lives" (*Ibid.*, p. 9).

Ideational and Material Factors Fueling the Current Euthanasia Debate

The medical innovations and notions of human rights and individual freedom that originated with the Renaissance and flowered during the Enlightenment remain central to understanding the contours of the contemporary political struggle over euthanasia. Max Weber's discussion of the characteristics of political conflict is useful in identifying some of the forces responsible for this century's burgeoning movement to legalize euthanasia. Weber (1968) saw political conflict as the confluence of three essential elements: (1) social groups struggling for power; (2) dominant social institutions through which power is exercised and pursued; and (3) ideas. The struggle

of individuals to wrest control over the time and circumstances of their deaths from technologized medicine is indisputably at the root of RTD activism. And established medicine's role in the euthanasia conflict offers a case study of the pursuit and exercise of power by a dominant social institution. But of Weber's three elements, it is his focus on *ideational* factors that proves most insightful. Clearly, ideas--such as liberty and human rights--have played a crucial role in the rise of the current RTD movement and popular support for legalization of euthanasia. Of course, as Weber acknowledged, ideas must be married to *material* and *cultural* conditions to trigger substantive social change. It is only when these elements--ideas, material and cultural conditions, and dominant institutions (including the mass media, which Weber recognized as a primary force of social control)--are culturally aligned that major social transformation takes place (Neuzil and Kovarik, 1996).

With the Weberian model in mind, the dramatic shift in social attitudes toward euthanasia in this century can be understood as the convergence of a number of distinct sociocultural, intellectual, and material forces. Among the most critical of these include: (1) the "medicalization" of death and dying; (2) social upheavals of the 1960s characterized by an explosion of "human rights" movements; (3) a decline in the authority of religion as a force of moral restraint; (4) a rapidly aging population combined with soaring medical costs; and (5) the mass media, to which the fortunes of all social movements in late modern cultures are inextricably bound (see, e.g., Olien, et al., 1989; Snow and Benford, 1988, 1992; Gamson, 1990). Because these developments have proved critical to the rise and fortunes of the RTD movement in

this century, an overview of each is provided in this section.

The Medicalization of Death and Dying

Dramatic advances in medical care of the terminally ill and elderly beginning in the late 19th century revolutionized the experience of death and dying in America. Once viewed as a "natural" event of significant social and religious import, death has gradually come to be regarded in American society as the provence of physicians and hospitals. As Ivan Illich (1976) states, "Medicine is a moral enterprise and therefore inevitably gives content to good and evil. In every society, medicine, like law and religion, defines what is normal, proper, or desirable" (p. 45). In the United States, established medicine's definition of "what is normal, proper, or desirable" for the terminally ill and dying has increasingly meant the application of "heroic" medical interventions designed to delay death almost indefinitely. Increasingly over the past century, the medical profession has been criticized for viewing death as the ultimate *failure* of physicians, medical interventions, and medicine as a whole (Bugen, 1979). Death is regarded not as the natural end of the human life cycle, but "the end point of untreatable or inadequately treated disease or injury or [as] medicine's enemy--a reminder of [the] limitations of medical diagnosis and management" (McCue, 1995, p. 1039). As Seravalli and Fashing (1992) point out, "The successes of scientific medicine almost seem to have produced the illusion that mankind is on the threshold of immortality, so that death, when it occurs, becomes the ultimate defeat" (p. 37).

While the idea that medical technology might somehow ultimately overpower death seems absurd on its face, it is a mythology that is understandable in light of

what one observer calls the public's "fascination with high-technology care and...deep-seated need for the engineering of miracles" (Illich, 1976, p. 106). Belief in the "god-like" powers of medicine evolved quite naturally from the astonishing medical breakthroughs witnessed during the past century and a half. Among the most significant of these have been "miracle" drugs, including antibiotics and vaccines, which have liberated modern, first-world nations from the death grip of viral and bacterial contagions. Following Louis Pasteur's discovery of an effective vaccine for anthrax in 1881, vaccinations became a formidable weapon in the medical establishment's arsenal against killer epidemics (Rubenstein, 1995). By the 1940s and 1950s, vaccines against polio, smallpox, and measles had all but wiped out these dread diseases. Consider that in 1950, measles, diphtheria, poliomyelitis, and tuberculosis wiped out nearly 3,000 children in the United States; in 1973, only 43 children died from these diseases (Kearl, 1989, p. 408). These advances, combined with the discovery of antibiotics such as penicillin, tetracycline, and erythromycin, dramatically altered population patterns in the United States. Whereas less than 100 years ago most Americans died from pneumonia or other infectious diseases that killed swiftly, most late-20th-century Americans die of cancers and other lingering, degenerative conditions (See Table 3.1).

Table 3.1. Comparison of Major Causes of Death in the United States, 1900 and 1990

Causes of Death 1900	Percent	Causes of Death 1990	Percent
Influenza and pneumonia	11.8	Heart disease	33.5
Tuberculosis	11.3	Cancer	23.4
Gastroenteritis	8.3	Stroke	6.7
Heart disease	8.0	Accidents	4.3
Stroke	6.2	Pulmonary diseases	4.1
Kidney disease	4.7	Pneumonia and influenza	3.6
Accidents	4.2	Diabetes mellitus	2.3
Cancer	3.7	Suicide	1.4
Infancy diseases	3.6	All others	20.7
All others	38.2		

Source: National Center for Health Statistics, United States Department of Health and Human Services, Washington, D.C., 1991.

The proliferation of aggressive life-extension therapies in the second half of the 20th century enabled the medical profession to defy death to an extent unimaginable in the previous century. Intravenous feeding, artificial respiration, organ transplants, open-heart surgery, and the invention of other advanced surgical procedures have made it possible for even the most severely ill patients to be kept alive almost indefinitely. Prior to these inventions, individuals with diseased organs and/or those unable to breathe or swallow food on their own simply died. Today, in contrast, "People can live for decades with most of their brains destroyed, with bodily systems near total breakdown, in states of irreversible unconsciousness" (Newman, 1991, p. 166). According to Glick (1992), a million Americans in various states of unconsciousness are, at any one time, being kept alive by high-tech medical machinery.

The medical profession's tendency to attack terminal diseases with unalloyed aggression "however small the potential benefit, however high the real emotional and financial costs" profoundly altered the character and experience of death in America (Hoefler and Kamoie, 1994, p. 81). From the perspective of the patient (and often their family members), these changes have not always been positive. As the following passage by Dworkin (1993) vividly argues,

> Doctors command technology that can keep people alive--sometimes for weeks, sometimes for years--who are near death or horribly crippled, intubated, disfigured by experimental operations, in pain or sedated into near oblivion, connected to dozens of machines that do most of their living for them, explored by dozens of doctors none of whom they recognize, and for whom they are *not so much patients as battlegrounds* (p. 180, emphasis added).

Among the most important consequences of the widespread use of aggressive life-extension therapies is what sociologists term the "medicalization of death" (see, e.g., Freidson, 1970; Ehrenreich and Ehrenreich, 1975; Conrad and Schneider, 1992; McCue, 1995). According to scholars who study this societal trend (Kearl, 1989, p. 406), death and dying--like other "natural" human behaviors including childbirth, aging, menopause, sexual promiscuity, overeating, hyperactivity,[19] alcohol abuse, criminality, homosexuality, and domestic violence--have been appropriated by the medical establishment and redefined to conform to the "disease model" (Conrad and Schneider, 1992). The gradual migration of medicine into the province of morality, manners, religion, and a host of other social and behavioral realms has effectively

[19]Conrad and Schneider point out that the term "hyperactivity" was popularized in the 1950s and treated with Ritalin, a drug conveniently developed around the same time).

"made alcoholics out of drunkards; poorly performing students who used to be called stupid are now seen as victims of learning disorders; and the disoriented senior, who used to be understood as a victim of dramatic social change, is now viewed as senile" (Kearl, 1989, p. 406). Taking a slightly different tack, Nelkin (1994) emphasizes American journalists' tendency to link virtually every human behavior to biology. She found the array of human characteristics that the news media attribute to genetics to include selfishness, pleasure-seeking, depression, and thriftiness, as well as "obesity, criminality, shyness, directional ability, intelligence, political leanings, and even preferred styles of dressing" (p. 28).

Like these examples of American culture's biological-deterministic approach to human conduct and characteristics, the "medicalization of death" may be seen as yet another symptom of the search for certainty in increasingly chaotic times, the drive to explain highly complex and ever-changing social phenomena in ever more "literal and concrete ways" (*Ibid.*). At the same time, the medicalization of death must also be viewed as a natural outgrowth of the medical profession's "heroic positivist" philosophy--the quintessential American "can do" attitude, the idea that action is always better than non-action even if action proves futile.

Because this study is concerned generally with changes in the meaning of a "good death" and, more specifically, with change-making discourse on euthanasia over time, it is important to consider briefly the historical development of medicalization of death and dying in American society. Medicine has not always enjoyed its present-day status and influence (See, e.g., Conrad and Schneider, 1992).

In fact, as Rubenstein (1995) reminds us, the notion of health as a "cultural ideal" did not actually emerge until the mid-19th century, when "research-oriented hospital medicine" paved the way for the "germ theory" of disease, cellular pathology, improved anesthesia, and antiseptic surgical techniques (which made surgery vastly safer and more effective) (p. 177). By the end of the 19th century, "medicine gradually became...one of the most enthusiastic acolytes of the Enlightenment ideal of progress" (Callahan, 1993, p. 61). As death came to be viewed as a *problem* that medicine had a "*moral* obligation to defeat" (Gavin, 1995, p. 62), authority over death and dying gradually shifted from the family, organized religion, and the dying themselves into the hands of physicians.

By the early decades of the 20th century, hospitals, which originated as squalid, unsanitary "shelters" for the poor and homeless, began taking advantage of advances in pain control to market care of the dying to middle- and upper-class individuals (Hoefler and Kamoie, 1994, p. 68). The statistics on hospital growth testify to the transformation of hospitals' role in American society: In the five decades between 1872 and the early 1920s the number of hospitals swelled from 178 to 6,000 (*Ibid.*). As advances in medical technology continued to be made, hospitals not only entered the death-and-dying "business," but metamorphosized into full-scale bureaucratic institutions modeled after the factory:

> Slowly but surely, as the industrial revolution progressed, the hospital began to lose its character as a family-oriented, long-term almshouse for the indigent. The modern institution took on the characteristics (and, inevitably, some of the impersonality) of the factory assembly line, with its system of raw material inputs (admissions), production (medical interventions), and product outputs (discharged patients)

(*Ibid.*, p. 69).

These changes were accompanied by a parallel rise in the status of established medicine, which took credit for the marked decline in the incidence and mortality of deadly diseases such as smallpox, cholera, and malaria. According to Conrad and Schneider (1992), however, medicine's elevated reputation and authority were equally the product of savvy public-relations and

> changes in social conditions: a rising standard of living, better nutrition and housing, and public health innovations like sanitation. With the lone exception of vaccination for smallpox, the decline of these diseases had nearly nothing to do with clinical medicine....But despite lack of effective treatments, medicine was the beneficiary of much popular credit for improving health (Conrad and Schneider, 1992, p. 13.

The medical profession's new health-enhancing image gradually paved the way for a "medical monopoly" over all areas of health care--including death and dying. Far from obstructing medicalization of death and dying, the government encouraged it. As one historian notes, "Once scientific medicine offered sufficient guarantees of its superior effectiveness in dealing with disease, the state willingly contributed to the creation of a monopoly by means of registration and licensing" (*Ibid.*, p. 14, quoting Larson, 1977).

Since organized medicine's heady rise to prominence in the late 19th and early 20th centuries, the institution has continued to use developments in medical technology to expand its monopoly over human health and disease. Among the "medical miracles" introduced during the last half of the 20th century are CAT scans, MRIs, (magnetic resonance imaging machines), kidney dialysis, EKGs (electrocardiographs), and ever more radical organ transplants. By the early 1970s,

hospitals nationwide were routinely using procedures such as artificial respiration, nourishment, and hydration to extend the lives of comatose and terminally ill patients. What these and other technological innovations have extended to individuals is the promise to forestall the inevitable march of disease through physical bodies too decayed or weak to mount an effective defense on their own. In terms of medical empowerment, however, these developments translate into the authority to "control the tempo and form of dying and determine with precision the time and place of death" (McCue, 1995, p. 1939). Physicians are now able "to continue or discontinue life-sustaining technology for ideal timing of organ transplantation, to allow family to be present for a loved one's death, or to delay death for the convenience of court deliberations" (*Ibid.*).

As this discussion suggests, despite its obvious benefits, medicalized and institutionalized death have a dark side. First, by rendering death "a starkly unnatural event," medicalization has made it difficult if not impossible to differentiate death from disease, death from removal of life-support systems, and death resulting from physicians' administration of "palliative" (pain-killing) narcotics (McCue, 1995). But even more important, the atomization of death into discrete steps and technical procedures has had a striking impact on the social construction of the *meaning* of death. As Aries (1974) notes, reducing death to a series of technical steps obscures just when it is that death occurs: Is it when the patient becomes unconscious? Is it when a patient ceases to breathe on his or her own? "All these little silent acts of death have replaced and erased the great dramatic act of death, and no one any longer

has the strength or patience to wait over a period of weeks for a moment which has *lost a part of its meaning*" (*Ibid.*, pp. 88-89, italics added).

As Aries' statement makes clear, routine reliance on "artificial" life-extension technologies has blurred the line between "life" and "death"--two of the most fundamental "realities" ordering human experience. The invention of respirators and organ transplants radically transformed the definition of death, and death's meaning may well change "from one technology to the next" (Gavin, 1995, p. 75). The construct of "brain death," introduced in 1959 by two French physicians, shows the extent to which medical technology has rendered death itself ambiguous (Roberts and Gorman, 1996). Once organ transplants became routine, "Doctors needed concrete criteria under which they could declare the patient dead, then restart the heart and keep the organs viable until they could be transplanted" (*Ibid.*, p. 13). Although such standards were developed,[20] the construct of "brain death" has entangled the concepts of "life" and "death" in philosophical, ethical, moral, and scientific uncertainties. Is death, as some define it, the "irreversible cessation of all the functions of the entire brain"; or is it "the irreversible loss of certain 'higher' brain functions alone" (Jennings, 1990, p. 37)? As one observer notes,

> For the present, the brain remains one organ that most social and legal authorities can agree is essential to human life. But even 'brain death' definitions may not always be final.....'An "artificial brain" is not possible at present, but a walking, thinking individual who had one would certainly be considered living' (*Ibid.*).

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[20]In 1968, the Harvard Medical School released a report redefining clinical death and specifying the criteria for determining brain death (Roberts and Gorman, 1996, p. 13).

In addition to reducing death and dying to a series of medical procedures that dissolve or at least confuse distinctions between life and death, medicalization of dying has led to the disintegration of traditional *cultural meanings* attached to this anxiety-inducing and mysterious aspect of human experience. In significant ways the "technological imperative" has depleted many of the rituals that once organized and gave meaning to the end of an individual's life. It is difficult for modern Americans to imagine how tightly death was once woven into the fabric of everyday life. Prior to the widespread use of antibiotics in post-World War II, death was an extremely common feature of American households, where it claimed a disproportionate number of children. One hundred years ago it was common for even the youngest of family members to witness the death of a sibling, parent, or other relative. And everyone, young and old, was exposed to the sight of the bodies of the dead, which, until after the Civil War, were prepared for burial at home.

In contrast, most Americans in the late 20th-century reach young adulthood without experiencing first-hand the suffering or death of someone they know. Describing contemporary Americans as a "'death-free' generation," one observer notes that, "For the first time in history a family may expect statistically to live twenty years without the passing of one of its members" (Hoefler and Kamoie, 1994, pp. 10-11, quoting Fulton, 1980).

Statistics tell the story of the overwhelming impact of increased life expectancy combined with institutionalized and medicalized death on American demographics: In 1900, 80 percent of all Americans died at home. Less than a century later, these

figures are reversed: In the 1990s, some 80 percent of all Americans die in medical institutions (*Ibid.*, p. 15), and only 20 percent die in their homes or in other non-medical settings (see, e.g., Aries, 1981; McCue, 1995). Medicalization has also meant that elderly Americans in the last decades of the 20th century live longer and die more slowly than at anytime in history. By the end of the 1980s an estimated 10,000 patients were being maintained in a "vegetative state" in the United States (Cranford, 1988).

Unlike their forebears, whose exposure to death was intimate and commonplace, individuals in late 20th-century America know death primarily through the mass media. The public's heavy reliance on mass-mediated images of death troubles those who fear that American culture, already noted for its "cult of youth," ageism,[21] and "repression" of mortality, will slip further into desensitization and denial of death (see, e.g., Mauss and Wolfe, 1975). Exploring the contradiction between Americans' "fear of death" and their embrace of death-related violence in the entertainment media, Hoefler and Kamoie (1995) conclude that mediated death functions to "inoculate" and "desensitize" Americans to "the whole idea of death" (p. 5). Likewise, such euphemisms as "bite the dust," "passed away," "pushing up daisies," "go on to their final reward," "meet their maker," and "buy the farm" serve to neutralize death and exacerbate our emotional distance from it (p. 3). The taboo against directly confronting death in American society even manifests itself in

[21]Robert Butler coined the term "ageism" in 1968, defining it as "a deep and profound prejudice against the elderly and a systematic stereotyping of and discrimination against people because they are old" (Osgood, 1995, p. 415, quoting Butler, 1968).

"sympathy" cards, where the word "death" rarely if ever appears (*Ibid.*). The lesson derived from these cultural attitudes, Hoefler and Kamoie conclude, "is not that death is natural and real but that it is fictional and repressible" (*Ibid.*, p. 5).

Of course, it is not simply *mediated* versus *direct* exposure to death on an almost daily basis that distinguishes contemporary Americans from their grandparents and great-grandparents. In living out their lives essentially marooned from death, most Americans are spared not only death's harsh realities, but its revelations and rituals. This is largely a function of the removal of death from homes to medical facilities, which, in their practicality, efficiency, and sterility, tend to inhibit the most humble of deathbed customs. Even bedside vigils, once routine rituals in which the living gathered around the dying to acknowledge their passage and bid farewell, are difficult if not impossible to carry out in clinical settings. "The classic deathbed scene, with family gathered around to say good-bye, is now largely an anachronism," note Hoefler and Kamoie (1994, p. 11). This is largely because patients who die in modern medical institutions typically do so in a drug-induced stupor, a tangle of tubes trailing from their bodies, their passage to death accompanied not by the hushed voices of loved ones, but by the high-tech drone of respirators and other life-sustaining machines.

Such conditions do little to foster substantive human interaction, but instead lend an aura of detachment and surrealism to life's most dramatic and pivotal event. As the French cultural historian Aries (1974) observes, the "tamed death" of the past, characterized by a rapid, if not totally pain-free passage to death, has given way to a

"forbidden" and "unnameable" death spawned by technology (*Ibid.*). In its unnaturalness, technologized death is experienced as isolating, undignified, suppressed.

In a very real sense, the endorsement of the medical profession's appropriation of death and dying represents a Faustian bargain for Americans. On the positive side, organized medicine lifted many of the burdens surrounding death previously shouldered by families and communities. But the economic and sociocultural costs attached to this benefit have been staggering.[22] Foremost among them have been loss of individual autonomy over the dying process. An important original impetus for the surrender of care of the dying to medical institutions was to enhance individuals' sense of *control* over death by allowing doctors to apply technological weapons against it. Yet the great irony grasped by Americans in the last half of this century has been that the more expansive the medical jurisdiction over end-of-life affairs, the *less* control individuals and families are able to exercise over the circumstances in which they or their loved ones die.

It is precisely this perception--that individuals need greater autonomy in matters pertaining to their own deaths--that has galvanized the modern RTD movement, which arose as a backlash against the medicalization of death and the

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[22]Some 75 percent of all medical costs in the United States are spent on the elderly (Callahan, 1990, p. 101), with about $30 billion annually devoted to individuals in their last year of life (Hoefler and Kamoie, 1994, p. 58). Even though only about 5 percent of the elderly live in nursing homes, nursing-home expenditures more than doubled between 1980 and 1990--from $11 billion to $25 billion--and are projected to reach $53 billion by 2000 (*Ibid.*, p. 59). Such high costs, of course, inevitably raise questions about the economic advantages of euthanasia.

perceived "medical paternalism" at its source. Criticizing medicalization of death and dying as "a pernicious trend" that wastes resources and hurts the dying by depriving them of any substantive say over their own deaths, McCue (1995) writes that,

> Viewing dying and death as merely a failure of medical diagnosis and therapy is antiholistic and trivializes the final event of our lives, stripping it of important non-medical meaning for patients, family, and society. This narrow view of dying may be a particular concern for the very elderly, for whom death is an expected and sometimes desired event. Respect for the wholeness of life requires that we not debase its final stage; art, literature, and the social sciences teach us that a good death can be a natural, courageous, and thoughtful end to life (p. 1039).

The perspective that medicine has betrayed its original mission by privileging technology over human dignity is shared by an increasing number of Americans. What Kurtz (1994) calls "the growth of antiscience"--which includes antipathy toward orthodox medicine--has recast doctors as "demons rather than saviors" in the eyes of much of the public. This perception has been a powerful catalyst for the RTD crusade (and its more modest cousin, the campaign for legal recognition of living wills). Supporters of the modern RTD movement regard legalized euthanasia as an antidote to "loss of control" over death and dying, a corrective that they say wrestles death and dying back from doctors and organized medicine and restores "choice" to dying individuals and their families.

In the ensuing clash over euthanasia, death itself has become a contested arena, the site of yet another bloody battleground in America's "culture wars." At a fundamental level, the fact that euthanasia has become embroiled in cultural conflict is emblematic of its "explicitly cultural" goals (Fine, 1995, p. 127). Like the gay and

civil rights, feminist, and anti-hate-speech movements, the pro-euthanasia movement seeks "to alter not only the political and economic order, but also the cultural perspectives of the society" (*Ibid.*).

Other Social Influences Fueling the Euthanasia Debate

The widespread sense of loss of autonomy over death, growing disillusionment with the medical profession, and the disintegration of traditional cultural "rites of passage" that once imbued death with meaning are critical factors explaining the rise of the campaign for legal and social acceptance of euthanasia in 20th-century America. But the rapidly aging American population--which is also an outgrowth of the medicalization of death and dying--has also fueled the push for legalization of euthanasia. The fastest-growing population cohort in the United States consists of people over age 85, an age group that is 20 times larger today than at the turn of the century (Longino, 1988). In 1995, some 31 million Americans were 65 or older, a statistic expected to double to 60 million within the next two decades (Osgood, 1995). As Osgood (1995) points out, such striking demographic shifts have important psychosocial consequences. For example, they may lead to "a situation in which older people may have outlived their previous roles and sources of value and meaning, [spawning] moral and ethical dilemmas about suicide and assisted suicide among the old."

Other social forces are also responsible for the dramatic growth of the RTD campaign. At the heart of public support for a "right to die" are the "rights discourses" that began to attract media and public attention during the rights

movements of the 1960s and 1970s, including the women's movement, the crusade for black civil rights, consumer rights, and various other groups. On the surface, the linking of "death" with "rights" seems incongruent, as Beschle (1988-89) notes in this passage: "Unlike liberty, equality, justice, a minimum standard of living, and just about any recognized or arguable right, death is and almost always has been viewed not as a good, but as perhaps the ultimate evil" (p. 320). Yet the paradox of death as a "right" is resolved by one writer calls "the clash between culture and modern technology and, consequently, the clash between advocacy and restraint" (Clay, 1995, p. 381). It is only in the context of medicalization and its increasing "interference in individual decisions about the time and manner of death," that the concept of a "right to die" overcomes its inherent dissonance (Beschle, p. 320). By the 1970s in America, the backlash against the "medical nemesis" had reached a pinnacle (Illich, 1976), ushering in grassroots health-consumer campaigns, the hospice movement, and an organized crusade not only for legal acknowledgement of living wills and other forms of control over the dying process, but for laws allowing self-administered and PAS.

Yet another key factor identified by sociologists as instrumental in the growth of American support for legalized euthanasia has been the gradual erosion of the authority of *religion.* Throughout the history of Western civilization, religion has consistently set itself up as a barrier to suicide (Moller, 1996), a prohibition that in an increasingly secularized society, is difficult to enforce. Although some 98 percent of Americans profess a belief in God, church attendance has fallen off significantly in

the past century (Hoefler and Kamoie, 1994). The decline in religious practice among Americans helps explain the fact that although virtually all established religions oppose "active" euthanasia,[23] some 75 percent of Americans (even those describing themselves as "religious") support the practice.

Obviously, when it comes to euthanasia, "Americans do not always follow their religious leaders" (Newman, 1991, p. 179). According to a 1991 Roper poll, both Protestants and Catholics express strong support for both PAS (including prescribing lethal drugs to terminally ill individuals who request them) and laws allowing family and friends to request death for a terminally ill patient by lethal injection if the patient is too ill to do so himself or herself (*Ibid.*, citing Roper Poll, 1991). In 1987 pollster Louis Harris drew this conclusion about support for euthanasia among "religious" Americans: "There is no major segment of the public that does not support euthanasia by wide margins. This includes Catholics and members of the Moral Majority whose evangelical preacher leaders vigorously oppose legalizing euthanasia" (*Ibid.*, p. 160, quoting Harris, 1987).

Clearly, organized religion no longer shapes moral standards and behaviors to the extent that it did in the past. As Daniel Bell (1976) notes, religions once served as a major force of *restraint* and *moral order*, offering "a means of gathering together, in one overpowering vessel, the sense of the sacred--that which is set apart as the

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[23]For example, Jews oppose all forms of active euthanasia, including so-called "mercy killing" to mitigate end-of-life suffering. Yet, unlike the Roman Catholic church--which opposes *all* forms of euthanasia, both the Jewish and Greek Orthodox religions allow *passive* euthanasia such as withholding or withdrawing medical treatments (Berk, 1992).

collective conscience of the people" (p. 154). However, with the advent of modernism in the mid-19th century, theological authority was gradually replaced by "secularism." A significant result of this change was the transformation of "the meaning of suicide" since the period between 1660 and 1800, when suicide was considered "a moral offense" caused by the devil was replaced with the perception of suicide as a "sickness" or "an insane act" (MacDonald, 1991, p. 89, 93). A major effect of this "medicalization of suicide" was a gradual increase in "openness to non-Christian attitudes toward self-killing" (*Ibid.*). Simultaneously, according to Bell, "moral conduct" was collapsing under the weight of "the *aesthetic* experience"--the belief that "experience, in and of itself, is of supreme value" (p. 157). Modernism, he writes, ushered in an era which placed "all authority, all justification, in the demands of the 'I,' of the 'imperial self'" (p. 158). In its fundamental ideology that, "Everything is to be explored, anything is to be permitted...., modernism as a cultural movement trespassed religion and moved the center of authority from the sacred to the profane" (*Ibid.*).

In the postmodern America of the late 20th century, established religion has witnessed further erosion of its moral authority. In the 1970s, psychologist Herman Feifel (1971) documented a dramatic shift in public attitudes away from an emphasis on personal immortality and the "rewards" to be reaped in the afterlife to a stress on personal autonomy and individualism--two dominant American cultural values that in many ways supersede traditional reliance on a "higher power." To a degree unknown in the past, Americans inhabit a world of secular rather than religious values, a

psychosocial climate in which, "Man has been thrown back on his own resources, [and] there is no higher authority to turn to for support" (Reinhold, 1974, p. 35).

As might be expected, the shift to secularism has radically transformed attitudes about the meaning and experience of death, as well as cultural definitions of a "good death." One of the most important elements in this change is the decline in what Seale refers to as "religious narratives" about death (1995, p. 598):

> Religious narratives once sustained the hopes of individuals as they approached their deaths or contemplated the deaths of others. Human lives could then be cast in narratives, as at funeral orations, in which the individual was judged according to whether s/he had met the demands of higher purpose. By contrast,...in late modern society, with a relative absence of grand narrative structures such as religion, dying is hidden away and 'denied' as it poses insuperable problems of meaning (for example, Aries 1974; Elias 1985).

Religious "death narratives"once provided individuals the opportunity to experience "heroic" death, to define their "fate by engaging in moral behavior, sacrifice, bravery and spiritual adventure in the service of a higher purpose" (Featherstone, 1992). With the decline in the power of religion, however, the grand narrative structures that formerly imbued death with meaning have been seriously weakened (see, e.g., Aries, 1974, 1981).

Given the natural fear and social disorder posed by the threat of death, the impact of religion's inability to provide satisfying interpretations of the experience is profoundly significant. Death, after all, is the driving force behind metaphysical belief systems. As anthropologist Bronislaw Malinowski (1972) writes, death, "which of all human events is the most upsetting and disorganizing to man's calculations, is perhaps the main source of religious belief" (p. 71). Giddens (1991) theorizes that death

interferes with the fundamental notions of "selfhood" that make it ontologically possible for humans to adopt an optimistic view of life. Without socially viable ways to interpret and imbue death with meaning--and so restore the sense of self and personal identity that death strips away--the specter of death becomes a source of increasing anxiety. Kearl (1989) theorizes that with increased secularization, cultural fears shifted from concern over the afterlife (e.g., damnation in hell, etc.) to anxiety about the dying process itself. One way individuals in late-modernist cultures have attempted to deal with this crisis is to attempt to gain control over the time, place, and manner of their own deaths. In this way, they can be seen as engaging in the repair and reinstatement of what Giddens (1991) calls the "narrative of the self" that the threat of death imperils.

Besides loss of religious authority, other factors--such as industrialization, urbanization, changes in family structures, and geographic mobility--have also contributed to the push for autonomy over death and dying--including legalization of assisted suicide. In addition to making it easier for Americans to ignore the elderly and dying, these forces have "precipitated the abdication of responsibility of caring for both the dying (to hospitals) and the dead (to funeral directors)" (Hoefler and Kamoie, 1994, p. 19). In the process, they have helped break down traditional cultural taboos against euthanasia. Finally, media attention to landmark legal disputes such as the Karen Ann Quinlan case have also been cited as important elements in both the growth of the RTD movement and public acceptance of euthanasia (Clay, 1995, p. 381, citing Glick, 1992).

Social Construction of a "Good Death"

Like all cultural practices, those surrounding death and dying are socially constructed and have symbolic meaning. Cultural attitudes and beliefs about death and dying do not develop in a vacuum. As French social historian Phillippe Aries (1974) has documented, every society throughout history circulates its own version of a "good death," the meaning of which varies across eras and cultures.

An intriguing aspect of socially constructed and mass-mediated beliefs about death--including cultural definitions of a "good death"--is the dramatic way in which they have shifted over time. Until the 5th century, according to Illich (1976), inhabitants of early Western European cultures attributed death to *external* forces over which people had no control--such as a "supernatural, or divine agent" (*Ibid.*, p. 176).[24] The dominant death ritual practiced in these early cultures--which aligned with social beliefs about an impersonal, external source of death--was the "dance of the dead," a "pagan tradition in which crowds, naked, frenzied, and brandishing swords, danced on the tombs in the churchyard" (*Ibid.*) Despite Church prohibitions against the dance of the dead, it endured for the next 1,000 years as a chief means of socially constructing and enacting cultural beliefs about death (*Ibid.*).

The anthropologist Malinowski (1949) has described how such cultural death rituals help restore group solidarity and survival. Like birth and marriage, death

[24]According to Illich, "primitive" societies viewed death as "the outcome of someone's evil intention. This somebody who causes death might be a neighbor who, in envy, looks at you with an evil eye, or it might be a witch, an ancestor who comes to pick you up, or the black cat that crosses your path" (pp. 178-9).

represents an assault on the status quo that forces cultural redefinition of roles, status, and group affiliation. As Ochs (1993) writes,

> Death invariably causes grief which, if not addressed, can debilitate, damage, and possibly destroy a social group. The threat to a group's self-preservation is real. For the group or the community to continue functioning, significant changes must take place. The dead person must be redefined and transformed into a different kind of existence; the living must be persuaded to choose life and the living community rather than succumb to the powerfully detrimental emotions of loss, anguish, and sorrow (p. 122).

By engaging in death rituals, then--whether dancing on a grave or attending a funeral ceremony--humans attempt to construct a symbolic bridge between the living and the dead that reaffirms, reconstitutes, and restores collective reality.

Aries (1974, 1981) has contributed perhaps more than any other scholar to general understanding of shifting cultural definitions of a "good death." For the first millennium A.D., he contends, people experienced "tame death"--a calm, accepted, anticipated death experienced more or less collectively. During this era, death for everyone was essentially the same, and people were informed when death was imminent so they could prepare for it (Moller, 1996; Gavin, 1995). Preparation consisted of "lying down, folding one's arms across the chest, facing the wall, and other such gestures" (Gavin, 1995, p. 22-3). The dying typically engaged in forgiveness rituals to make peace with their enemies, and death was largely a *public* affair attended by relations and friends.

But by the Middle Ages, "tame death" had given way to what Aries terms "my death"--an era characterized by the *personalization* of death. As new scientific knowledge, medical discoveries, and philosophical notions of individual rights and

autonomy entered the social consciousness, a discernible shift occurred in the images, beliefs, and practices surrounding death.[25] The chief characteristic of this shift was that "the idea of a universal, collective destiny disappeared" (Moller, 1996, p. 7), and death began to be socially represented and experienced as a "meditative, introspective experience" (Illich, 1976, p. 177). The devotional movements that emerged in the 17th century after the fragmentation of Medieval religions, further "privatized the attempt to achieve salvation" (Luhmann, 1986, p. 316). The upshot of these converging forces was that death--rather than being attributed to *external* forces such as "the curse of an enemy, spell of a magician...or God dispatching his angel of death"--began to be viewed as "an inevitable, intrinsic part of human life" (pp. 199, 179). In line with this "individualization" of death, the *moment* of death was given increased emphasis "as the occasion for self-awareness or self realization" (Gavin, 1995, p. 23).

More critically, by the 18th and 19th centuries, death gradually came to be seen as an *"enemy,"* or as "something to be overcome" (*Ibid.*, p. 24). In line with increased dread of death, efforts to *combat* death were mounted for the first time.[26]

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[25]Aries (1974) outlines four ways in which individualistic notions of death began to appear in the 15th and 16th centuries: (1) in an increased emphasis on *individual* salvation rather than the *collective* salvation associated with the Second Coming of Christ; (2) in the belief that "judgement day"occurs on the day of one's death rather than at the Apocalypse; (3) in a move from unthreatening, abstract depictions of death (e.g. a reclining knight) to macabre portrayals (e.g. the worm-eaten corpse); and (4) in ever more personalized tombs, which functioned to underscore *individual* achievements and immortality (Gavin, pp. 23-24, citing Aries, 1974).

[26]Callahan (1993) traces the idea of death as a controllable "problem" to Francis Bacon, "who first called for medicine to seek the cure of disease" (p. 32).

Whereas traditional responses to death had been largely passive--with family and friends acting mainly as spectators or bystanders--death was now a "problem" in search of a solution. Attempts to ward off death were encouraged by the newly emergent medical profession, which (not coincidentally) had begun to use the "disease" model as a way of understanding death and dying (Gavin, 1995).

As might be expected, these changes proved deeply unsettling to European individuals and cultures: Rather than an *impersonal* act originating from an outside agent or force, death was now *personalized*: As such, it became the burden and responsibility of *individuals* instead of the community (Illich, 1976, p. 183). Beginning in the Middle Ages, "Man, faced by death, was...asked to be aware that he was finally, frighteningly, totally alone" (Illich, 1975, pp. 40-41). The increasingly "macabre" images and rituals used to represent death during this era reflected the growing sense of alienation and anxiety spawned by what Aries (1974) calls the "unacceptability" of death (see also, Illich, 1976).[27]

Significantly, one of the ways the public was socialized into new beliefs and attitudes about personalized death was through *medical* rituals (see, e.g., Illich, 1976; Moller, 1996). For example, public dissection of the human body was both a favored subject of paintings and a common event at carnivals in 15th- and 16th-century Europe. By the 17th century, dissection and anatomy lessons proved so popular that

[27]"In the new iconography of the sixteenth century, death raped the living" (Aries, 1974, p. 56). Similarly Illich (1976) argues that the proliferation of macabre images of death, particularly after the Reformation, "underscores the growing anxiety of a culture faced with the call of death rather than the judgment of God" (p. 184).

social gatherings were fashioned around them, with "good-natured joking, refreshments, and people wearing gay, masquerade-like apparel. Dissection had become an ironically fashionable activity, and ancient version of the modern cocktail-theme party" (Moller, 1996, p. 11). The social function of dissection rituals, argues Illich (1976), was "to orient, repress, or allay the fear and anguish generated by a death that had become macabre" (p. 189).

During the era of individualized or "my death," an ideal death was increasingly tied to folk practices and superstitions "designed to help people meet their death with dignity as individuals" (p. 185). In Medieval France, for example, a widely reproduced series of engravings called the *ars moriendi* provided vivid instructions on the "art of dying," including elaborate deathbed repentance rituals. Published in the 16th century, this "how to" book on achieving a good death was designed for "carnal and secular" people rather than the clergy (Illich, 1976, p. 183). Popular for some two centuries as a death-and-dying reference book, it included instructions on everything from the arrangement of loved ones around the deathbed to the most appropriate facial expression to affect at the moment of death. It is important to note that the *dying* were expected to orchestrate their own deaths, directing bystanders, for example, "to keep the doors open to make it easy for death to come, to avoid noise so as not to frighten death away, and finally to turn their eyes respectfully away from the dying...to leave him alone during this most personal event" (*Ibid.*).

But by the 18th century a third major change had occurred in social attitudes

and rituals attending a "good death." Labeling this era "thy death," Aries (1974) details how the idea of "unacceptable death" for individuals gradually evolved into unacceptability of death for *others*. In Victorian England, for example, concern over the loss of loved ones manifested itself in rituals swathed in sentimentality, including romanticized deathbed rituals, extended periods of mourning, and lavishly decorated sympathy cards. The first glimmerings of concern over "death with dignity" also appeared at this time: A good death was one marked by "discretion" or control over emotions, and the fact of imminent death was hidden from the dying. In the context of urbanization and industrialization, Moller (1996) suggests, these rituals helped counteract the "sense of isolation and alienation" of a death experience increasingly untethered from its traditional religious and communitarian moorings (p. 12).

Beginning in late 19th-century America, as secularism, individualism, and commercialization converged, death became "forbidden" in Aries' terms--hidden away in hospitals and submerged in technology. From this point to the present the dominant death "myth" in the United States "is that fate, or death can be defeated....As a result, individuals do not expect to die, since death has been redefined as a technical problem to be solved" (Gavin, 1995, p. 29). Dominated by technology, death in 20th-century America lost a significant measure of its "moral content," mystery, and meaning (Cassell, 1975). Defined increasingly in terms of the observable and quantifiable rather than the immaterial and intangible, discourse on death focuses largely on the "facts and artifacts" of the body--its physiological functions, anatomical parts, and diseased organs (*Ibid.*, p. 45).

In opposition to this depersonalized construction of death, Elisabeth Kubler-Ross (1969) and other modern death-and-dying "gurus" have made substantial efforts to revitalize and restore notions of a "good death." Crafting what might be thought of as a modern version of the *ars moriendi*, they have labored to articulate death's stages and norms and specify the requirements for achieving a dignified death.[28] Partly as a result of their work, an ideal death in modern America has come to be defined as openly acknowledged, relatively painless, and custom-tailored to individual needs and desires (Walter, 1994). Additionally, a "good death" is one that is "anticipated, welcomed, nonstigmatizing, and follow[s] the completion of one's central social obligations and personal desires and goals" (Kearl, 1989, p. 497). Other "good death" strategies outlined by thanatologists

> range from therapy groups to training terminally ill people to practice Eastern meditation techniques--supposedly assisting one in 'letting go' at the time of death so that one's ego can merge 'into the cosmic flux of the universe'--to administering the psychoactive drug LSD to the dying, which supposedly enhances morale, reduces depression and pain, and collapses one's orientations toward the past and future into the now, theoretically enhancing interactions with family and environment (*Ibid.*, p. 491).

Clearly, all modern societies not only circulate information on culturally approved death rituals and practices, but establish and enforce the *meanings* and *interpretations* that are to be attached to these activities. This knowledge is constructed and codified in religious rituals, art, music and--in the United States--through mass media

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[28]For example, Kubler-Ross and Weisman (1972) focused on helping patients achieve "significant survival," the ability to retain control over their daily lives and conduct rather than merely surviving. Others have emphasized the interaction between the dying individual and others as a key factor in the quality of the dying experience.

discourse. During the past century, as technology has dramatically altered modern societies' capacity to extend life, the task of designating the norms associated with a "good death" has grown infinitely more complex. As outlined earlier in this chapter, since the late 1800s, American society has gradually witnessed the wresting of control over death from organized religion, the family, and the dying themselves by established medicine. In the process, definitions of "life" and "death" have grown muddled, and the rituals surrounding death and dying have become conflicted terrain. Medical procedures that today allow comatose and terminally ill patients to be resuscitated, artificially nourished and hydrated, and sustained indefinitely on respirators have forced Americans to confront issues rare or unheard of a century ago. Among the most pressing of these are:

- What, if any, legal "right" do individuals have to die as they choose--including the right to PAS?
- What role should the state, the medical community, and families of the gravely or terminally ill be given to limit the lives of these individuals?
- How should moral values such as "sanctity of life" be weighed against the social, economic, and emotional costs associated with the use of medical technology to prolong the lives of the terminally ill?
- And perhaps most crucial, if euthanasia *is* given legal sanction, how can the practice be regulated to prevent abuses?

Contemporary RTD and Pro-Life Movements

During the past several decades public debate over these questions has intensified. On one side of the conflict, RTD advocates struggle to "free" individuals from the grip of medical technology and government control, empowering them to align their death experience with their personal ideal of a "good death." For the severely or terminally ill, the option of choosing euthanasia fosters a sense of control

over what one writer calls a "matter of vital, exclusive importance: the timing, manner and circumstance of one's death" (Newman, 1991, p. 171, quoting Kurtz, 1991). Emphasizing "humane treatment" and "quality of life" as the highest of moral values, champions of the RTD movement argue that "heroic" medical interventions that extend the lives of the terminally ill not only place an unbearable emotional and financial burden on families, but waste precious economic and human resources that should be devoted to more pressing social problems.

Opposing the efforts of RTD activists are anti-euthanasia or pro-life representatives, a loose confederation of Catholics, Christian fundamentalists, clerics, medical professionals, ethicists, philosophers, and legal scholars who uphold the "sanctity of life" as the highest moral value. While the primary goal of the religious wing of the pro-life movement is to preserve the authority of Judeo-Christian and natural law in matters of life and death, a secular branch of this movement opposes euthanasia, and PAS in particular, on the basis that it threatens the doctor-patient relationship. PAS, they argue, not only violates the Hippocratic Oath, but subverts physicians' traditional roles as healers. Still other pro-life activists worry that legalized euthanasia will gradually undermine compassionate care of the elderly and terminally ill generally. More seriously, they fear that the practice will ultimately be used to rid society of the aged, disabled, and chronically ill--groups that they say already face discrimination in American society.

Roots of the Modern Right to Die (RTD) Movement

On the surface, few social movements would appear to have made stronger

outward gains in a shorter span of time than the contemporary RTD movement. Although, as this chapter documents, public sympathy for euthanasia has a long history, the current American pro-euthanasia movement is relatively youthful. Most RTD groups in the United States mobilized only after 1975--the year Karen Ann Quinlan slipped into a coma after consuming an overdose of drugs and alcohol. Since then, the growth of American branch of the movement to legitimize and legalize euthanasia has, by any number of indicators, been remarkable.

When Karen Ann Quinlan lapsed into a coma on April 15, 1975, she became a highly potent symbol of the "great cultural unease" about medicalized death that had begun to pervade American society (Moller, 1996, p. 187). For 10 years following a New Jersey Supreme Court's ruling allowing her to be disconnected from life support, she remained alive in a "persistent vegetative state" (PVS)--a condition "characterized by massive and irreversible brain damage that leaves the individual unable to sense or respond to his or her surroundings" (Hoefler and Kamoie, 1994, p. 50).[29] In 1994, an estimated 14,000 PVS patients languished in hospitals in the United States, "and most could be maintained in that condition indefinitely" (*Ibid.*). Quinlan's ordeal served as a concentrating force, bringing home to Americans the high economic and sociocultural costs associated with "medicalized death" and the specific "horrors" awaiting terminally ill patients and their families held hostage by medical machinery. Like all key cultural symbols, Quinlan gave form to the invisible and intangible, challenging enduring social myths and belief in the process. Along with

[29]She died on June 11, 1985.

exploding long-held definitions and perceptions of the meaning of "death" in contemporary society, her ordeal raised crucial questions about

> the relative power of physicians versus family members to decide when to end heroic measures, the individual's very right to die, the role of government in ensuring the citizenship rights of life and death to its citizens, and...legal decisions concerning active euthanasia (Kearl, 1989, p. 432).

Although the Quinlan case is widely considered a watershed in the RTD movement's growth in the United States (Burnell, 1993, p. 250), it was certainly not the first time the controversy over euthanasia erupted in this country. The earliest organized effort to legalize euthanasia occurred some four decades earlier, with the establishment of the Society for the Right to Die and the Euthanasia Society of America in 1938 (Burnell, 1993; Marker, 1992).[30] Of course, the roots of public debate and sympathy for "mercy killing" extend far deeper in American history. For example, the first documented legal case involving "assisted suicide" took place in 1816 in Massachusetts.[31]

Euthanasia discourse has also long been a subject of debate in the American medical community. The first published medical reference to euthanasia in the United States appeared in an 1884 issue of the *Boston Medical and Surgical Journal*, the

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[30]The model for the Society for the Right to Die was the Voluntary Euthanasia Society (the first group advocating legalized euthanasia in the world), founded in England in 1935 by Dr. Killick Millard, George Bernard Shaw, H.G. Wells, and others (Burnell, 1993, p. 249).

[31]This case, which set precedent for future prosecutions of "mercy killers," involved a prisoner who was tried for "murder" for persuading a condemned man in an adjacent cell to hang himself to avoid a public execution. Although the law at the time equated *encouraging* suicide with *murder*, the jury acquitted the prisoner (Siebold, 1992, p. 46).

predecessor to the *New England Journal of Medicine*. In this article, a physician argued that doctors should be permitted "to stand aside passively and give over any further attempt to prolong a life which had become a torment to its owner" (Emanuel, 1992). Around the turn of the century, public speeches debating the merits and dangers of euthanasia were fairly common in both Great Britain and the United States, and editorials on the topic appeared in American medical journals with some frequency. "Patients' rights" movements developed in both countries. In America, the fledgling pro-euthanasia movement succeeded in introducing a bill in the Ohio legislature in 1906 to legalize passive euthanasia. Although the measure was defeated, it generated widespread publicity, including letters and editorials in the *New York Times* (*Ibid.*). In 1913, a similar bill was introduced (and later defeated) in New York, prompting the AMA to make its first of many public stands against PAS (Roberts and Gorman).

Interest in euthanasia was sparked again in the early 1930s, when prominent English physician C. Killick Millard made a widely circulated speech advocating legalized euthanasia (Messenger, 1993). The period between 1920 and 1940 saw a dramatic rise in "mercy killing" legal trials, which further intensified public debate on the issue. Controversy was also ignited by the publication of a provocative story in the London *Daily Mail* in 1935 that was picked up by a variety of United States newspapers. The story, in which an anonymous physician confessed to "mercy killing" five of his patients, unleashed an outpouring of requests by patients for doctors who would help them die, confessions from other doctors who had practiced

euthanasia, and letters from American physicians and medical organizations condemning the practice. The passions fueled by these events led to the founding of the Voluntary Euthanasia Legislation Society in England in 1935, the first organization in the world devoted to legalizing euthanasia (Emanuel, 1994). This organization became the model for the Society for the Right to Die, founded in the United States in 1938.

Prior to World War II, continued failure to pass bills legalizing euthanasia demoralized activists and weakened the campaign to obtain legal and social sanctioning of the practice. But most damaging to the pro-euthanasia movement was the discovery after World War II of Germany's "Euthanasia Programme," used to rid German society of an estimated 200,000 physically and mentally disabled citizens (Roberts and Gorman, p. 11). Although most historians regard Hitler's extermination of physically and mentally disabled citizens as mass murder rather than "euthanasia" (see, e.g., Lifton, 1986; Newman, 1991), Nazi use of the term continues to haunt RTD activists and provide ammunition for euthanasia opponents (Roberts and Gorman). In the decades following the War, euthanasia's image had suffered a blow in the United States--but not a mortal one, according to one historian. In 1945 the Euthanasia Society of America launched a new campaign in New York to make euthanasia legal, a move that attracted the public support of "a committee of 1,776 physicians and 54 Protestant ministers [who] announced that, in their view, voluntary euthanasia was not contrary to the principles of Christianity" (Messinger, 1993, p. 195). Despite the movement's support from additional clergy, however, a proposed

bill to legalize voluntary euthanasia was never introduced into the state legislature. As a result, although the 1940s and 1950s witnessed a surge in patient requests for assisted suicide, it was not until the late 1970s and early 1980s that several high-profile legal cases--most notably *Quinlan*--reactivated the movement to legalize euthanasia.

The Contemporary RTD Movement

Although sympathy for euthanasia existed in the United States and elsewhere long before the advent of medical technology, medicalization has clearly been the driving force behind the modern RTD movement. The series of legal cases that thrust the issue of a "right to die" into the public forum, beginning with the U.S. Supreme Court's landmark 7-0 ruling in the Karen Anne Quinlan case in 1976, arose as a direct reaction against increased use of medical life-extension technologies. Galvanized by the Quinlan case, Americans polled in 1977 expressed a 50 percent approval rating for some form of legalized euthanasia, a figure approaching 75 percent by the late 1990s.[32] There are also indications that Americans are increasingly supportive of PAS. Consider that in 1947, a National Opinion Research Center survey found that only 37 percent of Americans favored legalization of PAS (Pugliese, 1993). According to a 1991 study conducted by the same polling organization, 70 percent of 1,024 respondents answered "yes" and another 5 percent answered "I don't

[32]For example, a November 1993 Harris poll found a 73 percent approval rating for PAS if safeguards were explained (Hall, 1994), and an April 1995 Gallup poll found 75 percent approval for PAS for the "helplessly ill" (Wilkes, 1996).

know" to the question, "When a person has a disease that cannot be cured, do you think doctors should be allowed by law to end the patient's life by some painless means if the patient and his or her family request it?" (Hall, 1994, p. 12). Moreover, despite formal opposition to legalized euthanasia by every major medical organization from the AMA to the American Geriatrics Society, individual *physician* support for it has continued to escalate. Since the late 1980s, an increasing number of highly respected medical ethicists and doctors have publicly endorsed PAS for the "hopelessly ill" (see, e.g., Wanzer et al., 1989; Brody, 1992; and Quill et al., 1992). According to a 1998 survey published in *The Journal of the American Medical Association* (JAMA), more than one-third of the 206 physicians polled said that they would be willing to practice PAS (Sulmasy, 1998). But even more compelling are the results of a survey reported in the *New England Journal of Medicine*, which found that 53 percent of doctors admitted to already having performed PAS by knowingly prescribing lethal drugs to patients requesting death (van Biema, 1997).

Hundreds of thousands of Americans have also joined RTD organizations such as the Hemlock Society, the Euthanasia Society of America, Americans Against Human Suffering, Choice in Dying, and the Euthanasia Research & Guidance Organization (ERGO).[33] The aftermath of Quinlan also saw new RTD organizations spring up in Canada, Western Europe, Australia, and Asia. The largest of these--the

[33]Between 1969 and 1975 membership in the Euthanasia Educational Council swelled from a handful of devotees to 300,000 (Siebold, 1992). The Society for the Right to Die and Concern for Dying merged in 1990 to form Choice in Dying. In 1993, Americans Against Human Suffering became Americans for Death and Dying.

Japan Society for Dying with Dignity--boasts some 75,000 members.[34] In 1997, 38 pro-euthanasia societies spanned the globe, with an estimated following of 750,000.

By far the most controversial--and in many ways influential--RTD organization in this country has been the Hemlock Society, founded by British-born writer Derek Humphry. Although Humphry has traditionally occupied a position on the "radical" fringe of the RTD continuum (a position usurped in the 1990s by Dr. Jack Kevorkian), he has done more than any other RTD leader except Kevorkian to promote public acceptance of a "right to die." Along with founding the Hemlock Society, which claims some 60,000 members and 86 chapters in the United States, he has published three popular books on euthanasia, including *Jean's Way* (later made into the television movie, "Let Me Die Before I Wake"), *The Right to Die: Understanding Euthanasia*, and the best-selling "how-to" book on committing suicide, *Final Exit* (Hoefler and Kamoie, 1994).

Key Legal Developments

While these gains have been impressive, it is in the *legal* arena that the RTD movement has enjoyed its most striking successes. In 1998 it is difficult to imagine that advance directives such as living wills--legal directives spelling out medical preferences in advance of a life-threatening illness or accident--were once considered controversial. In 1975 no state in the United States legally recognized such documents. A decade later, nearly 40 states had passed laws acknowledging them.

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[34]The group was founded in 1976; membership figures are from Derek Humphry's listserve, ERGO's Right To Die Mailing List, April 18, 1997.

Today all 50 states in the United States accept the validity of advance directives, largely as a result of the RTD movement's promotional efforts.[35]

The Karen Ann Quinlan case is, of course, the key legal development in the evolution of acceptance of euthanasia in 20th-century America. Its legal impact was immediate: In the three years following the case, no fewer than 10 states passed some form of passive euthanasia legislation to allow withdrawal of medical treatment (Daar, 1995). Moreover, Quinlan spurred the entry of dozens of RTD cases into the legal system. By 1994, some 100 right-to-die cases had entered the state courts, and 80 percent of all superior state court rulings have cited *Quinlan* as a legal precedent (Hoefler and Kamoie, 1994, pp. 172, 183).

Some of these cases have carved out important legal victories for the RTD movement. In 1986, a California state court became the first in the nation to recognize the right to refuse medical care as "basic and fundamental."[36] Laying the groundwork for this ruling, a New Jersey high court one year earlier had eliminated the distinction between the *removal of a respirator* and *withdrawal of a feeding tube*, a decision effectively mandating hospitals to "starve" patients at patients' or their legal surrogates' request. In addition to these legal landmarks, the United States

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[35]In perhaps the ultimate endorsement of living wills, in 1991 Congress passed the Patient Determination Act, a federal law requiring hospitals to provide information on living wills and other advance directives to all Medicare and Medicaid patients. The Patient Self-Determination Act (PSDA), Pub. L. No. 101-508, 4206, 4751, 104 Stat. 1388-115, 1388-204 (1990).

[36]*Bouvia v. Superior Court*, 179 Cal. App. 3d 1227, 1137, 225 Cal. Rptr. 297 (1986). ("[A] patient has the right to refuse *any* medical treatment, even that which may save or prolong her life.")

Supreme Court--weighing in for the first time on thequestion of an individual's inherent "right" to control the circumstances of death in its 1990 *Cruzan* decision--recognized a limited Constitutional "right to die."[37] In this case, the high Court ruled that mentally competent patients had a constitutional right under the 14th Amendment to refuse medical therapies, including basic life-support systems such as those providing food and water. As a capstone to these achievements, by 1995, nearly 40 states had passed some form of the Uniform Rights of the Terminally Ill Act, codifying into law a patient's right to reject medical treatment even if such action hastens death (Bushong and Balmer, 1995).

The impact of these RTD milestones on medical practices has been profound. In the mid-1990s, hospitals consider "*passive*" euthanasia a *routine* aspect of medical care. A 1989 survey found that up to 90 percent of all critical-care doctors withhold or withdraw medical therapies from their patients. By 1991, *half* of all hospital deaths were found to result from the withholding or withdrawal of medical care (Hall, 1994), and a 1992 study conducted by the American Hospital Association concluded that 70 percent of all deaths each year in the United States are "somehow timed or negotiated," and result from the "withdrawal of some death-delaying technology" (*Playboy*, 1992). But the RTD movement's legal feats have not been limited to winning support for passive forms of euthanasia. In recent years the movement has

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[37]*Cruzan v. Director, Missouri Department of Health*, 497 United States 261 (1990). Despite its acknowledgement of a constitutional right to die, the Court's decision was not considered a complete RTD victory: The court upheld a Missouri lower court ruling that states could--under certain circumstances--overrule patients' and their families refusal of life-sustaining medical care.

made significant headway in its push to legalize active euthanasia--specifically PAS. Passage of Oregon's Death with Dignity Act (DWDA) in 1994--the world's first law legalizing PAS--represents the most dramatic legal example of such progress to date. In the wake of Oregon's success, a dozen states have considered bills to legalize assisted suicide, including Arizona, California, Colorado, Connecticut, Michigan, New York, Wisconsin and Vermont (Gianelli, Nov. 13, 1995).[38] In another extraordinary development, in back-to-back rulings in late 1995 and early 1996, the highest courts in California and New York not only struck down laws prohibiting PAS, but recognized the "right to die" as a Constitutional *guarantee*.[39] Pronouncing these two decisions "a fundamental break with thousands of years of moral and medical tradition," a *New York Times* reporter declared that the conflict over euthanasia "will wield a moral force and have a societal impact that rivals or surpasses that of *Roe v. Wade*" (Wilkes, 1996, p. 24).

In another crucial victory for the RTD movement, in February, 1996, the Ninth Circuit Court of Appeals struck down a Washington state law that made assisted suicide a felony. In *Compassion in Dying, et al. v. State of Washington, et al.*,[40] the court recognized assisted suicide as a legal "right" protected by the United

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[38]As of early 1999, bills to legalize PAS were pending in Hawaii and Maine.

[39]Stressing the significance of these two rulings, University of Michigan law professor Yale Kamisar declared that, "In the past 30 days there have been more developments in this field than there have been in the previous 20 years" (Lemonick, 1996, p. 82).

[40]*Compassion in Dying v. Washington*, 1996 WL 94848, at *37 (9th Cir. March 6, 1996); 49 F.3d 586, 591 (9th Cir. 1995) (reversing district court); 62 F.3d 299 (Aug. 1,1995).

States Constitution, holding that mentally competent, terminally ill individuals have the right to choose "a dignified and humane death" even if that means deciding "how and when to die." Writing for the 8-to-3 majority, Judge Stephen Reinhardt stated, "There is a constitutionally protected liberty interest in determining the time and manner of one's own death" that trumps the state's interests in preserving life. Finally, although the RTD movement suffered a setback in June 1997 when the United States Supreme Court unanimously ruled in a pair of decisions that states may pass statutes banning PAS, the High Court stopped short of denying the existence of a constitutional "right to die."[41] Instead, Chief Justice Rehnquist, in the principal opinion signed by four other Justices, left the door open both for states to pass laws allowing PAS and for recognition of future claims to a constitutional right to doctor-assisted dying. Referring to the question of individuals' constitutional claim to PAS, he wrote, "Our opinion does not absolutely foreclose such a claim" (Greenhouse, 1997, p. A1).

Media Attention to the Euthanasia Debate

The fierceness of the debate waged over euthanasia in the United States--as well as growing media interest in the conflict--suggest this topic as emblematic of enduring cultural concerns and myths (Levi-Strauss, 1966). From the infinite number of potential social issues that erupt onto the public forum, it is those "that can be related to deep mythic themes or broad cultural preoccupations" that compete most

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[41]*Washington v. Glucksberg*, 117 S.Ct. 2258, 138 L.Ed.2d 722 (1997); *Vacco, Attorney General of New York v. Quill*, 117 S.Ct. 2293, 138 L.Ed.2d 834 (1997).

successfully (Hilgartner and Bosk, 1988, p. 71). It may well be that in contemporary societies, stories about what constitutes a "good death," as well as those that explicate the proper role of individuals, families, the medical profession, religion, and the law in the dying process, represent a "charged" discursive domain--a set of topics used in late modern societies to negotiate questions over core values and beliefs (Fox, 1977). Elaborating on the link between charged discourse and cultural values, Inglis (1993) writes that, "certain traces of historical activity, particularly works of art, are fiercely charged up in tight little nodes with human values, where a value simply means a concentration in action or artifact of human significance and preciousness" (p. 5).

It is no coincidence that both euthanasia and abortion--issues Dworkin (1993, p. 4) refers to as the American version of the violent religious civil wars that plagued Europe during the 17th-century--center on questions of life, death, medical technology, and morality. In crucial ways, the euthanasia debate is similar to the debate over abortion. Like reproductive rights, the symbolic struggle over euthanasia is rooted in subterranean beliefs and values that burrow deep into the cultural unconscious. Beneath the veneer of the dueling catchphrases "death with dignity" and "sanctity of life" lurks the centuries-old clash of science and religion, questions about the rights of the collective versus the individual, and issues concerning the proper role of the state and medical authorities in regulating personal decisions about life and death. Like abortion, then, the euthanasia debate exposes a fundamental faultline in American society over tradition versus change and religious fealty versus self-determination.

The fact that the euthanasia controversy functions symbolically--for example, the news media may use it to articulate public morality or to point to deep-seated cultural rifts and contradictions in American society--in no way diminishes its very real potential impact on particular individuals and groups. Whereas the conflict over abortion is played out metaphorically on the bodies of women (Grindstaff, 1994), the debate over euthanasia is enacted on the bodies of the aged, terminally ill, and severely disabled--all of whom have a high stake in its outcome. Most euthanasia cases are elderly, a group distinguished in American society by its lower-than-average status, income, and educational levels. Women also comprise a significant majority of euthanasia cases, leading one observer to conclude that, "the debate over P.A.S. exposes a number of harmful practices against women" (Keenen, 1998, p. 14). These troubling facts, coupled with increasing pressures to cut medical and social security costs for the elderly and disabled, has fueled concern that legalized euthanasia will be used to purge society of its non-productive and aged. According to sociologists who study aging, this concern may not be unwarranted. As Heffernan and Maynard (1976, p. 74) observe,

> It is [an] irony of modern civilization that the more highly industrialized and affluent a society becomes, the more readily and completely it tends to 'discard' its older people; or, as Cowgill has expressed it, 'modernization tends to decrease the relative status of the aged and to undermine their security within the social system.'

Such reasoning helps shed light on why the euthanasia battle has been joined by religious leaders and medical ethicists, along with movement activists, politicians, and "moral entrepreneurs" who exploit social problems to garner public attention and

support for their agendas (Becker, 1963). It also partially explains both America's preoccupation with euthanasia and why, in the national press, coverage of euthanasia has steadily escalated over the past several decades. In 1975, the year the parents of coma victim Karen Ann Quinlan commenced their lengthy legal battle to remove their daughter from life support, *The Readers' Guide to Periodicals* lists only nine magazine articles published on euthanasia.[42] In 1996, a search of the Lexis-Nexis database for that year produced more than 6,000 hits (in the newspaper index alone).[43] Broadcast news programs and documentaries on euthanasia have also proliferated since Quinlan.

Media coverage of euthanasia intensified in 1988 with the publication of "It's Over, Debbie," in the *Journal of the American Medical Association* (JAMA). Shocking both members of the public and the medical community, the article documented a self-described "mercy killing" by an anonymous physician working as a resident at the hospital where the act took place. The article detailed his injection of a lethal drug into to a cancer patient whom he did not know personally and had never previously treated. In severe pain, the patient had reportedly said, "Let's get this over with," which the doctor interpreted as a plea to end her life. Because the anonymous resident acted without consulting the patient's physician, his behavior was the focus of widespread attention in the medical community and national news media. But perhaps

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[42]Keywords used included "euthanasia, "mercy-killing," and "right to die."

[43]Keywords used were "euthanasia," "right to die," "assisted suicide," and "mercy killing."

the most significant consequence of this article was its signal of the willingness of a leading medical journal and "gatekeeper" for the medical profession to discuss PAS openly and honestly (Newman, 1991, p. 153).

Following the publication of this article, the euthanasia debate attracted increasing media attention. But in the 1990s, two other forces have primarily been responsible for keeping the issue of euthanasia and assisted suicide in the media spotlight: retired Michigan pathologist and RTD advocate Jack Kevorkian and a series of ballot initiatives introduced in several states to legalize PAS. Kevorkian, dubbed "Dr. Death" by the news media, used his "suicide machine" for the first time on June 4, 1990 to assist in the suicide of Janet Adkins, a 54-year-old from Portland, Oregon diagnosed with Alzheimer's disease. Since this incident, Kevorkian launched a direct assault on the medical establishment and on Michigan law by helping dozens of individuals commit suicide. By the time Kevorkian was finally convicted of murder in 1999 after CBS' "60 Minutes" broadcast a videotape of him injecting Thomas Youk with a lethal drug, he claimed to have assisted in 130 suicides (Belluck, 1999, p. A1). Before this conviction, he was acquitted in three highly publicized murder trials.

Public concern over end-of-life questions is also reflected by the thousands of euthanasia and other death-and-dying publications released since the late 1960s (Maloney, 1983).[44] RTD movement leaders have contributed to this trend themselves

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[44]A sample of recent euthanasia titles includes: Carlos F. Gomez's 1991, *Regulating Death: Euthanasia and the Case of the Netherlands*; Henry R. Glick's 1992, *The Right to Die: Policy Innovation and Its Consequences*; Ronald Dworkin's 1993, *Life's Dominion: An Argument about Abortion, Euthanasia, and Individual Freedom*; Melvin Urofisky's 1993, *Letting Go: Death, Dying, and the Law*; James M. Hoetler and Brian

by producing several best-selling books promoting euthanasia--most notably, *Final Exit*, Derek Humphry's 1991 best-selling "how-to" suicide manual.[45] As a further indication of the popularity of such publications, a major book wholesaler reported in April 1997 that *three* of its top 10 most-requested titles dealt with right-to-die issues.[46]

Cultural interest in euthanasia has even spawned its own film genre. Hollywood began exploring the topic of "mercy killing" as early as 1939 in the film, "Dark Victory," starring Bette Davis as a dying socialite whose doctor helps her commit suicide. More recent examples include: "Murder or Mercy?" (1974); "The End" (1978), "Promises in the Dark" (1979), "Act of Love" (1980), "Whose Life is it Anyway?" (1981), "Right of Way" (1983), "The Ultimate Solution of Grace Quigley (1985), and "New Age" (1994). The plethora of made-for-television movies devoted to assisted suicide also testifies to the topic's increasing cultural import. Between 1987 and 1995, at least five movies dramatizing "right-to-die" issues aired on network

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E. Camole's 1994, *Deathright: Culture, Medicine, Politics, and the Right to Die*; Jonathan D. Morena's (Ed.) 1995, *Arguing Euthanasia: The Controversy Over Mercy Killing, Assisted Suicide, and the "Right to Die"*; Herbert Hendin, M.D.'s 1995, *Suicide in America*; and Gerald Larue's 1996, *Playing God: 50 Religions' Views of Your Right to Die*.

[45]*Final Exit* was on *The New York Times* best-seller list for 18 weeks in 1991 and sold 600,000 copies in 1991 and 1992 alone. According to Derek Humphry (personal correspondence, May 23, 1997), over 1 million copies of the book have sold worldwide to date, and it continues to sell at a rate of about 1,000 copies per month in North America. A second best-selling nonfiction book on euthanasia was Betty Rollin's, *Last Wish*, later made into a television movie.

[46]The top euthanasia titles reported by the Ingram Book Group include: *Final Exit: The Practicalities of Self-Deliverance and Assisted Suicide for the Dying*, by Derek Humphry; *Denial of the Soul: Spiritual and Medical Perspectives on Euthanasia*, by M. Scott Peck; and *Life Support: Three Nurses on the Front Lines*, by Suzanne Gordon. Source: the Ingram Book Group's web site (http://www.ingrambook.com), May 2, 1997.

television, including "When the Time Comes" (ABC, 1987); "Murder or Mercy?" (NBC, 1987); "The Right to Die" (NBC, 1987); "Last Wish" (ABC, 1992); and "The Switch" (CBS, 1995).

The burgeoning mass media attention to the euthanasia issue during the last quarter of the 20th century is significant for a number of reasons. First, as discussed earlier, the intensity of the media "gaze" upon the topic suggests something about its growing cultural currency. More specifically, the outcome of the debate has serious ramifications for American elderly and their families, along with all other members of society. Second, media coverage of euthanasia and the RTD movement is of interest to social movement scholars and cultural analysts seeking insights into cultural change and the mass media's involvement in social-change processes. And third, as an example of "language use as social practice" (Fairclough, 1995, p. 54), media stories about euthanasia offer insights on the dialectical relationship between media discourse, collective knowledge, and social action.

CHAPTER IV

CONCEPTUAL FRAMEWORK AND LITERATURE REVIEW

> In short, given the given, not everything else follows. Common sense is not what the mind cleared of cant spontaneously apprehends; it is what the mind filled with presuppositions...concludes (Geertz, 1983, p. 84).

Although--as Chapter 3 shows--the movement to legalize euthanasia has deep historical roots, the right-to-die crusade that emerged in the mid 1970s in the United States bore little resemblance to its predecessors. Galvanized by the Quinlan case,[1] this re-energized pro-euthanasia movement was propelled into the public forum by a series of legal cases from which the courts ultimately fashioned a nascent "right-to-die" doctrine from patient-rights and privacy case law (Mordarski, 1995).[2] It is interesting to note that the medical establishment initially argued in court *against* the right of the dying or their families to withdraw life-support systems or refuse medical treatments.[3] Gradually, however, organized medicine not only abandoned its opposition to passive euthanasia, but began to embrace it: In 1998, two decades after

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[1]*In re Quinlan*, 355 A.2d 647 (N.J.), cert. denied.

[2]See, e.g., *Bouvia v. Superior Court*, 225 Cal. Rptr. 297 (Ct. App. 1986); *Bartling v. Glendale Adventist Medical Center*, 229 Cal. Rptr. 360 (Ct. App. 1986); *Gray v. Romeo*, 697 F. Supp. 588 (D.R.I. 1988); In re *Jobes*, 529 A.2d 434 (N.J. 1987); *In re Conroy,* 486 A.2d 1209 (N.J. 1885); *In re Storer*, 420 N.E.2d 64 (N.Y.), cert. denied, *Storer v. Storer,* 454 U.S. 858 (1981).

[3]It is even more interesting in view of American physicians' historical support for such controversial social-engineering practices as mandatory sterilization and euthanasia. According to historians, the American medical establishment actively supported the goals of the eugenics movement in the 19th century, including the legalization of involuntary sterilization of criminals, the mentally ill, and members of the "most dangerous and hurtful class[es]" (Conrad and Schneider, 1992, pp. 12-13).

the Quinlan case, physicians almost uniformly advocate withholding or withdrawing life-support therapies from terminally ill patients at patients' or their families' request, and a growing percentage support physician-assisted suicide (PAS) (*Ibid.*). Moreover, public opinion has tracked an even more dramatic course: Depending on the poll cited, between 50 and 75 percent of Americans now view euthanasia--including PAS--as an acceptable end-of-life choice.

These remarkable developments raise several critical questions, among the most pressing of which concern the *news media's role* in shifting social attitudes about euthanasia. Specifically, how have the news media framed the euthanasia debate in the roughly 20-year span between the United States Supreme Court's *Quinlan* ruling in 1976 and its ruling in 1997 that upheld two state laws prohibiting PAS on the basis that no fundamental constitutional "right to die" exists?[4] Questions about how the media represent significant events and issues are increasingly important in modern, mass-mediated societies. Used by the mass media to "construct" the social world in meaningful ways, *media representations* penetrate virtually every facet of human experience. Stored and circulated in a vast array of cultural products--including film, television programs, talk-radio shows, and news reports--language and other symbols distributed in the media articulate, reinforce, and promote the shared beliefs and "common sense" understandings that construct and cohere cultures (Moscovici, 1984; Gamson, 1988; Hall, 1977).

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[4]*Washington v. Glucksberg*, 117 S.Ct. 2258, 138 L.Ed.2d 722 (1997); *Vacco, Attorney General of New York v. Quill*, 117 S.Ct. 2293, 138 L.Ed.2d 834 (1997). (This was a combined ruling by the Supreme Court on two lower-court decisions.)

With the aim of unveiling some of "the social constructions that allow people to make sense of the world" (Jalbert, 1995, p. 8), this research explores national news print coverage of the euthanasia debate. Inspired by what one scholar refers to as "the phenomenon of the idea," the study is broadly concerned with the process through which ideas--and in this case socially and legally sanctioned euthanasia--come into being and attain cultural currency (Kral, 1994, p. 245). While death itself exceeds the boundaries of cultural negotiation, "all types of events leading up to and involved with the process of dying" are susceptible to shifting culturally conditioned definitions and meanings (Giddens, 1991, p. 62).

More specifically, this project considers how the debate over legalized euthanasia has been "framed"--or organized cognitively to support specific interpretations and perceptions--during the roughly 20 years separating the United States Supreme Court's two "right-to-die" (RTD) rulings. The most important task of framing analysis is to identify the "codes of emphasis, interpretation and presentation" used by the news media to convey to the American public information about important social issues such as the debate over legalized euthanasia (O'Sullivan et al., 1994, p. 281). Framing analysis also provides potential insights into the cultural values and definitions invoked by journalists to promote particular notions of a *"good death"* in contemporary America.

A related objective of the analysis is to probe the complex dynamic between the news media, social movements, and social change. If, as Gurevitch and Levy (1985) assert, the news media serve as "a site on which various social groups,

institutions, and ideologies struggle over the definition and construction of social reality" (p. 19), the battle is joined fundamentally over news *frames*. As the most efficient means of encapsulating and disseminating ideology, news media frames are a critical feature of the "symbolic contest" social movement activists wage over competing definitions and interpretations of social problems and issues (Gamson, 1992, p. 67). "Frames provide meaning," Wolfsfeld (1993) writes, "and the struggle over media frames is central to every political conflict where each side is attempting to promote its own world view" (pp. xiv, xx).

Social movements and activists are an interesting focus for research because, as Johnston and Klandermans (1995) note, "movements arise out of what is culturally given, but at the same time they are a fundamental source of cultural change" (p. 5). Because social movements tend to emerge from the "cracks and fissures of the dominant culture" (*Ibid.*), it is useful to explore contradictions that erupt through the surface of news discourse. The supposition here, derived from the work of Derrida and other deconstructionists, is that subtle, internal contradictions in news stories reveal "how we are led by the text into accepting the assumptions it contains" (Burr, 1995, p. 165). Exploring such areas of contradiction or tension in euthanasia news stories also adds to scholarly understanding of the news media's *conservative* versus *transformative* tendencies (O'Sullivan et al., 1994).

Theoretical Framework

To investigate shifts and patterns in news media representations of euthanasia from the mid-1970s to mid-1990s, this study draws on three distinct yet compatible

theoretical and research strands: (1) *a cultural* studies approach that views the news media as a symbolic system that both structures and is structured by society (Hall, 1977, 1990); (2) *social constructionist* theory, which supports the cultural perspective by stressing the news media's role in the production and maintenance of social reality; and, most important, (3) *framing theory*, which seeks to elucidate the media's role in the social construction of reality by wedding journalists' specific *language* selections to larger cultural values, beliefs, and practices. Discussion of these three conceptual and analytical frameworks, along with a review of relevant framing research, comprise the focus of this chapter.

A Cultural Approach to News Analysis

Just as news media analysis is crucial to any comprehensive investigation of culture in modern societies (see, e.g., McLuhan, 1964; Williams, 1961), so also is the concept of *culture* fundamental to analysis of the news media. Implicit in James Carey's (1986, p. 194) observation that, "American journalism is deeply embedded in American culture" is the recognition that cultural assumptions, beliefs, and values are profoundly textured into what we call "the news." News, after all, "is produced by people who operate, often unwittingly, within a cultural system--the reservoir of stored cultural meanings and patterns of discourse" (Schudson, 1995, p. 14).

One indication of the interconnectedness of *news* and *culture* is found in their overlapping definitions. Anthropologist Clifford Geertz conceptualizes culture as "the publicly available symbolic forms through which people experience and express meaning"--a definition that also captures the essential characteristics and functions of

news (Geertz, cited in Swidler, 1986). In Durkheimian (1973) terms, "news" is a system of "collective representations" containing everything from cultural symbols and myths to cherished American values and ideographs like "liberty," "human rights," and "choice."[5] Hence, Swidler's (1986) definition of culture as a "'tool kit' of rituals symbols, stories, and world-views" used by individuals as a basis for action is also applicable to "news."

These examples of similarities between "culture" and "news" highlight the news media's function in American society as a major institution of cultural enactment. That is, the news represents a site where both *novel* cultural meanings are generated and *existing* cultural understandings are reproduced. Among the myriad ways in which news journalists "enact" culture is by invoking widely recognized and shared *values*, *myths, catchphrases, referent images, metaphors, artifacts, rituals, ideographs*, and *symbols*. As a result, a chief means through which cultural researchers attempt to identify instances of meaning-making in the news is by mapping out the "signature elements" of culture that operate in and through news discourse (Gamson and Modigliani, 1989; see, also, e.g., Gerbner, 1964; Glasgow University Media Group, 1976; Hall, 1977; Gans, 1979; Carey, 1986; Schudson, 1979).

Cherished American values and myths are vital components in the lexicon of

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[5]McGee (1980) defines ideographs as "the basic structural elements, the building blocks, of ideology" (pp. 7-8). Similarly, Condit (1987) describes them as "abstract value terms that serve as powerful normative warrants for public behavior" (p. 4). Examples of ideographs include "individualism," "liberty," "rights," and "economic opportunity."

symbols used by reporters on a daily basis to explain and interpret newsworthy events and issues. The use of these familiar and widely accepted "truths" or "commonsensical" understandings in news stories not only imbues social issues such as the euthanasia debate with credibility, familiarity, and shared meanings, but functions persuasively (read: ideologically). The ideological function of news is illustrated by Fairclough's (1995) finding that news reports "prime" the public to respond to political and social issues as *spectators* rather than engaged *citizens* (p. 13). Likewise, Fiske (1987) concludes that the news media's repetitive use of war and sports metaphors to frame political events and issues "makes it less likely that people will seriously question" the political process (p. 291).

As these examples illustrate, much of the news media's potency as agents of social change rests in their power to attach *meanings* to human experience, to *name* things, to explicate "the way things are" (Carey, 1983). It is this license to label and interpret, more than any other function, that explains the news media's pervasive cultural influence. Although audiences may remain unaware of the news media's influence--a phenomenon Hall (1976) calls "the cultural unconscious"--news messages condition virtually every aspect of personal and cultural experience. Some of the cultural functions of news are elaborated in this passage:

> The news strengthens common understandings that hold a heterogeneous and sometimes explosive society together. The news tells us 'where' we are in the world. The news reinforces and teaches us central understandings of 'when' we are--how to understand a life, how to understand the lifetime of modern society. The news reinforces certain understandings of what authorities to defer to, what events to treat respectfully, what groups and topics to regard as trivial, what kinds of explanations to seek out...[T]he news media provide so much

> of our information about what lies beyond our ken, and at the same time offer unspoken guidelines about how to read that information, how to absorb it, how to take it into our lives.... (Manoff and Schudson, 1986, p. 8)

It is its sweeping influence that makes the news such fertile ground for cultural investigation. A cultural approach to news discourse--one that "finds symbolic determinants of news in the relations between ideas and symbols"--offers unique advantages to researchers interested in the news media's role and impact in society (Schudson, 1989, p. 275). First, it allows inferences to be drawn about the ways in which news discourse constructs public understandings and represents dominant ideologies as common-sense or everyday reality (Hall, 1979). Second, a cultural perspective adds to knowledge of the complex involvement of the news media in cultural change processes. Third, a cultural perspective provides insights on the various types of *cultural work* carried out by the news media, such as the manufacture of consent or the articulation and ordering of public morality (See, e.g., Chomsky and Herman, 1988; Ericson, et al., 1991). And finally, a cultural approach to news helps reveal prevailing cultural patterns and traits. As Fairclough (1995) argues, it is important to seek answers "about whether and to what extent the media, in the ways in which they construct audience and reporter identities, operate as an agency for projecting cultural values--individualism, entrepreneurialism, consumerism--*and whose values these might be*" (p. 126).

Social Constructivist Approach to News

Constructionist theories, which serve as an important basis for both the

cultural approach and the framing perspective, stress the news media's role in the "construction"--or the articulation and manufacturing--of social reality. As advanced by Berger and Luckmann (1967), the construction of social reality theory assumes that: (1) reality in and of itself is ultimately unknowable; and (2) what we call "reality" is not *a priori* "fact," but the constantly shifting product of *cultural consensus*. Hence, "reality," to the extent that it can be said to exist, is multi-layered, mutable, and sensitive to specific cultural contexts and orientations.

Significantly, in terms of this study, social constructivist theories view all human perceptions of reality as *mediated* in some way. As Hall's (1982) phrase, "The world has to be *made to mean*," suggests, language--and particularly mass media discourse--plays a dominant role in the construction of social reality. While stopping short of declaring that the media actually *produce* reality, social constructionists regard media messages as instrumental in creating the "sense of the real" from which social relationships, beliefs, interpretations, and actions come into being (Fiske, 1994, p. 4). The news media not only spotlight specific problems and issues, but *frame* or interpret these phenomena for the public (Ettema, 1990). From a constructionist point of view, it is impossible for journalists to reproduce events and issues for the public without first sifting them through a host of sociocultural influences. Journalists encase "the facts" in concrete symbols representing abstract concepts, values, ideologies, and myths (Swidler, 1986). As a result their observations and interpretations are necessarily filtered through "the cultural air we breathe, the whole ideological atmosphere of our society, which tells us that some things can be said and others had

best not be said" (Bennett, 1982, p. 303).

Since the 1950s, mass media scholars from a broad spectrum of backgrounds have challenged the view that the news simply *reflects* social reality by systematically cataloguing the variety of ways in which sociocultural and ideational forces shape news content. By viewing social problems and events as *natural* and *taken-for-granted* rather than *cultural* and *ideological*, the mirror theory of news influence severs these phenomena from their historic and sociocultural antecedents. At the same time, it incorrectly situates journalists outside the mélange of values and beliefs that comprise culture and color perception. Scholars working from the sociology-of-news tradition have documented how gatekeepers, newsroom routines and news beats, reporter-source relations, news values, narrative style, and other institutional and structural factors condition news content (See, e.g. White, 1950; Breed, 1955; Epstein, 1973; Sigal, 1973; Molotch and Lester, 1974; Tuchman 1978; Schudson, 1978; Gans, 1979, Fishman, 1980).

Framing Theory

Like all cultural experiences, death and dying are attended by a "relevant public discourse"-- that is, "a particular set of ideas and symbols that are used in the process of constructing meaning" (Gamson, 1988, p. 165). Of all the ideational and symbolic forms used to represent reality, *language* is the most critical. Aside from facilitating human interaction and cohering individuals into communities, language "enables the manufacture and maintenance of history and culture" (De Fleur and Ball-Rokeach, 1983, p. 21). Drawing on widely recognized cultural symbols and ideas,

news stories play a major role in establishing, reaffirming and reproducing culture. Hence, a central goal of researching news from a cultural perspective is to unravel the complex cultural threads linking culture and news language (Schudson, 1989).

A particularly useful approach to this task is through *framing theory* and *analysis*. Framing is one of the few theoretical perspectives available to mass media scholars that approaches news as a cultural resource used by audiences to constitute social reality (see, e.g., Tuchman, 1978; Gans, 1979; Fishman 1980; Edelman, 1988). An important tenet of framing theory is that language is not only a mechanism for *naming* or *labeling* social phenomena, but for *creating, shaping,* and eliciting *responses* to these phenomena (Donati, 1992). In this view, even social *problems*--such as the euthanasia conflict --are seen as products of cultural consensus. As Edelman (1988) writes,

> Problems come into discourse and therefore into existence as reinforcements of ideologies, not simply because they are there or because they are important for well-being....They constitute people as subjects with particular kinds of aspirations, self-concepts, and fears, and they create beliefs about he relative importance of events and objects (p. 12).

Hence, the debate over euthanasia, as well as the events surrounding it (such as Dr. Jack Kevorkian's serial assisted suicides) can only be understood within a cultural context that recognizes the role of journalists' own socially conditioned perceptions, prejudices, and agendas in news production (Fiske, 1987; Fairclough, 1995). Moreover, the language, images, and other symbols used to articulate euthanasia are incomprehensible apart from the larger *frame*--consisting of shared myths, values, attitudes, and beliefs--journalists and their sources use to construct and contain them.

The terms "frame" and "frame analysis" are most closely associated with the work of sociologist Erving Goffman (1974),[1] who became interested in the use of the unspoken, largely taken-for-granted symbolic devices or "rules" that govern human interactions. Referring to these communication devices as "frames," he theorized that they "locate, perceive, identify, and label" experience (pp. 10-11). Similar to a stoplight that restrains and governs traffic, frames "govern events--at least social ones --and our subjective involvement in them." They structure human interaction by asking, "What is going on here?" and by providing interpretations, definitions, or explanations (*Ibid.*). As this infers, frames carry out the basic *cognitive* functions of organizing information and orienting perception.

Goffman's influential book, *Frame Analysis*, led to application of the concept in a broad spectrum of fields, including sociology (Goffman, 1974; Hymes, 1974), linguistics (Tannen, 1993), the field of artificial intelligence (Minsky, 1973), social psychology (Kahneman and Tversky, 1984; Iyengar, 1991; Kinder and Sanders, 1990), and anthropology (see, e.g., Frake, 1977). While its wide-ranging use provides evidence of heuristic fertility, it also corresponds to problems in the way the framing hypothesis has been defined and conceptualized. Each field has borrowed bits and pieces of the central idea of framing and crafted different terms and constructs to describe it. Hence, psychologists have used the terms "script" and schema"; sociologists and anthropologists have used both the terms "frame" and

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[1]Goffman's ideas on framing were heavily influenced by those of phenomenologist Alfred Schutz (1962), who observed that individuals "preselect and preinterpret this world, which they experience as the reality of their daily lives."

"categorization"; and linguists have coined the awkward term, "scene-and-frame" to refer to framing phenomena (Tannen, 1993, pp. 14-18). Despite the confusion created by this diversity of uses and labels (see, e.g., Entman 1993), the various approaches to framing share the fundamental notion of a frame as "an interpretive schemata that simplifies and condenses the 'world out there' by selectively highlighting certain information" (Snow and Benford, 1992, p. 137).

Applied to *news*, framing theory suggests that the influence of news frames does not so much result from specific statements meant to convince audiences to adopt a particular viewpoint, but from the "persistent patterns of cognition, interpretation, and presentation, of selection, emphasis, and exclusion, by which symbol-handlers routinely organize discourse, whether verbal or visual" (Gitlin, 1977, p. 7). For example, newsworkers use frames to provide audiences with cues not only about the *salience* of events and issues, but about how to decipher and categorize their *meaning*. An important component of these framing structures is that they are largely invisible to news audiences.

To grasp more fully how framing theory applies to news, it is essential to understand the utility of frames as an organizational tool used by journalists and editors to *compress and synthesize* copious amounts of complex and often contradictory data. As Wolfsfeld (1993) points out, "Just as ordinary citizens depend on existing frames to speed the processing of information, so journalists must use an established set of organizing rules and routines to sift through an otherwise meaningless collection of facts" (p. xiii). Since the penny press era of the mid-19th

century, when news organizations began attracting mass audiences by providing them with highly structured, pre-packaged news designed for broad and rapid consumption, *simplicity* has been critical to the news industry's commercial success. Without drawing on the repertoire of widely circulated cultural "frames" or "common-sense" understandings to categorize and codify complex information, media workers would be unable to communicate complex material in a form sufficiently simple for public consumption. Yet in the process of simplifying and compressing information by placing it into widely recognized and accepted "frames," journalists--albeit subconsciously and unintentionally--transform language from "an instrument for *describing* reality to that of an instrument for *defining* reality" (Donati, 1992, p. 141, emphasis added).

A chief means by which news frames define social reality is by helping audiences cognitively process and organize *new* or *unfamiliar* social data into pre-existing cultural "scripts." By connecting *memory* and past *associations* with *new* events and issues, news frames build bridges between the uncommon and the everyday, the known and the unknown, the prosaic and the peculiar. Frames frequently accomplish this is by directing individuals to "imagine the new in terms of the old" (Covert, 1992). After all, as Donati (1992) points out, "Cognition is nothing more than re-cognition, and people make sense of things by 're-cognizing' them as elements of a meaningfully ordered world. The consequence, in a sense, is that nothing can be perceived which is not known already." (p. 141).

A comparison of three hypothetical cases of news framing of the Bosnian

conflict offers guidance on how news frames draw on pre-existing scripts, memories, and associations to help audiences arrive at specific interpretations and understandings of novel social situations. The first news reporter writing a story on a U.S. government plan to send troops to Bosnia--a geographical nonentity to most Americans prior to the 1990s--might choose to frame the Bosnian conflict as *"another Vietnam."* By constructing a cognitive link between "Bosnia" and "Vietnam," this frame would likely invoke public memories of the high costs of American involvement in Vietnam, thereby engendering a strong, *negative* public reaction to deployment of American troops. In contrast, a second reporter writing on the proposed deployment--but this time emphasizing "ethnic cleansing" or other Serb "atrocities"--might choose to frame the conflict as "*another Holocaust.*" Logic suggests that this frame would elicit an entirely different set of cultural recollections (tied to Nazi persecution of Jews during World War II) than the first story--leading, in turn, to a more favorable response to the proposed troop deployment to Bosnia. Finally, a reporter writing a third story might frame the proposed troop deployment in the context of the *ancient* roots of the Bosnian war--the centuries-old ethnic enmity between Croats and Serbs. Presenting the story within this *"ancient ethnic hatreds"* frame would tend to suggest the *futility* of American intervention: Why should we become involved in a long-festering, ideosyncratic, and incomprehensible rivalry between Muslim and Catholic neighbors on the other side of the world? According to *New York Times* reporter, Roger Cohen, in his book, *Hearts Grown Brutal: Sagas of Sarajevo* (1998), the "ancient ethnic hatreds" frame has dominated U.S. press

coverage of the Bosnian conflict. By lending "an air of justifiability to a policy approach of hesitancy, inaction and denial--that had already been adopted for other reasons," this frame was convenient for Western policymakers who wished to ignore mounting evidence of concentration camps, massacres, and other acts of brutality carried out openly on the world stage (Malcolm 1998, p. B6).

Because frames such as these are generally unaccompanied by *counterframes*--frames with an opposite or clearly distinguishable ideological message--their impact on American foreign policy and public opinion is thought to be all the more potent. Moreover, this influence is intensified by the American public's general lack of direct interest in, experience, or knowledge of foreign affairs. Research on the impact of news frames suggests that the more *unfamiliar* an event or problem framed in the news, the *greater* the frame's power to guide perceptions about its salience and appropriate policy reactions to it (see, e.g., Zucker, 1978; Iyengar and Kinder, 1987).

The notion that audiences embue certain frames with more credibility than others highlights the concept of *"frame resonance."*[2] Frame resonance, as hypothesized by Gamson and colleagues (1987, 1989), suggests that the most influential news frames possess the capacity to "resonate with larger cultural themes" (1989, p. 6) or "strike a chord" with prevailing cultural perceptions, experiences, and myths (Snow et al., 1986; Snow and Benford 1988). Certain frames are more

[2]The terms "cultural resonance" (Gamson and Modigliani, 1989) and "narrative fidelity" (Fisher, 1984) are sometimes used in place of "frame resonance."

powerful than others because they "resonate with cultural narrations, that is, with the stories, myths, and folk tales that are part and parcel of one's cultural heritage" (Snow and Benford, 1988, p. 210). For example, after finding that the "Reverse Discrimination" frame dominated news coverage of affirmative action in the 1970s, Gamson and Modigliani (1987) hypothesized that this frame succeeded because "it had strong positive resonances with larger cultural themes of self-reliance and individualism, and used antiracist and quality symbolism to neutralize the favorable resonances of its major competitor [remedial action]" (p. 170). Researchers have also found the "Technological Progress" frame to have high frame resonance in 20th-century America, a culture that places particular value on "adaptability, technological innovation, economic expansion, up-to-dateness, practicality, expediency, [and] getting things done" (Gamson and Modigliani, 1987, p. 5). For this reason, the "progress" frame has been used by journalists to represent a variety of social phenomena to the American public, from nuclear energy to the Internet.

Theoretically at least, the greater the resonance of a given frame, the more expansive its power to shape audience interpretations, evaluations, and reactions to social phenomena. Schudson (1989) argues that the media (as a power system) "cannot successfully impose culture on people unless the political symbolism they choose connects to underlying native traditions" (p. 167). As he points out, the power to choose or reject cultural objects or frames is constrained by cultural traditions over which individuals have little or no control. As he writes,

> [T]he uses to which an audience puts a cultural object are not necessarily personal or idiosyncratic...[but rather] are socially and

> culturally constituted. What is 'resonant' is not a matter of how 'culture' connects to individual 'interests' but a matter of how *culture connects to interests that are themselves constituted in a cultural frame* (p. 169, italics added).

For example, scholars argue that it is not accidental that writers like Homer and Hawthorne are part of our classical canon. These writers are, as one researcher notes, "repeatedly cited and recited, translated, taught and imitated, and thoroughly enmeshed in the network of intertextuality that continuously *constitutes* the high culture of the orthodoxly educated population of the West...." (Smith, 1984, p. 35, cited in Schudson, p. 169, footnote 1).

To further explicate the concept of "frame resonance," it is useful to consider an additional example from a television interview on the July 17, 1998 "Charlie Rose" talk show aired on PBS. During this interview, which focused on the Asian economic crisis of 1998, a financial authority used what might be called a "recalcitrant child" frame to organize and marshall support for his position that the United States should *not* rescue Japan, Indonesia, and other Asian nations in the midst of a banking collapse with infusions of financial aid. Comparing the Asian nations involved in the banking crisis to "children" in need of "discipline," the banking expert claimed that by bailing them out, the United States would ultimately hurt their future prosperity by denying them the chance to learn important economic lessons that they had failed to grasp in the past. According to the frame-resonance hypothesis, this "recalcitrant child" frame would likely mesh well (or "resonate") with received parental wisdom in American culture that children need discipline "for their own good."

As Schudson (1989) notes, a particular frame becomes resonant or powerful when its symbols possess an "aura" that gives them the edge over alternative symbols. This aura, he writes, "generates its own power and what might originally have been a very modest advantage ...becomes, with the accumulation of the aura of tradition over time, a major feature" (p. 169). To the degree that the recalcitrant-child frame described above aligns with widely circulated cultural myths and beliefs in American culture, it may be said to possess such an "aura." In addition to its seeming compatibility with prevailing American "common-sense" understandings about the rewards of discipline, the frame draws additional persuasive force from the absence of *alternative* frames that might have been used to interpret and suggest policy responses to the Asian economic crisis. Adding still further to the frame's potency is the likelihood that few, if any, of Charlie Rose's viewers possessed direct experience or knowledge of global banking or of Asia's role in the world economy.

Framing Literature Review

Perhaps the most striking characteristic of research on news media coverage of death and dying--and on the euthanasia debate in particular--is how little of it exists. Only one previous study has investigated news framing of euthanasia--a study by Kalwinsky (1998) that focuses on coverage in a single newspaper (*The New York Times)* and ignores news stories published prior to the entry of Jack Kevorkian into the debate.

While a dearth of research exists on news coverage of euthanasia per se, however, an abundance of scholarly literature proves relevant to the present study.

Among the most important of these research threads include: (1) *theoretical* works on framing that provide insights on the links between news language and the larger culture in which news stories are embedded; (2) framing studies focusing on the *ideological* function of news frames, as well as the interplay of news and *cultural values*; and (3) research exploring news media framing of controversial *social movements* and *issues*. These latter studies are useful not only in providing guidance on the technical aspects of framing analysis (e.g., how to identify and interpret frames), but in articulating the links between news media frames and social change. Finally, to supplement these three main bodies of literature, this research draws on studies exploring news coverage of health issues and of death and dying generally.

Theoretical Works on Framing

Applied to news discourse, framing theory posits that journalists use frames to establish the boundaries of policy debate on major social issues by establishing not only *which* events and issues deserve attention, but by setting up the *criteria* by which audiences evaluate and interpret social phenomena. Among the most significant theoretical contributions to news media framing have been those of Gamson and colleagues (1983, 1989). Invaluable to the present study are Gamson and Lasch's (1983) identification of the five "symbolic devices" and three "reasoning devices" that signal the presence of frames.[3] This analysis is also aided by Gamson and

[3]"The five framing devices are: (1) metaphors, (2) exemplars (that is, historical examples from which lessons are drawn), (3) catchphrases, (4) depictions, and (5) visual images (e.g., icons). The three reasoning devices are (1) roots (that is, a causal analysis), (2) consequences (that is, a particular type of effect), and (3) appeals to

Modigliani's (1989) conceptualization of news frames as the core of "interpretive packages"--clusters of harmonious ideas about an issue within news stories that create meaning, organize reality, and imply appropriate responses. Every public debate or issue is presented in the news as a "package" that performs "the task of constructing meaning over time, incorporating new events" into the overall story frame in a seamless, plausible, and consistent manner (*Ibid.*, p. 4). Although core frames within an issue packages like "euthanasia" guide news audiences' interpretations and reactions, they do so by presenting a "range of positions" that allow for conflict rather than carrying a single, ideological message or meaning. As Gamson and colleagues note,

> differences between (say) Republicans and Democrats or 'liberals' and 'conservatives' on many issues may reflect a shared frame. Nor can every package be identified with some clear-cut position. On almost any issue, there are packages that are better described as *ambivalent* than as either pro or con (*Ibid.*).

In their study of framing of the nuclear energy debate, they found that the news media initially used a *"Faith in Progress"* issue package that reflected Americans' twin commitments to economic prosperity and the power of technology to solve society's problems. This unabashedly pro-nuclear package contained "condensing symbols" that signaled the core frame--including "depictions of antinuclear activity as 'the rape of progress' and of the activists as 'nuclear Luddites,' 'modern pastoralists,' and 'coercive utopians'" (*Ibid.*). Yet despite its pro-nuclear slant, the package was expansive enough to allow debate over variations in the specific *positions* parties

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principle (that is, a set of moral claims)" (*Ibid.*).

brought to this shared frame--such as what *types* of reactors should be constructed (*Ibid.*).

Gamson and colleague's research on framing packages also provides guidance on understanding *frame stages*--shifts in news media frames over time. Charting the frame stages in coverage of the euthanasia debate is an important focus of the present study, which seeks to shed light on the dramatic change that has occurred over the past several decades in social acceptance of euthanasia. Framing scholars have noted that unless a frame "package" is flexible enough to encompass new events and issues within its interpretive framework, it will eventually lose validity (*Ibid.*; see also, Bennett, 1975). This is what Gamson et al. argue occurred in news coverage of the nuclear energy industry over time. Although the original "progress" frame package was effective in inspiring public trust in a technology formerly associated with mass-scale destruction, it was not sufficiently expansive to account for and contain the new scenario created by the Three Mile Island and Chernobyl nuclear accidents. Following these accidents, the news media shifted to a *"danger"* frame to articulate nuclear energy to the public. This new frame package, which drew on deep-seated cultural myths about the consequences of technology-run-amok (or the "machine in the garden") helped turn the tide of public opinion *against* nuclear power--which is still believed by many scientists to be among the cheapest, cleanest, and *safest* of energy sources (*Ibid.*).

Another study that provides insights on framing stages is Silverstein's (1992) research on news framing of the animal-rights debate. She found that news media

attention to the issue grew "increasingly respectful" and abundant over time, and she documents the media's gradual acceptance of animal rights terms and language. For example, after a period of coverage, newspapers "no longer use[d] quotation marks when discussing animal rights," a convention that "extended a measure of legitimacy to the animal rights debate" (p. 124) and signaled the news media's increasing willingness to use the discourse of animal rights to represent the controversy to the public.

Finally, Condit's work on the stages of abortion discourse over time is a valuable resource for understanding frame stages identified in the euthanasia debate. Condit found that social activists--particularly during the early stages of public debate --are often hampered by a lack of symbols, terms, relevant cultural experiences or other cognitive links used in frames to make sense of novel issues and events. As a result, in the early phase of a movement, activists are often able to create only the "potential" for future frames. For example, it was not until the second stage of the abortion debate that activists established "the fundamental logical and argumentative grounds of the controversy" (p. 73). It was this grounding that she contends eventually led to the highly successful--yet problematic--legal framing of the abortion issue by pro-choice activists and to the dominance of images (e.g., pictures of aborted fetuses) in pro-life framing of the abortion issue.

Aside from providing theoretical guidance on the relationship between frame stages and cultural shifts, Condit's (1990) work offers additional insights on why certain frames resonate or align with public values while others fail to do so. A

"legitimate" set of frames, Condit hypothesizes,

> would be one derived from widely based political and moral authorities who represent the experiences and interests of all members of the community. In contrast, illegitimate frames--those likely to be subject to effective argumentative challenge--feature the 'teachings' of only one partisan group in the community (thereby getting us to act in their interest by passing off 'their heritage' as 'ours') (pp. 46-47).

She notes that frames may achieve resonance by satisfying audience members' need for certain characters in news "dramas" to act as heroes or protagonists whose actions align with prevailing cultural values. For example, although suicide remains taboo in the United States (as in most post-industrial societies), a dying person's suicide may resonant with American cultural values if it is framed in a way that does not conflict with key social values such as "family," "individual autonomy," "compassion," or "belief in God."

Other elements of resonant frames identified by researchers include: generalizability, an "appearance of common sense and plain truth," concrete facts "coupled with vivid, emotional rhetoric" or given credibility by official sources, and dramatization of causes and (political or moral) responsibility (Hiltgarner and Bosk, 1988). As mentioned previously, studies have shown that media frames and packages that "resonate with larger cultural themes" are more likely to dominate (e.g., Gamson and Modigliani (1987, p. 169) and that media frames that fail to align with predominant news values such as conflict languish or die.

A weakness of the frame-resonance hypothesis is that it sometimes lures researchers into circular logic--to assume, for example, that a particular frame is resonant not because experimental research shows that audiences respond to it but

because it appears in retrospect to have inspired public support. It is all too easy in hindsight to make assumptions about why particular frames "worked" or "failed," but in the absence of systematic audience reception studies, such assumptions are simply that--assumptions. For this reason, predictions associated with frame resonance, as with other aspects of framing theory, must always be considered provisional. The impact of a given news frame depends on the specific cultural referents and experiences individuals bring to it; as a result, frames must always be considered *"polysemic"*--or open to multiple interpretations or "readings" (Barkin and Gurevitch, 1987; Newcomb and Hirsch, 1984; Fiske, 1987).

However, the fact that audiences interpret frames idiosyncratically does not mean that they are immune from the shaping influence of frames. While recognizing the polysemic nature of all news messages, mass media analysts generally concur that news frames guide audiences toward a "dominant" or "preferred" reading that *constrains alternative meanings* (see, e.g., Morley, 1980; Sigman and Fry, 1985; Radway, 1984; Carragee, 1991). The notion that language is rational, objective, and has precise meanings has lost validity with all but the most positivist of scholars. News stories in no way operate as "neutral vessels" from which an endless stream of meanings may be elicited. Like all narratives, news stories are able to communicate meaning *only* by virtue and within the context of their *frames*--the interpretive, meaning-making structures used to encase social phenomena. As Carragee (1991) notes, the concept of polysemy "ignores the degree to which meanings within symbolic accounts, even within contradictory texts, structure audience decodings." In

making particular language selections, a journalist "sizes up situations, names their elements and names them in a way that contains an attitude toward them" (Carey, 1983, p. 129). This fact, combined with the power and pervasiveness of the mass media in American society, means that even individuals' attitudes and beliefs must ultimately be seen as "the internalized by-products of publicly shared discourse" (Gergen and Semin, 1990, p. 11). Hence, while it may be impossible to determine the precise impact of a given news story on an audience, this study assumes that by examining the range of frames in a representative sample of news stories, it is possible to develop a general--and in some cases very specific--understanding of the kinds of influences frames have on the perceptions of audiences (Jalbert, 1995; Anderson and Sharrock, 1979).

The Ideological Function of News Frames

On the surface, the controversy over legalization of euthanasia would seem to arouse few, if any, direct ideological associations. Unlike, say, welfare reform, organized labor, affirmative action, or other lightning-rod issues, euthanasia does not spark immediate concerns about the news media's function in the maintenance and preservation of existing power relations in society. Yet an important assumption of this research--as with all cultural studies projects--is that ideology plays a central role in news media representations of social problems (see, e.g., Hall, 1978; Carey, 1989). To elaborate on this assumption, it is useful to review the two main strands of the literature on the ideology of news frames.

The first of these theoretical threads--fundamentally rooted in Marxist theories

that stress economic determinism--focuses on the news media's role in advancing overtly hegemonic frames--that is, frames that serve the interests of social elites who benefit from existing social, political, economic, and cultural arrangements. Working from a media hegemony perspective, researchers have found close parallels between dominant *news* frames and *official United States government* positions on issues ranging from air strikes on enemy aircraft and dissident social movements to labor disputes and the Persian Gulf War (See, e.g., Halloran, et al., 1970; Hall, 1977, 1978; Tuchman, 1978; Gitlin, 1980; Hallin, 1986; Hufker and Cavender, 1990; Carragee, 1991; Entman, 1991; Solomon, 1992). Journalists have repeatedly been found to support the views of official sources even when non-official sources are available to provide alternative frames (Gamson and Modigliani, 1987).[4] And even when journalists do include non-official frames, they tend to privilege official frames by making them "the starting point for discussing an issue" (*Ibid.*, 1987, p. 166). Still, some evidence exists that the media hegemony thesis oversimplifies the relationship between news and ideology. For example, Caraggee's (1995) research suggests that the more a foreign-affairs issue or event is perceived by journalists to be relevant to American interests, the more "hegemonic frames" will dominate news coverage. Yet "issues peripheral to American interests" tend to be covered with greater ideological leeway (p. 26).

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[4]For example, in his content analysis of *The New York Times* and *Washington Post*, Sigal (1973) found that 78 percent of 2,850 stories sampled originated with official sources, including government or agency press releases, official proceedings, and/or government officials.

As an alternative to economic-determinist Marxist theories, some studies on the ideology of news frames have focused on how news distributes and reinforces *cultural values* that foster unequal distribution of economic and cultural resources through representations that promote racism, sexism, classism, or other stereotypes that marginalize unpopular social groups (see., e.g., Hall, 1977; Hall *et al.*, 1978; Ericson, et al., 1987; Van Dijk, 1988, 1995; Fowler et al., 1979; Hodge and Kress, 1979; Binder, 1993). As Nelkin (1991, p. 295) notes, "Selective use of language can trivialize an event or render it important; marginalize some groups, empower others; define an issue as an urgent problem or reduce it to a routine."

For example, feminists argue that stereotypes circulated in the news support male dominance by distorting or omitting women's images, thereby "naturalizing" male dominance. A classic study that approaches ideology from the cultural perspective is Hall and colleagues' (1978) *Policing the Crisis*, an analysis of press coverage of a juvenile crime wave in postwar Britain. By approaching the notion of "deviance" as a *cultural construct*, this study articulates how news media representations of "deviance" and "mugging" promote larger hegemonic interests--specifically the maintenance of social order and mobilization of support for oppressive political actions. *Policing the Crisis*, like Hall's later work (see, e.g., 1982), emphasizes the importance of news discourse not only in circulating and reflecting cultural values and ideologies, but in *defining, specifying,* and *legitimating* them.

Along similar lines, this study draws on the work of Ball-Rokeach and colleagues (1984, 1987, 1990), whose empirical efforts show some support for the

concept of "value-framing"--the notion that by emphasizing certain cultural values (e.g., "honesty" or "equality"), the mass media not only reinforce these values, but use them to shape public understandings of social problems and their solutions (1987). In this context, values--which lie at "the hub of individual belief systems"--are considered crucial to the way in which the public evaluates and responds to social issues such as euthanasia (Price, et al., 1997, p. 482).

Binder's (1993) comparative study of news media framing of heavy metal versus rap music offers a specific example of the way in which news frames function ideologically by circulating *cultural values* and *myths* that promote unequal treatment of selected social groups. The mainstream press, she concludes, "invoked different frames to address the 'white' genre of heavy metal music than they used to discuss the 'black' genre of rap music" (p. 764). The news media's use of "racially charged frames" to communicate the meaning and implications of rap music to mainstream Americans, she argues, reinforced established cultural "myths" and stereotypes about white versus black youths (*Ibid.*).

While relying to some extent on critical or Marxist theory as a basis for understanding the role of ideology in news discourse, the present study adopts a less deterministic view of ideology. Relying on the cultural studies approach to ideology discussed above, this study considers news frames a site where "collective social understandings are created" (Hall, 1985, p. 36). In doing so, it recognizes what Gurevitch (1989, p. 313) refers to as the mass media's "dual social identity"--the fact that mass media in the United States "are both an economic...and a cultural

institution; they are a profit-making business and at the same time a producer of meaning, a creator of social consciousness."

If, as the cultural-studies approach suggests, news frames perform ideological "work," how precisely might news framing of the euthanasia controversy function ideologically? There are a number of ways to address this question, the first of which is to examine the social institutions and groups with the most to gain--or lose--from legalization of euthanasia, and PAS in particular. Health care in the United States carries with it a long history of discrimination, expressed not only through the patriarchial attitude of physicians traditionally, but in gender-, class-, and race-based inequities in medical care. For example, twice as many white males in the United States receive organ transplants as females with the same medical conditions, and minorities are one-quarter as likely as white males to be transplant recipients (Kalwinsky, 1998). Even more meaningful in terms of the present study is the fact that women in the United States are significantly more likely than males to die as a result of assisted suicide (Keenen, 1998). The euthanasia debate also has clear implications for the well-being of elderly Americans. As the group most affected by the outcome of social consensus on this issue, the elderly (most of whom are female) make up only about 12 percent of the population, yet consume roughly a quarter of all medical resources. The burden this cohort places on this nation's health care system and economy will only increase in the future, as more Americans reach retirement age and medical costs continue to escalate (Longino, 1994). According to one source, by the year 2000 roughly 20 percent of the gross domestic product (GDP) will go toward

health care, most of it for the elderly (*Ibid.*). These economic pressures, coupled with this group's relative lack of economic and political clout, mark the elderly as vulnerable in *any* public policy decision involving end-of-life care. Surely no issue has greater significance in this regard than the debate over the appropriateness of legalizing PAS.

Compounding these concerns is the fact that PAS--although illegal in every state except Oregon--has become an almost routine feature of end-of-life care in American hospitals over the past several decades (see e.g., Meier and Cassel, 1983). Although doctors avoid labeling the practice "euthanasia" or PAS, "The administration of narcotics to kill pain, in dosages that sometimes suppress breathing and kill the patient, is...an accepted practice" (Neuman, 1991, p. 174). Aside from the ethical questions raised by this secret, illicit practice, an obvious consideration is how medical professionals make such decisions: For example, to what extent do the high costs of long-term hospitalization or a patient's gender, economic status, or race factor into these clandestine acts of PAS? Another line of questions involves the news media's role in alerting the public to what amounts to institutionalized, medically sanctioned killing. Have the news media even addressed the reality or pervasiveness of PAS in American hospitals? And if so, how have they *framed* this increasingly routinized activity?

The ideological implications of these last two questions are of paramount importance--particularly in light of the fact that news stories featuring class, race, gender, or threats to the American economy have frequently been found to contain

systematic biases or distortions. The historical evidence of either negative or negligible news coverage of topics ranging from organized labor and the women's movement to the true extent of poverty and industrial accidents in the United States prompts obvious concerns about the ideological framing of the euthanasia debate--an issue with sweeping economic and sociocultural implications (Kalwinsky, 1998).

Another way in which euthanasia coverage functions ideologically is by its representation in the news via a "conflict" rather than a "consensus" model. Journalists, editors, and other news workers have been socialized in their profession to take sides in social conflicts (Storey, 1993). Here, Trew's (1979, p. 135) concept of "dispute paradigms"--defined as "a set of competing rhetorical options available for use in a given situation, each of which marks an alternative ideological position"--offers instruction on understanding this aspect of ideological news coverage. The dispute paradigm in this debate pits "right to die" against "right to life" and "death with dignity" against "sanctity of life." As these polarities make clear, the mere presence of a dispute paradigm in a news story sets up ideological tension and hence has unmistakable political implications. The fact that in news stories, "Meaning is generated by opposition" (O'Sullivan et al., 1994, p. 30), means that *all* news frames are inherently political and ideological.

A third way that news frames on euthanasia might function ideologically is through reporters' implicit or explicit assignment of responsibility or blame or the implication that particular policy actions should be taken to solve a social conflict or problem (Gamson and Lasch, 1983). Here the assumption is that public opinion--and

the specific policy actions that arise from it--are a direct result of the way in which the news media assist news audiences in organizing and interpreting data about social issues and events (Donati, 1992). The insights of Carey (1986) prove educational in this regard. As Carey points out, the power to *frame* is the power to *interpret*--the authority not only to encode and decode events and issues, but to parcel out blame, imply consequences, assign meaning, and suggest solutions to social problems and conflicts. In American society, this form of ideological expression is nowhere more evident than in news media frames--the "principles of selection" used to simplify and organize information, orient perceptions, and construct public knowledge on important events and issues (O'Sullivan, et al., p. 281).

From this discussion, it is clear that news media framing of the euthanasia debate not only plays a part in shaping collective beliefs and views on this crucially important issue, but may actively *promote* a specific policy response--such as the legalization of PAS (see, e.g., Carey, 1975; Condit and Selzer, 1985). As Gamson argues, "A frame generally implies a policy direction or implicit answer to what should be done about the issue." The notion that news frames possess intrinsic "directionality" (see, e.g., Gamson et al., 1983, 1988, 1989; Gitlin, 1980; Entman, 1991, 1993) is congruent with Swidler's (1986) definition of ideology as "a highly articulated, self-conscious belief and ritual system, *aspiring to offer a unified answer* to problems of social action" (p. 279, emphasis added).

To tie together the various threads discussed above, mass media scholars have identified the following ways in which news frames function ideologically: (1) by

legitimizing or privileging some issues and groups while marginalizing or subordinating others (Fairclough, 1995; Hall, 1979); (2) by naming certain issues, events, and individuals as "conflicts," "crises," "social problems," "dangers," or "business-as-usual"; and (3) by erecting an "ideological grid" (Kress, 1983) on which news workers organize and give meaning to social problems and issues. Among the tools they use to accomplish this are: *selection* and *emphasis* (calling attention to a particular aspect of an issue or event) (Hall, 1979);[5] *attribution* (explaining a social problems causes and proposing remedies) (Snow and Benford, 1992, p. 137); and *articulation* (linking diverse experiences into a unified perspective).

Pioneering experiments conducted by Kahneman and Tversky (1977, 1984, 1990) show the dramatic impact that even the most subtle framing selections and emphases have on human perceptions. In one experiment (*Ibid.*, 1990), the researchers asked subjects to choose between two options for dealing with a rare Asian disease. When an option was framed in terms of lives *saved*, nearly three-quarters of all respondents selected this course of action. Yet when the same option--this time framed in terms of lives *lost*--was offered to a second experimental group, only 22 percent of subjects chose it. Another experiment by Kahneman, Slovic, and Tversky (1982) found that framing cues, such as simply labeling an expenditure a "tax" rather than a "charge," biased respondents' choices and evaluations.

Experiments conducted by other researchers have yielded similar findings:

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[5]Selectivity and emphasis are similar to Snow and Benford's (1992) *punctuation* function (calling attention to a claim or injustice).

Medical patients and physicians were significantly less attracted to cancer surgery as a medical choice if the risk was framed in *mortality* rather than *survival* rates (McNeil, et al., 1982); Survey respondents expressed greater tolerance for dissent when questions framed "dissent" as a *basic democratic right* rather than in the context of the rights of *specific dissident groups* (Sullivan, et al., 1981); and subjects in another study indicated support for increased assistance to the poor when survey questions framed the issue in terms of a *specific* poor person as opposed to a *collective*, such as "people on welfare" (Smith, 1987). Similarly, in an experiment involving television news, Iyengar (1990) found that viewers assigned blame for various social problems to *society as a whole* when the problems were framed as *group* predicaments, but blamed *individuals* when the identical social problems were framed as *personal* problems. Significantly, Iyengar's work suggests that the most influential news media frames evoke what Gamson (1995) refers to as "collective identity processes." As he elaborates,

> Presumably, being an African-American or a senior citizen engages individuals in a collective identity, but being unemployed does not. On civil rights and Social Security, then, it is not merely that 'I' am affected, but also that 'we' are affected. And 'we' are especially sensitive and responsive to media coverage that suggests that 'our' problem is an important problem for the country (*Ibid*, p. 88).

This literature informs the present study's assumptions about the impact that relatively subtle frame selections and emphasis in coverage of euthanasia might have on reader perceptions and evaluations. The evaluative power of news frames demonstrated by these experiments raises important questions about media framing of the appropriateness of legalizing euthanasia--and PAS, in particular.

Entman's (1991, 1993) work on the functions of news frames offers guidance on the role of frames in assigning blame and predicting consequences. Identifying the making of causal connections as a core function of news frames, he writes that frames "diagnose causes [and] identify the forces creating the problem" (1993, p. 52). In addition to assigning blame, other frame functions include defining problems, making moral judgments, and suggesting remedies (*Ibid.*). Additionally, Entman (1991, p. 11) has outlined four "salient aspects" of texts that signal the presence of frames. These include: (1) *agency*--words and images that signify responsibility for the problem or issue; (2) *identification*--words and images that encourage or discourage audience identification with victims of the problem; (3) *categorization*--words and images that advanced a specific typology for the problem; and (4) *generalization*--words and images that stimulated broad generalizations to be made about the issue or problem.

The above discussion of the ideological function of frames suggests several broad questions for the present investigation of news media framing of the euthanasia debate. For example, do news media frames address the issue of *who* stands to benefit or lose from legalization of PAS? Do they alert the public to the potential abuses and inequities of medically and legally sanctioned euthanasia for society's marginalized groups (e.g., the poor and elderly)? What conclusions can be drawn about the impact of news framing of euthanasia on these social groups and on American society generally? Do news frames as a whole suggest a unified answer or solution to the question of the appropriateness of legalizing euthanasia or the social problems that originally gave rise to the debate? What *policy directions* do news frames on

euthanasia imply or suggest? Who or what do news frames implicate or *blame* for the problems associated with the controversy over euthanasia? Do frames predict *consequences* if particular actions are or are not taken?

A related group of questions is inspired by the work of Hall (1984), who stresses the importance of focusing not only on overt statements, but on "silences" in news texts, on "the things that ideology always takes for granted, and the things it can't say--the things it systematically blips out on" (p. 11). Although researchers may not be able to gauge audience reactions to particular media representations, much may be gleaned from an analysis of the omissions, which reveal "the limits a discourse *attempts* to impose" (Condit, 1990, p. 144). Additionally, Fairclough (1995) suggests that researchers attend to the *relationship* of the various "voices" appearing in news texts--"who, for example, tends to have the last word?" (p. 185). He exhorts news media researchers to consider "the social class, gender and ethnic distribution of the range of voices" offered in news about important social issues (p. 186). Questions inspired by an interest in frame *selections and omissions* include: What motivations--cultural, historical, or ideological--figure into news frame selections and omissions? Who are the various social actors involved in the euthanasia debate (Fairclough, 1995)? What *voices* are missing or marginalized in euthanasia news frames?

Framing Controversial Issues and Social Movements

Although studies on news framing of the euthanasia controversy have been rare, a number of researchers have analyzed news media framing of controversial health and medical-technology issues. These studies generally show that the public

relies heavily on the news media for information on health-related issues, particularly those involving medical technology (see, e.g., Nelkin, 1989). More relevant to the present study is the consensus that news coverage of medical-related issues tends to favor the frames provided by powerful institutional sources and recognized "authorities" over those of less powerful consumer activist groups. For example, in a study of news media coverage of the silicone implant controversy, Andsager and Smiley (1998) found that journalists not only tend to rely on the medical community for background information about health-related controversies, but represent these issues to the American public primarily through frames provided by the most powerful social institutions. From early coverage of the silicone implant conflict, they discovered, the news media favored frames circulated by the medical community and by powerful corporations with an economic stake in the outcome of the controversy, while marginalizing grassroots, consumer activist frames, which both focused on consumer protection and criticized powerful social institutions (*Ibid.*). As they point out, the danger of this news media bias toward "frames that the most influential policy actors provide" is the removal of the "public" from public opinion (p. 183).

For guidance on investigating news framing of the social movements involved in the euthanasia debate, the present study draws from the somewhat limited literature on the interaction between the news media and social movements. Framing theory and analysis, which has been at the forefront of research on social movement organizations (SMOs) in the United States, is highly appropriate for a study of the two SMOs at the center of this analysis--the RTD and pro-life movements. Social

movement scholars have not only used framing analysis to shed light on the news media's role in mobilizing movement participants (see, e.g., Klandermans, 1988; Snow et al., 1986; Snow and Benford, 1988; Johnston, 1995), but to identify trends in news coverage of social movements and the impact of news on movement goals (Gitlin, 1980; Ryan, 1991; Entman and Rojecki, 1993; Gamson and Wolfsfeld, 1993).

Despite these efforts, *systematic analyses* of the relationship between media and movements have been infrequent and scattered. Moreover, contradictions remain in researchers' conclusions about the dynamic relationship between movements and the news media. A major problems stems from the fact that framing studies that have probed this relationship have tended to do so from a social movement--rather than a mass communications--theoretical framework. Moreover, the handful of studies that have approached social movement research from a mass-media perspective have tended to focus on *protest* movements (such as the anti-war and anti-nuclear crusades), which tend to be characterized by dramatic events and short-term, relatively narrow goals (See, e.g., Gitlin, 1980; Ryan, 1991). Few studies have focused on movements dedicated to solving long-term, divisive domestic dilemmas--such as the conflict over euthanasia as an end-of-life option. As a result, lacuna remain in scholarly understanding of the role of news media frames in both advancing and limiting organized social change over time. Still other gaps remain in theoretical understanding of the interaction of media and social movements--including how the news media frame the efficacy, credibility, and ideologies of social movements involved in ongoing controversies such as the euthanasia debate.

To address these deficiencies, the present study builds on the work of Entman and Rojecki (1993) who, in their study of press coverage of the nuclear freeze movement during the Reagan administration, identified seven "framing judgments" journalists make when covering social movements (pp. 156-7). News frames, they argue, convey specific information about social movements' *rationality, expertise, level of public support, partisanship, unity, extremism,* and *power.*

While these framing judgments represent a breakthrough in the application of framing theory to social movements, they are based on analysis of news coverage of a single social movement--the nuclear freeze campaign. As a result, they offer few conclusions about the factors likely to trigger particular judgements or how and under what circumstances a specific social movement is likely to come under more favorable judgement than another. By comparing news media framing of two (oppositional) social movements, the present study offers the opportunity to address questions about movement characteristics that are most likely to yield positive or negative framing judgments. For example, has the national press portrayed the RTD movement as more "rational" and "powerful" than the pro-life movement--a countermovement whose efforts to maintain the status quo by preventing the legalization of euthanasia are *not* supported by the majority of Americans? On the other hand, to what extent has the RTD movement, a "challenger" movement intent on changing social and legal proscriptions against PAS, activated the news media's basic conservative tendencies? By probing these questions, this study hopes to contribute to knowledge not only about the interaction of the news media and social movements, but about the broader

role of the news media in fostering and thwarting social change.

As discussed earlier, the ideology of news frames is also an important focus of the present study. Like the intrinsic "directionality" of news frames in general, the "framing judgments" journalists make in covering social movements have undeniable ideological implications. But ideology manifests itself in coverage of social movements in other ways--such as promotion and preservation of the status quo (Tuchman, 1978). For example, some researchers have found that the news media tend to either ignore or pay scant attention to emerging social movements until they gain legitimacy through *established* institutions and leaders or through crisis events that demand widespread attention (Olien et al., 1989). This is supported by studies showing that AIDS became a media preoccupation only after Ryan White's illnesses dramatized the dangers the epidemic posed to *non-gay* populations (*Ibid.*).

Moreover, even when social movements *do* warrant media attention--particularly those clamoring for radical change--they are often depicted unsympathetically or even with outright hostility (see, e.g., Tuchman, 1978; Gitlin, 1980). In his study of media framing of the Vietnam anti-war movement of the 1960s, Gitlin (1980) found that the black and student peace movements were framed primarily as "civil disturbances"--a depiction Gitlin contends led to public support for the government rather than the protestors (p. 792). Similarly, Gamson (1995) found that news frames often play up class distinctions in adversarial and ideological ways. In his analysis of news framing of antinuclear activists' occupation of a nuclear reactor site in Seabrook, New Hampshire in 1977, he reports that the mainstream

news media trivialized the goals of the protestors by framing student activists as "indulged children of the affluent who have everything they need" (p. 102). Remarkably, the negative framing of protest movements by American mainstream journalists even extends to press coverage of *foreign* activists--such as the environmentalist Green Party in West Germany. Carragee (1991) found that *The New York Times* "denigrated and depoliticized" the Green movement by characterizing its members as "lost children, quasi-religious zealots, idealists, and romantics" and by portraying their political challenge "as inherently disruptive" (p. 25).

Although Gitlin's (1980) conclusion that the American news media react to new and/or threatening protest movements by marginalizing and trivializing them is supported by an impressive body of research (see, e.g., Carragee, 1991; Tuchman, 1974; Gamson, 1995; Carragee and Jarrell, 1987; Morris, 1974; Halloran, et al., 1970), some media scholars argue that social movements do have at least limited opportunities to frame their positions in the national news media. For example, Barker-Plummer (1995), who analyzed the strategies employed by the women's movement throughout its history, argues that, "[M]ovements can, potentially at least, learn about news organizations' routines, practices and discursive logics, and take part in *framing* themselves" (p. 309). Still, as she acknowledges, movements face a protracted battle in this task because reporters, while adhering to the *letter* of the "balance norm," frequently betray it in *spirit.* As Schudson (1995) found, reporters apparently feel justified in vacating their vaunted journalistic obligations to fairness and accuracy when covering social movements or activists--such as Dr. Jack

Kevorkian--positioned in the "zone of deviance" (p. 13). Groups located outside the mainstream "can be ridiculed, marginalized, or trivialized without giving a hearing to 'both sides' because reporters instinctively realize that [these movements] are beyond the pale--like the women's movement in its earliest years" (*Ibid.*). This is true even when movement frames are the *only* alternative frames available; the journalistic balancing norm is "rarely interpreted" to include protest-movement frames (Gamson, 1988, p. 227). And even when alternative (read: non-official) frames *do* make it into print, they are often distorted and/or sandwiched between official rebuttals of activists' positions. In this way, what appears to be "balanced" reporting actually masks a strong status quo bias. For example, as Tuchman (1974, p. 112) notes, while balance "means in practice that Republicans may rebut Democrats and vice versa," the news media--and particularly broadcast news outlets--virtually never give so-called "illegitimate challengers" a voice. Instead, reporters call on "establishment" critics, the handful of media-designated and -promoted individuals deemed "responsible spokespersons" (*Ibid.*).

As this brief overview of social movement-media relations suggests, it is far from easy for social movements to manipulate news media frames to their advantage. A natural antipathy exists between the news media and social activists (see, e.g., Molotch, 1979; Olien, et. al, 1984; Gamson and Wolfsfeld, 1993). The clear pattern of news media bias against movements stems largely from the cultural, institutional, and social milieu in which reporters operate: Journalists who cover social movements also tend to cover the politically powerful--whose values they generally share

(Tuchman 1978; Gitlin, 1980). This phenomenon is far from a recent development: One researcher who analyzed how individual journalists framed race relations just after the Civil War found that through their "selection and framing of language, news, and opinion" leading journalists of the time may have thwarted the goals of blacks seeking equality by helping to "marginalize African American rights during this era" (Domke, D., 1997, p. 41).

The natural enmity between journalists and activists is also explained by the basic anti-establishment nature and goals of SMOs. Challenger movements, by definition threats to the status quo, represent ruptures in the social fabric and are harbingers of potential shifts in existing economic, cultural, and political relations. This characteristic marks them as natural adversaries of society's dominant institutions--*including the mainstream news media.* Instinctively, it seems, reporters tend to depict social movements as disturbing aberrations, framing them in terms of their "otherness" by juxtaposing them to "the normal functioning and structural characteristics of the society at large" (Molotch, 1979, pp. 77). Journalists typically frame social movements as

> 'abnormal' rather than normal, episodic rather than continuous, extraordinary rather than routine, illegitimate rather than legitimate, and powerless rather than powerful. This is the position from which a social movement ordinarily begins its struggle for access (*Ibid.,* pp. 77-78).

Obviously, this negative framing pattern has grave consequences for the success of movements and their agendas and has an impact on virtually every move activists make. On the one hand, because of the news media's presumption that social

movements are potentially threatening and disruptive, activists and their causes tend to be denied *prima facie* newsworthiness. Consequently, protest groups spend much of their time and energies attempting to storm the news media's gates. Because media frames that don't align with dominant news values such as conflict languish or die, conflict is a mainstay of movement strategy. Yet, as Baylor (1996) found in his study of media framing of the American Indian protest movement, staging confrontational events to attract media attention is a high-risk strategy that may not serve the overall goals of the movement.

At the same time that social movements rely on the press to spotlight their agendas, the press relies on social movements to "help fill the daily news hole and aid the medium in its key business of selling attentive audiences to advertisers" (Molotch, 1979, p. 71). News media operatives also exploit *individual* movement activists to infuse the news with drama, novelty, conflict, and action. Surely one the most compelling illustrations of this phenomenon in recent history can be found in news coverage of RTD activist and retired pathologist, Dr. Jack Kevorkian. For example, what does framing of Kevorkian (a.k.a. "Dr. Death") suggest about his dual role as "social deviant" in the news media and "discursive guerilla" for the RTD crusade (Fiske, 1994)?[6] These and other questions are addressed in detail in Chapter 6.

[6]Fiske defines "discursive guerrillas" as "key troops in any political or cultural campaign" (p. 3).

CHAPTER V

RESEARCH METHODS

Grounded in framing theory and the social-constructionist approaches discussed in Chapter 4, this study seeks to reveal systematic patterns in news coverage of euthanasia. Along with a summary of the research questions guiding the study, this chapter offers an in-depth discussion of the research design and methods used to investigate news media framing of the euthanasia debate in the national press.

Research Questions

Three sets of research questions serve as a focus for this analysis. They include:

1. Questions Related to General Framing Characteristics: What frames have dominated news coverage of euthanasia, and in what ways did framing of euthanasia evolve *over time*? What are the implications of this pattern of coverage?

2. Questions Related to Ideology of News Frames: What frames are systematically marginalized or *omitted* from news discourse? How do news frames function to legitimate or delegitimate particular social institutions or ideologies? In what ways do news frames assign blame, suggest consequences, or imply appropriate policy directions in regard to the euthanasia "problem?" What speculations might be made as to what various social groups and institutions stand to gain or lose from journalists' choice of frames to represent euthanasia? And finally, what do dominant news frames reveal about notions of a "good death" being circulated by the news

media in contemporary America?

3. Questions Related to News Media-Social Movement Interaction: In what ways do news media frames encourage or discourage *identification* with activists on either side of the conflict? How do news stories on euthanasia frame the level of public support, credibility, and legitimacy of the pro-life and pro-euthanasia movements? What conclusions may be drawn about news media framing of Dr. Jack Kevorkian, and what do these framing selections suggest about both his ideological role in news coverage of euthanasia and function as the RTD movement's most prominent spokesperson throughout the 1990s?

Research Design and Sampling

Scholars have applied a wide variety of data sources and data-gathering techniques to news media analysis, ranging from participant observation and in-depth interviews to survey research and content analysis. Researchers using the news media as a data source face two primary problems: choosing what news outlets to include in the analysis and selecting an appropriate sample of news stories from these sources. As in all social science research, the medium and sample size selected for analysis is best determined by the goals of the study and, specifically, the research questions being addressed (Wetherell and Potter, 1992). The research questions guiding the present investigation of media framing of the euthanasia debate over a two-decade period suggest the *national* news media as the most appropriate data source. In addition to providing "a potentially shared public discourse," nationally distributed, mainstream news media are considered crucial to social movements and their agendas

(Gamson, 1995, p. 85).

Data Source

The print media selected for this study are news magazines--specifically, *Newsweek* and *Time*, the nation's two highest-circulation, weekly news publications. Although the wide variety of news products available in the United States may initially suggest a rich diversity of voices, viewpoints, readership, and content, the mainstream media actually tend to speak somewhat univocally. As one media critic has observed, "Much of what passes for diversity in mass media is largely a matter of packaging designed to deliver a product to market" (Bennett, quoted in Pearson, 1993, p. 17). Framing scholars have found negligible differences in the way television, newspapers, and news magazines frame major news stories. For example, Gitlin (1980) concluded that across newspapers, television networks, and news magazines, "the overall *repertory* of frames [and]...their forms of distortion are essentially the same" (p. 301).

Along with offering a representative sample of mainstream news frames, print media such as those used in this study provide several additional advantages for news researchers. First, news magazines meet all four of Rucht and Ohlemacher's (1992) criteria for selecting data sources for framing analysis, including: (1) *continuity*, the requirement that a data source cover the entire time frame under scrutiny; (2) *consistency*, what they refer to as a "steady interest" in the topic analyzed, establishment of a clear political identity, and stability in news-gathering conventions over time; (3) a *large enough sample* to provide variance and cover the full spectrum

of issues relevant to the movement activity under scrutiny; and (4) *easy accessibility* (p. 89).

Yet another important rationale for selecting news magazines for analysis relates to the quality and breadth of the news coverage they provide. Researchers have found selection, amplification, and systematic distortion to be hallmarks of all news media content (see, e.g., Bennett, 1988; and Paletz and Entman, 1981). But television news--which risks losing viewers if it strays from its formulaic reliance on stories, video footage, and viewpoints with the broadest possible appeal---tends to condense, oversimplify, and decontextual news to a greater extent than print media (Postman and Powers, 1992). Unlike broadcast news, print journalism actually stands to gain rather than lose audiences by covering more specialized topics and perspectives (*Ibid.*). As Solomon (1992, p. 57) points out, "news magazines offer more of a chance for in-depth reporting than is provided by the few minutes of television newscasts--and minus television's concern with 'good visuals,' which may affect news judgment...."

While attracting a smaller audience than television news, *Newsweek* and *Time* are among the nation's key "forums for public discourse" (Gamson and Modigliani, 1989, p. 3). They are considered part of the "inner ring" of United States news organizations--the 11 "top-tier" media outlets with the greatest access to federal officials and hence the most influence (Hess, 1984, cited in Solomon, 1992, p. 68). A 1998 study published in *American Journalism Review* reports that 19 percent of Americans get their news from weekly news magazines, and nearly 30 percent of poll

respondents rated news magazines as trustworthy (Newport and Saad, 1998, pp. 31-32). Additionally, as *Newsweek*'s major role in breaking the Clinton sex scandal of 1998-1999 demonstrates, news magazines play a key agenda-setting role for both the public and for other mainstream news organizations (Kielbowicz and Scherer, 1986). This is further supported by a 1986 survey that revealed that roughly half of American journalists read *Time* and *Newsweek* on a regular basis (Solomon, 1992, p. 56, citing Weaver and Wilhoit, 1986, p. 37).

Finally--and most importantly--weekly news magazines offer unique advantages for news research using frame analysis specifically. Because *Time* and *Newsweek* offer a synthesis of the most important national news on a *weekly* rather than daily basis, these magazines serve what might be called a "frame condensing" function. By sifting through and selecting from the full array of news frames circulated during the week in the mainstream media, these news sources are more likely to reflect the overall *dominant* frames of the news media than daily newspapers or broadcast news sources. Additionally, as Entman (1991) writes about news magazines, "[T]heir less frequent deadlines usually allow them to canvass official sources (and other media) thoroughly, distilling the results in a narrative reflecting the principal themes in the news" (pp. 8-9, citing Gans, 1979). This is supported by the fact that editors of news magazines compile their stories from a variety of news bureau sources and are significantly involved in editing and rewriting them (Solomon, 1992).

Based on the above justifications, the sample selected for the present study

consists of all stories on euthanasia published in *Time* and *Newsweek* over the roughly two-decade period between the two United States Supreme Court rulings that bookend the euthanasia controversy:[7] the 1976 Karen Ann Quinlan case and the high Court's 1997 ruling on the constitutional validity of a "right to die."[8] A total of 57 *Newsweek* and *Time* articles were included in the study.[9] Only those stories focusing *primarily* on the topic of euthanasia, PAS, and/or the RTD movement and were of sufficient length to allow identification of clear story frames were included in the analysis. To supplement this data sample and ensure that the frames found in *Newsweek* and *Time* were congruent with other mainstream news frames, a representative sample of euthanasia stories from other print sources was also examined, including *The New York Times*, *United States News & World Report*, and a regionally diverse selection of daily newspapers obtained from the Lexis-Nexis electronic database. In addition, literature from pro-life and RTD publications, as well as from medical and legal journals was also examined--both to capture the full range of euthanasia frames and to obtain background information on the conflict.

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[7]The study sample actually begins with a September 29, 1975 *Newsweek* article on Karen Ann Quinlan, whose drug overdose thrust euthanasia into the media spotlight and became the driving force behind the modern RTD movement.

[8]*Washington v. Glucksberg*, 117 S.Ct. 2258, 138 L.Ed.2d 722 (1997); *Vacco, Attorney General of New York v. Quill*, 117 S.Ct. 2293, 138 L.Ed.2d 834 (1997).

[9]Along with conventional news stories on euthanasia, essays and editorial columns--such as *Newsweek's* "My Turn"--were also included in the study. The rationale for their inclusion is that it is likely that they were chosen for publication to provide a counterpoint--or alternative viewpoint--to the magazines' regular news on euthanasia. In this sense, they function as an important aspect of overall euthanasia "coverage."

The Quinlan case--a watershed event in the long history of conflict over euthanasia--was chosen as the logical starting point for the analysis. This case not only marked the beginning of legally sanctioned euthanasia in the United States, but represented a paradigm shift in moral and medical approaches to care of the suffering and terminally ill. In this sense, the Quinlan case may be described as a "hot moment" (Levi-Strauss, 1966, p. 259), a "critical incident" (Gerbner, 1973, p. 562), or a "critical event" (Pride, 1995), all terms that refer to culturally charged events that serve as catalysts for change.[10] Attracting extensive media coverage, such events tend to open up new discursive arenas in which challenges to existing cultural arrangements, institutional structures, beliefs, and values may be acted out. Pride (*Ibid.*) theorizes that critical events frequently lead to shifts in dominant news frames.[11]

By attending to two decades of news coverage of the euthanasia debate, this analysis benefits from the many advantages of longitudinal research, including the opportunity to monitor shifts in news framing of euthanasia over an extended period. Although news scholars consistently promote this type of research, relatively few researchers actually conduct long-term media analyses (Carragee, 1992). Beginning

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[10]Fiske (1994) uses the term to describe the postmodern blurring of "real" events and their mass-mediated representations. "A media event," he writes, "is not a mere representation of what happened, but it has its own reality, which gathers up into itself the reality of the event that may or may not have preceded it" (p. 2).

[11]For example, following the bombing of TWA 800 by terrorists, Pride found that a shift occurred in dominant media framing of airport security from a "cost is prohibitive" frame to a "safety is most important" frame (p. 6).

the analysis in the mid-1970s allows research on the entire modern phase of the RTD movement, which was ignited by the Quinlan case.

Framing Analysis

Social issues like euthanasia gain media attention as a result of what Blumer (1971) calls the "projection of collective emotions" (quoted in Cohen and Wolfsfeld, 1993, p. ix). The assumption here is that news workers and audiences are part of the same cultural system and that journalists and editors act as "cultural agents" who articulate and reinforce collective myths, beliefs, and "commonsensical" understandings. The broad goal of this research--as with all constructionist approaches to news media analysis--is to identify some of the ways in which news stories shape public consensus about social and cultural events and issues (Gamson, 1988).

To carry out this task, the study focuses on a single social issue with crucial consequences for millions of Americans: the debate over legalization of euthanasia, including physician-assisted suicide (PAS). While it is impossible to make judgements about the precise way in which audiences interpret news stories, this research seeks to elucidate the dominant meanings and interpretations in national news framing of this important public controversy. The specific strategy adopted for this purpose is *framing analysis*. As discussed in the previous chapter, frames are "schemata of interpretation" used by journalists and editors to organize, justify, rationalize, attribute, assign blame, provide historic context, and otherwise represent the salience and significance of social phenomena to news consumers (Wetherell and Potter, 1987). Considered both theory and method, framing has been used extensively by

mass media and social movement scholars to explore how the news media promote specific interpretations and understandings of events, issues, and social movement organizations (SMOs). In addition to this objective, the present study seeks to explicate the ways in which news frames function politically, culturally, and ideologically--that is, how journalists' interpretations and constructions of the euthanasia debate promote particular interests and cultural meanings in society, while repressing, marginalizing, and invalidating others (Fiske, 1994).

Methods

To carry out these goals, the following steps were taken: First, because past studies have shown that the news media tend to reflect only a small percentage of the available frames in circulation on a given topic, a variety of non-mainstream news sources were examined, including euthanasia-related articles in medical, medical ethics, and legal journals, in religious publications such as *America* (a Jesuit periodical), and RTD movement and pro-life literature published on the Internet and elsewhere. From these readings, five broad categories of pro-euthanasia and pro-life frames were identified: Medical, Legal, Social, Economic, and Religious/Ethical. Within these broad categories, more refined frames were then identified, such as the pro-euthanasia frames, *Humane Treatment*, *Medicine out of Control,* and *Right to Die,* and the pro-life frames, *Sanctity of Life, Slippery Slope*, and *Contaminates Medicine*. The purpose of identifying these framing categories was to discover the spectrum of available frames from which *Newsweek* and *Time* journalists and editors made their selections.

The next step involved examining and identifying dominant frames in the news texts included in the research. From this analysis, conclusions were drawn and hypotheses made about the meaning and consequences of particular framing patterns (Wetherell and Potter, 1987). To assist in identifying frames, the coding system used in this study evaluates six elements in news stories that signal the presence of frames and are believed by framing theorists to shape readers' social perceptions about issues and events. These include: (1) story sources; (2) syntactical structure (e.g., headlines, subheads, and leads); (3) condensing symbols (also called referent images), including metaphors, exemplars, catchphrases, depictions, and visual images (Gamson and Modigliani, 1989); (4) anecdotes; and (5) causal conclusions or suggestions in news stories (Entman, 1991). Each of these is explained in greater detail below.

Sources. The importance of analyzing the characteristics of story sources (official, non-official, medical, legal, religious, etc.) in news media texts is a crucial element of news content analysis (Fairclough, 1995, p. 185). The types of sources used in news stories not only provides clues as to the dominant framing of the story, but also reveals what sources are systematically omitted from news discourse (see, e.g., Hall, 1977).

Syntactical Structure. The rationale for coding of headlines, subheads, and leads in the euthanasia stories included in the present analysis is based on the observation that readers use headlines both as cues to a story's frame and frequently decide to read or ignore a story based on the headline alone. Additionally, busy news consumers tend to read a news story's headlines, subheads, and perhaps the lead,

while only scanning the body of the story. Pan and Kosicki (1993) describe headlines as "the most salient cue to activate certain semantically related concepts in readers' minds [and]...thus the most powerful framing device of the syntactical structure" (p. 59). Second in importance to the headline is a news story's lead, which imbues events and issues with a newsworthy angle, and in so doing, provides a specific perspective through which readers interpret social phenomena (*Ibid.*, p. 60).

Condensing Symbols. Among the most important elements of this study's coding strategy is identification of the five condensing symbols (metaphors, exemplars, catchphrases, depictions, and visual images) that signal the presence of frames (Gamson and Modigliani, 1989). The coding sheet was designed with these framing elements centrally in mind. The assumption on which this aspect of framing analysis is based is that identification of symbolic elements in news stories such as *catchphrases* (e.g., "right to die," "death with dignity," "she's already dead," "sanctity of life") and *depictions* (e.g., doctors depicted as saintly; Kevorkian depicted as a deviant; comatose patients depicted as "vegetables") leads the researcher to the overriding or dominant story *frame*.

Anecdotes. *Anecdotes* are among the most crucial elements in successful framing and other forms of textual analysis (see, e.g., Burke, 1969; Greenblatt, 1992). They not only tend to support a news story's dominant frame, but also function as important rhetorical elements in their own right. As "mediators" between the localized and the universal, they have been shown to have a powerful influence on audience perceptions (see, e.g., Iyengar, 1991). By condensing arguments into easily

digestible narratives or "snapshot" case studies, anecdotes serve as carriers of cultural images and myths. At times they function as "morality tales" that instruct audiences on causes and solutions and act as linking agents that connect lessons from the past with current problems. Because they are, as Greenblatt (1992), writes, "seized in passing from the swirl of experiences and given some shape," anecdotes are always "available for telling and retelling" (p. 3). Anecdotes are also frequently accused of distorting and oversimplifying complex issues. Designed to strike an emotional chord with news audiences rather than appealing to reason, anecdotes such as "the wrenching case where a dying person is suffering unavoidable pain" have been blamed for American society's increasing willingness to consider assisted suicide a viable option for the terminally ill (Kamisar, 1998, p. A27).

Causal Analyses and Evaluations. Euthanasia stories in this study were also coded with Entman's (1991) "salient aspects" of news frames in mind. Specifically, attention was paid to how journalists: (1) assigned blame or responsibility; (2) how they used words and images to foster audience identification with particular social actors or ideologies; and (3) how they used depictions or words to label or define the euthanasia issue. (*Ibid.*, p. 11).

CHAPTER VI

RESULTS ON NEWS FRAMES AND FRAMING STAGES IN EUTHANASIA COVERAGE

> In significant ways, medicine...has replaced religion as the most power extralegal institution of social control (Conrad and Schneider, 1992, p. 241).

Among the most significant findings of this research on euthanasia coverage in national news magazines is its overall support for frames that promote social and legal acceptance of euthanasia.[1] Dominant frames reflected pro-euthanasia interpretations in all but a handful of the 57 *Time* and *Newsweek* stories analyzed, a phenomenon that held true throughout the two decades of research. While pro-life frames appeared in most news stories, they functioned largely as marginalized "counter-frames" designed more to meet news media balancing and conflict conventions than to present a diversity of perspectives on an issue with deep repercussions in American society.

As significant as *which* frames were selected to represent the euthanasia issue is *where* these frames were situated within public discourse. Although euthanasia encompasses a broad range of discursive topics--ranging from the medical, legal, and sociological to the theological and philosophical--this study's results show that journalists chose to view the controversy through a remarkably constricted lens. As Tables 6.1 and 6.2 show, with rare exceptions, coverage was limited to two basic frames.

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[1]When used alone, the term "euthanasia" refers to both passive and active euthanasia, including physician-assisted suicide (PAS).

Table 6.1 Comparison of Pro-Euthanasia vs. Pro-Life Medical and Legal Frames

FRAME	NEWSWEEK	TIME	TOTALS	% OF TOTAL (n = 57)
Pro-euthanasia Medical	13	17	30	53
Pro-life Medical	1	1	2	3.5
Pro-euthanasia Legal	12	7	19	33
Pro-life Legal	0	1	1	1.7
Totals	26	26	52	91.2

Table 6.2 Dominant Pro-Euthanasia vs. Pro-Life Frames in Euthanasia News Stories Published in *Newsweek* and *Time*, 1975-1997

FRAME	NEWSWEEK	TIME	TOTALS	% OF TOTAL (n = 57)
Pro-euthanasia Medical	13	17	30	53
Pro-euthanasia Legal	12	7	19	33
Pro-euthanasia Economic/ Pragmatic	0	1	1	1.7
Pro-euthanasia Religious/ Ethical	0	0	0	0
Pro-euthanasia Social (Public Support)	0	0	0	0
Pro-life Medical	1	1	2	3.5
Pro-life Legal	0	1	1	1.7
Pro-life Religious/ Ethical	1	0	1	1.7
Pro-life Economic	0	0	0	0
Pro-Life *Slippery Slope*	1	0	1	1.7
Neutral or Ambivalent	1	1	2	3.5
TOTALS	29	28	57	100

Medical frames--dominant in more than half of the stories investigated--were used overwhelmingly to construct public understandings of euthanasia and its potential impact. Playing a secondary role were legal frames, dominant in roughly a third of all stories and often entwined with medical news frames.

This chapter, which expands on these and other frame-related findings, is organized into two main sections: The first provides an overview and background information on the two *dominant frames* identified in this research (medical and legal). The second offers an analysis of results on the three major *framing stages* through which euthanasia coverage evolved over the two-decade period of analysis, including: (1) stage one, characterized by concern over *passive* euthanasia, specifically refusal or withdrawal of medical treatments and life-support systems ("pulling the plug" in common vernacular); (2) stage two, also characterized by concern over passive euthanasia, but on the withdrawal of *nutrition and hydration* (the "feeding-tube controversy") rather than removal of respirators and similar life-support systems; and (3) stage three, characterized by a move from preoccupation with passive euthanasia to PAS (active euthanasia). (See Chapter 7 for findings related to ideology of news frames).

Dominant News Frames in Euthanasia Coverage

Medical Frames

As mentioned previously, this study's findings show that journalists covering euthanasia in the articles investigated constructed the issue predominantly as a *medical* issue or problem. Medical frames were considered dominant in any story that filtered

euthanasia primarily through the viewpoints and values of the medical establishment. Specific characteristics of this frame included a reliance on medical sources, terminologies, and/or ideological positions to represent the euthanasia issue to the American public. One indication of the extent of medicalization was journalists' reliance on medical sources, which appear 10 times more often than religious and five times more so than ethics sources (including medical ethicists). Meanwhile, sources able to provide a sociological or historical perspective on this complex and consequential issue are given scant attention (see Table 6.3).

Table 6.3
Percentage of Total Sources in *Newsweek* and *Time* Stories, 1975-1997

SOURCES	%
Politicians	3
Religious (clergy, theologians not specifically associated with pro-euthanasia or pro-life groups)	3
Legal and Judicial (e.g., judges, lawyers, police, prosecutors. law professors)	26
Medical (e.g., doctors, nurses, administrators, medical school professors, etc.)	30
RTD activists	10
Pro-life activists (representatives from disabilities and pro-life organizations, representatives from organized religion specifically involved in the anti-euthanasia movement, etc.)	5
Ethics & philosophy (e.g., medical ethicists, philosophy professors, other academics, etc.)	6
Lay public (patients and their families, etc.)	13
Other	4
Total (n = 437)	100

Significantly, medical frames dominated news stories on euthanasia regardless of their overall ideological thrust--that is, whether dominant frames carried RTD or pro-life positions. In addition to the pervasive pro-euthanasia *Humane Treatment* sub-frame--which argues that dying patients should be allowed to die peacefully and in the time and manner of their choosing--four additional pro-euthanasia medical frames are used by journalists in the news articles in this study. These include: *Medicine Out of* Control, No Legal Interference, Criminalizes Doctors, and *Standards Needed.*[1] As Tables 6.1 and 6.2 show, these frames--which are detailed below--were dominant in more than half of the stories.

As mentioned previously, pro-life frames are marginalized in the news stories included in this study, including those advancing medical positions and perspectives (See Table 6.2). However, medical frames are still more prevalent than such pro-life frames as *Sanctity of Life* (life is a gift from God and hence to be preserved at all cost), *Divine Authority* (only God has the authority to determine the time of death), or other religious frames. The four pro-life medical sub-frames appearing in news coverage in this study include: (1) *Contaminates Medicine* (allowing physicians to practice euthanasia violates the Hippocratic Oath and undermines the doctor-patient relationship); (2) *Medical Alternatives Exist* (hospice care or better pain treatment would render euthanasia unnecessary); (3) *Causes Worse Suffering* (certain euthanasia

[1]Two of these medical frames, *No Legal Interference* and *Criminalizes Doctors*, have obvious *legal*, as well as medical associations. However, because they reflect the interests of doctors and orthodox medicine rather than the legal system, they are considered *medical* frames in this study.

practices--such as withholding food and water from dying or comatose individuals--actually exacerbate rather than relieve suffering); and (4) *Allows Doctors to Play God* (a medical frame linked to the *Divine Authority* religious frame which argues that God--and not doctors--should decide the time of death). Although all of these frames are marginalized in euthanasia coverage in this study, *Causes Worse Suffering* and *Allows Doctors to Play God* are never dominant and appear in fewer than a half-dozen articles.

Because the pro-euthanasia medical frame, *Humane Treatment*, is such a pervasive part of news coverage of euthanasia in this analysis, it is useful to examine how and within what context it is employed. Critical to understanding this medical sub-frame are the concepts of suffering and "no hope." The following passage from *Issues in Law & Medicine*, written by an ethics scholar, helps articulate the *Humane Treatment* justification for social and legal sanctioning of euthanasia:

> The highest value for suffering, terminally ill patients is to maintain control and dignity in dying by preserving the right to self-determination; when there is no longer any reasonable possibility of otherwise maintaining control or dignity, there is no significant moral distinction between allowing such a patient to die and actually causing death; when cure is no longer possible, the most important aspect of the physician's care of the patient is the relief of suffering (Reitman, 1995, p. 299).

As this passage suggests, *Humane Treatment* is grounded in the notion that when no hope of a cure exists, it is not only cruel, but a violation of the physicians' oath to "do no harm" to prolong the lives of mortally ill, suffering individuals. In this sense, "harm" is caused not by passive or active euthanasia, but by denying suffering, mortally ill individuals the option of dying. As one euthanasia advocate writes, "The

most compelling argument in favor of physician-assisted suicide has always been the one...that some conditions are so intolerable that the only relief is death" (Hall, 1994, p. 12).[2] This passage also points up two other important components of the *Humane Treatment* medical sub-frame: "death with dignity" and "quality of life." In addition to the harm caused by prolonging the physical suffering of the dying, "death with dignity" emphasizes the harm in forcing them to endure "indignities" such as the disintegration of their physical and mental faculties. Euthanasia advocates argue that if medicine cannot cure, it should at least do everything possible to alleviate suffering--including hastening the dying process. This also relates to so-called "quality of life" issues: If individuals are hooked to machines, totally dependent on others, and unable to enjoy or experience "normal" life, the argument here is that they are no longer "human" or "alive" in any authentic sense. Quality of life arguments draw on pragmatic justifications such as the notion that euthanasia candidates are "as good as dead anyway." The United States Supreme Court in *Quinlan*, in ruling that euthanasia is appropriate for a suffering or dying individual whose "life is without quality, purpose, or contribution and instead is filled with anxiety and pain," imbued the *Humane Treatment* frame--and its components, "death with dignity" and "quality of

[2]Examples of such conditions, according to Hall (*Ibid.*), include "severe instances of amyotrophic lateral sclerosis [Lou Gehrig's disease], multiple scleroses, Parkinson's disease, Lupus, end-stage lung disease, and perhaps advanced brain cancer or gastric cancer."

life"--with legal authority (*In re Quinlan*, 1976).[3]

As suggested by this discussion, the *Humane Treatment* medical sub-frame also contains the argument that severe psychological pain justifies both passive euthanasia and PAS. Individuals with terminal or catastrophic medical conditions may suffer emotional distress stemming from loss of privacy and autonomy, physical immobility, lack of control over bodily functions, isolation from friends and family, loss of familiar daily routines, awareness of increasing dependence on medical technology, feelings of hopelessness and powerlessness, realization of mental and physical deterioration, anxiety about future pain, and the dread of burdening loved ones financially and emotionally. RTD advocates argue that legalizing euthanasia--including PAS--relieves such sources of psychological pain.[4]

A corollary to the compassion/mercy argument spelled out above is the "right" of individuals to extend compassion to the suffering--an argument that allows RTD activists to attach the *Humane Treatment* frame to culturally resonant "rights" discourse. Emphasizing the role of outside parties in administering to the suffering, this argument stresses physician activism in the death process not only as moral right,

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[3]*Quinlan*, 355 A.2d at 644 ("[T]he State's interest [in protecting life] weakens and the individual's right to privacy grows...as the prognosis dims. Ultimately there comes a point when the individual's rights overcome the State's interest.")

[4]Even if patients never actually avail themselves of assisted suicide, RTD proponents argue that merely knowing they had this option would ease their psychological discomfort. Refuting the counterargument that better palliative care would render euthanasia unnecessary, RTD advocates stress that PAS remains the most compassionate action even for those patients who are in no physical pain, but whose gradual deterioration has so lessened their powers and autonomy that they are no longer "human" in any meaningful sense.

but a duty. The rhetorical question, "Why is it that animals can legally be put out of their misery--but not humans?" perhaps best expresses this element of *Humane Treatment.*

As Gamson (1988) points out, dominant frames (such as *Humane Treatment*) exist in a dialectic relationship to counter-frames. Countering the *Humane Treatment* frame--which is grounded in the assumption that suffering is always negative--is the pro-life religious frame, *Suffering is Positive*, which argues that suffering has legitimate benefits for those desiring spiritual growth and "redemption" (Bernardi, 1995, p. 14).[5] As expressed by one pro-life activist critical of modern culture's tendency "to maximize pleasure and minimize pain," "there is a pervasive and portentous avoidance of the distinctly human experience of suffering. Amid cultural uncertainty about good and evil, suffering has come to be viewed as a secular equivalent of sin, from which we need to be saved" (*Ibid.*).[6]

Other pro-euthanasia medical frames are also used extensively by journalists to represent euthanasia to the American public. For example, *Medicine Out of Control*--which argues that medical technologies developed to prolong life have resulted in control of death "by machines rather than nature" (Wallis, 1986, p. 60)--is a consistent drumbeat of euthanasia news discourse in this research. Other common pro-

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[5]The enormous popularity of the 1997 book, *Tuesdays with Morrie*, a best-selling treatise on the redemptive benefits attending death and dying, testifies to the resonance of these ideas with the American public.

[6]According to Gamson, counter-frames circulated by challenger social movements such as the pro-life movement in the euthanasia controversy seldom if ever achieve dominance in news coverage unless major events provide an opening for them (*Ibid.*).

euthanasia medical sub-frames are *Criminalizes Doctors* (laws prohibiting euthanasia make common criminals of ordinary doctors who practice PAS in secret) and *Standards Needed* (PAS should be legalized and regulated both to protect doctors and to prevent abuses). A more detailed discussion of these frames is offered later in this chapter.

Legal Frames

As with medical framing, this study's findings show that journalists overwhelmingly privileged pro-euthanasia over pro-life legal frames. Pro-euthanasia legal frames include the ubiquitous *Right to Die*, as well as *Undermines the Law*--which argues that the widespread practice of PAS, which is illegal in all but one state in the United States, dilutes the authority of the law. Marginalized in euthanasia news coverage are legal frames supporting pro-life viewpoints and positions, including: *Euthanasia is a Crime* (Murder) and *Legal Safeguards Are Impossible.*

Of the pro-euthanasia legal frames used by journalists to construct the euthanasia issue in national print coverage, the *Right to Die* frame is paramount. Considered a cornerstone of American democracy, individual autonomy is based on the notion that humans--created in God's own image--possess special attributes that give rise to innate freedoms and rights.[7] As the mobilizing force behind the campaign

[7]Specifically, American society recognizes the right of individuals to "life, liberty, and the pursuit of happiness." Euthanasia advocates argue that this means not only the freedom to make choices about marriage, careers, child-rearing, and education, but also about the circumstances surrounding death. Indeed, they argue, the fact that society grants individuals the right to refuse medical treatment or life-support systems provides evidence of Constitutional recognition of a "good death" as an integral part

to legalize euthanasia, the *Right to Die* frame argues specifically that individuals have the right to make decisions concerning the circumstances of their own deaths. In American society, where individualism trumps virtually all other social values, rights frames are believed to possess particular resonance. One pro-euthanasia ethics scholar articulates the ideological basis of this frame in the following passage:

> The highest value for suffering, terminally ill patients is to maintain control and dignity in dying by preserving the right to self-determination. The obvious logic of maintaining control and dignity in the face of such misery is quite compelling in a society like ours that places the right to self-determination among the greatest values in life (Reitman, 1995, p. 299).

As this quote suggests, the reasoning behind the *Right to Die* frame--that if individuals have the right to control the circumstances of their lives, they should also have the right to control the circumstances of their deaths--applies not only to terminally ill patients in pain, but to anyone whose suffering makes life intolerable. Ultimately, euthanasia supporters believe that autonomy eclipses the state's interest in protecting life.[8]

It is important to note that within the rights frame, active euthanasia (PAS) is indistinguishable from passive euthanasia (e.g., withdrawing or withholding life support). Approaching the problem of death from a "rights" standpoint, euthanasia advocates argue that the constitutional right to refuse medical treatment established by

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of the overall pursuit of happiness. Moreover, it is only the dying who are qualified to determine whether their lives are worth living.

[8]The right to both passive and active forms of euthanasia--as well as DNR orders, living wills, and advance medical directives--are all based on the individual-autonomy frame.

the United States Supreme Court in *Cruzan* extends logically to active euthanasia--including PAS. They point out that withdrawing or withholding medical care and helping a patient commit suicide has the same intent (to end life) and the same outcome (death). Moreover, they argue that the medical profession currently condones other lethal end-of-life treatments such as administering pain-killing narcotics in dosages high enough to cause patients to stop breathing.[9]

Pro-life activists counter the *Right to Die* frame with the catchphrase: "The right to die will become the duty to die" (See, e.g., Appleby, 1995). This catchphrase--which is particularly pervasive in literature distributed by disabilities groups opposed to legalized euthanasia but is rarely used by journalists covering euthanasia in this research--is a component of the *Slippery Slope* frame, which "warns against the potentially disastrous consequences of stepping over the boundary that separates 'allowing to die' from active killing" (Bernardi, 1995, p. 14). As one Catholic theologian elaborating on the "duty to die" theme writes, the "autonomous" choice of PAS or passive euthanasia is seldom if ever made by individuals, but rather is "subtly or not so subtly influenced by others" (Ibid.):

> This notion of the isolated, self-sufficient individual endowed with the right to privacy is a fiction. There is the fallacious implication that the isolated individual possesses a freedom that has no inherent connect to

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[9]As one euthanasia advocate observes, "[A] great many doctors give very large doses of morphine at the end of life--ostensibly to relieve pain and restlessness--but also in many cases to hasten death. There's a lot of subterfuge and doublespeak here" (Angell, 1997). The logic here is that if the law makes a distinction between "letting die" and "killing" in these instances, the same distinction should hold for assisted suicide when it is voluntarily requested by a competent and fully informed adult or his/her legal surrogate.

> an order of truth that transcends the self. The radical rights rhetoric promotes an ethical relativism that is destructive of the common bonds necessary for maintaining human dignity and social order (Ibid.).

As outlined above, *Undermines the Law*, the second pro-euthanasia legal frame used by journalists in the articles in this study, argues that outlawing a practice (i.e., euthanasia/PAS) that enjoys broad public and medical support ultimately threatens the authority of the legal system and hence potentially destabilizes society. Although assisted suicide is illegal in every state in the union save Oregon, enforcement of anti-euthanasia laws has grown increasingly difficult, if not impossible, over the past decade. As one legal commentator observes,

> Police are not reporting mercy killings and assisted suicides: district attorneys are not prosecuting them; grand juries are not indicting; and, when a rare case does go to trial, juries are acquitting. Is this better than having a law that would provide regulations about a practice that desperate people are exercising surreptitiously? (Pugliese, 1993, quoting Girsh, 1992, pp. 188-189).

RTD activists argue that Kevorkian's public flouting of Michigan anti-euthanasia laws has further weakened the viability of such statutes (e.g., note Kevorkian's participation in more than 120 deaths since 1990 and his acquittal in three murder trials before finally being convicted in 1999). RTD advocates argue that this trend not only dilutes the power of the law generally, but has spawned "an unregulated and unpoliced area of medicine" (Pugliese, 1993, quoting Altman, 1991).

Framing Stages in Euthanasia News Coverage

News Frames and Social Change

Before proceeding to a detailed description of findings on the framing stages

through which euthanasia coverage evolved over the more than 20-year period of this analysis, it is important to note that although these stages are rather clearly delineated, they proceed neither linearly nor without overlap. In many ways, framing stages (and the issue cycles within which they operate) exemplify what physicists refer to as "highly complex systems." Like the weather and similar natural phenomena, framing patterns are affected by relatively small and unpredictable forces and are shaped by a plethora of variables. As such, they defy researchers' attempts to pin down their precise beginnings and endings, much less make highly accurate predictions about their future paths. Yet out of the "chaos" of news frame dynamics, definite patterns are discernible. While framing stages typically proceed non-sequentially, it is possible with careful, systematic analysis to isolate and extract specific patterns or motifs from the stream of news discourse in order to evaluate their meanings and significance.

A fundamental question giving rise to the present study concerns how the various framing stages through which news coverage evolves are knitted together with such apparent seamlessness. How is it, for example, that support for euthanasia advanced so rapidly--and yet so imperceptibly--in news media discourse, completing the cycle from "Should we pull the plug?" to "Should we allow physicians to inject dying individuals with lethal drugs?" in less than two decades? What mechanisms fueling such major social shifts allow them to take place behind a cultural "shroud" that camouflages the mechanisms of change--and more importantly--masks emerging dominant ideologies and positions? Put another way, how is it that social change tends to unfold on a largely invisible plane, with its specific constituents remaining largely

opaque to news consumers?

Although these questions are essentially unanswerable--since they rest on the interaction of a highly complex set of forces--analysis of the specific framing stages that mark euthanasia coverage provides some interesting clues to the process. One contribution of this research is the notion of "frame eruption"--conceptualized as a break in the "stream" of news characterized by the unexpected introduction of a (usually sensational) news story that not only disrupts the pattern of framing in process, but presages or foreshadows fully articulated future frames. Such a frame eruption occurred in the late 1980s, a framing stage devoted primarily to questions involving passive euthanasia--specifically removal of food and hydration from comatose and gravely ill patients to expedite death. During this framing stage, occasional news articles addressing active euthanasia appeared--such as when a celebrity obtained PAS to avoid a prolonged hospital death or a physician who helped a patient die was charged with murder (See, e.g., Jacoby and Miller, 1988, p. 101). The result of such incidents was the brief foregrounding of active euthanasia in a primarily passive stage. It is hypothesized here that the more "shocking" or fundamentally disruptive the nature of these frame anomalies, the greater their potential to accelerate the movement of issues across frame-stage boundaries. Of course, the more rapid the movement of an issue such as the euthanasia controversy across frame-stage borders, the more expedited the social change process.

In addition to illuminating some of the elements driving the speed and direction of social change, observation of journalists' attempts to deal with "frame

eruptions" affords insights into the news media's role in obscuring the mechanisms of social change. As reporters and editors struggled to contain disparate and contradictory euthanasia-related developments into the existing "package" of news frames, they blurred or smoothed over the rough-edged inconsistencies accompanying these perturbations. Journalists unconsciously work to disguise or flatten the "edges" created by the constant incorporation of novel events, facts, and other developments into news stories for three primary reasons: (1) to preserve the illusion of narrative or frame fidelity--the sense of flow or fluidity that characterizes news coverage; (2) to maintain a sense of social stability or order (a key press function); and (3) to enhance their own credibility by avoiding the appearance of confusion or disorientation.[10] The notion of frame eruptions sheds light on why social change, as both filtered by and manifested through news frames, is often simultaneously dramatic and yet "commonsensical." Frame eruptions and journalists' reactions to them, then, offer a partial explanation of how the news media facilitate social change while simultaneously effacing or obscuring their own role in the process.

An example of a particularly jarring (and hence change-accelerating) frame eruption occurred with the publication of the provocative article, "It's Over Debbie"

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[10]Indeed, certain issues and events may be so "shocking" or unprecedented that they render journalists incapable of performing these three functions--and hence unable to report on these phenomena. This provides a possible explanation as to why AIDS was not covered in the mainstream news media for a full decade after it initially struck the gay and intravenous-drug communities. As it was, when it finally attracted news media attention, AIDS created a major frame eruption in the ongoing coverage of a spectrum of issues ranging from homosexuality and sexually transmitted diseases (STDs) to health risks associated with blood transfusions and intravenous drug use.

in a major medical journal. Written by an anonymous physician who admitted practicing PAS on a patient who had given less than overt consent (1988),[11] this controversial article triggered intensive news coverage of active euthanasia during a passive euthanasia frame stage. The fact that the article was written by a physician--a member of the elite group of institutional and official sources that journalists rely on most heavily in covering the news--compounded its ultimate impact on framing of the euthanasia controversy. Despite the ethically questionable nature of the anonymous physician's actions and the fact that reporters were still in the midst of grappling with passive euthanasia at the time the article was published, reporters were forced by journalistic norms to grant immediate respectability not only to the doctor who authored this article, but to his justifications and arguments supporting PAS. The interjection of "It's Over Debbie" into the passive-euthanasia news stream forced journalists to circulate new pro-PAS arguments from a credible source and in doing so challenged established cultural norms and images of physicians as healers. Consequently, "It's Over Debbie" fundamentally disturbed the passive-euthanasia framing cycle in progress and played a critical role in preparing the ideological and discursive ground for the emergence of a crucial frame shift. Two years later, when images of Kevorkian's subversive "suicide machine" and guerrilla-style PAS fixed the issue of active euthanasia indelibly into the American psyche, an almost immediate shift in news frame focus from passive to active euthanasia resulted. Yet based on the

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[11]The resident who wrote the article administered a fatal dose of morphine to a patient named "Debbie," after she purportedly said, "Let's get this over with."

"frame eruption" hypothesis advanced above, it is unlikely that Kevorkian's impact on news media framing would have been as sudden or severe had "It's Over Debbie" not already primed the news media and sowed the ideological seeds of future frames.

Master Frames

Yet another question related to the role of the news media in social change concerns why certain frames--such as *Right to Die*--solidify early on and remain fixtures of news coverage while others undergo subtle or pronounced transformations or are omitted or marginalized in media discourse. A key to understanding this phenomenon lies in the concept of "master frames"--highly resonant frames such as "individual rights" used by a spectrum of related social movements to motivate activists (Snow and Benford, 1992). It is in the initial stage of news coverage that the discursive boundaries of a novel social phenomenon are fixed; journalists select among master frames distributed by social activists and interest groups early in an issue cycle.

The *Right to Die* master frame (which is both a pro-euthanasia master frame and movement slogan or catchphase), which might alternately be called "autonomy" or "self-determination," is part of the rights master frame that has constituted the core of social movement mobilization in Western countries since the 1960s (Tarrow, 1990).[1] That this frame is used so extensively to interpret and organize the issue of

[1]Of course, the notion of self-determination (or individual autonomy), which is grounded in Ancient Greek traditions, has much longer roots--appearing consistently in arguments supporting euthanasia since the 1800s (Emanuel, 1994).

euthanasia in this investigation is not surprising given the dominance of rights language in American discourse generally, the reliance of virtually all social movements since the late 1960s and early 1970s on "injustice" frames (Gamson, 1992),[12] and the prevalence of rights rhetoric in abortion news coverage (See, e.g., Condit, 1990; Grindstaff, 1994). Abortion discourse played a particularly strong role in shaping both RTD activists' and the news media's choice of the "rights" master frame for the euthanasia controversy. Euthanasia and abortion share a number of common traits: Both are opposed by the same religious groups (e.g., the Roman Catholic Church and fundamentalist Christian organizations); both consist of "pro-life" factions that draw primarily on religious frames and "pro-choice" factions that draw primarily on "rights" rhetoric to advance their respective ideologies; both are fundamentally concerned with questions involving the relationship of the human body to major institutions of control (specifically established medicine and government); both are fueled by (largely unspoken) economic considerations; and the courts have used similar legal justifications in ruling on both controversies.[13]

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[12]Injustice frames stress righteous indignation arising from unequal distribution of rights in political practice. Considered central to modern social movements, injustice frames are highly effective in mobilizing collective behavior. They not only help forge a cohesive group identity, but provide movement actors with justification for their acts, aid them in coordinating a unified response to the opposition, and assist them in planning future strategies of action (Gamson, Fireman, and Rytina, 1982).

[13]Significantly, medical frames dominated news stories on euthanasia regardless of their overall ideological thrust--that is, whether dominant frames carried RTD or pro-life positions. In addition to the pervasive pro-euthanasia *Humane Treatment* sub-frame--which argues that dying patients should be allowed to die peacefully and in the time and manner of their choosing--four additional pro-euthanasia medical frames are used by journalists in the news articles in this study. These include: *Medicine Out of*

Whatever the genesis of the *Right to Die* master frame, rights rhetoric was embedded in pro-euthanasia discourse well before Quinlan's accidental drug overdose made her a national symbol of the RTD movement. Because coverage of euthanasia did not begin in *Time* and *Newsweek* until the Quinlan controversy, it is instructive to examine another national print news source to shed light on early use of rights rhetoric in news coverage of euthanasia. An analysis of news reports on euthanasia appearing in *The New York Times* in the early 1970s shows that the rights frame was already well-entrenched by this time. For example, half a dozen references to "rights" appear in the first seven paragraphs of a 1971 news story on euthanasia (Klemesrud, 1971, p. 35). An editorial published in the *Times* in 1973 openly advocates "the right to die" (The Right to Die, 1973), and an op-ed piece appearing the previous year not only makes a passionate case for "the right to choose death," but charges the legal system with denying "this right" to the public (Russell, 1972, p. 29). The fact that no quotation marks are used to set off the phrase "right to die" in these pre-Quinlan articles indicates reader familiarity with a slogan widely associated with the RTD movement. The durability of the rights frame in pre-Quinlan coverage of euthanasia is also demonstrated in the following passage from an article on living wills published in *The New York Times* in 1974--a year prior to Quinlan's accident. Although, once again, readers are assumed to be well-versed on the concept of a "right to die," note how carefully the author explicates the rights frame, comparing euthanasia with similar rights struggles over "Women's Lib" and abortion and equating the "right" to control one's body, hair, clothes, and sex life with the "right to die":

> The right to die hardly competes with Women's Lib for public attention, nor is it as controversial as abortion; to many people, however, it represents one of the last unresolved issues in the battle for human rights. Many civil libertarians, for example, contending that everyone is entitled to control over his own body, assert that one's mode of dying should be as privileged a part of one's life-style as long hair, clothes and sex. Under the Constitution, they argue, the right to die is as inalienable as the right to live (Dempsey, 1974, p. 12).

Of course, the best explanation for both the pre- and post-Quinlan framing of euthanasia in terms of legal rights is the high resonance rights discourse has always had in American culture. As Tarrow (1994, p. 129) observes, "It is striking how naturally Americans frame their demands in terms of rights--whether they be the rights of minorities, women, gay men and lesbians, animals or the unborn. European movements are far less likely to employ a rights discourse, even when their goals and constituencies are similar." News media scholars have found legal rights to be an integral part of news media coverage of the women's movement, the civil rights crusade, the campaign for animal rights, and the abortion debate, among other issues (see, e.g., Condit, 1990; Silverstein, 1992; Patterson, et al., 1998).

Once in play, master frames tend to remain consistent in news media reporting. Congruent with this is the present study's finding that many of the catchphrases, modifiers, descriptors, and other framing elements used to cover euthanasia in the first stage of the debate continue through late-stage coverage. The catchphrase "right to die," for example, is reproduced in some form in virtually all euthanasia news stories in this study and appears repeatedly in headlines and sub-heads throughout the full period of analysis. It is telling, for instance, that both the first story included in this research (Clark and Agrest, 1975) and a story published 22

years later (Van Biema, 1997) use the identical headline: "Is There a Right to Die?" A number of synonyms for the "right to die" also appear consistently in all stages of coverage, including *"the right of self-determination," "the guarantee of liberty," "patient sovereignty," "self-deliverance," "the right to decide when to die,"* and *"the right to control the circumstances of death."* Another RTD catchphrase, "death with dignity," is also a staple of all framing stages, although it appears less frequently than "right to die." Somewhat surprisingly, the appearance of a third common catchphrase used by RTD supporters--"quality of life"--is relatively rare in news stories in this study, although its message (that comatose or dying patients connected to life support systems have lost the essence of what it means to be "alive") is an underlying theme of most news articles on euthanasia and is a particularly strong sub-text of anecdotes selected by journalists to personalize and dramatize the euthanasia controversy.

The Early Years: 1935 - 1975: Euthanasia Discourse Before Quinlan

In order to grasp the significance of the three major framing stages discussed below, it is useful to understand the extent to which euthanasia had impressed itself into public awareness in the decades prior to Quinlan. As the Euthanasia Timeline shows (Appendix A), the RTD movement had made deep inroads into the American cultural consciousness well before Quinlan. By the end of the 1930s, no fewer than three RTD groups were well-established in the United States. Another testament to the early salience of the euthanasia issue is a pronouncement made in the 1950s by Pope Pius XII on the Church's position on the use of life-support systems to prolong the lives of terminally ill and comatose patients. As additional evidence of early concern

about euthanasia, an elite group of medical authorities met in the 1960s to create an "official" definition of death that would better align with sweeping advances in medical technology that by this time could keep patients' hearts beating almost indefinitely. And it is significant that in 1972--three years before Quinlan became a household name in America--the United States Senate was busy holding hearings on "death with dignity," a pro-euthanasia catchphrase that, along with "right to die," was adopted by journalists to interpret the euthanasia issue to the American public.

However broad their dissemination, these early seeds of public interest and signs of social unrest did not germinate until Karen Ann Quinlan's coma--a flashpoint in the evolution of the 20th-century RTD movement and the catalyst that would thrust the euthanasia controversy onto the media and public agendas in the mid-1970s. Social scientists have proposed a number of models to describe the stages through which social problems like euthanasia tend to progress. According to one such model, they evolve through five stages: (1) incipiency; (2) coalescence; (3) institutionalization; (4) fragmentation; and (5) demise (Hiltgartner and Bosk, 1988, p. 55). Applying this model to euthanasia, it may be said that the Quinlan case propelled the issue from "incipiency" to "coalescence." Because of Quinlan's pivotal role in coalescing and focusing media attention on a "right to die," the mid-1970s was chosen as the starting point for this study's analysis of national print news framing of the euthanasia issue.

Stage One: Debate over Passive Euthanasia (Withholding of Life-Support Equipment, DNRs, and Invasive Medical Therapies), 1975 - 1984

The above discussion of master frames helps explain how it is that by 1975--

when euthanasia entered public discourse as an ongoing, legitimate media issue--journalists had already identified the major frames that would characterize coverage of the controversy for the next two decades. Even so, it is striking how comfortable journalists seem in covering euthanasia stories early on given the disturbing nature of the topic and the news media's traditional reluctance to offend readers with the details of physical deterioration that are at the heart of this issue. Death, as one researcher points out, is foreign to the news media's "own abiding structure, the illusion it must maintain to remain culturally and economically viable" (Kalwinsky, 1998, p. 93).

In addition to pro-euthanasia master frames such as the *Right to Die* or *Humane Treatment* (and its corollary, "death with dignity") already in circulation by the time euthanasia gained sufficient momentum to attract media attention, a host of factors influenced the framing choices reporters made in the first framing stage. Like all frames used to construct social problems and issues, those used to represent euthanasia were restricted by the available inventory of cultural symbols, myths, collective memories, and common-sense understandings in circulation at the time (Swidler, 1986). Equally important in constraining euthanasia frames were various events and developments playing a crucial role in propelling the issue from the fringes of social activism to the glare of media attention. Two such developments worked in tandem to catapult euthanasia into the media spotlight in the mid-1970s: The first was hospitals' routine use by this decade of life-sustaining technologies to prolong the lives of terminally ill and comatose patients. And the second, of course, was Karen Ann Quinlan's coma and the subsequent legal battle waged by her parents to force

removal of her respirator. It took both developments to mobilize the disparate factions of the RTD movement, provide the media with the medical and legal frames it needed to make sense of and interpret this troublesome new controversy, and launch the issue of euthanasia fully into public and mass media awareness.

At issue in the Quinlan case--as in the first stage of coverage generally--was passive euthanasia: Is it appropriate to hasten death by removing a respirator or withholding medical treatment from comatose or gravely ill patients at their (or their guardians') request? Analysis of the first framing stage shows the news media and the nation still clearly grappling with what one *Newsweek* reporter called, *"that hard question--to pull the plug or continue living as a vegetable"* (Ansen, 1979, p. 99).

A. Promotion of Pro-Euthanasia (RTD) Frames in Stage One

As mentioned earlier, news reports in this study overwhelmingly privileged pro-euthanasia frames during the full period of coverage analyzed in this research. This pattern is clearly in evidence from the first news stories on euthanasia appearing in *Newsweek* and *Time*. Along with heavy use of medical and RTD sources advocating acceptance of euthanasia, pro-euthanasia ideologies are manifested through a broad spectrum of framing devices ranging from syntactical structures (headlines and leads), visual images, and anecdotes to catchphrases, exemplars, and depictions. Anecdotes advancing pro-euthanasia themes, for example, are highly favored over pro-life cautionary tales warning of the unintended consequences or drawbacks of legalization of passive euthanasia.

Although a more in-depth discussion of the ideology of news frames appears

later in the following chapter (Chapter 7), it is useful at this point in the discussion to show how journalists' use of a particular framing strategy contributed to the overall promotion of passive euthanasia in this framing stage. This framing strategy concerns the use of loaded modifiers such as *"extraordinary means"* and *"heroic measures"* to describe medical efforts to keep comatose or terminally ill patients alive. These terms, which appear sporadically throughout the two decades of coverage, are a fixture of coverage in the first framing stage.[14] In an early article on Quinlan, for instance, the terms, *"extraordinary effort," "extraordinary means," "extraordinary treatment," "artificial means,"* and *"heroic treatment"* are all used to refer to patients' on life-support systems (Clark and Agrest, 1975, p. 58). While this article's use of these modifiers is unusually heavy, most stories in the first framing stage contain at least one reference to "extraordinary" or "heroic" efforts or resort to alternatives such as *"excessive treatment," "relentless drive to extend the life of the aged," "artificial intrusions,"* and even *"massive and heroic intervention."*

Of course, it might be argued that journalists' heavy reliance on "extraordinary

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[14]Two explanations exist for the drop in frequency of these terms by the third framing stage in the 1990s: First, it is possible that the concept of "heroic" or "extraordinary measures" was sufficiently ingrained in public awareness by the early 1990s that journalists no longer felt the need to use these terms. The second--and more reasonable explanation--is that by the early 1990s these procedures had become "ordinary" rather than "extraordinary" in most hospitals in the United States. Most hospitals by this time also had policies in place by this time officially recognizing advance directives (e.g., living wills). The Patient Self-Determination Act of 1990, which went into effect in 1991, required all hospitals to ask Medicare and Medicaid patients about their end-of-life preferences. These developments undoubtedly resulted in fewer complaints--and hence fewer anecdotes to include in news stories--about hospitals and doctors extending the lives of dying patients through "extraordinary" or "heroic" measures.

efforts," "heroic measures," and similar terms is justified on the basis that these are medical terms borrowed from medical professionals--the primary sources journalists draw upon in this study's news stories.[15] Yet their repetitious and ritualistic use outside their original medical contexts not only contributes to medicalization of euthanasia coverage, but results in a distinctly different set of meanings in news stories than in a clinical context. The cumulative effect of their pervasive use is that of underscoring the pointlessness, excessiveness, and irrationality of using medical technology to prolong the lives of patients who are not "alive" in any qualitative sense. Moreover, the implicit message communicated by loaded modifiers such as "extraordinary measures" is frequently made explicit through use of the authorial voice or that of medical authorities. One doctor, for example, is quoted as saying that, "*practically speaking, Karen Ann [Quinlan] is dead already*" (Sheils et al., 1975, p. 76).

B. Medicalization of Euthanasia in Stage One

Given the focus of this study on the way in which news frames promote medicalization of the euthanasia issue, it is useful to demonstrate some of the characteristics of medical framing found in the first framing stage. For this purpose, a single news report has been selected for in-depth analysis. This news story, a *Newsweek* article titled "A Right to Die?," focuses on the events surrounding the

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[15]Although the repetitive use of these terms might also simply be considered yet another example of journalists resorting to "lazy" or shopworn phrases under deadline pressures. Even if this is the case, clearly the cognitive *effect* on readers remains the same.

Quinlan case (Clark, 1975). While any number of similar articles might have been chosen, this article has a number of features that recommend it: First, it is the earliest in-depth article on euthanasia to appear in the news magazines in this study. As such, it may be presumed to have played a key role in both defining the terms and setting up the discursive boundaries of subsequent coverage. Additionally, its length (over 4,000 words) is sufficient to allow extensive evaluation of strategies used to promote pro-euthanasia medical frames. And finally, it reflects the way in which journalists in this study generally marshalled sources, terms, and arguments, as well as exemplars, anecdotes, descriptive details, visual images, and other "condensing symbols" to construct the euthanasia controversy primarily as a medical (rather than a metaphysical, philosophical, ethical, political, or economic) issue.

Among the first steps in framing analysis is to examine the syntactical structure--the headline and lead paragraphs--of news texts (see, e.g., Pan & Kosicki, 1993). It is significant, first of all, to note that the headline, "A Right to Die?" is a highly favored RTD catchphrase. Although this particular headline presents the "right to die" catchphrase in the form of a question rather than a statement, it nevertheless evokes the highly resonant individual rights (legal) frame. The implicit pro-euthanasia thrust of this headline becomes more apparent if one imagines an alternative headline based on a pro-life catchphrase or sub-frame such as "Sanctity of Life?" or "A Duty to Die?," either of which suggests a distinctly different response to the question of euthanasia's appropriateness. While the headline, "A Right to Die?"--with its reference to individual "rights"--refers to the legal battle mounted by Quinlan's father

to disconnect her from the respirator, the text of the article suggests the medical *Humane Treatment* sub-frame, which argues that Quinlan should have the right to "die in peace" or "die with grace and dignity."

Along with headlines and leads, sources represent another important indication of a story's overall frame. In this article, sources are employed overwhelmingly in the service of medical viewpoints and values: Of a total of 32 sources used in this news story, 22 (or nearly 70 percent) are physicians. In contrast, the article draws from only two sources voicing theological, philosophical, or ethical perspectives.

Yet another step in framing analysis and an important cue to the directionality of news story frames involves identifying the terms or language used to interpret a social problem or issue. This article serves as a case study of the medicalization of the euthanasia controversy. For example, in addition to the pervasive use of medical terms such as "heroic" and "extraordinary measures" discussed earlier, the machine that keeps Quinlan breathing is described as a "*Bennett MA-1 respirator.*" Moreover, medical terms and jargon are used to describe an exhaustive list of phenomena, including: (1) the "definition" of death (e.g., *"brain death," "the absence of brain waves on an electroencephalogram," "heart death"*); (2) Quinlan's specific circumstances (e.g. *"light on her respirator," "persistent vegetative state," "spontaneous respiration," "fixed and dilated pupils and no response to external stimulation," damage to nerve cells," damage in...the reticular formation of the midbrain,...both halves of the cerebral cortex,...the basal ganglia,...the thalamus,"*

"intravenous feedings," "metabolic in origin"); (3) symptoms and cases in which euthanasia is characterized as an appropriate option (e.g., *"incurable malignancy of the bone marrow," "cerebral hemorrhage," "intestinal obstruction," "encephalic," "gastrointestinal or cardiac defects," "incurable anemia"*); and (4) procedures and equipment used on patients for which euthanasia may be appropriate (e.g. *"injection of adrenalin," "heart-lung machine," "lethal dose of potassium chloride"*).

Once again, while it may seem natural or logical that Quinlan's story be told by medical sources in the language of medical technology (after all, her narrative does take place in a hospital), the impact and meaning of medical language in a news narrative differs substantially from the same language used in a patient's hospital chart. But even more crucial than the pervasive use of medical terminology outside its clinical context is the underlying message that this usage signals to readers about the appropriate domain in which euthanasia-related problems should be addressed. Telling the story in the technical language of medicine rather than the language, say, of sociology, philosophy, history, or even metaphysics unconsciously emphasizes not whether euthanasia should be practiced, but in which particular circumstances (read: medical cases diagnosed and controlled by doctors). In this way medical language itself can be seen to constrict and bias public discourse on euthanasia.

C. Framing of Conflict

As with other news stories in which medical framing dominates, the news story highlighted here not only uses medical terms and vocabularies to medicalize suicide (which in reality does not actually require medical intervention), but does so

by overtly championing medical views on the appropriateness of euthanasia as a "solution" to the problems facing individuals at the end of life. A prime way in which euthanasia is medicalized in news framing is through an emphasis on various conflicts, some of which reappear throughout the two decades of news coverage and others of which, interestingly, diminish in intensity over time. Like other framing elements in the first framing stage, these conflicts are used to promote both pro-euthanasia and medical framing of the debate over euthanasia.

Of course, the primary conflict during the first framing stage is the debate--symbolized by Quinlan--over whether it is appropriate to remove respirators and other life-support systems from comatose or gravely ill individuals to bring about death. Two additional conflicts also emerge in the first framing stage: (1) conflict between dying patients (or their surrogates) and medical professionals; and (2) conflict between the medical and legal systems over authority to make decisions involving passive euthanasia.

Given the focus of most articles in this period on the Quinlan case, it is not surprising that the first of these latter two conflicts--antagonism between doctors and their patients or surrogates--appears in the first stage of coverage. The article selected for in-depth analysis, for example, describes relations between Quinlan's parents and her doctors as characterized by *"a great deal of bitterness"* and as having *"steadily deteriorated ever since the Quinlans brought their lawsuit...to force removal of Karen's extraordinary life-support systems."* Journalists generally draw upon four specific frames to articulate this conflict: (1) *Humane Treatment; (2) Medicine Out of*

Control; (3) No Legal Interference; and *(4) Right to Die.* These four pro-euthanasia medical frames are highly related and frequently appear together in the news stories in this investigation.

As mentioned above, conflicts function in the stories in this study not only to attract and hold readers, but to medicalize assisted suicide. The second major conflict played out in the first framing stage concerns the battle between orthodox medicine and the legal system over which should wield authority over decisions involving euthanasia. There is little ambiguity as to which opponent most articles in this framing stage support in this power struggle: In both overt and subtle ways, news frames in this stage suggest that physicians should be able to make euthanasia-related decisions (in cooperation with dying individuals or their guardians) without the encumbrance of legal oversight or regulations. The article selected for in-depth analysis, for example, argues explicitly against legal "interference" in what is depicted as a medical problem. It favors the medical establishment in its turf war with legal authorities by portraying physicians who support euthanasia as both caring and ethical (e.g., *"Many doctors are reluctant to use any means to hasten a patient's death"*) and as victims burdened with the Promethean task of attempting to treat dying patients and their families with care and compassion while being harassed by the legal system for doing so.

Other passages that portray doctors as hapless victims hounded by the legal system emphasize the potentially dire consequences of judicial interference. In an unattributed statement, the article makes the point that, *"Most physicians oppose attempts to settle cases like those of Karen Quinlan in the courts. If [the judge] should*

rule that Karen's treatment must be continued,...it will have a tremendous impact on the practice of medicine." Similarly, several passages depict medical professionals as hassled unfairly by the legal profession, which in turn is characterized as ill-equipped to deal with medical questions: *"No matter how well intended,... such decisions should not be left to the courts alone"; "Perhaps...the single most fundamental question posed by the Quinlan case is whether it or any similar moral dilemma can or should be taken to court of law for resolution"; and "The law...forces doctors to kill secretly....*[from a quote]*" (Ibid.).* Finally, a quote by an AMA representative supports medical hegemony over euthanasia by arguing that because *"the criteria for death will vary"* and *"are constantly evolving,"* it makes no sense to make laws that "lock" doctors *"into a statutory definition of death....After all, it used to be that death occurred when you held a mirror to a patient's mouth and it did not fog up."*

In other words, this quote suggests, medical professionals need to be allowed autonomy not only to define death, but to change their definitions as they see fit. This perspective is promoted in yet another unattributed passage from the same article:

> On balance, the medical consensus seems to be that the traditional relationship between the physician, the patient and the family is what must prevail--in the Quinlan issue as well as in most other decisions on medical practice. The decisions involved, according to this view, are too personal and depend too much on individual circumstances to be left up to the cold impersonality of the law (italics added).

Still other passages in the article promote the notion that legal restrictions force physicians to hide their activities from the prying eyes and invasive reach of the law. As a result of legal restrictions, this news story argues, doctors have no option but to *"work out devious conscience-sparing ploys to accomplish their purposes."* One

such "ploy" involves saying to their patients, *"'I have something for your pain. If you take too much, it will be harmful.' And then, in effect, the patient decides."* Another tactic doctors are depicted as using to circumvent legal restrictions is the substitution of legal for illegal substances to end their patients' lives: *"Instead of switching off the respirator,...they simply don't replace the oxygen tank when it's empty. 'They're not likely to get caught not maintaining the oxygen supply..., while they might get caught unplugging the machine."*

The inappropriateness--and even ludicrousness--of legal rules governing the medical practice of euthanasia is stressed once again in the following passage, which describes the lengths to which doctors must go to avoid "getting caught":

> Doctors seldom forget a patient whose life they bring to an end. Dr. Joel Posner...remembers a desperately ill man on a respirator....Unable to speak, the man handed Posner a note that read, 'Please Don't Kill Me.' Eventually, the patient became so sick that the respirator tube would slip out of his throat several times a day, causing him to turn blue from near suffocation. Finally, because of the man's suffering, Posner decided that further care on the machine was useless, and that the patient should be allowed to die. Turning off the respirator would be cruel, Posner decided, because it might take the patient twelve hours of choking to die. Morphine to put him to sleep could potentially constitute active euthanasia. So Posner turned off the respirator and administered pure oxygen through the tube. The effect was to suppress the man's respiration and put him to sleep. He died shortly afterward. 'It was really no different from morphine,' says Posner, 'but somehow more legal.'

This passage offers an unabashed example of the basic pro-medical thrust not only of this particular news story, but of news articles in this study generally. Note, first, the journalist's careful depiction of the doctor as a compassionate, cautious man who does not take euthanasia lightly (*"Doctors seldom forget a patient whose life they bring to*

an end" and *"Finally, because of the man's suffering, Posner decided...that the patient should be allowed to die"*). But even more striking is the passage's characterization of the doctor's active steps to end a patient's life as allowing the patient to die. In actuality, of course, the doctor administered a lethal dose of oxygen expressly to end the man's life--an unambiguous instance of PAS. Also significant is the journalist's inclusion of the physician's complaint about not being (legally) free to administer morphine instead of the "pure oxygen" he must resort to when ending a patient's life. This, along with the article's (euphemistic) characterization of the doctor's actions as *"suppress[ing] the man's respiration"* and *"put[ting] him to sleep,"* has the effect of normalizing and legitimizing PAS. The passage also portrays legal restrictions governing physicians' care of patients as irrational: *"If oxygen has the exact effect as morphine,"* the reporter opines, *"why make oxygen legal and morphine illegal--and why punish the doctor for using one, but not the other?"*

Finally--and perhaps most significantly--this passage is notable for its conflation of passive and active euthanasia--a framing strategy that clearly promotes support for PAS. No ethical, medical, or even legal distinction is made between the act of turning off a respirator and injecting a patient with a lethal substance to end his life. Based on this and similar articles in the study, it is clear that reporters use the Quinlan case--ostensibly concerned with the debate over passive euthanasia--to help create a favorable climate for active euthanasia, including PAS.

References to the Quinlans' ordeal as *"tragically public," a "personal plight,"* and *"a personal tragedy"* reinforce the medical view that questions pertaining to

euthanasia are best addressed not in the legal arena, but by medical professionals and their patients. The frame used to express this idea is *No Legal Interference*, a medical frame that argues that issues involving euthanasia decisions are much to "delicate" for the legal system's ham-fisted procedures and solutions. Doctors, in contrast, have handled such cases *"countless times, usually on the mutual agreement of patient, family and physician."* However, now that *"the Quinlans' private and personal plight [has come] before the public bar in a case that is probably unique in American jurisprudence,"* physician autonomy has been breached and the doctor-patient relationship violated.

This last sentence's characterization of the Quinlan case as *"unique in American jurisprudence"*--which underscores the unprecedented and unjustified reach of the law into medical terrain--offers an excellent example of an exemplar, a framing device that calls on past or recent cases to instruct or impart "lessons" applicable to current problems. Of the dozen or so exemplars used in this article, only two challenge the appropriateness of euthanasia. These include a reference to the Nazi euthanasia program (*"the calculated euthanasia policy [of] Nazi Germany against cripples, mental incompetents...."*) and a quote from a doctor who practices PAS that articulates the pro-life medical frame, *Causes Worse Suffering* (*"I've seldom seen anybody die [via PAS] with 'peace and dignity. They have tubes and pain, and they're scared. It's not like 'Love Story'"*) *(Ibid.)*.

Exemplars supporting pro-euthanasia ideologies, on the other hand, are both common and are used openly to advocate passive euthanasia in Quinlan's case. For

instance, a patient similar to Quinlan who has been in a coma for 34 years is used as a morality tale or warning of what will befall the relatives of all comatose individuals if the legal system refuses to allow Quinlan to be disconnected from her respirator. This unfortunate coma patient, the article instructs, *"is still cared for around the clock by her mother."* Significantly, *Newsweek* editors selected a photograph of this particular, long-term coma patient to accompany the article on Quinlan--a choice that visually invites and reinforces parallels with Quinlan. Use of a photograph of a patient in a coma for more than three decades, of course, underscores the "rationality" or practicality of using passive euthanasia in such cases much more directly and viscerally than the verbal arguments presented in the text itself. Again, it is useful to imagine possible alternatives to this choice of photographs: What message would have been conveyed, for example, if the news magazine's editors had used a photograph of a third coma patient briefly referred to in the same article who recovered from a long coma and went on to lead a normal life?

Two additional exemplars are used to promote the idea that Quinlan should be allowed to die by linking her case with analogous cases in the past. The first introduces a couple who disconnected their daughter from life support after a doctor warned them that they would eventually resent and "may even start hating her." The second describes a deceased woman as intensely grateful to her son for agreeing to help her obtain passive euthanasia, concluding that,"*[T]his was the greatest gift she had ever received from him."*

As mentioned earlier, Quinlan herself figures strongly in this and other

articles' promotion of pro-medical and pro-euthanasia ideologies. Used as a sympathetic symbol for all dying and comatose patients who languish in a metaphysical and medical limbo as a result of life-extension medical technologies, her case invites audience identification with the pro-euthanasia *Humane Treatment* and *Right to Die* frames. As indicated previously, one of the most important ways in which this ideological position is advanced is through promotion of the idea that Quinlan (as well as others with similar prognoses) is "dead already." This idea is expressed through the notion that "death is inevitable"--an argument that both expresses the *Humane Treatment* frame and indirectly evokes the *Economic/Pragmatic* frame (a pro-euthanasia frame that argues that when "no hope" of recovery exists for comatose and terminally ill patients connected to life support, keeping them alive via medical technology wastes valuable economic and human resources). This inevitability argument is expressed in such statements as, *"Most of the doctors who have examined Karen Quinlan believe she has lost her consciousness of life"* or *"She is in a persistent vegetative state."* Likewise, a physician commenting on Quinlan's condition is quoted as saying, *"I don't believe she can think in any of the sense we talk of. She can't calculate, can't reason. Lets's not confuse mental deficiency and Miss Quinlan. In my opinion, she has no awareness, no consciousness. That's a totally different world."*

Vivid visual images of Quinlan's emaciated body curled into a fetal position, as well as the contrast between her present and past appearance are also used to build the case that she is already "dead" in any meaningful sense:

> Once...Quinlan was a vivacious girl with frosted brown hair and a ready smile. Now she weighs only 70 pounds. Her hair falls on the

> pillow in dull, matted strands. Her skin, sallow and waxen, is stretched taut over her skull. Her mouth is in a rigid grimace, her eyes are tightly shut. Thin yellow tubes...trail from her nose and arm (Ibid.).

Blame for Quinlan's plight--described in this article as *"without hope"*--is attributed to the *"extraordinary means"* used to prolong her life. Having established first, that she is essentially dead and, second, that she is being kept alive unnaturally through life-extension technologies, the article's solution is obvious: Quinlan should be *"allowed to die 'with grace and dignity'" (Ibid.).*

The argument that established medicine has gone too far in its "heroic" attempts to preserve lives is a chief component of another common first-stage frame: Medicine Out of Control. A look at this medical frame provides insights into the way in which even anti-medical arguments are used to medicalize the euthanasia controversy. Although frequently used intensifiers such as *"heroic measures," "heroic treatments," "extraordinary effort," "alive by extraordinary means,"* and *"extraordinary treatment"* generally have a negative connotation insofar as they impugn medical technology, they manage to preserve an overall positive image of doctors as healers. The word "heroic" itself casts physicians in the role of protagonists, however misguided or overzealous their efforts to prolong the lives of "hopeless" patients. What "heroic" suggests here is that doctors are too concerned about keeping death at bay; in this sense, they are not so much culpable as overly duty-bound--compassionate and committed to a fault, as it were.

The fine line journalists negotiate between condemning medical technology on the one hand while preserving an overall positive image of the medical system is

illustrated in the delicate wording of this passage from a 1978 article by columnist George Will: *"Support for euthanasia legislation derives, in part, from the mistaken fear that doctors are obligated to prolong life with all available technologies, however severe the ordeal and cost...."* (1978, p. 72). Although anti-medical on its face, note the passage's use of the words "mistaken fear" and "obligated," which have the effect not of discrediting the medical establishment, but merely of raising questions about particular medical practices. Elsewhere he comments that, *"Perhaps not until this century did the average visit of a patient to a doctor do more good than harm. But now medical proficiency, while making living better, is making dying more problematic. Medicine should prolong life, not the process of dying" (Ibid.).* Here again, the phrase, "medical proficiency," manages simultaneously to praise the medical profession while indicting its life-extension medical technologies. As such, it exemplifies the way in which euthanasia narratives in the first framing stage cast doctors and the medical establishment not as antagonists, but as flawed heroes. By drawing subtle yet clear distinctions between medical professionals and their life-prolonging technologies, journalists stake out a careful middle ground between attacking medicine for having gone "too far" (a framing characterization that in itself implicitly promotes social acceptance of euthanasia), while simultaneously upholding and reinforcing medicine's institutional authority and power.

Given the fact that the Quinlan ruling and legislation passed to increase individuals' autonomy over death and dying eventually meant the end of medical hegemony over euthanasia-related decisions, it is significant that the news articles in

stage one framed the debate so unambiguously from the perspective of medicine rather than law. A final example from a different news article further illustrates this phenomenon. Interpreting the power struggle between medicine and the legal system primarily through the medical sub-frame *No Legal Interference* described earlier, this news story makes a blatant pitch for medical autonomy over euthanasia decisions (Tifft, 1983, p. 68). It does so, first, by depicting doctors as stymied by federal regulations in caring for their patients (*"the new regulations...may thus make doctors more hesitant to take what many had considered the more humane course"*; and *"few medical professionals or lawyers welcome the second guessing of the legal system"*) (Ibid.). Second, it suggests openly that the legal system is incapable of sorting out the morally and medically complex issues informing the debate. The article depicts legal solutions to the euthanasia controversy as inappropriate in the following five ways: (1) as making matters worse (adding *"further uncertainty to an already complex situation"*); (2) as "mischievous and intrusive": (*"[A medical commission] urges courts and legislatures for the most part to stay away. 'The resolution of these issues...should be left to...the patients, their families, and health-care professionals'"; and "legislation diminishing the privacy of the patient-physician relationship 'would be mischievous and intrusive.'"*); (3) as inconsistent (Legal solutions are *"inconsistent policymaking...at best"*); (4) as inflexible (The "absolute rule" of laws governing medical profession would be "undesirable"); and (5) as ill-suited to such an emotionally fraught area of medical practice (*"No judge in the land can adjudicate this type of human suffering"; "'I cannot imaging anything worse that relying on a lawyer*

standing by the bedside leafing through papers to determine what treatment should be administered.") (*Ibid.*).

In summary, news framing of passive euthanasia in the first framing stage reflects both medicalization of euthanasia and overall support for legal and social acceptance of passive euthanasia. By the mid-1980s, withdrawal of medical treatments and life-support systems from seriously ill and comatose patients is no longer framed as debatable, but as a taken-for-granted, routine practice. Framing the issue as having reached such a consensus is significant, not only in view of the strength of opposition to passive euthanasia from organized religion, disabilities groups, and other pro-life activists, but in the context of the many troubling and unresolved questions remaining at this incipient stage in euthanasia discourse.[16]

Stage Two. Expansion of the Debate over Passive Euthanasia (Removal of Food and Hydration), 1984 - 1990

As mentioned above, by the end of the first framing stage the debate over removal of respirators and withholding of medical treatments is portrayed in the news articles in this study as having shifted largely from conflict to consensus. However, a new wrinkle in the passive euthanasia debate awaited journalists that would soon galvanize opponents of passive euthanasia and provide a fresh source of conflict for

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[16]For example, among the most vocal opponents of legalized euthanasia and PAS have been disability-rights groups such as Not Dead Yet, which argue against legalized euthanasia on the basis that it would increase pressure on disabled individuals to "take the so-called option of [euthanasia] when they're denied the healthcare treatments and supports they deserve" (Coleman, 1999).

the news media. This new controversy--over whether removing food and water from comatose or mortally ill patients should be considered an acceptable form of passive euthanasia--raised disturbing new concerns about the moral and legal limits of passive euthanasia. The dimensions of this new "feeding-tube controversy" are summarized in the following passage from a second-stage news story:

> [S]ince the Quinlan ruling, many Americans have come to view kidney dialysis, cancer chemotherapy and the use of respirators as treatments that can be halted if they become too burdensome physically, emotionally and financially....But feeding may present a different issue....Is a surgically implanted nourishment tube similar to optional forms of medical technology, or is it more akin to the simple providing of food and water for the sick, which is a moral requirement for everyone (Ostling, 1987, p. 71).

Notice, first, this passage's articulation of the consensus frame on passive euthanasia mentioned above (*"many Americans have come to view...."*). The "feeding" controversy, however, is constructed as a "different issue." The pro-life concern fueling the controversy over what this passage euphemistically refers to as the removal of a "nourishment tube" was that "starving" and withholding liquids from comatose and mortally ill patients not only constituted "killing" and, as such, defied Biblical law (a pro-life argument articulated through the *Sanctity of Life* religious sub-frame), but caused extreme physical discomfort even in comatose patients (a pro-life argument articulated through the *Causes Worse Suffering* medical sub-frame). As such, pro-life activists (including some medical ethicists) argued that "starvation" violated the oath taken by medical practitioners to relieve rather than exacerbate patients' suffering (a pro-life argument articulated through the *Contaminates Medicine*

sub-frame).[17]

Although journalists in the second framing stage use a number of legal disputes to interpret the euthanasia controversy, the primary focus is on two high-profile cases: *Bouvia*[18] and *Cruzan*.[19] News framing of the Bouvia case proves particularly instructive in shedding light on a central contradiction of news framing: how it is that news frames simultaneously promote pro-euthanasia arguments and positions while framing the individuals or activists who embody pro-euthanasia ideologies unsympathetically.

A. Framing of Elizabeth Bouvia

The most heated "feeding tube" dispute involved Elizabeth Bouvia, a woman in her twenties with cerebral palsy who demanded to be allowed to die via starvation in the hospital where she had been admitted for psychiatric problems. What was unusual--and most alarming to pro-life and disabilities groups about her case--was that she was neither dying nor in physical pain. Instead, her request to die was almost certainly fueled by clinical depression. Although she had been mobile much of her life and had even married and attended college, a series of psychological episodes culminated in her being hospitalized for depression and suicidal impulses. The hospital, instead of yielding to her demand to die via starvation, obtained a court

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[17]This is yet another example that illustrates how various medical sub-frames are typically interwoven in news stories in this analysis.

[18]*Bouvia v. Superior Court,* 179 Cal. App. 3d 1127; 225 Cal. Rptr. 297 (1986).

[19]*Cruzan v. Director, Missouri Department of Health*, 110 S. Ct. 2841 (1990).

order to surgically implant a feeding tube in her body and began force-feeding her. She sued to have the feeding tube removed, and in 1986 an appellate court ruled in her favor, reasoning that her *"life has been physically destroyed and its quality, dignity and purpose gone"* (Reitman, 1995, p. 299, quoting from Bouvia).[20]

What is most interesting about the Bouvia case is that of all the legal disputes covered in the articles in this investigation, it was clearly the most potentially damaging to the RTD movement's goals. This is because although the Bouvia court decision clearly represented an expansion of the legal "right to die," Bouvia herself was far from an ideal model for the RTD campaign. Pro-life activists opposed to euthanasia have long argued that it is clinical depression--rather than intolerable pain--that motivates most individuals to demand euthanasia--a contention given unqualified support by the Bouvia case. In light of the fact that depression figured so centrally in her desire to die, journalists covering the case might logically have used Bouvia to illustrate this particular drawback of the legalized, routinized practice of passive euthanasia--specifically by addressing the role of depression in euthanasia requests. Her case may, for example, have prompted journalists to interpret the feeding-tube controversy through the *Slippery Slope* frame--a pro-life frame that, among other things, argues that once society embarks on the path of legalizing euthanasia for certain "rational" or "common sense" cases, it will thereafter be used in increasingly unjustified and inappropriate circumstances.

Yet neither this frame nor the role of depression in euthanasia requests is

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[20]As it turned out, Bouvia did not go through with her plan to starve herself to death.

given more than the most superficial attention in the articles in this study. Moreover, analysis of second-stage framing reveals that Bouvia's case failed to alter in any perceptible way journalists' basic pro-euthanasia, medical framing of the debate. This analysis reveals that while Bouvia herself is cast as troublesome and emotionally unstable in news coverage in this study, she is depicted as a unique case--an anomaly among the vast majority of cases in which withdrawal of food and water is warranted. By functioning symbolically as the exception that "proves the rule" that withholding food and water from dying and comatose individuals is generally appropriate, she functions as little more than a counterargument in the overall promotional framing of euthanasia.

Another way in which subtle promotion of social acceptance of withholding food and water manifests itself in news framing in the second stage involves the euphemistic characterization of this practice as removal of *"nutrition and hydration," "nourishment tubes,"* or *"feeding tubes."* Once again, although these characterizations seem natural or logical on their face, it is significant that journalists generally avoided more vivid constructions like, *"starve to death," "starvation,"* or *"selective starvation"*--terms and phrases that pervade pro-life articles on euthanasia obtained from sources outside this study. When the word "starvation" appears in news reports in this study, it tends to appear either in relation to the unsympathetic Bouvia (See, e.g., Gelman and Pedersen, 1984, p. 72; Wallis, 1986, p. 60) or, ironically, to marginalize pro-life views, as this passage from a 1987 article demonstrates:

> The controversy over feeding tubes...is especially thorny for Roman Catholic institutions, because many right-to-lifers are demanding new

> laws against what they see as killing by 'starvation.' Aiming occasional barbs at the strict pro-life stance, most of those [attending a meeting of health-care administrators] insisted that Catholic tradition accepts an end to feeding in medically hopeless cases (Ostling, 1987, p. 71).

Note how the word "starvation" is linked to the pro-life movement in this passage and the way in which this usage conveys extremism. Use of quotation marks to enclose "starvation" is a rhetorical device that signals the journalist's discomfort or even disagreement with this particular characterization. The phrase, *"what they see as killing by"* that proceeds the word "starvation" also has the effect of mitigating the impact of this pro-life view. The suggestion that opposition to withholding food and water from patients is radical and rigid is further underscored by the characterization, "strict pro-life stance," and assignment of the label "right-to-lifers" to opponents of euthanasia. And finally, consensus-building for the practice is evident in the passage's reference to the fact that even "Catholic tradition" condones removal of food and water from "hopelessly" ill individuals.

B. Framing of Conflict in Stage Two

Both friction between doctors and dying patients (or their surrogates) and the power struggle between the medical and legal professions continue through the second framing stage. But a close reading of these conflicts reveals a noticeable decline in intensity compared to stage one. Although articles in the second stage still frequently depict physicians and their patients as at odds, these disagreements--such as that between Elizabeth Bouvia and her doctors--center on unusual cases or those in which doctors feel pressured in unprecedented ways to act against established medical

principles (e.g., in Bouvia's case helping a patient die who suffered from depression, but was neither dying nor in physical agony). Similarly, while doctors are often portrayed as complaining about the laws regulating euthanasia and fearful of legal reprisals for participating (or refusing to participate) in passive euthanasia in this stage, the bitterness and resentment toward "legal interference" characterizing the first stage is less in evidence. In their place is a sense of resignation and acceptance by the medical profession of legal oversight of euthanasia along with residual anxiety about the threat of lawsuits.

One obvious explanation for the relaxation of conflict between the medical community, patients, and the legal system reflected in this framing stage is that by the mid-1980s doctors had come to accept--and even join to some extent--the groundswell of legal, legislative, and public support for passive euthanasia in the United States. Also relieving some of the animosity were new laws in some states designed to protect doctors from euthanasia-related litigation. But perhaps the most important factor contributing to the easing of conflict between doctors and the legal system concerns the revolutionary economic changes that had transformed the practice of medicine by the mid-1980s. Mergers and acquisitions in the medical industry heightened the focus on bottom-line profits. Meanwhile, managed care, caps on Medicaid and Medicare payments, and tightened restrictions on insurance reimbursements for hospitalized patients meant dwindling financial incentives previously attached to long-term hospitalization of dying and comatose patients. Whatever the source, it is clear that the medical community--which had fought bitterly

in court to keep Quinlan hooked to her respirator--made an abrupt about-face by the mid 1980s. By this stage, rather than opposing legalized euthanasia, medical authorities had begun actively to support patients' "right to die" in court.

Although a clear diminution in conflict is apparent between doctors and the legal system and between doctors and patients, internecine clashes among medical professionals over active euthanasia (PAS) are more in evidence in the second framing stage than the first. In the handful of news reports during this period that deal directly with PAS (rather than the feeding-tube controversy), there is new emphasis on conflict between doctors--virtually always over PAS. For example, publication of the aforementioned "It's Over Debbie" ignited a fusillade of criticism from doctors against both the author of the confessional piece and colleagues practicing PAS in secret. Clearly, by the end of the second major framing period, the stage was set for the heightened conflict between medical professionals that would characterize the next framing stage--that featuring Kevorkian's efforts to push PAS out of the closet and into mainstream medicine and society.

Stage Three. Debate over Active Euthanasia (PAS), 1990 - 1997

With the dramatic entry of Dr. Jack Kevorkian onto the media stage in June 1990, framing of euthanasia in the news magazines in this research shifted rapidly from an emphasis on passive euthanasia to preoccupation with active euthanasia (PAS). News discourse previously devoted to questions related to "pulling the plug" or the feeding-tube controversy now focused on *"whether doctors...should be allowed to prescribe lethal doses of medication or actively help mortally ill patients end their*

lives" (van Biema, 1997, p. 149). Although, as mentioned earlier, the ground had previously been prepared for this transition, what is most remarkable about Kevorkian's rise to media prominence is the speed with which he and PAS-related stories supplanted discourse on passive euthanasia. By the mid 1990s, based on investigation of the articles in this study, journalists considered passive euthanasia--including the "feeding tube" controversy--a *fait accompli*, a taken-for-granted aspect of modern death and dying that had all but completed its discursive life cycle.[21]

In little more than a decade, then, the news media in this study had seemingly dispensed with passive euthanasia as a focus of thoughtful debate. By framing passive euthanasia, first, as a medical problem, second, as a routine medical practice fully integrated into the American way of death, and third, as an individual rights issue, journalists effectively and efficiently managed to plane away the rough, contradictory edges of a morally complex and highly consequential social problem. By 1990, passive euthanasia had achieved the status of what one scholar describes as an ideology that passes for common sense (Butler, 1999). News reports in the third framing stage--when they mentioned passive euthanasia at all--depict the medical community as having reached broad consensus on "pulling the plug," withholding nutrition and hydration, DNRs, and other practices that come under the rubric of

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[21]Although a handful of passive euthanasia stories appear in stage three, they generally concern legal cases brought in the 1980s that are ruled on in the 1990s (e.g., *Cruzan*); new legal wrinkles in previously resolved passive euthanasia issues (e.g., a controversy over whether a school nurse should be asked to resuscitate a disabled child with serious health problems); or a celebrity death involving passive euthanasia (e.g., Nixon).

passive euthanasia. As one 1990 article summarizes, the medical community had by this time come *"to accept the view that terminally ill patients should not be kept alive by technological intervention"* (Beck, et al., 1990, p. 46). In another effort to render passive euthanasia a non-issue, one reporter even attempts to redefine the practice, deeming it *"not suicide, or euthanasia, for both of those mean ending life. It is rather, a desire to end dying, to pass gently into the night without tubes running down the nose and a ventilator insistently inflating lungs that have grown weary from the insult"* (Begley et al., 1991, p. 42). Representing euthanasia as a simple medical option, this same article further claims that, *"just as tubal feeding, or surgery or a ventilator is a medical option, so is death"* (*Ibid.*).

What is even more surprising is that the depiction of euthanasia as having achieved widespread consensus among medical professionals is not limited to passive euthanasia. Almost from the onset of coverage of Kevorkian and PAS, consensus-building on the part of journalists on the appropriateness of active euthanasia (PAS) is also in evidence. In this framing stage, however, consensus is not confined to medical professionals but extended to public opinion. Statistics on public support for euthanasia--relatively rare in the first framing stage--is a common feature of third-stage news reports. For instance, in addition to citing an opinion poll to buttress the claim that, "*Assisted suicide appears to be gaining public support,"* one article offers statistics on the dramatic rise in RTD organization membership and cites survey results showing that over half of American lawyers *"thought that giving lethal injections to terminal patients who request it should be legal"* (Beck, 1990, p. 46).

Along with consensus-building for PAS, journalists bring a variety of other framing strategies to bear on the subtle promotion of PAS that characterizes third-stage framing in this study. One technique involves the pro-euthanasia wording of headlines, such as "Should We Not Go Gentle?" (1994), "A Lesson in Dying Well" (1994); and "I Want to Draw the Line Myself" (1997). Other headlines are equally clear on the directionality of the news frame being advanced. For example, the headline, "Defining the Right to Die," reflects the pro-PAS position that the debate has moved beyond questions of the suitability of PAS to the need for standards to control its use (Lemonick, 1996, p. 82). Articulated through the pro-euthanasia medical sub-frame, *Standards Needed*, this headline (and the news text itself) strongly suggests that PAS--much like passive euthanasia during the second framing stage--has already passed from the question or exploratory stage to the regulatory phase. The implication of both this headline and news text is that the only substantive question remaining--within a mere half dozen years after Kevorkian's first assisted suicide--is how best to fine-tune the procedure to avoid abuses and protect physicians from lawsuits.

The Standards Needed sub-frame is dominant in other third-stage articles, as well, including a 1997 news story that attempts to apply lessons about PAS learned in the Netherlands to the United States (Branegan, 1997, p. 31). Like the article discussed above, this news story argues that American society should move beyond discussions of the pros and cons of active euthanasia and begin establishing criteria for its safe practice. In the Netherlands, this news report instructs, *"there is an*

acceptance of the phenomenon....There's less discussion of the pros and cons, and more about how to control it" (Ibid.). The article's clear support of the Netherlands' pragmatic approach to PAS is also evident in its concluding paragraphs:

> When Hink [a Dutch PAS recipient] first asked to be put to death, the doctors refused, but after a few more months and more requests,...the doctor administered the poison. 'He just faded away,' [his wife said]. 'I'm convinced we did the right thing. He died a good death.'
>
> That's what euthanasia means in Greek, good death. For the Netherlands, it's also good policy. Other countries will have to decide for themselves, but surely the Dutch style of open debate about a painful and difficult topic is the best way to do so (*Ibid.*).

The pro-PAS framing of this passage is evident from its lead sentence, which constructs Dutch physicians as rational and cautious in prescribing lethal drugs to patients requesting PAS (*"the doctor refused, but after a few more months and more requests...."*). Next, through a quote by the dead patient's wife, the passage links PAS to a "good death." The phrase, *"That's what euthanasia means in Greek, good death. For the Netherlands, its also good policy,"* further cements the marriage of these ideas. Finally, although the reporter tacks on the caveat, *"Other countries will have to decide for themselves,"* the undeniable message is that what is "good policy" for the Netherlands is also "good policy" for the United States.

A. Framing of Kevorkian

While this study's results show that journalists in the third framing stage used a variety of framing strategies to promote social and legal acceptance of PAS, this favorable framing clearly does not extend to Kevorkian himself--the RTD movement's most visible, notorious, and some would say, effective spokesperson. Even the most

untrained observer scanning news accounts of Kevorkian during the first three years after his debut assisted suicide is likely to conclude that he was the target of frequent caustic character assaults. And, indeed, this is the finding of the present analysis, which concludes that framing of Kevorkian is overtly derogatory in the first three years following his 1990 assisted suicide of Alzheimer's patient, Janet Atkins. This, of course, raises the question of how news frames can simultaneously promote PAS while denigrating its key spokesperson. Given Kevorkian's unflattering treatment in the press, he seems an unlikely catalyst for social acceptance of PAS. Yet in the eyes of many Americans he is a national hero who not only forced the issue of PAS out of the "closet" and onto the public forum, but will likely be remembered as one of the most powerful change agents in recent history. What these incongruities--and the results of this analysis--suggest is that Kevorkian's role in news framing of PAS is considerably more complex and nuanced than it appears on the surface.

There is no doubt that Kevorkian was greeted by a hostile press when he burst onto the media stage in 1990. Kevorkian himself, in a speech before the American Humanist Association in 1994, had this to say about his treatment in the press:

> You must understand that the entire mainstream media, especially in the first year or two, were totally against what I'm doing. Entirely! It was unanimous. They tried to make my work look very negative....They insulted and denigrated me....Now isn't it strange that on a controversial subject of this magnitude--one that cuts across many disciplines--the entire editorial policy of the country is on one side? (p. 7).

Responding to his assisted suicide of Atkins in the back of a rusting van, the press dubbed Kevorkian "Dr. Death" and framed him as an aberrant and vaguely menacing

presence. The first article about Kevorkian in *Time*, for example, depicts him as "a *pugnacious maverick*" with questionable motives--including a macabre interest in "harvesting" body parts from the deceased (Gibbs, 1990, p. 69). The article continues that, "among other things," Kevorkian had once concocted *"a scheme whereby doctors would render death-row patients unconscious so their living bodies could be used for medical experiments"*) (Ibid.). Another early Kevorkian story stresses his *"long history of controversial views includ[ing] advocating that death-row prisoners be rendered unconscious and used for medical experiments"* (Beck, 1990, p. 46). Yet another news story depicts him as a zealot, a *"cheap purveyor of easy death,"* and *"a man more obsessed with the justice of his cause than with the interests of his patients"* (Gibbs, 1991, p. 78).

Reporters' abandonment of objectivity in covering Kevorkian is still evident three years later in articles such as one in 1993 that catalogues his shadowy past, his suspicious motives, his "checkered" career as a pathologist, and his bizarre idiosyncrasies and pursuits (Hosenball, p. 28). *"Kevorkian's obsession with death goes beyond his self-appointed missions of mercy to an enthusiasm for the macabre,"* this news report states, including a *"fascination with the mechanics of capital punishment,"* an interest in "*experimenting on people while they are still alive--particularly on their brains,*" and a proposal to allow *"condemned convicts to volunteer for 'painless' medical experiments that would begin while they were alive but which would eventually be fatal" (Ibid.)*. Another article refers to Kevorkian as *"a mad scientist," "a walking advertisement for designer death," "the devil that doctors*

deserve," "Death's Impresario," and America's *"most prominent 'obitiatrist'"* (Gibbs, 1993, p. 34).

Nowhere, however, does coverage of Kevorkian stray farther from journalistic norms of "objectivity" than in a 1992 article that enumerates Kevorkian's grotesque array of "pathological interests" and "surreal" artistic pursuits, including paintings that use *"actual human blood that Kevorkian salvaged from outdated samples at the local blood band, and from his own arm"* (Gibbs, 1992, p. 36). The following passage from this article illustrates this study's finding of the news media's pejorative framing of Kevorkian in the early 1990s:

> Dr. Jack Kevorkian has spent much of his medical life searching for ways to make better use of human bodies, especially dead ones. Thirty years ago, as a young pathologist...he became the first doctor to transfuse blood directly from a corpse into a live patient. He marveled at the possible uses--on battlefields, for instance, or during a natural disaster--and lamented the fact that a public distaste for the procedure would probably preclude its clinical acceptance.
>
> Over time he turned his attention to patients who were soon to be dead, looking to salvage whatever he could. The execution of condemned murders seemed an extravagant waste, since controversial drugs and surgical techniques could be tested on criminal volunteers....(Gibbs, 1992, p. 36).

Given the numerous examples of hostile framing of Kevorkian in the first several years after his first assisted suicide, a reasonable conclusion might be that he damaged rather than aided RTD goals and agendas. Yet, ironically, in much the same way that negative news framing of Bouvia failed to hurt the RTD cause, the beating Kevorkian took in the press failed to sway the public against him or PAS. As he notes in the speech cited earlier, the insults and ridicule heaped on him by the press "didn't work....According to the polls, people may be split 50-50 on what they think of me,

but they are three-to-one in favor of [PAS], and that's never changed" (Kevorkian, 1994, p. 7).

The disparity between the press' negative framing of Kevorkian and the public's growing acceptance of PAS offers insights into the way in which contested meanings are negotiated and circulated in news stories. One way to explain this incongruity is that, prallelling the media's unflattering framing of Kevorkian is a contradictory frame rooted in invisible "deep structure" cultural forces. Here, the concept of "pentimento"--the layering of one painting over another in a way that both are revealed--proves instructive (Arney and Bergen, 1994). In this alternate, parallel framing, Kevorkian is not the ghoulish "Dr. Death" whose interest in the macabre approaches the pathological. Instead, sub-textual framing of him evokes the unspoken yet powerful mythos of the "lone gunslinger," the anti-hero whose outsider status and eccentricities not only fail to mitigate his power, but give him special license to confront the mammoth institutions of law and medicine on behalf of the "common" man and woman.[22] As manifest in such characters as Jimmy Stewart in "Mr. Smith Goes to Washington" or a host of similar popular culture icons, this highly resonant myth calls forth the penultimate American values of individualism and human rights.

Among the most powerful frames available to activists and journalists in constructing social problems, the archetype of the social outcast who lobs grenades over the walls of injustice offers insights into two enigmas concerning PAS. The first

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[22]As a testament to his "hero" status, Kevorkian was given the Humanist Hero Award in 1994 from the American Humanist Association.

is the question of why--given consistent negative framing of Kevorkian in the media--he has achieved the stature of a populist hero in America. And the second is how a man dubbed "Dr. Death" and portrayed as a ghoulish, death-obsessed, sensation-seeking zealot who flouts deeply rooted cultural taboos, not to mention the law of the land, has been highly successful in creating awareness of PAS as one solution for combating a painful, prolonged, "technologized" death in a hospital.

Recognizing Kevorkian's mythic status as part of a rival script or frame provides important insights into these questions. In essence, the heroic individualism inadvertently conferred on Kevorkian by journalists conflicted with--and in many ways overwhelmed--the press' negative portrait of him. In this sense, the outlaw image and underworld sensibilities attributed to the Kevorkian character actually lent authenticity to his mythic hero status. As it turns out, the brand of distorted heroism he represents, as well as the news media's portrayal of him as an anti-hero, is remarkably in sync with the zeitgeist of late-20th-century American postmodern culture. This may explain the contradiction between Kevorkian's resonance and appeal with the public and journalists' contemptuous treatment of him.

But there is yet another explanation for the seeming contradiction between the press' hostility toward Kevorkian and his remarkable effectiveness in promoting PAS. In a way that is uncannily similar to framing of Elizabeth Bouvia during the second framing stage, Kevorkian functions in euthanasia news coverage as a symbol or boundary marker who, rather than mitigating arguments for social and legal acceptance of PAS, bolsters them by marking out the parameters of "good" versus

"bad" PAS. Just as Bouvia was framed as an exception to the general rule that withdrawing food and water makes "sense" as an end-of-life option for individuals whose "quality of life" is diminished beyond repair, Kevorkian proves the exception to rule that the practice of PAS under normal circumstances (read: by "good doctors") deserves social and legal support. Cast in the role of the "fallen" healer, Kevorkian stands in stark relief to "humane" doctors who have for decades risked their professional careers and criminal prosecution to relieve their patients' pain and suffering by administering overdoses of narcotics to end their lives.

As if to underscore this very theme, journalists in the articles in the present study strive to distance Kevorkian from other doctors who practice PAS. When the AMA--America's most powerful physicians' organization--affirmed its opposition to PAS in 1983 and again in 1996, one AMA member told a group of delegates that his colleagues *"fear speaking out [about the pervasive practice of PAS among physicians] because we don't want to be painted with the same brush as Dr. Kevorkian"* (Stern, 1996, p. 1). Given the dominance of medical sources in euthanasia coverage, it is not surprising that journalists would mirror the concerns of the medical establishment by attempting to set Kevorkian apart from the rest of the medical community. One of the first stories on Kevorkian, for instance, offers the assessment that, "Kevorkian,...is not like other doctors....[M]uch of the medical community would....reject Kevorkian's solution, fearing the damage that would be done if doctors routinely acted as executioners" (Gibbs, 1990, p. 69). Another news story titled "The Real Jack Kevorkian," struggles to position Kevorkian relative to other doctors, locating him

finally "on the far-out fringe, not just of medicine but of American culture" (Hosenball, 1993, p. 28).

Neither is it unexpected that journalists covering Kevorkian in the national press would attempt to repair and restore the reputations of medical professionals tarnished by Kevorkian by carving out a deep divide between "good" and "bad" PAS practitioners. This effort to reconstruct the image of both doctors and PAS is no more in evidence than in a 1996 article that features a prototypical "good doctor" who practices PAS (Lemonick, 1996, p. 82). Like Kevorkian, the doctor at the center of this news story believes passionately that PAS is the most compassionate solution for patients "in terrible agony." But unlike Kevorkian, this doctor is a benign, avuncular family physician who has performed PAS in private for 25 years (Ibid.). It is difficult to imagine this wholly sympathetic depiction of a "good doctor" who practices PAS--which was published some six years after Kevorkian's first assisted suicide--without Kevorkian's contribution to public understanding of what a "bad" doctor who practices PAS looks like. In this context, perhaps Kevorkian's most enduring and profound impact is not the way in which he forced the truth about the practice of PAS into public discourse, but the means he provided the news media to define "bad" PAS--and hence make the notion of "good" PAS possible.

Kevorkian is not used solely by the news media in this study to promote PAS by distinguishing "good" from "bad" PAS, however. Equally significant is the role journalists assign him in redefining and repositioning the RTD movement itself as a mainstream organization. For example, Derek Humphry--the founder of the Hemlock

Society and the RTD leader considered on the most outer fringes of the movement in the days before Kevorkian--comes across as almost respectable compared to Kevorkian. One article, distinguishing Humphry's pro-RTD activities from Kevorkian's, quotes Humphry as saying, *"We're not lawbreakers, we're law reformers"* (Gibbs, 1992, p. 36). Another article, after asserting that Kevorkian does not work *"very well as a symbol for the euthanasia debate,"* contrasts Kevorkian's goals and tactics with those of the "death with dignity" movement:

> Even groups that sponsor 'death with dignity' legislation are careful to include safeguards to prevent the laws from being abused....'Even the staunchest proponents of physician-assisted suicide should be horrified at [the Janet Atkins] case because there were no procedural protections' (Gibbs, 1990, p. 69).

Although framing of Kevorkian in the third stage shows signs of journalists' efforts to repair some of the damage Kevorkian inflicted on doctors and the social order as a whole, it is interesting that doctors themselves come under harsher treatment overall in the third framing stage than in previous periods. Accompanying the overall positive framing of PAS in the third stage is a subtle, yet discernible chill in depictions of doctors and established medicine generally. It is almost as if the news media, as a primary institution for the maintenance of social control in American society, reacted to the social disruption caused by Kevorkian by venting spleen on the medical community, whose unchecked technologies and insensitivity to patient needs effectively spawned "Dr. Death." As discussed earlier in this chapter, reporters and editors in early-stage articles maintained a careful distinction between blaming medical technology and blaming doctors and the medical establishment for the

euthanasia "problem." In contrast, reporters in the third stage are noticeably less reticent about assigning responsibility for Kevorkian's activities (and the havoc he wreaked in the legal, judicial, and medical realms) to doctors and medicine generally.

A particularly strong example of this is found in a 1993 news report that directly blames doctors' "mistreatment" of their patients for the increased demand for PAS. In this article, the journalist uses a quote from a doctor to provide evidence of medicine's culpability in the rise of Kevorkian as an American hero: *"'We don't treat [patients] well, and they know it.' This mistreatment...is a combination of deceit, insensitivity and neglect,"* the doctor admits. *"[D]octors ignore their patients' suffering"* (Gibbs, 1993, p. 34). Faced with such mishandling of patients, the article continues, *"Is it any wonder Kevorkian has hundreds of letters from people who want him to help them die?"* Equally condemning of the medical profession is the news story's suggestion that healthcare workers are out of touch not only with their patients' wishes, but with important legal developments affecting patients:

> Many health-care workers knew little about new laws that allowed them to withhold or withdraw machines like respirators and kidney machines or even feeding tubes, Many rejected the idea that once a treatment is started, it can still be dropped, even though the law upholds a patient's right to do so. Though the courts have recognized the right of patients to refuse food and water, 42% of health-care workers rejected that option....One study found that in 25 of 71 cases, when patients were moved from nursing homes to hospitals, their living wills never made it into hospital charts (Ibid.).

This same article also portrays doctors as putting their own interests ahead of those of their patients: *"Even when patients go to the trouble of expressing their wishes, the doctor's values may prevail."* Still more negative is the article's depiction

of doctors as ignorant and uncaring about pain management: *"The vast majority [of doctors] simply don't know how to treat pain, and they don't think it's important...Surveys of doctors...show how many are unaware of their patients'' options or are unwilling to respect them" (Ibid.)*. Yet, at the same time, the news report suggests that there is something a little dirty, illicit, and clandestine about the fact that many physicians have helped patients die in secret for decades. As one passage in the news article states, *"No one knows how often doctors write the prescription and whisper the recipe for a deadly overdose; but one informal survey of internists last year found that one in five say they have helped cause the death of a patient" (Ibid.)*. In essence, doctors are condemned both for keeping their patients alive and for killing them in secret.

Other news stories in the third framing stage echo this pattern of placing more direct blame for the PAS controversy on physicians and the medical establishment. A 1991 news story, for instance, traces PAS requests to the *"extraordinary decline in trust between physicians and patients and patients and hospitals"* (Ames, et al., 1991, p. 40). A 1994 news report that suggests that it is doctors--and not machines--who are "out of control," compares the typical doctor to a "precocious child no one ever scolds" (Ingrassia, 1994, p. 54). Censuring physicians for neglecting their duty to the dying, the reporter opines that, *"Doctors have forgotten their 'pastoral function': to minister to the dying, not simply to stave off death at any cost....Doctors are so unrelenting in their pursuit of a diagnosis and cure...that they forget what's best for the patient."* A 1994 article depicts physicians as rigid, overly aggressive in *"trying to*

keep death at bay," as failing to understand their patients' priorities, and as lacking trust in their patients' families and loved ones (Gorman, 1994, p. 65). Other news stories go even further--such as one that blames the demand for PAS on doctors' greed and discomfort with death: Doctors have little incentive to pay attention *"to matters of dying and providing simply comfort care,"* the article states, because *"they aren't reimbursed...[and] they are...extremely uncomfortable about death"* (Beck, 1994, p. 58).

B. Framing of Conflict in the Third Stage

Yet another sign of the fallout from Kevorkian's actions in the medical community is an increase in frames highlighting internecine conflict. Although, as mentioned previously, the end of the second stage witnessed an increase in sniping between doctors (always in connection with PAS), there is a clear escalation of internecine conflicts in 1990s coverage--again centering on PAS. Most of these conflicts either focus on whether better pain management would or would not eliminate the need for PAS or are between doctors supporting or opposing legalization of PAS. Not surprisingly, these internecine conflicts coincide with Kevorkian's regular assaults during this decade on medical and legal barricades to PAS. As a 1996 article concludes, *"'Dr. Death['s]...relations with organized medicine have always been as mutually contemptuous as his relations with courts, churches, and anything else that's organized"* (Sheed, 1996, p. 80).

CHAPTER VII

RESULTS ON THE IDEOLOGY OF EUTHANASIA NEWS FRAMES

> [T]he events through which we live are forever outrunning the power of our ordinary, everyday moral, emotional, and intellectual concepts to construe them, leaving us, as a Javanese image has it, like a water buffalo listening to an orchestra (Geertz, 1968, p. 101).

This chapter presents the second half of this study's findings on national news magazine framing of the euthanasia debate. While the previous chapter focused on conclusions concerning general framing characteristics and shifts in framing stages over time, Chapter 7 presents findings related to the *ideological* nature of euthanasia news frames, including: the framing strategies used by journalists to promote pro-euthanasia frames and weaken pro-life frames; the ideological role of medical, legal, and economic frames in euthanasia discourse; and omitted or marginalized frames.

Ideology of News Framing of Euthanasia

As discussed in the previous chapter, the national news magazines in this analysis reflected overwhelming support for pro-euthanasia frames. Stories in *Newsweek* and *Time* used news frames to construct a favorable image of passive euthanasia and PAS in two major ways: (1) through use of specific framing elements or "condensing symbols" (e.g., catchphrases, metaphors, descriptors, anecdotes, visual images, etc.) to construct euthanasia as an appropriate end-of-life option; and (2) through the marginalization or omission of frames articulating anti-euthanasia views. Although the first of these is addressed to some degree in the previous chapter, this chapter elaborates and expands on journalists' selection of framing elements to

promote pro-euthanasia and pro-medical ideologies and explores the incidence of frame omission and marginalization.

Frames Promoting Pro-Euthanasia Ideologies

A. Intensifiers and Modifiers

In addition to the intensifiers and loaded modifiers such as "extraordinary measures" discussed in Chapter 6, a persistent feature of euthanasia stories in all framing stages is pervasive stress on the pain and suffering experienced by patients (or their surrogates) who seek passive or active euthanasia. Depictions of the anguish endured by "hopelessly ill" patients, including vivid details of their physical deterioration and diminished "quality of life" are among the strongest currents flowing through news stories in this research. Terms such as *"suffering," in "misery,"* and *"in anguish"* are routinely used to describe individuals (or their surrogates) who request or obtain euthanasia. For example, an early article describes a patient as "*totally crippled and in constant pain*" (Clark and Agrest, 1975, p. 58).

Other depictions are even more graphic, such as: *"a physician crawling on the chest of a patient to cram a tube down his throat"* (Gelman and Pedersen, 1984, p. 72); the *"thicket of tubes and life-extending apparatus*" that attend death in institutional settings (Wallis, 1986, p. 60); *"the nausea and other side effects"* often suffered by the dying (Clark et al., 1981); a patient *"struggling to breathe, vomiting repeatedly from a drug meant to sedate her"* (Grady, 1988, p. 88); a dying man, whose *"feet had turned the color of overripe eggplants, their mottled purple black an unmistakable sign of gangrene*" (Begley, et al., 1991, p. 42); references to *"a life*

ground down by pain" and "death in a high-tech hell" (Gibbs, 1992, p. 36); and a particularly disturbing depiction of dying patients *"fighting for oxygen and clawing at their masks*" (O'Neill, 1995, p. 28).

Considered cumulatively, the impact of these graphic, highly detailed images of human anguish have a powerfully persuasive impact in creating identification with and sympathy for those desiring passive or active euthanasia. The following passage is typical of the level of medical and technical detail employed by journalists to express the torment endured by patients whose lives have become a cruel joke--and death a salvation:

> His gangrenous bladder had been removed, his kidneys had completely collapsed, his lungs were laboring to inflate on their own his heart was weakened by a coronary during or after the gallbladder surgery....His body could not tolerate more surgery. Although poisonous wastes were building in his system, dialysis had to be halted because it triggered his angina. He was slipping in and out of consciousness; soon his lungs would be no more able to gather in oxygen than a punctured balloon (Begley, et al., 1991, p. 42).

As is the case with virtually every depiction of pain and suffering in the articles in this study, relief for the tormented man in the above anecdote comes via euthanasia (in this case passive euthanasia, in the form of removal of a life support system). Such depictions--particularly when incorporated into highly emotional anecdotes that dramatize the pain and desperation of dying individuals and their families--foster support for the choices of these "victims" of medicalized death--which generally involve assisted suicide. Most news articles implicitly or explicitly state through anecdotes, quotes, and journalists' observations that it is abject misery--sometimes exacerbated by the insensitivity of medical professionals--that drives ordinary or

"good" citizens and their families to seek passive euthanasia or PAS, or--if unable to obtain these--to commit suicide on their own, often in collusion with loved ones. The particular news frame through which this ideology is enacted is *Humane Treatment*, a pro-euthanasia medical frame that argues that the most compassionate course is to allow patients who are "hopelessly" ill and suffering to die. As one journalist articulating the "problem" of euthanasia through the *Humane Treatment* frame explains, *"the dread of unrelenting pain is one factor that may encourage patients and doctors alike to blur the line between letting death occur and causing it"* (Grady, 1988, p. 88).

Related to frames that emphasize pain and suffering is stress on the hopelessness of euthanasia candidates' medical prognoses. An early euthanasia article, for instance, draws on an extensive arsenal of modifiers to describe Quinlan's condition, including: *"hopeless," a "hopeless case," "no hope," "without hope," "in any technical sense already dead," "lost her consciousness of life," "no known treatment," "desperately ill," "there's just no chance for her," "without a chance of recovery," "incurable,"* and *"going progressively downhill"* (Clark and Agrest, 1975, p. 58). A second news story on Quinlan--along with characterizing her as "hopelessly ill"--uses the following depictions to interpret her condition: *"shows slight signs of life"; inevitable death"; "kept alive by a respirator";* and *"practically speaking, Karen Ann is dead already"* (Sheils et al., 1975, p. 76, emphasis added). Fifteen years following publication of these stories, reporters make use of virtually the same

vocabulary to represent the controversy surrounding Nancy Cruzan,[1] another comatose patient whose relatives battled to remove her from life-support all the way to the United States Supreme Court (Gibbs, 1990). It is significant that news framing of Cruzan--whose case followed Quinlan's by a decade and a half--was almost identical to that of Quinlan. In both cases, journalists employed a combination of *Humane Treatment* and the *Economic/Pragmatic* frame, which, as mentioned earlier, argues that when death is inevitable, keeping individuals alive on life support or denying them PAS places an undue financial burden on their families, the medical system, and society as a whole.

Another consistent feature of euthanasia coverage through the full period of analysis concerns use of the terms *"vegetative state"* or *"persistent vegetative state."* Although these are medical terms used by physicians and other healthcare professionals to describe specific physical conditions and prognoses, they take on their own unmistakable meanings and significance when used in news stories outside their original, clinical contexts. Appearing alongside loaded modifiers such as "extraordinary means" are frequent references to comatose patients as "vegetables."

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[1]In 1983, Cruzan suffered severe head injuries in an automobile accident that left her with such serious brain damage that her doctors considered her beyond recovery. Although her parents determined that she would have wanted to die rather than live in a "persistent vegetative state" (PVS), hospital officials refused to withdraw feeding and hydration. Cruzan's parents brought suit, and the case went before the U.S. Supreme Court, which ruled in 1990 that although the Fourteenth Amendment grants patients the liberty to refuse medical intervention, this right is not a basic constitutional one. The Court upheld a Missouri statute requiring individuals to provide sufficient evidence of their end-of-life wishes before they could exercise the liberty to refuse treatment.

These depictions communicate the tacit, "common sense" notion that such patients have no life in any meaningful sense and hence should be "allowed" to die via euthanasia. This is the point of one article, for instance, that not only depicts a patient as a *"human vegetable,"* but uses the depictions: *"hopelessly ill," "with no hope of living individual lives," "doomed to a blighted life" "to prolong life if no real hope exists," "to prolong lives that can't be saved,"* and *"carrying heroic measures too far"* (Clark et al., 1981). Other examples include: *"a 'vegetative' patient whom doctors refused to disconnect from a life-support system even after the family obtained a court order"* (Press, et al., 1985, p. 18); and dying individuals trapped in a *"hopeless twilight known to doctors as a 'persistent vegetative state'"* with no chance *"of regaining the essence of being human"* (Wallis, 1986, p. 60).

The "human vegetable" metaphor also shows up in articles in middle- and late-stage coverage, such as a 1989 news story that refers to Nancy Cruzan as *"stiff and severely contracted, her knees and arms drawn into a fetal position," "oblivious," "totally unaware,"* and in *"a persistent vegetative state"* (Sanders, 1989, p. 80). And a 1990 story uses both *"persistent vegetative state"* and *"to be kept alive as a 'vegetable'"* to describe a patient's condition (Kaplan and McDaniel, 1990, p. 22). At other times, journalists use synonyms for "human vegetable" to suggest the futility of keeping such patients alive, as in this provocative passage: *"The doctors, too, emphasized the uselessness of it all. 'It's a question of futility....We don't keep corpses on ventilators"* (Begley et al., 1991, p. 42).

A brief reflection on the ideological function of the "human vegetable"

metaphor is warranted here to explain and underscore its role and significance in euthanasia coverage in this research. Like all metaphors, the persuasive potency of this particular example resides in its power to define reality while seeming utterly natural (Chilton and Lakoff, 1995). Here, Kaplan's (1990) insight that metaphors used in news stories "conventionalize unfamiliar or controversial values and practices, rendering them less vulnerable to scrutiny and criticism" is germane (p. 38). Metaphors such as "human vegetable" are not simple or inconsequential language selections, but concrete expressions not only of abstract ideas or problems, but of conclusions or solutions to these problems (Schaffner, 1995). They symbolize important cognitive processes involving logic, reason, and justification for action. In this sense, the "commonsensical" appeal and familiarity of the vegetable metaphor mask its ideological message and thereby strengthen its persuasive power: Given the "lifelessness" or "uselessness" of individuals whose physical conditions have rendered their lives as meaningless as that of turnips or potatoes, euthanasia becomes a highly practical and reasonable option. Stripping it to its core meaning, "human vegetable" connotes that such patients are no longer human. Dehumanized, they may be disposed of with minimal anxiety or guilt.

B. Syntactical Structures

Because of the cognitive associations headlines, sub-heads, and leads activate in readers, these syntactical elements are considered particularly powerful framing devices (see, e.g., Pan and Kosicki, 1993). News readers are increasingly "headline consumers" who only occasionally read the full text of news stories (Roeh and Nir,

1993). (Arguably, because editors select headlines, they may be considered representive of the ideological position of the news publication) Hence, headlines and sub-heads, which encapsulate a news story's main topic and theme, have been singled out as key structures in news framing. For this reason, it is important to examine these syntactical structures as part of news story frames.

Overall, this study's results show that headlines, sub-heads, and leads both implicitly and explicitly promote pro-euthanasia arguments and agendas. Although some headlines dealing with Kevorkian are clearly disparaging in tone (e.g., "Dr. Death Strikes Again"; "Dr. Kevorkian's Death Wish"; "Dr. Death: A '90s Celebrity"), most are either neutral or slightly supportive of euthanasia. One obvious way in which pro-euthanasia ideology manifests itself is through pervasive use of the pro-euthanasia catchphrase "right to die." It is significant, in this context, that more than a quarter of all headlines in the study use this RTD anthem. In addition to three stories using the "right to die" catchphrase alone in the title, a number of variations appear, including: "Arguing the Right to Die"; "Whose Right to Die?"; "The Right to Die in Dignity"; "A Limited Right to Die"; "Fasting for the Right to Die"; "Defining the Right to Die"; "Is There a Right to Die?"; and "Weighing the Right to Die?" Other headlines offer novel catchphrases that are slightly pro-euthanasia in tone, including "Love and Let Die"; "Should We Not Go Gentle?"; and "A Lesson in Dying Well."

Another notable way news reports' syntactical structures promote pro-euthanasia ideologies is through the use of (rhetorical) question headlines and sub-

heads. What is most significant about question headlines in this study is that they operate as *signs* of balance and objectivity rather than actual *manifestations* or reflections of these vaunted journalistic conventions. In this sense, question headlines may be seen as counter-frames or condensed versions of opposing points of views. Appearing in nearly a third of all articles in the study, question headlines and sub-heads serve two key ideological functions: First, they situate the euthanasia debate squarely within the conflict model favored by commercial American news media. For example, a headline that asks, "Who Will Play God?" (*Time*, April 9, 1984, p. 68), identifies not only the terms of the dispute (who should decide whether euthanasia is appropriate), but the major adversaries in the battle (medical science versus the legal system). But more critically, question headlines are often used in the news articles in this study to disguise or neutralize pro-life counter-arguments while preserving the outward appearance of objectivity. For example, the headline "Is it Wrong to Cut Off Feeding?" implicitly suggests the counter-argument, "It is Wrong to Cut Off Feeding" (Ostling, 1987, p. 71). Here, presentation of a potentially damaging pro-life argument as a question helps maintain the external appearance of neutrality in an article that clearly supports removal of feeding tubes from comatose patients to hasten their deaths. Along with depicting opponents of this form of passive euthanasia as *"contentious...right-to-lifers"* departing from their own religious traditions, the article marshals facts and statistics--such as the thousands of comatose patients currently being *"kept alive by feeding tubes"* and the *"many Americans" and organizations (including the AMA) that have "endorsed...the right to halt nutrition"* (*Ibid.*)--to make

the case that withdrawal of food and hydration is a reasonable course of action.

This function is also exemplified by the headline "Mercy--or Murder?" which serves to mask the news story's support for the unstated (pro-euthanasia) argument "Euthanasia is mercy." The pro-life counter-argument "Euthanasia is Murder" is dispensed with in the news text through numerous details and depictions, including a highly sympathetic portrait of Roswell Gilbert, a 76-year-old Florida man imprisoned for shooting his wife, who is portrayed in the article not as a murder victim, but as *"an Alzheimer's disease sufferer [who] pleaded with her husband to 'please, let me die'"* (Givens, et al., 1985, p. 25). Although the counter-argument equating euthanasia with murder is never made explicit, it is also discredited by the article's depiction of laws against euthanasia as unfair and inconsistent from state to state.

C. Anecdotes

Because they organize information and interpret the meaning of issues and events according to personal experience, anecdotes are considered key framing elements. As episodic rather than thematic frames (Iyengar, 1990), anecdotes are believed to enhance "frame resonance"--the alignment of a news frame with readers' pre-existing perceptions, experiences, and myths (Snow et al., 1986; Snow and Benford 1988). In imbuing news stories with dramatic and narrative meaning, anecdotes also represent causes and solutions more persuasively than other rhetorical elements (Ibid.).

Given the importance of anecdotes as framing devices, it is significant that in the stories in this study, they are used overwhelmingly to promote pro-euthanasia

ideologies. The following example, typical of anecdotes found in articles in this research, illustrates their use in the framing of euthanasia as a humane end-of-life option and an individual "right":

> Marie was dying. Her 69-year-old body, wasted by incurable emphysema and inoperable lung cancer, could no longer function on its own. As her family stood by her hospital bedside on a hot summer morning, the doctor suggested hooking her up to life-sustaining equipment. Marie looked beseechingly at her daughter Rose.'What do you think?' she asked. 'No, Mom,' Rose answered. Marie nodded. The doctor bristled. 'If that were my mother, I'd do it,' he said. But the family stood firm. The following day Marie died quietly, without the shirs, clicks and high-tech hums that form an electronic dirge for so many Americans. Last week Rose explained why she was buying 'Final Exit,' Derek Humphry's' controversial new best-selling guide to suicide. 'I don't want what happened to me to happen to my children, to have a doctor try to dictate to them,' she said. 'It's an outrage. When I'm dying, I want to be in control.' Whose death is it anyway? (Ames, 1991, p. 40).

Several details of this anecdote warrant close attention. First, note how within the first two sentences the author successfully communicates the "hopelessness" of Marie's case. Not content with the word "dying," the reporter enlists other modifiers, including "wasted," "incurable," and "inoperable" to communicate the idea that Marie is as good as "dead already." As discussed earlier, the repetition and intensity of these descriptors suggests the inevitability of death (and hence the futility of using "life-sustaining equipment").

But even more significant is the anecdote's association of a "good death" with passive euthanasia. After Marie and her family stand "firm" in the face of pressure from the doctor to place Marie on life-support, she is rewarded by being allowed to die *"quietly, without the shirs, clicks and high-tech hums that form an electronic dirge*

for so many Americans." Although *"shirs and high-tech hums"* is not as pejorative as some depictions of mechanized death, the image is nevertheless far from appealing. These points--which provide support for acceptance of passive euthanasia and give dramatic voice to the right of patients and their relatives to control the circumstances of death--are reinforced in the next few sentences: *"'When I'm dying, I want to be in control.' Whose death is it anyway?"* and by what amounts to a plug for the best-selling, do-it-yourself suicide manual by Derek Humphry, *Final Exit.* What is striking about this anecdote's reference to *Final Exit*, which provides detailed instructions for assisting or commiting suicide, is its inclusion in an anecdote that is essentially about *passive* euthanasia--removing Marie from life support. The ease and "naturalness" with which the author conflates passive and active euthanasia--two markedly different practices--is significant. It can safely be assumed that in 1991 most Americans were more likely to approve of passive euthanasia than active euthanasia in a case like Marie's. By creating a cognitive link between the two practices, this anecdote effectively blurs the boundaries between these two types of euthanasia in the minds of readers, something that almost certainly promotes acceptance of active euthanasia and provides a possible clue to the public's rapid (less than two decade) move from acceptance of passive euthansasia to PAS.

Other anecdotes in articles in the study promote pro-euthanasia ideology by advancing pro-life viewpoints as "straw-man" arguments--easily disputed oppositional views offered primarily to demonstrate their weaknesses. For example, an anecdote about an 83-year-old woman whose nephew wants to remove her feeding tube

introduces the pro-life, religious frame, *"Divine Authority"* (Tifft, 1983, p. 68). The journalist refutes this frame in two powerful but subtle ways. First, he uses highly persuasive quotes, including a Superior Court judge's pronouncement that, *"'There is a point at which a patient, or someone acting for him if he is incompetent, has the right to refuse treatment.'"* Second, the journalist casts as the antagonist in the anecdote an uncompromising doctor who balks at the nephew's request to have his aunt's feeding tube removed. "[Y]ou can't play God," the doctor informs the nephew. Angry, the nephew turns on the doctor: *"'What are you doing? God's will is that this woman is ready to go. You're the one holding her back.'"* In the end, the nephew triumphs over the doctor in court, and the hospital is forced to expedite the aunt's death by removing her feeding and hydration tubes. Here the straw-man argument that patients and their surrogates "can't play God" is refuted by the counter-argument that *doctors* play God everyday by *extending* the lives of mortally ill individuals.

Although both of the above anecdotes portray doctors as aggressively pushing life-extension therapies onto reluctant patients and/or their relatives, anecdotes that cast physicians in the role of advocates of passive euthanasia who persuade and sometimes even pressure patients and their families to refuse or withdraw life-sustaining treatments are even more common in the articles in this study. Typical of this form of pro-euthanasia ideology is an anecdote about a woman who is informed by her dying husband's doctors that without *"massive and heroic intervention, [he] would almost certainly die within 48 hours." The man's doctor's "counseled her not to request any extraordinary measures that, as they put it, would only prolong his*

misery" (Begley, et al., 1991, p. 42). Here, as in the first anecdote, the inevitability of the patient's death is underscored through starkly vivid descriptions of his physical deterioration. But in this example the loaded modifiers, *"massive and heroic"* and *"extraordinary,"* are used to show the fragile hold the patient has on life. Once again, the underlying message is the inevitability of death (and hence the rationality of passive euthanasia). Eventually, although the dying man's wife objects to passive euthanasia for her husband, the doctors convince her that he has *"no reasonable medical options,"* and she reluctantly yields to their judgement. Observe in the following passage from this news story how the resolution of this tale not only links euthanasia with a "good death," but makes use of fictional devices to suggest the righteousness of the woman's decision to allow passive euthanasia for her husband:

> Early the next morning, the cloud seemed to lift from Ponzo's mind, and for a brief few moments he saw his wife, and perhaps his end, with a calm lucidity. They exchanged final 'I love yous.' 'I just held him in my arms,' Mrs. Ponzo said. 'I took off his [oxygen] mask--he didn't need it anymore--and held him and held him until his final breath.'
>
> It was a good way to die, as dying goes, for sometimes it goes horribly. 'A peaceful death,' [the doctor] said softly as he led his interns and residents past Ponzo's closed door on morning rounds a few hours later. It could even be counted as sort of a success. Ponzo did not suffer the outrage of 'people sticking needles in [him] and thumping on [his] chest. That's a violent and brutal way to depart this world,' said Weiss to the interns and residents gathered around....(Ibid.).

It is difficult to miss the message conveyed by the apocryphal quality of the opening sentence's, *"a cloud seemed to lift."* Only after Mrs. Ponzo accepts the doctor's recommendation of passive euthanasia does her husband experience *"calm lucidity,"* and *"a peaceful death"* in her loving arms. Here, the refrain of the inevitability of

death (and hence the rationality of passive euthanasia) is spelled out unambiguously in the anecdote's conclusion: *"It was a good way to die....'A peaceful death....Ponzo did not suffer the outrage of 'people sticking needles in [him] and thumping on [his] chest. That's a violent and brutal way to depart this world.'"*

What makes this--and other anecdotes used in euthanasia coverage in this study so potent--is their "naturalness" or sense of inevitability. Like photographs, anecdotes project a strong sense of reality--a phenomenon that makes them less likely to raise questions in the minds of readers. Moreover, partly because they are interwoven so seamlessly with facts, quotes, and other types of evidentiary material in news stories and partly as a result of their drama and immediacy, they assert themselves with a cognitive force that makes it difficult to imagine alternative anecdotes. For this reason, it is instructive to contrast the pro-euthanasia anecdotes offered in the above discussion with anecdotes promoting *pro-life* arguments and ideologies.

Unfortunately, this task is hampered by the scarcity of pro-life anecdotes in the euthanasia articles in this study. Among the few examples is one from a story about the practice of euthanasia in the Netherlands (Branagan, 1997). Although presumably meant to communicate the potential for abuse if PAS were legalized in the United States ("*Slippery Slope*" frame), it falls significantly short of that goal.

> Inevitably, of course, there are abuses, and flagrant ones are prosecuted. Sippe Schat, a doctor from northern Friesland, goes on trial later this month for the alleged murder of a 72-year-old cancer patient who had seemed in good spirits just before she died in a nursing home. According to prosecutors, Schat simply gave her a lethal shot of insulin without consulting anyone and left her to die alone, allegedly telling a nurse as he left, 'If she hasn't died by 7 a.m. tomorrow, give me a call' (p. 149).

While attempting to illustrate the dangers of legalizing PAS, the woman portrayed as a PAS victim inspires little righteous indignation or concern about PAS. First, the fact that she is a "72-year-old cancer patient" lying near death in a nursing home almost certainly undermines the narrative's supposedly anti-euthanasia message. Moreover, considered in the context of the rest of the article's pro-euthanasia framing, it is difficult to imagine that this brief anecdote--which lacks lurid or alarming details to support its anti-PAS claim--has the resonance of the typical pro-euthanasia anecdote found in this study. Pro-euthanasia anecdotes tend to be longer, offer more detail, and present more vivid and emotionally provocative images and scenarios as "evidence" of the pain and suffering endured by patients requesting PAS.

A second pro-life anecdote published in 1993, about a man whose support for passive euthanasia diminishes after his wife's death in a hospice, also lacks persuasive muscle (Gibbs, 1993).

> I can still intellectualize why people seek out a person like Kevorkian. But I've come to understand that the lives of even the terminally ill are precious and matter, right up to the last second of breath. There is such a thing as dying with grace, dignity, compassion and support, and there are alternatives to the kind of suicide Kevorkian proposes (p. 34).

The weakness of this brief anecdote is that its notion that *"the lives of even the terminally ill are precious and matter, right up to the last second of breath,"* could as easily apply to a patient whose life-support equipment is removed or who is assisted "peacefully" and painlessly to her death by a physician. Additionally, use of the phrase, *"dying with grace, dignity, compassion and support"* might have been extracted verbatim from an RTD brochure.

Based on this analysis, reporters covering euthanasia seem unable or unwilling to articulate the case *against* social and legal acceptance of the practice. Because of the dearth of pro-life anecdotes in the news articles in this research, it is necessary to turn to an outside publication to find an appropriate example of what a pro-life anecdote might look like. For this purpose an anecdote was chosen from the Roman Catholic publication *America* (Bernardi, 1995, p. 14), which is exerpted here:

> A telling example of how easily the right to die can change into the duty to die appeared in a letter published in The Santa Rosa (California) Press Democrat...from an 84-year-old woman who had been living with her daughter for 20 years. 'Everything went fine for many years,' the woman wrote, 'but when I started to lose my hearing about three years ago, it irritated my daughter....She began to question me about my financial matters and apparently feels I won't leave much of an estate for her....She became very rude to me....Then suddenly, one evening, my daughter said very cautiously she thought it was O.K. for older people to commit suicide if they cannot take care of themselves.' After recounting the ways in which her daughter has reinforced this message, the woman commented: 'So here I sit, day after day, knowing what I am expected to do when I need a little help.'

In contrast to the two pro-life anecdotes discussed above, this passage articulates the pro-life counter-frame, "The right to die will become the duty to die" in a dramatic, resonant manner. Yet anecdotes expressing pro-life ideologies in an equally persuasive way are virtually non-existent in the articles investigated in the present research. Once again, the blatant omission of pro-life ideologies found in news coverage in this research further testifies to its overall promotion of euthanasia.

D. Depictions and Images

Although the role of depictions and images in the ideological framing of euthanasia has been addressed in the previous chapter, this topic is revisited briefly in

this chapter to underscore the breadth of framing strategies used to promote acceptance of euthanasia and PAS in the news reports in this study. An article that exemplifies this is one mentioned in Chapter 6 titled "Defining the Right to Die" about an elderly doctor who practices PAS (Lemonick, p. 82). Accompanying this article is a photograph of the doctor profiled in the piece. Smiling beneficently in this picture is a kindly, white-haired, gentleman with a soft smile, a stethoscope curled around his neck, an illuminated x-ray hanging behind him on the wall, and an open book laying before him on his desk. A rosy glow bathes the scene. The image evoked is that of the sweet family doctor of old, an idealized physician who personifies the myth of the healer devoted not only to the physical but the emotional health of his patients. The cutline next to the photo states in bold type, *"Assisting Suicide: Dr. Bry Benjamin has aided terminally ill patients for 25 years"* (*Ibid.*). What the euphemistic *"aided terminally ill"* actually means, the article's text reveals, is prescribing lethal drugs to patients who are in pain and dying. For nearly a quarter of a century, it turns out, the amicable doctor in the photograph has engaged in criminal behavior. He has been forced to practice PAS surreptitiously, the article informs readers, because, *"The law forbade him"* to provide his patients with medications for this purpose, and *"doctors didn't even whisper among themselves about assisted suicide, much less debate it in medical journals"* (*Ibid.*).

In addition to promoting PAS through the depiction of its practice by a quintessentially "good doctor," the article makes an overt pitch for legalized, regulated PAS. This is demonstrated in the following passage, which openly argues

that it is time to move beyond discussion of the appropriateness of PAS to working out proper standards for its use. Note the consensus-building function of the first two sentences, which imply that since PAS is already widely practiced by physicians, it may as well be made legal.

> [T]he law is finally catching up to what some physicians have been doing quietly all along. In a survey of Oregon doctors published in the *New England Journal of Medicine*...60% said they should be able to help some terminal patients die, and 7% admitted to having done so. The actual number, say ethicists, may be much higher.
>
> Yet because the practice has been carried out in private, the medical establishment has yet to develop a consensus on how and when to help a patient die

The use of the word "finally" in this passage suggests that the legal system has been sluggish in approving PAS. The statistics on the number of doctors supporting PAS is an example of the use of concrete details to promote news frames--in this case the medical sub-frame, *Standards Needed.* Since so many doctors are already practicing PAS with (and without) the direct consent of their patients, the story suggests through this frame that it makes sense to legalize (and regulate) the practice. After detailing some of the dangers facing the medical community as a result of lack of regulation of PAS (e.g., *"doctors may become more vulnerable to lawsuits"*), the article concludes by presenting a final argument for legalization and regulation of PAS. Depicting Benjamin as reluctant to *"give pills to someone [who] decided to commit suicide on Tuesday and on Wednesday would have changed his mind,"* the author asks,

> Is that a good argument for keeping the practice illegal? No, says [another physician]. 'It's incredibly arrogant to say nobody's going to be careful so we shouldn't let patients make this decision for themselves. What doctors do need is a set of standards that make clear the role a physician should play in letting a patient go (*Ibid.*).

E. Economic/Pragmatic Framing

While ideology can be said in some sense to permeate all media content, it is clearly more relevant in news coverage of certain topics than in others (Barkin and Gurevitch, 1991). For example, because they figure heavily into relations of power, economically related issues must always be assumed to be burdened with ideological baggage. Because euthanasia is indisputably shaped by economic forces and also involves power relations between the public, legal authorities, and institutionalized medicine, it represents what Barkin and Gurevitch (*Ibid.*) describe as "a domain of social life where conflict is highly integral and highly visible" (p. 307).

Perhaps it is because of this potential for conflict inherent in economic framing of the euthanasia debate that direct reference to the economics of euthanasia is so rare in the articles in this study. A significant finding of this research is the way in which journalists covering euthanasia promote the ideologically charged *Economic/Pragmatic* frame while simultaneously masking its presence. The results of this analysis show that this frame--which argues that euthanasia is justified on the basis that it preserves human and economic resources that might better be spent elsewhere--is expressed implicitly, as a sub-textual rather than a fully articulated frame. In this sense, its function is similar to what rhetoricians refer to as a "warrant"--an underlying assertion that links evidence to a claim (see, e.g., Condit, 1987; following Toulmin, 1958). Here, the "evidence"--stress on the high costs and wastefulness of prolonging the lives of individuals who are virtually "dead already"--supports the "claim" that euthanasia is a practical solution in these cases. The following excerpt from the lead

of a news story on Nancy Cruzan is emblematic of the way journalists in this investigation both promote and obscure this potentially "dangerous" frame:

> Nancy Cruzan, now 32, has done nothing for the past seven years...She has not hugged her mother or gazed out the window or played with her nieces. She has neither laughed nor wept...nor spoken a word...[S]he has lain so still for so long that her hands have curled into claws; nurses wedge napkins under her fingers to prevent the nails from piercing her wrists. 'She would hate being like this,' says her mother, Joyce. 'It took a long time to accept she wasn't getting better'....Nancy's 'life' is so faint that it does not meet a minimum standard of protection under the law;...unaware as she is, she has none of those qualities and prospects and experiences that give life its value (1986, p. 62).

As with earlier depictions of Karen Ann Quinlan, the image of Cruzan as "already dead" is starkly expressed in this passage. The characterization of her hands as *"curled into claws,"* and her life as *"so faint that it does not meet a minimum standard of protection under the law...."* support the notion that keeping her alive constitutes a drain on her family. Less explicit, but also conveyed in this passage is the idea that preserving her useless life, which has *"none of those qualities and prospects and experiences that give life its value,"* represents a misuse of economic resources, as well. The *Economic/Pragmatic* frame is also promoted subtly yet distinctly in subsequent paragraphs, in which the reporter characterizes the medical costs associated with keeping Cruzan and similar patients alive as *"crushing"* and rising *"annually at double and triple the rate of inflation"* (*Ibid.*).

Although the author of this news story never actually spells out the relationship between the exorbitant medical costs of keeping Cruzan alive and the need for euthanasia, references to the high costs of caring for such patients, combined with

ritualistic emphasis on the "hopelessness" and "lifelessness" of such individuals, suggests the practicality of the euthanasia "solution." The clear implication is that economically, at any rate, euthanasia "makes sense." This point is underscored in this passage: *"[D]oes it make sense for taxpayers to spend tens of thousands of dollars a year to keep each unconscious patient alive?"* Answering this question through the voices of medical authorities, the reporter concludes that, *"Overtreatment of the terminally ill strikes physicians as both wasteful and inhumane"* (*Ibid.*). Next, stressing the psychological burden borne by terminally ill patients who are denied passive euthanasia, the reporter observes that, *"[I]t was not so much the pain of the cancer that plagued him; it was the mental burden of a lingering illness"* (*Ibid.*). The unmistakable message of this and similar examples is that for individuals labeled "hopeless," "incurable," "comatose," or in some other sense, "dead already," euthanasia is not only humane, but the only economically sane solution.

One obvious explanation for the indirect or tangential way in which journalists in this study employ the *Economic/Pragmatic* frame involves the negative historical associations that pro-life activists have attempted to attach to euthanasia. The grimmest of these include references to the Nazi "euthanasia" program used in the 1930s and 1940s to purge Germany of scores of unwanted and unproductive citizens, including the mentally and physically disabled. Pro-life activists, through the *Slippery Slope* frame, frequently invoke euthanasia practices in Nazi Germany to discredit the RTD movement, warning of the inevitable erosion of cultural and moral standards that will occur once society embarks down the dark path of legal and social

acceptance of euthanasia. For some pro-life activists, America's own brief but intense infatuation with eugenics also offers an object lesson in the potential for abuse should PAS--like passive euthanasia before it--become legal in the United States. The eugenics movement, referred to by one historian as "the most enduring aspect of Social Darwinism," prospered in the United States from about 1885 to 1920 (Hofstadter, 1983, p. 161).[2] While the practice of eugenics in American society stopped short of eradicating unproductive or unwanted populations, some euthanasia opponents see disturbing parallels between eugenics and euthanasia. Both, they contend, are motivated by the same economic imperatives, and their potential consequences are alarmingly similar: unequal treatment or even elimination of citizens considered a drain on society, such as the elderly, the mentally deficient, the emotionally unstable, and the physically disabled. And both practices allow an opening for class-based discrimination. While the American eugenics movement was motivated by a desire to eliminate the "unfit"--generally identified with the lower classes--from the gene pool (*Ibid.*), euthanasia has most often been used in the United States to hasten the deaths of the elderly poor in America--and specifically women (See, e.g., Osgood, 1994).

Of course, journalists' failure to articulate the *Economic/Pragmatic* frame

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[2]The movement--which involved forced sterilization and restrictions on marriage for criminals, the mentally ill, and the "most dangerous and hurtful class[es]" (Conrad and Schneider, 1992, pp. 12-13)--had become a "fad" by 1915 in America (Hofstadter, p. 161). One historian writes that, "[A]side from public education, sterilization was the only state-sponsored social improvement in which America led the world" (Katz, 1986, p. 184).

directly is not necessarily related to their knowledge of Nazi euthanasia or of America's almost four-decade embrace of eugenics. This frame's inherent contradictions and tensions are more than sufficient to keep it underground, as it were. For example, economic interpretations or arguments for the legalization of PAS come into direct conflict with well-established and highly resonant American beliefs, myths, and ideographs, such as the triumph of justice and democracy over capitalism and equal treatment under the law for all Americans regardless of age, mental debilitation, or physical condition. Equally hampering full articulation of this frame are the incongruities it exposes in the image of medicine in contemporary America. Journalists in the articles in this study are silent on the major conflicts of interest that plague our healthcare system, such as the expectation on the one hand that hospitals will turn a blind eye to economics when it comes to treating patients while, in reality, their status as profiteers places them under constant pressure from stockholders to prevent the hemorrhaging of revenues caused by expensive high-tech medical care and long-term hospitalization of dying elderly and comatose individuals. As mentioned earlier in this chapter, patients who languish in hospitals represent a serious financial liability for commercial medical institutions and their parent companies.

In light of these and other economic exigencies, only the most naive observer would deny that a relationship exists between the dramatic shifts in medical economics over the past several decades and the breathtaking speed with which euthanasia has been incorporated into medicalized care of the dying. It was in the 1970s that the

reality of the impact of America's growing population of elderly and longer life spans first hit the medical community. During this decade demographers began "producing a gloomy 'standard model' of aging" that predicted "an accumulation, a pandemic of people in worse and worse shape" who would remain alive with chronic diseases that doctors could not cure (Hilts, 1999, p. D7). This model--which predicted massive drains on medical resources as the population of elderly continued to soar--has been the dominant paradigm among gerontologists and demographers for the past 20 years (*Ibid.*).

Of course, these facts and relationships hardly constitute evidence of a "conspiracy of silence" on the part of news journalists covering euthanasia. Nevertheless, it is indisputable that the medical establishment and other institutions of power in the United States have much to gain from social and legal acceptance of euthanasia. Yet this relationship must remain cloaked to some degree to preserve established medicine's image and credibility with the American public. As a result, perhaps the most predictable impulse for both journalists and their (mostly medical) sources is to avoid direct use of an economic frame to interpret and explain euthanasia to the public. This sheds light on why, despite the fact that doctors and their patients are increasingly forced to make end-of-life decisions in the harsh glare of bottom-line medical economics, discussion of the financial incentives motivating acceptance of euthanasia are for the most part invisible in the stories in this analysis. By employing the highly resonant but risk-laden *Economic/Pragmatic* frame in a way that promotes its arguments while obscuring its presence, journalists covering euthanasia offer

strong justification for social and legal acceptance of euthanasia. Yet they are mute on the groups or institutions that will benefit most from American society's sanctioning of this practice. As such, their coverage of a social issue with critical consequences to the elderly, disabled, and terminally ill is deeply ideological. It not only promotes and legitimates the interests of one of the nation's most powerful institutions, but does so in a way that unequivocally masks these interests.

Omission and Marginalization of Pro-life Frames

A. Medical Frames

As detailed throughout this chapter, the major way in which journalists covering euthanasia in this research advanced pro-euthanasia ideologies is through their emphasis on pro-euthanasia frames and omission or marginalization of pro-life frames. It is significant that of the 57 news stories analyzed in this study, only five were coded as pro-life. Although omission and marginalization of pro-life medical frames is addressed at the beginning of this chapter, a more in-depth explanation of marginalization of pro-life medical frames is provided here to demonstrate the specific arguments that did not make their way into news coverage of euthanasia in this research.

Among the most important pro-life medical frames, *Contaminates Medicine* is given scant attention in the articles in this analysis, despite the fact that it is among the most frequent medical frames circulated in anti-euthanasia literature located outside this study. This frame--which fundamentally argues that legalization of PAS will lead to the gradual deterioration of medical standards, medical professionalism,

and doctor-patient trust--contains a number of cogent arguments. Key among these is the argument that doctors who assist suicides will undergo a transformation from "agents of death" to "angels of mercy" in the eyes of society. As articulated by one anti-euthanasia spokesperson, "It is destructive to the public good to make people worry that when they go to a hospital the doctor is thinking about whether to allow them to live or die" (Stone, 1988, p. 642). Also contained in this frame are the arguments that: (a) physicians who assist in suicides help "sanitize" the act by lending it the stamp of medical respectability; (b) legalizing euthanasia will inevitably lead to the breakdown of medical standards generally; (c) euthanasia will eventually be conflated with "healing"--something that pro-life activists claim has already occurred in Holland (Emanuel, 1994, p. 1890).; and (d) doctors and hospital administrators burdened with chronic or severely debilitated patients might find euthanasia an attractive alternative to devoting the considerable time, attention, and economic resources such patients require. In the end, as a physician who opposes legalized euthanasia argues, *doctors*, rather than the *dying*, will ultimately be the ones who are "empowered" and who benefit most from legalized euthanasia (Hendin, 1996).

As this lengthy description indicates, many of the points advanced through *Contaminates Medicine* are not only reasonable, but may be crucial to understanding the full ramifications of legalization of PAS. Clearly, the American public, as well as policymakers, would have benefited from inclusion of these and other pro-life arguments in media discourse on euthanasia.

Another pro-life medical frame--*Alternatives Exist*--fares a bit better in

euthanasia coverage in this study, although it, too, is presented only as a marginalized counter-frame. This frame, which is frequently articulated by members of the medical community who oppose legalization of PAS, emphasizes that euthanasia would be unnecessary if doctors provided adequate palliative care for the dying. Those who argue that better pain medications would eliminate the need for euthanasia and PAS point to studies that show medical institutions deficient in providing effective pain care: For example, one study found that 40 percent of 4,000 patients who died following medical interventions were in "severe pain most of the time" prior to their deaths (Keenen, 1998, p. 14). Figures like these, however strongly they suggest that improved palliative care would indeed eliminate most euthanasia requests, are extremely rare in the news articles in this study.

B. Religious/Ethical Frames

Religious/ethical frames--which are common in outside materials distributed by pro-life activists--are especially underrepresented in the articles in this study. Included in this category are four sub-frames: *Divine Authority* (Only God has the authority to determine the time of death); *Sanctity of Life* (Life is precious and hence to be preserved at all cost); *Murder is a Sin* (Euthanasia is murder and hence violates the Fourth Commandment); and *Suffering is Positive* (Suffering fosters spiritual growth).

Given the news media's commercial interests and characteristics,[3] it is

[3]Journalists' lack of attention to religious themes basically comes down to fear of offending readers. Other possible causes include reporters' generally weak religious ties and reluctance to enter dangerous church-state waters. But the value placed on "objectivity"--which arose in response to 19th-century commercialization and

unreasonable to expect religious framing to dominate euthanasia coverage. Yet it makes sense, given the opposition of nearly all organized religious organizations in the United States to legalization of PAS, that religious frames would at least play a moderate role in coverage. Yet this is not the case. For example, *Sanctity of Life* is dominant in only one of the 57 stories in this investigation. It seems even more likely that religious frames would prevail in the handful of articles in this study in which pro-life frames dominate. Yet of the five stories in which pro-life frames are dominant, religious/ethical frames are privileged in only one--an editorial by psychologist and best-selling author, M. Scott Peck (1997) that blends the *Suffering is Positive* religious sub-frame and popular psychology to urge Americans to face the *"problem of death...rather than being assisted to kill themselves in order to avoid it"* (p. 18).

It is telling that the strongest example of a story with a dominant religious/ethical frame is one in which pro-euthanasia rather than pro-life ideologies dominate. Titled "Sisters of Mercy" (van Biema, 1993), this news report--which focuses on the reaction of a group of Catholic nuns to the assisted suicide of a nun in their order--is significant for two reasons: First, it is one of the few stories in the study that addresses contradictions in religious attitudes toward euthanasia (e.g., religious proscriptions against euthanasia versus religious support for compassion for the sick and suffering). And second, it serves as an example of the use of religious

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nationalization of news (See, e.g., Schudson)--best explains omission of religious interpretations of social issues.

sources to *promote PAS*---a practice almost universally condemned by organized religion in the United States. In this news story, a group of nuns, whose religious beliefs would normally lead them to *oppose* euthanasia, are depicted as *condoning* their colleague's choice of PAS. Although the novelty of this news angle almost certainly informed the reporters' choice of religious sources to express support for PAS, this usage must also be seen as a rhetorical strategy with powerful persuasive appeal: If Catholic nuns support PAS, it suggests, how wrong could it be?

C. Slippery Slope

Other major pro-life frames are also largely dismissed by journalists covering euthanasia in the two weekly news magazines. The most notable is the pro-life *Slippery Slope* frame, which "warns against the potentially disastrous consequences of stepping over the boundary that separates 'allowing to die' from active killing" (Bernardi, 1995, p. 14). The logical end point of the moral and medical decay set into motion by legalizing euthanasia, according to this frame, is both mass "killing" or "extermination" of the elderly, handicapped, and other burdensome groups and erosion of trust by Americans in medical professionals. While the *Slippery Slope* frame, among the most pervasive pro-life frames circulated by opponents of euthanasia, is frequently raised in euthanasia news stories in this study, it is virtually always presented in such a way that mitigates its persuasive impact.

Typical of the framing strategies used by journalists to mitigate its effectiveness are those in a 1986 news story titled, "To Feed or Not to Feed?" (Wallis, 1986, p. 60). The article begins with a compelling, emotional anecdote about

a comatose patient named Nancy who is in a *"persistent vegetative state"* and whose husband is fighting to have her feeding tube disconnected (e.g., *"'There is no quality of life,' he insists. 'Nancy would not want to be in this state'"*) (*Ibid.*). This pro-euthanasia anecdote is followed by five paragraphs supporting removal of feeding and hydration through various framing strategies, including concrete details, statistics, and depictions. (e.g., *"There are about 10,000 other Americans in Nancy Jobes' predicament"* and *"Public opinion surveys suggest that most Americans fear and oppose this invasion of one of life's most private moments"*). Quotes from medical authorities are also used to support removal of food and water from dying patients (e.g., *"'We're not talking about going into Granny's room and taking away her water pitcher.' Granny benefits from such care..., but the comatose patient derives no comfort, no improvement, no hope of improvement' [from being fed and hydrated intravenously]"*).

Significantly, it is not until the end of the article that the author introduces a pro-life counter-frame to create the perception of objectivity and to balance out the article's almost blatant pro-euthanasia tone. After mentioning that some critics consider *"dehydration...a gruesome way to die"* (an articulation of the *Causes Worse Suffering* medical sub-frame), however, the reporter weakens this frame's message with the disclaimer, *"(though just how much comatose patients feel is not known)."* Next comes a paragraph articulating the *Slippery Slope* frame. Yet once again the author signals the questionable merits of this frame by referring to it as *"the so-called slippery slope"*:

> Some raised concerns about the so-called slippery slope toward wholesale euthanasia. Said Dr. Mark Siegler, director of the Center of Clinical Medical Ethics....: 'We start off with dispatching the terminally ill and the hopelessly comatose, and then perhaps our guidelines might be extended to the severely senile, the very old and decrepit and maybe even young, profoundly retarded children.' Adding to such worries is the current era of medical cost cutting. 'That's what this is all about, to get rid of people who are a burden to their families and the state,' warned St. Louis Pediatrician Ann Bannon, president of Doctors for Life.

While the article as a whole offers two quotes from doctors who argue persuasively that removing food and hydration from comatose patients sets a dangerous precedent, it is remarkable for what it does not offer--namely an anecdote to provide dramatic evidence rather than facts and statistics to support the meager pro-life arguments included in the report. In order to appreciate just how little credence is given the *Slippery Slope* frame in this article, it is useful to imagine the presentation of the pro-euthanasia and pro-life arguments in reverse: What impression would this article leave about the appropriateness of the practice of withholding food and water if the lead contained a dramatic anecdote illustrating how the practice might be used inappropriately rather than the anecdote about Nancy, whose "permanent vegetative state" has placed "a tremendous financial burden" on her husband? And how persuasive would the argument for removal of food and water be if it were confined to a little more than a paragraph near the end of the article and included only after six full paragraphs of arguments and evidence supporting the *Slippery Slope* frame?

Based on this analysis, euthanasia framing in the two national news magazines in the investigation not only privileged medical positions and promoted pro-euthanasia

ideologies, but was dangerously *superficial.* News consumers relying on these national publications for information on the euthanasia controversy were provided a remarkably narrow selection of perspectives and positions from which to assess this critically important issue. The next chapter explores some of the implications of the findings presented in this chapter, including the dominance of medical and "rights" frames to construct this highly complex social problem.

CHAPTER VIII

IMPLICATIONS & DISCUSSION

> Humanity doesn't suffer from its questions, but from its answers (Niedelmann, 1999).

> The media operate from a set of assumptions, biases [and] attitudes that, for them, are implicit, not explicit. When there is bias in media reporting, it is because these underlying assumptions go unquestioned, unnoticed, and unexamined (Goldman, 1999).

As the results offered in Chapters 6 and 7 indicate, journalists bring a host of unexamined assumptions and biases to their coverage of major social issues such as euthanasia. The purpose of this chapter is to tease out some of these assumptions and evaluate their consequences. The news media in this study not only privileged pro-euthanasia frames and marginalized or omitted pro-life frames, but represented the issue almost entirely from the perspectives of two powerful institutions--medicine and law. How does framing euthanasia primarily as a medical and legal issue impact public perceptions of its meaning and consequences? What conclusions may be drawn from these results about the news media's role in promoting the agendas and interpretations of particular movements and institutions while thwarting those of others? What do the findings convey about the links between news, ideology, and social change--including evolving definitions of a "good death?" And finally, what do the results suggest about the mainstream news media's ability to engage public engagement in complex social problems with serious moral, economic, cultural, and political repercussions?

The results of this analysis of two weekly news magazines, of course, may not

be fully generalizable to all mainstream news media. Yet the belief among news scholars that *Newsweek* and *Time* select and synthesize news frames from a wide spectrum of daily news media and that, furthermore, news frames are remarkably similar across media--including television, newspapers, and the Internet--suggests that this study's findings do provide a substantially accurate reflection of mainstream news coverage in the United States.

Implications of Dominance of Medical and Legal Frames

Dominance of Medical Frames

In one sense, it is logical that medical frames should dominate news coverage of euthanasia. After all, the modern phase of the RTD movement arose as a direct result of advances in *medical* technology that allow doctors to extend the lives of terminally ill and comatose patients. The vast majority of Americans also die in *medical* institutions, and both passive and active euthanasia are still largely carried out in hospitals. Moreover, who better than *medical* sources to speak to the issue of PAS --which by definition involves doctors' participation? Given the links between euthanasia and established medicine, there is some justification for journalists' framing of euthanasia primarily through the discourse of orthodox medicine.

Yet something that is often overlooked, partly as a result of the media's persistent medicalization of euthanasia, is that suicide does not intrinsically require medical intervention at all (Kalwinsky, 1977). Although institutionalized medicine exercises control over virtually all aspects of death and dying in America, medicine's authority in this area is a relatively recent phenomenon (See, e.g., Chapter 3). In fact,

one of the primary goals of the RTD movement is to wrest control over the dying process from the medical establishment and return it to individuals and their families. Were Americans granted direct access to the lethal drugs needed to end their own lives or if most people simply chose to die via assisted suicide at home or in hospices, euthanasia would move outside the auspices of mainstream medicine and could no longer reasonably be defined as a medical problem. The point made here is that it was not *imperative* for journalists to define and interpret euthanasia primarily as a medical problem; ethicists, philosophers, and cultural scholars might argue with equal justification that euthanasia more fundamentally embodies philosophical, sociological, or even metaphysical concerns. Why, then, does the news media assume the most appropriate frame for public discourse on euthanasia to be mainstream medicine? And what consequences, if any, result from medicalization of the euthanasia controversy?

As discussed in Chapter 4's overview of framing theory, the framing patterns identified in this study--including the dominance of medical and legal frames--are in no way "neutral" or ideology-free. Choice comes into play at every stage of news creation--including "what is included and what is excluded, what is made explicit or left implicit, what is foregrounded and what is backgrounded, what is thematized and what is unthematized...." (Fairclough, 1995, p. 104). In this context, journalists' emphasis on medical frames to represent euthanasia may be seen as having a dual function: It preserves the illusion of news media objectivity, fairness, and "balance" while serving the news media's widely recognized function of maintaining and reinforcing the status quo by advancing institutional values, viewpoints, and

definitions of social problems (See, e.g., Hall, 1977). As Conrad and Schneider (1992) remind us, "Medicine has not always been the powerful, prestigious, successful, lucrative, and dominant profession we know today" (p. 9). Its status--like that of all major social institutions--is largely a product of public persuasion, which in modern societies is carried out significantly through mass media messages.

Even news stories that criticize specific medical practices fulfill this persuasive function. It is instructive to note, for example, that medical frames in this study were found to be *equally* dominant in articles coded as both pro- and anti-euthanasia. What these oppositional frames share, of course, is the underlying domain of the debate: orthodox medicine. While medical frames in the articles in this study may question the appropriateness of particular medical practices--such as doctors' overuse of life-extension technologies or even PAS itself--the question of whether the medical establishment is the most suitable arena for debating euthanasia is never raised. In the same way, while facts, quotes, and viewpoints sometimes reflect theological, ethical, philosophical, or sociological perspectives, these arguments are mere volleys exchanged on what is essentially a medical battleground. The story told by journalists about euthanasia in this investigation is overwhelmingly a *medical* narrative (albeit with *legal* complications that drive the plot). Rather than a liability, then, the "discourse of conflict" that is a common thread in euthanasia coverage may be seen as an *asset* for institutionalized medicine--a feature of public persuasion that promotes medical hegemony.

Far from benign, the news media's promotion of medical authority in

American society has a number of negative implications. Among the most serious is its contribution to "medical imperialism"--defined by Strong (1979) as the "increasing and illegitimate medicalization of the social world" (pp. 199-200). Critics of medicalization of society complain of the trend toward explaining diverse social problems (e.g. substance abuse) in terms of the medical or "disease" model. The problem with this approach is its tendency to overshadow or obliterate alternative interpretations and definitions of these problems. As Conrad And Schneider (1992) note, "When medical perspectives of problems and their solutions become dominant, they diminish competing definitions" (p. 242). This is certainly the conclusion of the present study, which shows alternative constructions of euthanasia overwhelmed by medical framing of the issue. One obvious framing category overshadowed in the present study relates to religion (discussed in greater detail below). Had journalists chosen to interpret the controversy primarily through the *Sanctity of Life* or *Divine Authority* frames, for example, this study's finding of media promotion of euthanasia would have been markedly different.

Marginalization of another frame in the articles in this research--the *Economic/Pragmatic* frame--effectively masks the *economic* considerations driving the RTD campaign. As discussed in the previous chapter, economic incentives are given scant attention in the articles in this analysis--particularly those fueling the medical industry's stake in social acceptance of euthanasia as a routinized aspect of medical care. This century's stunning technological developments, combined with an increasingly non-regulatory, pro-business political climate, have proven enormously

beneficial for established medicine, which has enjoyed unprecedented medical expansion and monopolization as a result. Along with its business partners--health insurance, medical research, and drug companies--mainstream medicine is among the most profitable industries in the United States *(Ibid)*. Framing euthanasia in a way that medicalizes the issue not only helps secure medicine's authority over death and dying, but masks the medical industry's financial motivations in ensuring that euthanasia gains social and legal acceptance and continues to be interpreted as a *medical* procedure.

Even more profound may be the shaping influence of medicalization of euthanasia on American attitudes toward death generally and suicide in particular. Interpreting the issues surrounding death and dying solely as clinical or medical problems divests them of their natural and human dimensions--which, in turn, reinforces the denial of death that cultural scholars have identified as a pervasive (and unwholesome) aspect of American society. But even more serious, medicalization of euthanasia imbues suicide and "mercy killing" with a moral neutrality or even validity that has been denied to these acts throughout centuries of Western history. Carried out under the guise of "science," medical practices are perceived as objective, rational, and ideology-free. While this perception is deeply flawed, these values are nevertheless extended to assisted suicide by virtue of its identification as a medical issue and its association with medical professionals (See, e.g., Zola, 1975; Conrad and Schneider, 1992). As Emanuel (1994) notes, medicalization of euthanasia--particularly physician involvement in the practice--effectively *sanitizes* suicide.

By defining euthanasia fundamentally as a *medical practice* requiring *medical expertise* and *medical technologies*, then, journalists covering euthanasia not only help secure established medicine's authority over death and dying and expand the medical establishment's economic "market," but lend passive euthanasia and PAS the stamp of scientific and medical legitimacy. Whatever the ultimate cultural costs of news media emphasis on medical frames to represent euthanasia to the American public, this framing choice unquestionably means the sacrifice of a host of alternative constructions of a social issue with significant, long-term consequences. Equally important, news reporting that promotes medical hegemony over such a central and personal aspect of human experience necessarily means the denial of this same authority to America's elderly, severely disabled, and terminally ill--those most affected by the outcome of the debate over euthanasia.

Dominance of Legal Frames

The dominance of legal frames in euthanasia news coverage in this study carries its own ideological implications and negative societal consequences. Like medicine, the law inhabits a central place in American life. Moreover, as society has increasingly turned to the courts to solve its technology-related problems, these two institutions have become elaborately entwined (Jasanoff, 1995). The close alliance of medicine and law and the key role they play in American culture may partially explain their pervasiveness in the news stories in this investigation. Yet *Newsweek* and *Time*'s myopic focus on legal and medical frames raises serious questions about the news media's ability to even minimally meet their civic obligations. Ironically,

one of the major reasons that American society has turned increasingly to the courts to resolve nettlesome questions such as whether individuals have a "right to die" or a right to a doctor's assistance in dying is the news media's abdication of the public sphere--that "realm of our social life...in which citizens confer...about matters of general interest" (Hallin, 1994, quoting Habermas, 1989). As the mainstream news media have become less willing or able to cover morally complex and ideologically charged topics in a way that stimulates rather than hampers public debate, it is left to the legal system to address these controversies. In addition to handling disputes over passive and active euthanasia, the courts function as the nation's primary clearinghouse for an array of issues spawned by medical technology ranging from abortion and human gene mapping to cloning and the use of fetal cell tissues for medical research.

This dependence on the law comes at a stiff price; there are significant dangers in giving the courts sweeping powers to define and "solve" issues such as whether PAS should be socially sanctioned or whether a "right to die" properly exists. Among the most serious drawbacks of expecting the legal system to solve the nation's most vexing social problems is that the courts--which tend to uphold the rational, antiseptic, and objective over the emotional, multi-layered, and subjective--systematically short circuit groups and individuals whose ideas do not align well with established legal structures and approaches to problem solving. This is particularly true for medical ethicists, theologians, philosophers, and members of religious organizations--groups whose language, perspectives, underlying assumptions, and orientations are often

inherently incongruent with those of the legal system.

Located at the intersection of the personal and the political, the acknowledged and disavowed, the real and the metaphysical, the debate over euthanasia is singularly problematic where the law is concerned. As Nuland (1997) writes, it makes little sense "to legislate or have the courts impose a rationality" on such an inherently irrational and anxiety-inducing issue (p. A15). Like a host of similarly emotionally fraught social issues, euthanasia is value-laden, rich in complexity, and deeply intertwined with core personal, philosophical, and metaphysical beliefs and meanings. When such complex issues are dispatched to the legal system before they have been subjected to extensive public debate, they tend to emerge straitjacketed into narrow mandates or edicts and stripped of their nuances and ethical dimensions. As might be expected, the results are demoralizing to those left out of the decision-making process--often the very groups and individuals who are most passionate about and most likely to be affected by the issues in question. Denying these groups a voice, of course, in no way eradicates or defuses dissent, as the past several decades of abortion-related violence, including clinic bombings and the murder of abortion workers, amply demonstrates. As one legal scholar reminds us, "Squelching speech...simply redirects it, drives it underground, where it festers into more dangerous hysterias" (Smolla, 1995, p. 95).

As this last point makes clear, a major problem with seeking legal "cures" for social ills before they have been subjected to thorough public debate is the corrosive effect of this trend on social stability. Legal answers to highly complex social

problems--while more rapid and less "messy" than protracted, divisive public debate--not only tend to accelerate social change, but do so in unpredictable and disruptive ways. A good illustration is the speed with which the legal system dispensed with abortion, which, after truncated public discussion, was referred to the courts for hasty resolution. Almost three decades after *Roe v. Wade*--the legal system's prescription for this complex social dilemma--the ruling continues to fragment and tear at the fabric of society in the form of litigation, legislation, protest demonstrations, violence, and the deep disenfranchisement of an angry, vocal segment of the population. American society seems to have learned little from the abortion controversy. The course of the euthanasia debate has followed a similar trajectory: Passive euthanasia received the sanction of the courts and the public in remarkably short order. By 1990--only a decade and a half after *Quinlan*--news media discourse (and by extension public discussion) of this once-controversial issue had all but ended.

More than the fact that the court's ham-fisted approach to solving such issues ensures a backlash from disaffected citizens and groups, a lack or even a low level of public discourse on ethically challenging issues robs Americans of the opportunity to use such debates to redefine their core cultural values, refocus their objectives and goals, and reestablish their sense of themselves as active participants in the public sphere. It is not that the legal system has no place in resolving ethical dilemmas; rather it is that the law--with its detached realism, codified language, and formulaic remedies--simply lacks the depth or breadth to wrestle with issues that are so deeply embedded in cultural and personal beliefs, meanings, emotions, and ritualistic

practices.

Much better suited for this role in many ways are the mainstream news media, which have been granted broad freedoms to enable them to provide an open forum for public debate on just such issues. In modern mass societies, the national news media are the closest approximation of the traditional public forum, the intellectual marketplace where citizens encounter a broad spectrum of speakers engaged in robust debate on issues of cultural significance.

Unfortunately, based on the results of this study, the news media fall considerably short of the "public forum" ideal. Nowhere is this more evident than in journalists' privileging of the "right to die" frame to represent euthanasia in the articles in this research. In its implicit promotion of RTD goals and agendas, the "right to die" frame clearly functions in an ideological capacity. But this framing choice raises concerns that go beyond ideology to the viability of American democracy itself. As discussed briefly in Chapter 6, rights rhetoric is attractive to movement activists and the press because its resonates strongly with classical liberal ideals in the United States that falsely equate liberty with individual autonomy. While "rights" frames offer journalists "a convenient political shorthand...valuable in the era of thirty-second TV news clips" (Silverstein, 1992, p. 125), the danger of interpreting complex issues in terms of rights is that it not only oversimplifies and distorts social problems, but places too much emphasis on rights at the expense of morality and responsibility.

In her widely cited book, *Rights Talk*, philosopher Mary Ann Glendon (1991)

warns against American society's "increasing tendency to speak of what is most important to us in terms of rights, and to frame nearly every social controversy as a clash of rights" (p. 4). According to Glendon, the American obsession with rights--which she identifies as a recent historical trend--is both a consequence and cause of the expanded role given to the courts during this century. Referring to the explosion of legal rights as "the central legal drama of the times," she argues convincingly that rights rhetoric, with its assumption that individuals are entitled to inherent benefits and may demand legal enforcement to receive them, undermines social harmony. Aside from creating "unrealistic expectations," the quest for rights is never exhausted. Once rights rhetoric is given legitmacy through news media circulation of rights frames, it tends to take on a life of its own. The prevailing attitude becomes, "if rights are good, more rights must be even better" (p. 16.). The problem with this racheting up of rights is that in a pluralistic society liberties are always in conflict. As she notes, "there is very little agreement regarding *which* needs, goods, interests, or values should be characterized as 'rights' or concerning what should be done when, as is usually the case, various rights are in tension or collision with one another" (*Ibid.*). Rights rhetoric--which in this study manifests itself through journalists' privileging of the "right to die" frame--"inhibits dialogue that might lead toward consensus, accommodation, or at least the discovery of common ground" (p. 14).

In addition to promoting conflict and frustrating consensus, the "relentless individualism" associated with rights rhetoric overwhelms other viewpoints (p. 15). Glendon maintains that rights talk silences discourse about personal responsibility,

ethics, and communitarian ideals. In doing so, it "seems to condone acceptance of the benefits of living in a democratic social welfare state without accepting the corresponding personal and civic obligations" (*Ibid.*). Even worse, arguments steeped in individual rights often prove counter-productive to the very groups most likely to articulate them--the poor, minorities, and other powerless individuals. While it is true that rights rhetoric has enabled marginalized groups to gain the respect and attention of those in power, it is also the powerful who are most likely to manipulate rights discourse in their favor. Rights rhetoric, Glendon concludes, "fosters a climate that is inhospitable to society's losers, and that systematically disadvantages caretakers and dependents, young and old. In its neglect of civil society, it undermines the principal seedbeds of civic and personal virtue" (p. 14).

As a curative to media discourse that emphasizes individual rights frames--which Glendon sees as promoting "the short-run over the long-term, sporadic crisis intervention over systematic preventive measures, and particular interests over the common good"--she suggests enriching public dialog with "the more carefully nuanced languages that many Americans still speak in their kitchens, neighborhoods, workplaces, religious communities, and union halls" (p. 15). Following her prescription would require that the news media choose frames that invite reason and yet stir compassion. Even more important, it requires promoting public decision-making processes that are ends- rather than means-directed. If journalists' followed these guidelines--for example showing greater sensitivity to and respect for diverse viewpoints on issues like euthanasia--what kinds of policy decisions might result?

Political representatives exposed to coverage reflecting a full range of interpretations might choose to support alternative ways of dying, allocating increased funds for hospice and in-home care of the terminally ill. Other outcomes might include renewed efforts to improve end-of-life pain management, recognition of the role depression plays in the elderly's choice of suicide, or greater commitment to the general needs of disabled, elderly, and other citizens most affected by euthanasia decisions. Following yet another track, honest discussion of the economic costs associated with America's burgeoning elderly population might steer society to an understanding and acceptance of the limits of its financial obligations to the elderly, severely disabled, and dying. Whatever its specific consequences, news coverage reflecting diverse viewpoints and voices is considerably more likely than either adjudication or emphasis on rights frames to foster a decision-making process that is inclusive rather than exclusive, grounded in equitable distribution of resources rather than in the protection of state and economic interests, and informed by the ideal of the marketplace of ideas rather than newsroom conventions that privilege institutional sources.

Yet another price Americans pay for the convenience and ease of relying on the courts for short-term solutions to complex social problems is loss of a sense of community--the notion that America as a culture is capable of taking full responsibility for its manifest and hidden political policies and social agendas, including the way in which technological and economic imperatives drive virtually every aspect of contemporary life in the United States. In packing our most difficult dilemmas off to the courts without sustained public discussion and only the most

superficial news "coverage," the media forfeit Americans' democratic birthright: that of confronting and coming to terms with past choices and fully imagining the unintended consequences of future decisions.

A final, "hidden" cost of stripped-down legal "solutions" to euthanasia-related questions is erosion of public trust in the courts, the political system, and the news media, which--because of their own economic exigencies--risk becoming increasingly irrelevant and untrustworthy in the eyes of the public. The more the nation's mainstream news media consolidate power, trim news budgets, and focus on bottom-line profits rather than carrying out their civic obligations, the tighter their yoke to state and economic institutions. The closer this unholy union between the news media and economic interests, the more citizens are squeezed out of policy decisions affecting their personal, day-to-day lives. Some news scholars, including Hallin (1994), argue that the commercial news media in this nation have now reached the point where they are incapable of acting as conservators and commissioners of the public sphere. Unfortunately, the results of this study do nothing to contradict this thesis. As long as newsroom conventions and ideological ties to state, institutional, and economic interests continue to shape the contours of national news coverage, there is little hope that the news media will ever fulfill their responsibility to invite and engage the public in vigorous debate over crucial social issues (*Ibid.*).

Ideological Implications of Euthanasia Framing

The above discussion of news framing of euthanasia touches on some of the central ideological implications of these framing selections. To augment this

discussion, the following section highlights several additional examples of the ways in which ideology manifests itself in news framing of euthanasia in the present study.

Implications of Media Depictions of "A Good Death"

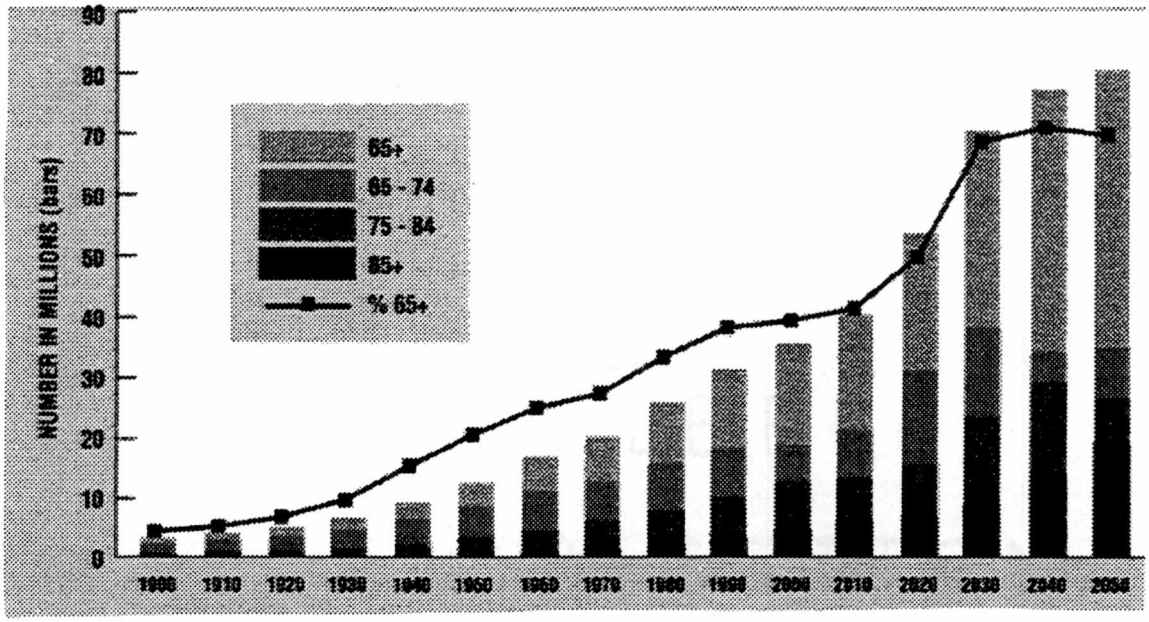
A central ideologically related component of this research involves the search for insights into what euthanasia news frames reveal about popular cultural and mass media assumptions associated with a "good death" in American society. As the previous chapter documents, the idea of a "good death" promoted in the news articles in this study is overwhelmingly one in which individuals have the "right to die"--or more specifically, the freedom to "choose" the time, place and circumstances of their deaths. In this version of a "good death," individuals die peacefully, without pain--and in post-Kevorkian news coverage--with the assistance of a caring physician. Loved ones gather around the deathbed to share final farewells with the dying person--who, although unable to prevent death, is deeply relieved to be able to control the time and manner in which it occurs. This scenario, played out ritualistically in anecdotes in the news reports in this study, stands in stark relief to the counter-narrative of the "bad death" offered in this same news coverage. A "bad death" in the news anecdotes in this study is a desperate affair that unfolds in a sterile hospital setting amid the existential drone of life-support machines. Occurring only after a protracted, anguished, debilitating, dehumanizing, and expensive illness, it includes the singular horror of watching a loved one's "quality of life" ebb slowly away.

Of course, the first of these death scenarios--with its stress on *choice* and *freedom* from pain--resonates with long-established American values including

individualism, liberty, economic pragmatism, close family ties, and aversion to death and its discomforts. But closer scrutiny of the "good death" being sold to the American public in this narrative reveals its central contradictions. Questions about its validity arise, for example, when one considers *who* is likely to take advantage of the "good death" promoted here. The prime candidates for euthanasia are overwhelmingly poor and elderly and most likely female. Typically widowed and alone, these individuals are fated to die isolated in hospital settings in circumstances far removed from those depicted in the "good death" anecdotes in euthanasia news coverage. Even more disturbing, the "good death" via euthanasia may eventually become something less than a true "choice" for elderly poor and disabled individuals whose consumption of medical and economic resources is no longer tolerated.

At the root of this darker version of the consequences of a "right to die" are predictions of explosive growth in the number of elderly citizens in the United States in the 21st century. The concern among advocates of the aged is that the burden of caring for this expanding population will lead to increased pressure on the elderly to "choose" passive euthanasia or PAS (Longino, 1988). Among the fastest-growing group of elderly are members of the 85-and-over group, which experts predict will reach 13 million by 2040. (See Figure 8.1).

Figure 8.1. Growth of the 65+ Population, by Age Group: 1900 to 2050



Source: U.S. Bureau of the Census: "Sixty-Five Plus in America," P23-178RV; "Population Projections of the United States, by Age, Sex, Race, and Hispanic Origin: 1993 to 2050," P25-1104, Census data (1900-90) are as of April 1, projections (2000-50) are as of July 1.

As Osgood (1995) writes, it is members of this group (which she refers to as the "oldest old") "who, in the future, will demand the most health care resources and who have the least to offer society in terms of labor, productive work, and economic benefits" (p. 415). And if these economic pressures were not enough, rapid cultural changes, along with the "cult of youth," denial of death, and the ageism that pervades American society promise even further marginalization of members of this group. Osgood points out that the elderly are already more likely than any other population to commit suicide (*Ibid*).[1] The perception of many elderly citizens that they are a

[1]As she writes, "Compared to other age groups, older persons are the group most at risk of committing suicide or double suicide, and they are one of the groups most

drain on society is certainly one explanation for this trend, but it is certainly given added fuel by mass mediated messages such as those identified in Chapter 6 that equate assisted suicide with a "good death." The result of these factors is the creation of what Osgood describes as "a climate in which suicide is viewed as the rational choice--even a social duty" (*Ibid.*). As she explains,

> Changes in our society's values and beliefs may already be convincing some older people to accept suicide as rational and the best solution for them. Media presentations, advertisements, and rhetoric from social, religious, and medical professionals may be helping to change the beliefs and values of the culture. The profusion of recent literary accounts favoring suicide and assisted suicide...and increasingly frequent court decisions favoring patients' rights to refuse medical treatment, even when refusal will mean death, may be influencing more older people to choose suicide. In a suicide-permissive society, this choice may appear rational; opting to live might be viewed as selfish, cowardly, or crazy.

Experts on aging point out that the United States has a less than spotless record when it comes to its treatment of the elderly and seriously ill. In a culture that upholds productivity, progress, and economic wealth as its premier values, abandonment and neglect of those least able to advance or embody these ideals is inevitable. As the ranks of the "oldest old" in America swell, many specialists in aging fear that these individuals, along with the seriously ill, will feel it their duty to exercise their "right to die" via euthanasia. In the absence of a strong challenge to this notion, Kastenbaum (1972, p. 61) predicts, suicide could become the "preferred way

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likely to request assistance in ending their lives. Those under age twenty-five years make up 16% of the U.S. population and account for 16% of all suicides. Those aged sixty-five years and over make up 12% of the population but account for 21% of all suicides" (*Ibid.*).

of death" for America's elderly (Osgood, 1995, p. 415, citing Kastenbaum).

According to a number of authorities on aging, it is elderly *females* who perhaps have the most to lose by routinized passive and active euthanasia. One study found that 65 percent of PAS candidates over age 65 and 75 percent over age 80 were female (Keenen, 1998). Moreover, of the 43 assisted suicides attended by Dr. Jack Kevorkian by 1998, 28 were female (*Ibid.*). Although Keenen and others argue that gender inequality is a major factor in these lopsided statistics, poverty and depression are also woven into the tapestry of who chooses PAS and euthanasia. Given the clear relationship between class and assisted suicide, it is no surprise that women over age 65--who comprise 75 percent of America's poor--choose PAS and euthanasia at higher rates than men. Moreover, notes Keenan, "women are twice as likely to suffer from depression than men, and depression is among the leading reasons for P.A.S." (p. 14). There is evidence that women are also more likely to choose PAS out of a sense of obligation. A study of terminally ill patients in Washington state found that 75 percent of patients identified being a burden to others as a justification for PAS (*Ibid.*). Keenen notes the "all-too-typical" tendency of women to worry about the impact of their illness on family members and society as a key factor in the higher rates of PAS among women. "Is it possible," he writes, "that a certain type of woman--depressive, self-effacing, near the end of a life largely spent serving others--is particularly vulnerable to the 'rational,' 'heroic,' solution" (*Ibid.*)

Of course, it is not just the elderly and terminally ill who may find themselves affected by mass mediated and other cultural messages urging them subtly to choose a

"good death" via euthanasia. Diane Coleman, the president of the disability rights group, Not Dead Yet, has expressed anxiety about the threat normalization of PAS poses to disabled Americans. The greatest fear shared by disabilities groups, she states, is the supposed "voluntary" status of euthanasia (Coleman, 1999). She sees so-called "futility guidelines"--which allow medical professionals to remove or withhold medical treatments from disabled patients against their or their surrogates wishes--as the first step toward what will eventually become mandatory PAS for such individuals. She describes the trend toward futility guidelines as a "new movement" in American society:

> A lot of people still want to believe that [PAS] is going to be voluntary. But it's not. It's going to be a duty. Or it's going to be forced upon people by a health care system that's already decided that futility guidelines will be acceptable. Futility guidelines are guidelines through which the healthcare profession can withhold and withdraw treatment *against* the express wishes of the patient or their family decision maker. The AMA has even come out with such guidelines. The state of Wisconsin has formalized that....

Disabilities groups worry that PAS will become a healthcare "option" that corporatized medicine will increasingly force on disabled individuals under the guise of "choice." Like a host of ethics specialists, experts on aging, and disability rights activists, Coleman argues that it is *economic* factors--particularly those associated with the rapidly aging American population--that are the invisible engine behind the campaign for social and legal acceptance of PAS. "[E]conomics, not the quest for broadened individual liberties or increased autonomy will drive assisted suicide to the plateau of accepted practice," she predicts. "[I]t is by far best for the HMO profiteers to see that older and disabled people--costly people--will take the so-called option of

assisted suicide when they're denied the healthcare treatments and supports they deserve" (*Ibid.*).

Implications of Omission and Marginalization of Religious/Ethical News Frames

As indicated above, one of the most important--and insidious--means through which ideology manifests itself is through journalists' *omission* of information, sources, and interpretive frames. More than four decades ago, C. Wright Mills described the American mass media as "historically unique instruments of psychic management and manipulation" used by power elites to mold public opinion (1956, pp. 310-311). Heavy dependence on the *Right to Die* frame in a news story not only organizes the issue of euthanasia within the familiar American legal rights frame, but masks or suppresses alternative frames, such as "genocide of the sick and elderly," "violation of the sanctity of life," or "a means of dispensing with society's unwanted," each of which contains its own ethical, philosophical, and policy implications and interpretations (Jalbert, 1995).

Ideally, mainstream news about the euthanasia debate should bring to the public forum a range of cognitive frames sufficiently broad enough to allow the public to consider and weigh the full consequences of social and legal sanctioning of passive euthanasia and PAS. Framing of the euthanasia controversy, in a free and ideologically diverse media (and society), should be part of a continuing cultural dialogue about the objective versus the subjective in human experience, the proper role of ethics and religion in public policy decisions, the efficacy of science and law to resolve complex social problems, what values should be given priority in American

society, and ultimately, the evolving meanings attached to a "good death" in contemporary culture.

Of course, as the mainstream news media have developed into multi-national conglomerates that allow institutional and economic interests to dictate news content and framing choices, they are clearly less than ideologically free and diverse. Yet even in an era of slashed news budgets, tabloidization, and the routinized use of institutional sources, it is possible for the news media--at least in the aggregate--to reflect a diversity of views on an issue with such enormous significance to Americans as euthanasia and PAS, particularly when coverage extends over several decades. Given the 20-plus years that euthanasia has been a lightening-rod issue in the United States, it seems reasonable to expect more from the mainstream media than the narrow framing found in this analysis. Although medical and legal frames are both relevant, they are far from the sole or even most appropriate interpretive frames through which this controversial social problem might have been interpreted.

As Parenti (1996) reminds us, "The media's most common method of distortion is omission. We are misled not only by what is reported but by what is left unmentioned" (Parenti, 1996). Of the various frame omissions identified in this analysis, perhaps the most glaring involves the absence or marginalization of religious, theological, or moral frames. In the news stories in this analysis, metaphysics and medicine inhabit distinctly different spheres, with religion, philosophy--and medical ethics to a lesser extent--shunted off to the margins. It is difficult to imagine a mainstream news outlet in the United States giving equal weight

to theological and philosophical concerns as it routinely gives to institutional interests such as medicine and law. And to be sure, journalists would undoubtedly consider the intermingling of the objective and subjective a violation of the strict journalistic conventions governing news coverage since the latter half of the 19th century. Yet the experience of being human demands that individuals negotiate these realms on a daily basis, as members of American society attempt to reconcile the philosophical with the physical and practical. Abstract ideas that tap into subjective consciousness do not simply add depth to news media discourse on an issue as fraught with dread and anxiety as death and dying; they are essential for the repair and maintenance of cultures faced with finding mystical meaning in the experience of physical deterioration and death.

On one level, the moral and metaphysical void identified in news coverage of euthanasia in this study may be seen as simply another manifestation of the secularization of public discourse that can be traced in Western civilizations to the Reformation. Yet the virtual absence of metaphysical or religious framing of a topic as deeply situated within the realm of meaning and values as euthanasia cannot be so easily dismissed. More than a mere symptom of the "crisis of legitimacy" facing religions since the dawn of modernity, the news media's failure to address the moral dimensions of euthanasia and assisted suicide amounts to an abdication of what Weber called society's "ultimate and most sublime values" (Hoover and Venturelli, citing Weber, p. 260). Although journalists take pride in the "objectivity" that this approach affords, their reluctance to enter the turgid waters of ethical and moral debate has

several deeply negative consequences not only for American society, but for the continued viability of news itself.

First, rationalistic, legalistic solutions to social problems--which seek to draw unambiguous lines between "right" and "wrong" and "legal" and "illegal"--are simply too heavy-handed to produce satisfying answers to dilemmas as meaning-laden and complex as those raised by the euthanasia debate (Hoefler and Kamoie, 1994). As Glendon (1991, p. 15) states, such rhetoric underestimates the public's "capacity for reason and the richness and diversity of moral sentiments that exist in American society." Second, by framing death and dying primarily as either a medical problem or an individual rights issue, the news media devalue the *meaning* of death by commodifying and politicizing it. So entrenched and normalized has this mode of reporting become in American society that we not only fail to notice the absence of what Hoover and Venturelli (1996, p. 263) call "the sacred spheres of life" in public debate, but would be hard-pressed to imagine news coverage that *does* draw from a rich vein of moral, religious, and ethical frames to present topics like euthanasia for public consideration.

What would a fully integrated news *look like*--news that presented the sacred along with the secular, the mythic with the rational, the ethical with the legal? Certainly the news stories in this analysis offer no hint of such a model. Although news articles in this research are careful to include quotes from medical ethicists and clerics and to address (however superficially) ethical and religious *arguments*, these are almost without exception presented within the context of larger legalistic or

medicalized frames. The effect is that religious or ethical arguments function as mere "signs" of conflict in the Sausseurian sense, as obstacles that stand in the way of social or legal sanctioning of euthanasia, or as scraps tossed out by journalists to appease the collective moral conscience. The result in any case is that journalists, in ticking off alternative frames or counter-arguments, are ultimately able to *dismiss* them from any real consideration. In the two decades of this analysis, the sole exception to this ritualistic nullification of the deeper values and meanings attached to euthanasia is an editorial by the psychologist M. Scott Peck (1997), published as a "My Turn" essay in *Newsweek*. Attempting in his own way to "resacralize" euthanasia discourse, Peck warns that legalization of euthanasia would send

> yet another secular message that we need not wrestle with God, another message denying the soul and telling us that this is solely our life to do with as we please....It would not encourage us to face the natural existential suffering of life, to learn how to overcome it, to learn how to face emotional hardship--the kind of hardship that calls forth our courage. Instead, it would be a message that we are entitled to take the easy way out (p. 18).

It is too much, perhaps, to expect journalists to adopt frames as overtly religious as this one (e.g., that directly mention "God") even if they were committed to disseminating a full spectrum of views on euthanasia. But in rendering religious and moral frames largely *invisible*--by omitting them or relegating them to the opinion section--the news media miss key opportunities to mitigate the intensity of the nation's "culture wars" (for which they, in large part, are responsible). In ignoring aspects of social issues, such as religion, considered fundamental to significant numbers of Americans, the news media intensify cultural combat over conflicting ways of

knowing in American society, such as science versus spirituality, reason versus myth, and intellect versus emotion. Exploring the spiritual or metaphysical dimensions of social problems--while indisputably posing practical problems for journalists--promises to enrich the scope and significance of news in America, a nation so polarized in its public dialogue that linguist Deborah Tannen (1998) characterizes it as "the argument culture." The tendency of journalists "to frame everything as a metaphorical battle," she says, is a direct result of American society's "emphasis on the division between self and society"--a value system that differs markedly from that of cultures like Japan and France which emphasize "the self inseparable from the network of society" (*Ibid.*, p. 2).

Surely at the millennium, an era in American history in which the public has access to an unprecedented wealth of multi-channel, multi-media news sources, individuals can be trusted to sort through a considerably richer mix of objective and subjective frames than the rationalistic, conflict model of news reporting historically favored by news organizations. Severely underestimated and patronized for decades by the news media with truncated, "dumbed down" stories and bombarded with tabloid-style "news," American news audiences have been thoroughly schooled on the speciousness of the concept of journalistic "objectivity" and, in the process, have reached a level of sophistication far beyond the level of most news outlets. Why is it, for example, that national, mainstream journalists do not seem to mind undermining the profession's vaunted standards of "objectivity" and "credibility" with sensational coverage of everything from Saddam Hussein and Princess "Di" to the O.J. Simpson

trials and President Clinton's sexual escapades, but dig in their heels at the suggestion that they cross the borders into subjectivity to explore the moral and religious dimensions of a complex, deeply symbolic, and meaning-laden problem such as whether individuals should be allowed the "right to die" via assisted suicide?

In his book, *The Troubled Dream of Life,* ethicist Daniel Callahan (1993) laments an American "society more comfortable with legal than with philosophical or religious discourse, and more at ease with moral language focused on the making of decisions than with the wisdom of those decisions." Based on the anemic quality of euthanasia discourse found in this study, it is clear that the national news media not only *underestimate* members of the public, but *disrespect* and *dishonor* them by assuming them incapable of managing multi-layered interpretations. The public is not only capable of handling, but in dire *need* of news media discourse that goes beyond the conflict model to peel back the intricate, labyrinthine layers of complex social issues with serious, long-term consequences. News about euthanasia and assisted suicide--which has and will continue to shape public policy and impact future generations of Americans--requires a model of news that invites public participation to balance the needs of members of our pluralistic society, including rich and poor, healthy and sick, young and old.

Toward More Fully Integrated News Coverage of Social Problems

The suggestion that the news media adopt a more fully integrative approach to news on social problems like euthanasia is not merely an idealistic balloon floated from the ivory towers of news media scholarship. The present model of mainstream

news--which excises the moral and spiritual underpinnings from virtually all public discourse--threatens American democracy itself. In American society, mass media discourse, which functions as the spoke at the center of the wheel of political, social, and cultural life, not only dominates public life, but has come to *constitute* the public sphere itself (Hoover and Venturelli, 1996). News that compresses every issue--including death and dying--within the same handful of institutional, secular frames not only results in a veritable desert of viewpoints, but precludes access to the layered meanings that comprise the lifeblood of public discourse.

Calling for a reexamination of the "rationalist approach to understanding contemporary life," Hoover and Venturelli (1996) warn that "the eclipse of 'the religious' within media discourse" endangers the public sphere--and hence democratic freedom. In abdicating their responsibility to address the *mythical* and *moral* as well as the legal and rational dimensions of public life, the news media lay alms before the altar of America's preeminent "secularized religion"--individualism, a cult that de Tocqueville (1835/1966), with astonishing prescience, recognized in his book *Democracy in America* more than a century ago as intrinsically antithetical to the welfare of society as a whole. As he believed, a major advantage of including religious or morally centered discourse in public debate is its potential to temper the political, "to bond the category of political freedom to an *ethical* foundation" (Hoover and Venturelli, 1996, p. 262, italics added). Without an ethical foundation, "democracy" is little more than rhetoric--a hollow shell used by politicians to advance their agendas, but devoid of the lifeblood of the people.

De Tocqueville's warning against allowing individualism to erode the nation's ethical foundation--which was built on a strong sense of religious conviction and communitarian ideals--was issued with France's political upheaval fresh in mind. Arriving on America's shores in 1831 on the heels of the French Revolution, de Tocqueville observed the young nation with an eye toward assessing the aftermath of the American Revolution, which, like its French counterpart, was fought to wrest power from the elite and return it to the people in the form of democracy. What de Tocqueville recognized was the uniqueness with which the political was married to the religious in the United States. In American democracy--unlike European political systems--liberty was infused with, and hence indistinguishable from, morality. As de Tocqueville recognized, the resulting government was more likely to act on the principle that what affects one affects all, and the powerless must be protected from the powerful. In the America he witnessed, the self was not truncated from the body politic, but irrevocably knitted into it through the coupling of political and religious ideals.

Unfortunately, in the century and a half since de Tocqueville offered his astute observations, the United States has experienced a steep decline--if not outright debasement--of many of the ideals he singled out for praise. Individualism, which he noted as a potential threat to the young democracy, has today risen to cult status in American society. As he understood, the American ethos of individualism--which is reproduced and reinforced in mass media messages on a scale unimaginable in his time--conflicts with many of the fundamental goals and needs of members of a

pluralistic society. Moreover, since de Tocqueville's visit, economic pressures have not only led to the institutionalization of news media conventions that privilege the secular over the ethical and moral (hence splitting the self from the body politic), but to the news media's ritualistic privileging of interpretive frames that reflect the interests of the powerful and wealthy. This study's results--which show medical and legal frames to dominate all other viewpoints and interpretations of the euthanasia debate--clearly supports this argument.

If American society expects to make decisions about tough social issues that foster rather than destroy social equilibrium, the news media must become more integrative and inclusive. Blaming American society's "atrophied political processes" on its impoverished public discourse and narrow framing of social problems, Glendon (1991) argues that the survival of a heterogenous society depends on the open exchange of ideas--even those like religion and ethics that seem out of place in a secularized society (p. 181). "At the grassroots level," she warns, "men and women of widely varying backgrounds are increasingly manifesting their discontent with...an unwritten law that morally or religiously grounded viewpoints are out of bounds in public dialogue" (*Ibid.*). Yet, she argues, on the few occasions in which religious and moral views have been given legitmacy (e.g., the speeches of Martin Luther King), the results have been *less* rather than greater levels of "fear, suspicion, divisiveness, and intolerance" in American culture (*Ibid.*).

Finally, in addition to the need for a diversity of viewpoints and voices in the news, more *time* must be set aside for public deliberation on divisive social issues like

euthanasia. As a British physician said of the euthanasia controversy back in 1936, "the proper course is to examine all the relevant evidence and to investigate fully the whole question" (*Ibid.*, p. 1891, quoting Tredgold, 1936). As policymakers and the public struggle over the question of granting social sanction to PAS--a practice that promises long-term, unpredictable consequences for millions of Americans--it is vital that the news media heed this counsel. The low quality of public discussion identified in this study, however, is not the news media's problem alone. Rather, it is reflective of the broad impulse in American society to "come to answers too quickly" and, in the process, ignore some of the more crucial philosophical aspects of life (Niedelmann, 1999). Americans--perhaps the most action- and solution-oriented people in the world--are impatient with long-term controversies and fail to grasp the time and energy needed to confront and find solutions to complex social dilemmas. As Niedelman (*Ibid.*) argues, "The great issues of human life have to be seen as questions that we live with, that we ponder, that we try to open our hearts and minds to. There are no answers in that sense. There are just states of confronting realities...and contradictions."

Limitations and Suggestions for Future Research

Measurement Problems in News Framing Analysis

Framing analysis offers news scholars a highly useful technique for capturing and making sense of the interpretive and explanatory structures that lie beneath the surface of news texts. Yet as a research method, the framing process has several distinct drawbacks, all of which relate to its innate subjectivity. As other framing

researchers have noted (See, e.g., Entman, 1993; Hallin, 1994), even quantitative framing analysis requires a level of subjectivity that some social scientists find troubling. Attempts to operationalize frames by creating cohesive, systematic techniques for analyzing texts have been fraught with difficulty. This is because, of course, it is much easier to translate objective concepts such as "news placement" or the number and types of sources in a news story into data for content analysis than to operationalize something as slippery as a news story's "meaning." The present study's use of framing for qualitative analysis--which, like other forms of textual and rhetorical analysis privileges interpretation over mathematical calculations--accentuates framing analysis' native subjectivity.

The primary difficulty confronting framing researchers, as Hallin (1994) notes, is the broad range and subtlety of news frames: "The cues that analysts typically look for to identify the framing of a story can be varied and subtle," he writes, "and judgments about whether a particular frame is present or absent often are quite subjective. This is particularly true in a situation where a number of competing frames...may be mixed together within a news story" (p. 81). The mixing of frames in a single news story was a common obstacle confronted in the present investigation. Medical and legal frames routinely co-existed in news stories, with the legal *Right to Die* frame, for example, frequently appearing in even the most heavily medicalized articles. In such instances, care was taken to isolate the dominant or "privileged" frame, first, by assessing the story's overall theme, second, by noting the types of sources used to articulate the story's directionality, and third, by analyzing the

specific framing strategies used--including anecdotes, metaphors, descriptors, exemplars, and syntactical structures (i.e. headlines and leads). Except in rare instances, this procedure resulted in clear identification of a dominant frame (the few exceptions were coded as having two equally dominant frames). Yet as might be expected, regardless of how systematic this procedure, the pinpointing of dominant frames in news stories "makes an already-subjective decision far more so" (*Ibid.*).

In spite of these weaknesses, framing analysis offers news scholars a highly beneficial research tool. Few if any analytical methods available to social scientists are able to match its efficacy in helping researchers identify and organize the cognitive structures journalists use to interpret, explain, and construct complex social problems such as the euthanasia issue. Moreover, it is an indispensable aid in identifying changes in the directionality of news stories over time that might easily be overlooked otherwise.

Recommendations for Further Research

One of the most fascinating aspects of research on euthanasia news coverage involves the role Kevorkian has played both in news narratives and in the fortunes of the RTD movement. Kevorkian is not only arguably one of the most effective social catalysts in recent history, but is perhaps American society's foremost articulator of the ongoing struggle over authority over death and dying. A worthwhile project for future media scholars might be comparison of news media framing of pro-euthanasia campaigns *cross-culturally*. Comparing coverage of the American RTD movement with that of similar movements in other nations where a figure such as Kevorkian has

not risen to prominence (e.g., Canada, Great Britain, Japan, and Australia) should provide more precise knowledge of Kevorkian's contributions to the RTD movement in this country.

A study that investigated euthanasia coverage in political opinion magazines (e.g., *The Nation, American Spectator, The New Republic*, etc.) might also prove worthwhile in shedding light on differences between the frames selected for mass versus specialized news audiences. It is possible that news frames differ significantly when they are designed for readers who are presumably more politically sophisticated, engaged, and informed on major social issues than readers of *Newsweek* and *Time*--which some critics complain are increasingly entertainment- (e.g. *People* magazine) rather than *hard-news* publications.

Another worthwhile research thread related to Kevorkian might involve examining the changes through which media depictions of him evolved through the 1990s. Because this study included only two news magazines, *Time* and *Newsweek*, coverage of Kevorkian was limited to fewer than a dozen news articles. A research project more tightly focused on Kevorkian that draws from a broader spectrum of print and/or broadcast news stories promises to reveal additional details about subtle transformations in Kevorkian's image. As Chapter 6 details, Kevorkian was originally cast as the evil, macabre "Dr. Death" in news stories in this analysis--a portrayal that was subtly yet distinctly modified over time. Such a study might also provide intriguing insights into the complex victim/martyr/savior persona Kevorkian acted out on the public stage through news media narratives. A study of television news

framing of Kevorkian, in particular, would be useful in shedding light on journalists' use of *images* to attach particular cultural meanings to Kevorkian. Among the questions such a study might investigate include: What developments triggered slight changes in Kevorkian's portrayal in the news media? In what way does Kevorkian function symbolically in American culture? For example, what does his portrayal tell us about the function of cultural "demons"--those social actors journalists feel free to vilify? And what does coverage of such symbolic figures reveal generally about American culture or more specifically about how the news media respond to cultural fears, ideologies, rituals, beliefs, and myths surrounding death? Finally, what implications do Kevorkian's tactics--and reporters' response to them--have for movements interested in accelerating social and legal acceptance of their agendas?

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APPENDICES

APPENDIX A

EUTHANASIA TIME LINE

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1800s:

•1884 The first *medical* reference to euthanasia in the U.S. appears in the *Boston Medical and Surgical Journal*, the predecessor of the *New England Journal of Medicine*. The article, written by a physician, argues that doctors should be permitted "to stand aside passively and give over any further attempt to prolong a life which had become a torment to its owner" (Emanuel, 1992).

1900s:

•1905-6 A bill to legalize euthanasia is introduced in the Ohio legislature and defeated.

1930s:

•1931 The prominent English physician C. Killick Millard makes a widely circulated speech advocating legalized euthanasia.

•1935 The London *Daily Mail* publishes a provocative story by an anonymous doctor who confesses to "mercy killing" five patients. The article, picked up by U.S. newspapers, generates an outpouring of mail from patients requesting suicide aid, from doctors making similar confessions, and from U.S. physicians and medical organizations condemning the practice.

•1935 The Voluntary Euthanasia Legislation Society, the world's first organization devoted to legalizing euthanasia, is founded in England by Dr. C. Killick Millard, George Bernard Shaw, H.G., Wells, and others.

•1936 A "Voluntary Euthanasia Bill," which would have allowed adult terminally ill patients to obtain aid in dying by signing a consent form is rejected by England's House of Lords. A similar bill is introduced (and rejected) by the Nebraska legislature in 1937.

•1938 Three pro-euthanasia groups are founded in the U.S.: the Euthanasia Society of America (ESA), the Euthanasia Education Council, and the Society for the Right to Die.

1950s:

•1957 In a public statement on the morality of resuscitation, Pope Pius XII declares that use of "ordinary means" only are required to satisfy the Christian mandate to preserve life.

1960s:

•1968 An Ad Hoc Committee of the Harvard Medical School establishes a new definition of "brain death."

•1969 Charles Potter founds the Euthanasia Education Council (later changed to Concern for Dying) to distribute information on living wills.

1970s:

- 1970 — Founding of the Foundation of Thanatology at New York's Columbia University.

- Aug. 1972 — Physicians testify at hearings on 'Death with Dignity' held by Special Sen. Com. on Aging

- Jan. 8, 1973 — The American Hosp. Assn. approves a 12-point "Bill of Rights" that includes the right of individuals to choose death by refusing medical treatment. This marks the first time a national health organization defends what courts have previously ruled--that adult, terminal patients have the right to die without medical intervention (from *NYT*, Jan. 9, 1973).

- Apr. 15, 1975 — Karen Ann Quinlan falls into a coma after a drug overdose and is connected to a respirator.

- Sept. 1975 — Quinlan's parents seek a court order to withdraw their daughter from her respirator. NJ Superior Ct. Judge appoints a public defender for the comatose Quinlan.

- Mar. 31, 1976 — In the first ruling allowing a guardian to disconnect life support on a patient's behalf, a N.J. Supreme Court judge permitted Karen Ann Quinlan's parents to have her respirator removed. Overruling a lower court, the judges declared that no "interest of the State could compel Karen to endure the unendurable, only to vegetate a few measurable months with no realistic possibility of returning to any semblance of cognitive or sapient life.

- Sept. 30, 1976 — California passes the first "right-to-die" law in the U.S. It allows terminally ill patients to direct their doctors to withdraw or withhold medical treatment that "serve only to postpone the moment of death," frees doctors from legal liability in such cases, and prevents insurance companies from denying benefits to survivors on the basis that the insured committed suicide.

1980s:

- 1980 — Derek Humphry founds the Hemlock Society, a Los-Angeles based organization formed to fight for the right of the terminally ill to obtain assisted suicide.

- June 1980 — The Vatican distributes a "Declaration on Euthanasia," which condemns "mercy killing," but recognizes the right of individuals to refuse "burdensome" life-sustaining efforts.

- 1981 — The first do-it-yourself suicide manual, *A Guide to Self-Deliverance*, is published in London by The Society for the Right to Die with Dignity.

- Apr. 1981 — Presidential commission holds hearings on "right to die"; panel members reach consensus that terminal patients should have the right to refuse life-sustaining medical treatments.

- Nov.-Dec. 1983 — The U.S. Justice Dept. (under Reagan) sparks a national debate when it sues a NY hospital for Baby Jane Doe's records, seeking to discover whether the hospital violated the handicapped baby's civil rights when it failed to perform life-saving surgery on the baby. A federal district court rejected the request for Baby Doe's records, holding that her parents had acted in the baby's best interests. (The baby's parents had previously won the right to refuse the surgery in two NY courts--including the state court of appeals, NY's highest court.)

- Jan. 20, 1984 — Elizabeth Bouvia loses her court battle to force medical practitioners to help her commit suicide by starvation. The California Supreme Court rules that the 26-year-old quadriplegic has no right to assistance from society in starving herself.

- April 1984 — Colorado Governor Richard Lamm declares in a speech that the terminally ill elderly "have a duty to die." His statements stir widespread media attention and public condemnation.

- Dec. 1984 — In *Bartling v. Superior Court*,[1] a CA appeals court rules that competent, dying adults have a constitutional right to refuse medical treatment.

- Jan. 17, 1985 — For the first time a state supreme court eliminates the distinction between removal of respirators and *feeding tubes* from dying patients who want--or are believed to want--this action. The decision, made by the New Jersey Supreme Court, is considered precedent-setting because it permits the withholding of *all* medical therapies from *competent* terminally ill patients, as well as those in a comatose or "persistent vegetative state." (*NYT*)

- May 1985 — Roswell Gilbert, a 75-year-old retired electrical engineer from Florida, is convicted of first-degree murder and given a life sentence for shooting his wife, who had Alzheimer's disease.

- June 11, 1985 — Karen Ann Quinlan dies.

- 1986 — Founding of Americans Against Human Suffering (renamed Americans for Death with Dignity in 1993). In 1992 AAHS mounted a successful effort to place physician-aid-in-dying Proposition 161 on the California state ballot (rejected by a margin of 54% to 46%).

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[1]209 Cal. Rptr. 220 (Ct. App. 1984).

•March 1986	The American Medical Association (AMA) issues a decision that it is "not unethical" to remove life support--including food and water--from comatose patients "even if death is not imminent" (Wallis, 1986, p. 60).
•April 16, 1986	Writing that "the right to refuse medical treatment is basic and fundamental." a California appellate court rules in *Bouvia v. Superior Court* that even non-terminal, non-vegetative, and non-comatose patients could refuse medical treatment--including forced feeding and hydration.[2]
•Sept. 12, 1986	The highest Massachusetts court rules that ex-fire fighter Paul Brophy, in a "persistent vegetative state" for three years, has the right to die by having his feeding tube removed. The court holds that Brophy's expressed wish not to be kept alive by artificial means outweighs the state's interest in keeping him alive. Brophy thus becomes the first *nonterminal* patient to have his feeding tube removed by court order.
•June, 1987	The N.J. Sup. Ct. expands patients' right to die by ruling that individuals have the right to refuse life-sustaining medical treatment.[3]
•Jan. 8, 1988*	JAMA publishes "It's Over, Debbie," written by an anonymous gynecology resident who gave a fatal dose of morphine to a patient after hearing her say, "Let's get this over with."
•1988	California initiative to legalize assisted suicide fails to attract enough signatures to place it on the ballot.
•1988	The *New England J. of Med.* publishes a statement by 10 doctors from leading medical schools and hospitals that "it is not immoral for a physician to assist in the rational suicide of a terminally ill person" (Wanzer, 1989, p. 848).
•1990	Two right-to-die groups, the Society for the Right to Die and Concern for Dying merge to form Choice in Dying.

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[2]*Bouvia v. Superior Court*, 179 Cal. App. 3d 1127, 1137, 225 Cal. Rptr. 297 (1986) ("[A] patient has the right to refuse *any* medical treatment, even that which may save or prolong her life.").

[3]The ruling involved three cases: Two dealt with requests to remove feeding tubes from nursing-home patients, and one dealt with a request to remove a respirator. The court held that "death would not be caused by removal of the forced feeding devices, but by the patients' underlying medical problems....The New Jersey Supreme Court has been one of the leading state courts in the nation in ruling on the rights of patients to refuse medical treatment, including mechanical respirators and forced feeding, since it handed down its landmark [Quinlan] ruling in 1976...." (Sullivan, 1987, p. A1).

•June 4, 1990	Dr. Jack Kevorkian uses his "suicide machine" for the first time to help Janet Adkins, a 54-year-old woman with Alzheimer's disease, commit suicide.
•July 1990	In *Cruzan v. Director, Missouri Dept. of Health* (497 U.S. at 279), the U.S. Supreme Court for the first time establishes a limited constitutional "right to die." Using a liberty-interest argument, the Court holds that, "The right of a competent adult patient to refuse medical treatment has its origins in the constitutional right of privacy." However, the Court also rules that Missouri's interest in preserving life gives it the right to require "clear and convincing evidence" of Cruzan's wish to die before allowing her feeding tube to be removed.
• Aug. 1991	Derek Humphry's *Final Exit: The Practicalities of Self-Deliverance and Assisted Suicide for the Dying* advances to the top of the *NYT* best-seller list and attracts intense media attention.
•Mar. 1991	Dr. Timothy Quill publishes a controversial essay in the *New England J. of Med.* describing how he helped a leukemia patient named "Diane" to commit suicide.
•Nov. 1991	Voters reject Washington's Initiative 119 (a ballot to legalize PAS)
•Dec. 1991	The Patient Self-Determination Act of 1990 goes into effect. This federal law requires all hospitals treating adult Medicare or Medicaid patients to ask these patients whether they have advance directives that specify the end-of-life treatments they choose or reject.
•Nov. 1992	Voters reject the California Death with Dignity Act (Prop. 161) by a margin of 54 to 46 percent.
•Mar. 8, 1993	Michigan jury acquits Dr. Kevorkian in the deaths of two individuals.
•Nov. 8, 1994	Oregon voters pass Measure 16, the DWDA, the world's first law legalizing PAS for terminally ill adults. Almost immediately, the law is challenged in federal court as unconstitutional and a violation of federal laws by doctors and terminally ill individuals who expressed fear of being coerced into taking their own lives.
•Dec, 1994	Federal judge Michael Hogan grants a preliminary injunction blocking the DWDA from implementation "until the constitutional concerns are fully heard and analyzed."[4]

[4]*Lee v. Oregon*, 869 F. Supp. 1491, 1493 (D. Or. 1994).

- Aug. 3, 1995 — Federal judge Michael Hogan strikes down the Oregon DWDA as unconstitutional (violates the Equal Protection Clause of the U.S. Constitution). (*Lee v. Oregon*, 891 F. Supp. 1439).

- Mar. 1996 — In *Compassion in Dying v. the State of Washington*, the U.S. Ninth Circuit Court of Appeals (based in San Francisco) strikes down a WA state law prohibiting doctor-assisted suicide, establishing a Constitutional "right" to assisted suicide. The Ninth Circuit based the "right" to assisted suicide on the due process clause of the 14th Amendment--the same clause used by the U.S. Supreme Court to establish abortion rights. The Court held that just as individuals have a right to decide whether to have a child, they have a right to choose the circumstances of their deaths, and the state must have a compelling reason to interfere with this right.

- 1996 — In *Vacco v. Quill*, the U.S. Court of Appeals for the Second Circuit (based in Manhattan) strikes down a New York law prohibiting assisted suicide. In its analysis, the Second Circuit holds that the law violated the equal-protection clause of the 14th Amendment because it treated two classes of the terminally ill differently. While the law *allowed* individuals to be removed from life-support (as mandated in *Cruzan*), it *prohibited* terminally ill people *not* on life-support systems to hasten their deaths by other means, such as by lethal injection or pills.

- Mar., May 1996 — Kevorkian is acquitted for the second and third times in two years in Michigan courts.

- June 1995 — The world's first law legalizing doctor-assisted suicide is passed in Australia. Called the Northern Territory Rights of the Terminally Ill Act, the law allows patients deemed terminally ill by two doctors to request death by lethal injection or pills.

- Oct. 1996 — U.S. Supreme Court agrees to consider the constitutionality of two 1996 rulings by state appeals courts striking down laws prohibiting assisted suicide. The cases are: Compassion in Dying v. the State of Washington and Vacco v. Quill (see description, above). At question is whether terminally ill individuals have a Constitutional right to physician-assisted suicide, or whether the state has a compelling interest in protecting life that outweighs this right.

- Jan. 8, 1997 — U.S. Supreme Court hears arguments in *Compassion in Dying v. the State of Washington* and *Vacco v. Quill*. The Court's decision is expected by summer of 1997.

- Feb. 27, 1997 — The 9th Circuit Court of Appeals (California) dismisses challenges to Oregon's DWDA, ruling 3-0 that the plaintiffs failed to show immediate threat of harm.

- Mar. 1997 — The world's first and only voluntary euthanasia law--the Northern Territory Rights of the Terminally Ill Act--is overturned in the Australian legislature.

- June 1997 — In a pair of unanimous rulings (*Washington v. Glucksberg* and *Vacco v. Quill*), the United States Supreme Court upholds state statutes prohibiting PAS. Refusing to rule out the possibility of future recognition of a constitutional "right to die," Chief Justice Rehnquist stated that, "Our opinion does not absolutely foreclose such a claim" (Greenhouse, June 27, 1997, p. A1).

- Nov. 1998 — Michigan prosecutors bring criminal charges against Dr. Jack Kevorkian after he videotaped himself injecting a 52-year-old man (Thomas Youk) dying of Lou Gehrig's disease with a lethal drug and then allowing CBS News to air the tape on its "60 Minutes" program. The "60 Minutes" broadcast--which showed Youk's actual death--attracted widespread media coverage.

- Mar. 1999 — After aiding in the suicides of more than 130 individuals and being acquitted in three trials (with a fourth trial ending in a mistrial), Kevorkian is convicted of murder in the death of Thomas Youk.

APPENDIX B

HEADLINES, *NEWSWEEK* AND *TIME* ARTICLES

APPENDIX B:
HEADLINES, *NEWSWEEK* AND *TIME* ARTICLES
(LISTED CHRONOLOGICALLY)

	Date	Periodical	Headline
1.	Nov. 3, 1975	*Newsweek*	A Right to Die?
2.	Sept. 29, 1975	*Newsweek*	Cruel Questions
3.	April 12, 1976	*Newsweek*	A Right to Die
4.	June 7, 1976	*Newsweek*	Karen Lives On
5.	Jan. 9, 1978	*Newsweek*	A Good Death
6.	July 2, 1979	*Newsweek*	"Rational Suicide?"
7.	Nov. 5, 1979	*Newsweek*	Coming to Grips with Death
8.	Feb. 11, 1980	*Newsweek*	The Right to Die: Who Can Play Fate and How?
9.	Apr. 7, 1980	*Newsweek*	A Manual on How to Commit Suicide
10.	Apr. 14, 1980	*Newsweek*	The Case of Phillip Becker
11.	Aug. 31, 1981	*Newsweek*	When Doctors Play God
12.	Mar. 21, 1983	*Time*	Going Gentle into that GoodNight: Do Suicide Manuals Help Create a Bias Toward Death?
13.	Apr. 11, 1983	*Time*	Debate on the Boundary of Life: Medical Miracles and the Patient's Right to Die
14.	Aug. 8, 1983	*Newsweek*	A Crime of Compassion
15.	Nov. 28, 1983	*Newsweek*	The Case of Baby Jane Doe
16.	Jan. 16, 1984	*Newsweek*	The Most Painful Question
17.	Apr. 9, 1984	*Time*	Question: Who Will Play God? Colorado's Governor Causes a Furor on the Issue of Dying
18.	Jan. 7, 1985	*Newsweek*	Arguing the Right to Die
19.	Sept. 9, 1985	*Newsweek*	Mercy--Or Murder?

20.	Mar. 31, 1986	*Time*	To Feed or Not to Feed? An AMA Panel Rules on the Ethics of Treating the Comatose
21.	Feb. 23, 1987	*Time*	Is It Wrong to Cut Off Feeding? Experts debate the denial of nourishment for comatose patients
22.	Nov. 2, 1987	*Time*	Examining the Limits of Life: A Medical Philosopher Argues that Longer is Not Always Better
23.	Feb. 15, 1988	*Time*	The Doctor Decided on Death: A Candid Tale of Mercy Killing Inflames the Profession.
24.	Nov. 7, 1988	*Newsweek*	I Helped Her on Her Way: Florida Doctor Goes on Trial for Mercy Killing
25.	Dec. 11, 1989	*Time*	Whose Right to Die?
26.	Mar. 19, 1990	*Time*	Love and Let Die; In an Era of Untamed Technology, How are Patients and Families to Decide Whether to Halt Treatment--or even to Help Death Along?
27.	June 18, 1990	*Time*	Dr. Death's Suicide Machine: An Ailing Teacher's Last Decision Inflames the Euthanasia Debate
28.	June 18, 1990	*Newsweek*	The Doctor's Suicide Van
29.	July 9, 1990	*Time*	A Limited Right to Die; The Court Affirms the Principle, but not for Nancy Cruzan
30.	July 9, 1990	*Newsweek*	The Family vs. the State; Who Decides About Abortion and the Right to Die?
31.	July 23, 1990	*Newsweek*	The Right to Die in Dignity
32.	Aug. 19, 1991	*Time*	Do-It-Yourself Death Lessons; A Manual on Suicide Becomes a Best seller, Sparking New Debate on Whether the Terminally Ill Have the Right to Die
33.	Aug. 26, 1991	*Newsweek*	Last Rights; In Sickness and in Health, more People are Taking Life's Biggest Decision Away from Doctors and into their Own Hands
34.	Aug. 26, 1991	*Newsweek*	Choosing Death
35.	Nov. 4, 1991	*Time*	Dr. Death Strikes Again; While Lawmakers Agonize over Euthanasia, Jack Kevorkian Keeps Taking Matters into his Own Hands

36.	Dec. 12, 1992	*Time*	An Appointment with Dr. Death
37.	Dec. 28, 1992	*Time*	Mercy's Friend or Foe? As Dr. Kevorkian Takes on the State of Michigan Over Physician-Assisted Suicide, He May be Undermining His Own Crusade
38.	Mar. 8, 1993	*Newsweek*	Dr. Kevorkian's Death Wish; The 'Suicide Doctor' Plans to Carry On, Despite a Murder Investigation and a Law Aimed to Stop Him
39.	May 31, 1993	*Time*	Rx for Death
40.	May 31, 1993	*Time*	Sisters of Mercy; A Few Months after Sue Weaver Went to Kevorkian to End her Life, Her sisters Talked to *Time* about How They Came to Respect their Decision
41.	Oct. 11, 1993	*Time*	An Education in Death
42.	Nov. 15, 1993	*Time*	Fasting for the Right to Die; Dragged, Literally, to Jail for Helping People Kill Themselves, Jack Kevorkian Goes on a Hunger Strike
43.	Dec. 6, 1993	*Newsweek*	The Real Jack Kevorkian; His Obsession Goes Beyond Mercy to a Fascination with the Macabre
44.	Feb. 7, 1994	*Newsweek*	Should We Not Go Gentle?
45.	May 16, 1994	*Newsweek*	A Lesson in Dying Well; Nixon's Living Will Becomes a Model
46.	June 27, 1994	*Time*	A Sick Boy Says "Enough!"
47.	June 12, 1995	*Time*	Kinder, Gentler Death? A New Euthanasia Law Allows some Australian Doctors to Help Terminally Ill Patients Die
48.	Apr. 15, 1996	*Time*	Defining the Right to Die; Courts Open the Way to Physician Assisted Suicide. Now Doctors Have to Figure Out What That Means
49.	Apr. 15, 1996	*Newsweek*	Is It a Wonderful Life? Two Federal Courts Strike Down Bans on Assisted Suicide and Set Stage for a Supreme Court Battle
50.	Apr. 15, 1996	*Time*	First and Last, Do No Harm; Allowing Doctors to Aid People in Committing Suicide is Unconscionable

51.	June 3, 1996	*Time*	Dr. Death, a '90s Celebrity: By passing into the Eye of Hoopla, Jack Kevorkian Jeopardizes the Cause he Champions
52.	Jan. 13, 1997	*Time*	Is There a Right to Die? .
53.	Jan. 13, 1997	*Newsweek*	Weighing the Right to Die
54.	Jan. 20, 1997	*Newsweek*	Whose Right is It?
55.	Mar. 10, 1997	*Newsweek*	Living is the Mystery: I Believe We Should Enlarge the Debate on Euthanasia and Not Rush to Resolve It
56.	Mar. 17, 1997	*Time*	"I Want to Draw the Line Myself"
57.	July 7, 1997	*Time*	Death's Door Left Ajar; Sup. Ct. Rules Against Assisted Suicide

APPENDIX C

LIST OF *TIME* AND *NEWSWEEK* ARTICLES INCLUDED IN THE RESEARCH

APPENDIX C: LIST OF *TIME* AND *NEWSWEEK* ARTICLES USED IN FRAMING ANALYSIS

Ames, Katrina, Wilson, Larry, et al. (Aug. 26, 1991). Last Rights, *Newsweek*, p. 40.

Angell, Marcia, M.D. (July 23, 1990). The Right to Die in Dignity, *Newsweek* ("My Turn"), p. 9.

Angelo, Bonnie. (Nov. 2, 1987). Examining the Limits of Life: A Medical Philosopher Argues that Longer is not Always Better, *Time*, p. 76.

Ansen, David. (Nov. 5, 1979). Coming to Grips with Death, *Newsweek* , p. 99.

Beck, Melinda, Springer, Karen, et al. (June 18, 1990). The Doctor's Suicide Van, *Newsweek*, p. 46.

Beck, Melinda. (May 16, 1994). A Lesson in Dying Well, *Newsweek*, p. 58.

Begley, Sharon, and Starr, Mark. (Aug. 26, 1991). Choosing Death, *Newsweek*, p. 42.

Blake, Patricia. (Mar. 21, 1983). Going Gentle into that Good Night; Do Suicide Manuals Help Create a Bias Toward Death? *Time*, p. 85.

Branegan, Jay. (Mar. 17, 1997). "I Want to Draw the Line Myself," p. 30.

Clark, Matt, Agrest, Susan, et al. (Nov. 3, 1975), A Right to Die? *Newsweek*, p. 58.

Clark, Matt, and Agrest, Susan. (June 7, 1976). Karen Lives On, *Newsweek*, p. 48.

Clark, Matt, Gosnell, Mariana, and Shapiro, Dan. (Aug. 31, 1981). When Doctors Play God, *Newsweek*, p. 48.

Friedrich, Otto. (July 9, 1990). A Limited Right to Die; The Court Affirms the Principle, but not for Nancy Cruzan, *Time*, p. 59.

Gelman, David, and Pedersen, Daniel. (Jan. 16, 1984). The Most Painful Question, *Newsweek*, p. 72.

Gibbs, Nancy. (Mar. 19, 1990). Love and Let Die; In an Era of Untamed Medical Technology, How Are Patients and Families to Decide Whether to Halt Treatment--or Even to Help Death Along?, *Time*, p. 62.

_____. (June 18, 1990). Dr. Death's Suicide Machine: An Ailing Teacher's Last Decision Inflames the Euthanasia Debate, *Time*, p. 69.

_____. (Nov. 4, 1991). Dr. Death Strikes Again; While Lawmakers Agonize Over Euthanasia, Jack Kevorkian Keeps Taking Matters into his Own Hands, p. 78.

_____. (Dec. 28, 1992). Mercy's Friend or Foe? As Dr. Kevorkian Takes on the State of Michigan Over Physician-Assisted Suicide, He May be Undermining his Own Crusade, p. 36.

_____. (May 31, 1993). Rx for Death, *Time*, p. 34.

Givens, Ron, Agrest, Susan, et al. (Sept. 9, 1985). Mercy--or Murder? *Newsweek*, p. 25.

Gorman, Christine. (June 27, 1994). A Sick Boy Says 'Enough!', *Time*, p. 65.

Grady, Denise. (Feb. 15, 1988). The Doctor Decided on Death: A Candid Tale of Mercy Killing Inflames the Profession, *Time*, p. 88.

Henry, William A. III. (Aug. 19, 1991). Do-It-Yourself Death Lessons; A Manual on Suicide Becomes a Best Seller, Sparking New Debate on Whether the Terminally Ill Have the Right to Die, *Time*, p. 55.

Hosenball, Mark. (Dec. 6, 1993). The Real Jack Kevorkian; His Obsession Goes Beyond Mercy to Fascination with the Macabre, p. 28.

Huttmann, Barbara. (Aug. 8, 1983). A Crime of Compassion ("My Turn"), p. 15.

Ingrassia, Michele. (Feb. 7, 1994). Should We Not Go Gentle? *Newsweek*, p. 54.

Jacoby, Tamar, and Miller, Cheryl H. (Nov. 7, 1988). "I Helped Her on Her Way," *Newsweek*, p. 101.

Kaplan, David A., and McDaniel, Ann. (July 9, 1990). The Family vs. the State; Who Decides About Abortion and the Right to Die?, *Newsweek*, p. 22.

Kaplan, David A., and Biddle, Nina A. (Apr. 15, 1996). Is It a Wonderful Life? Two Federal Courts Strike Down Bans on Assisted Suicide and Set Stage for a Supreme Court Battle, p. 62.

Krauthammer, Charles. (Apr. 15, 1996). First and Last, Do No Harm; Allowing Doctors to Aid People in Committing Suicide is Unconscionable, *Time*, p. 83.

Lemonick, Michael D. (Apr. 15, 1996). Defining the Right to Die; Courts Open the Way to Physician-Assisted Suicide. Now Doctors Have to Figure out What that Means, *Time*, p. 82.

Morganthau, Tom, Barrett, Todd, et al. (Mar. 8, 1993). Dr. Kevorkian's Death Wish: The "Suicide Doctor" Plans to Carry On, Despite a Murder Investigation and a Law Aimed to Stop Him, *Newsweek*, p. 46.

Nelan, Bruce W. (Nov. 15, 1993). Fasting for the Right to Die; Dragged, Literally, to Jail

for Helping People Kill Themselves, Jack Kevorkian Goes on a Hunger Strike, p. 89.

O'Neill, Anne-Marie. (June 12, 1995). Kinder, Gentler Death?" *Time*, p. 28.

Ostling, Richard N. (Feb, 23, 1987). Is It Wrong to Cut Off Feeding? Experts Debate the Denial of Nourishment for Comatose Patients, *Time*, p. 71.

Peck, M. Scott. (Mar. 10, 1997). Living Is the Mystery; I Believe We Should Enlarge the Debate on Euthanasia and Not Rush to Resolve It ("My Turn"), p. 18.

Press, Aric, and Cooper, Nancy. (Nov. 28, 1983). The Case of Baby Jane Doe, *Newsweek*, p. 45.

Press, Aric, Friendly, David T., et al. (Jan. 7, 1985). Arguing the Right to Die, *Newsweek*, p. 18.

Reibstein, Larry. (Jan. 20, 1997). Whose Right Is It? The Justices Seem Eager to Let the States Resolve the Issue of Assisted Suicide for Themselves, p. 36.

Reibstein, Larry, and Klaidman, Daniel. (Jan. 13, 1997). Weighing the Right to Die, p. 62.

Sanders, Alain L. (Dec. 11, 1989). Whose Right to Die? *Time*, p. 80.

Seligmann, Jean, and Agrest, Susan. (Apr. 12, 1976). A Right to Die, p. 52.

Seligmann, Jean, and Donosky, Lea. (Apr. 7, 1980). A Manual on How to Commit Suicide, *Newsweek*, p. 77.

Shaw, Diane K., and Gosnell, Mariana. (July 2, 1979). "Rational Suicide"? *Newsweek*, p. 87.

Sheed, Wilfrid. (June 3, 1996). Dr. Death, a '90s Celebrity: By Passing into the Eye of Hoopla, Jack Kevorkian Jeopardizes the Cause He Champions (column), p. 80.

Sheils, Merrill and Agrest, Susan. (Sept. 29, 1975). Cruel Questions, *Newsweek*, p. 76.

Tifft, Susan. (Apr. 11, 1983). Debate on the Boundary of Life; Medical Miracles and the Patient's Right to Die, *Time*, p. 68.

Time. (Feb. 11, 1980). The Right to Die: Who Can Play Fate and How?, p. 95.

Time. (Aug. 9, 1984). Question: Who Will Play God?, p. 68.

Time. (Dec. 28, 1992). An Appointment for DR. DEATH, *Time*, p. 36.

Van Biema, David. (May 31, 1993). Sisters of Mercy; A Few Months After Sue Weaver went to Kevorkian to End Her Life, Her Sisters Talked to *Time* about How They Came to

Respect that Decision, p. 42.

_____. (Oct. 11, 1993). An Education in Death, *Time*, p. 60.

_____. (Jan. 13, 1997). Is There a Right to Die? *Time*, p. 60.

_____. (July 7, 1997). Death's Door Left Ajar, *Time*, p. 30.

Wallis, Claudia. (Mar. 31, 1986).To Feed or Not to Feed? An AMA Panel Rules on the Ethics of Treating the Comatose, *Time*, p. 60.

Will, George F. (Jan. 9, 1978). A Good Death, *Newsweek*, p. 72.

_____. (Apr. 14, 1980). The Case of Phillip Becker, *Newsweek*, p. 112.

APPENDIX D

CODING SHEETS

APPENDIX D: CODING SHEETS

FRAME STAGE: _____

DATE _____ **No. of Words:** _____
Title: _____ **Publication:** _____

_____

DISCURSIVE EVENT PROMPTING ARTICLE:_____
DOMINANT FRAME:_____
Subframe #1:

Subframe #2:

Subframe #3:

SOURCES:
Politicians _____
Religious (clergy, theologians) _____
Judicial Sources (e.g. Sup. Ct. justices) ____
Lawyers: _____
Law-enforcement (e.g., prosecutors, police): _____
Medical _____
RTD activists _____
AE activists _____
Ethicists (from academic institutions) _____
Lay public (incl. dying & their families): _____
Other (list) _____;
DOMINANT SOURCE(S): _____

ANECDOTES SUPPORTING: ____Pro-Life ___RTD ___Other (_____)

SYNTACTICAL STRUCTURE:
HEADLINE & SUB-HEAD:

LEAD: (1st-2nd paragraphs):

SYMBOLIC DEVICES SIGNALING FRAMES (first five = Gamson and Lasch, 1983)

1. METAPHORS:
USED OVERALL TO SUPPORT:

2. EXEMPLARS:
USED OVERALL TO SUPPORT:

3. CATCHPHRASES (slogans or titles that suggest a general frame):
USED OVERALL TO SUPPORT:

4. DEPICTIONS:
USED OVERALL TO SUPPORT:

5. VISUAL IMAGES:
USED OVERALL TO SUPPORT:

6. INTENSIFIERS AND LOADED MODIFIERS
USED OVERALL TO SUPPORT:

7. CONCRETE DETAILS: (e.g. numbers, statistics, places, facts):
USED OVERALL TO SUPPORT:

Other persuasive devices:[1]

[1] E.g., are the cases used to depict the issue the "strongest possible examples" of the pro- or anti-euthanasia stance? (In other words, are the characters, anecdotes, and cases used for the most part extreme rather than more subtle or complex cases?)

ENTMAN'S (1991) FOUR FRAME COMPONENTS[2]:

1. AGENCY: Does the article imply **BLAME** or RESPONSIBILITY? ___Yes ___No
AGENT:_____Explain:_____

_____

_____

_____

_____

2. IDENTIFICATION: Does the article encourage identification with a cause or point of view? ___Yes ___No What point of view and how? (e.g. use of depictions implying blame or "humanizing words" implying victimization, injustice,etc.)

_____

_____

_____

_____

_____

3. CATEGORIZATION: Is the issue/event placed in a certain CATEGORY (e.g. "inevitable result" vs. "murder," "complex social issue with no clear answers" vs. "problem with clear-cut solutions," "moral or religious question" vs. "social/economic question" vs. "legal/political question"). **Note:** Nouns such as ""atrocity," "crime," etc. and modifiers such as "brutal," "barbaric" are important categorization cues. ___Yes ____No; If yes, explain and give example(s):_____

_____

_____

_____

_____

4. GENERALIZATION / CONSEQUENCES: Does the article tie the event/issue to LARGER TRUTHS ? (e.g., "Medical technology has outstripped the legal system" or "Medical technology is inherently good.") Are **CONSEQUENCES** suggested?

_____

_____

_____

_____

[2]These may influence frame *resonance*--the link between "symbols on a specific issue [and] enduring cultural themes" (Gamson & Modigliani, 1987, p. 5).

VITA

Elizabeth Atwood-Gailey was born in Norwalk, Ohio on October 26, 1950. She grew up in the Midwest, graduating from Walnut Park High School in St. Louis, Missouri in 1969. Her undergraduate work was completed at the University of North Carolina at Chapel Hill, where she earned a B.F.A. in 1980 in studio art (drawing and painting). After working for a number of years as a secretary, editor, and writer, her interest in journalism prompted her to enter the University of Tennessee to work on an M.S. degree in communications. After completing her course work for the degree in 1986, she began working for Whittle Communications, an innovative publishing company located in Knoxville. At Whittle Elizabeth worked as an editorial assistant and assistant editor on a number of single-sponsor magazines, including *Pursuits*, *Veterinarian Practice Management Magazine*, *Special Reports*, and *Best of Business*. After obtaining her M.S. degree in 1990, she decided to pursue a doctoral degree in communications. She entered the Ph.D. program at the University of Tennessee, Knoxville in 1992. Awarded a Graduate Teaching Assistantship, she taught writing and an introductory mass media course while completing her courses.

She is presently a full-time, tenure-track professor in the Department of Communication at the University of Tennessee, Chattanooga. Along with writing courses, she teaches media law, media perspectives, and a freshman survey course on the mass media.