

**DISCOURSES of DYING in an INTERPRETIVE FRAME:
An Analysis of Newspaper Coverage of Assisted Dying
in the Vancouver Sun and the Globe & Mail, 1991-2004,
With Primary Reference to the Cases of Sue Rodriguez and
Evelyn Martens.**

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CONTENTS

	Page
PARTIAL COPYRIGHT LICENSE	ii
SUPERVISORY COMMITTEE	iii
CONTENTS	iv
TABLES, CHARTS, and FIGURES	v
CHAPTER 1 INTRODUCTION	1
CHAPTER 2 THEORETICAL ORIENTATION TOWARDS FRAMES, FRAMING and FRAME ANALYSIS	22
CHAPTER 3 DATA and METHODS	47
CHAPTER 4 FINDINGS	66
CHAPTER 5 CONCLUSIONS and DISCUSSION	157
APPENDIX A SURVEYS OF ATTITUDES TOWARDS ASSISTED DYING	168
APPENDIX B INTERNATIONAL REFERENCES 1991-2004	171
APPENDIX C EXPERT REFERENCES	172
REFERENCES	

TABLES, CHARTS and FIGURES

TABLES		Page
TABLE 1.1	DEFINITIONS of TERMS	8
TABLE 3.1	ATTITUDINAL ORIENTATION CODES	59
TABLE 3.2	ATTITUDINAL ORIENTATION EXAMPLES	60-61
TABLE 4.1	ITEMS TYPES PER PAPER 1991-2004	68
TABLE 4.2	FRAME ELEMENT USAGE (By paper, 1991-2004, percentage of total)	69
TABLE 4.3A	ATTITUDES, ALL ITEMS Vancouver Sun (percentage of total by year)	73
TABLE 4.3B	ATTITUDES, ALL ITEMS Globe & Mail (percentage of total by year)	74
TABLE 4.4A	PERIOD IIA ITEM TYPES Vancouver Sun	81
TABLE 4.4B	PERIOD IIA ITEM TYPES Globe & Mail	81
TABLE 4.5	Editorial and op-ed items in the Vancouver Sun, 1992-1995, as percentage of total	81
TABLE 4.6A	ATTITUDES WITHIN FRAME ELEMENTS Rodriguez ref. only, Vancouver Sun 1992-1995, percentage of total	84
TABLE 4.6B	ATTITUDES WITHIN FRAME ELEMENTS Rodriguez ref. only, Globe & Mail 1992-1995, percentage of total	86
TABLE 4.7A	PERIOD IIB ITEM TYPES Vancouver Sun	113
TABLE 4.7B	PERIOD IIB ITEM TYPES Globe & Mail	113
TABLE 4.8A	ATTITUDES WITHIN FRAME ELEMENTS Rodriguez ref. only, Vancouver Sun 1996-2000, percentage of total	116
TABLE 4.8B	ATTITUDES WITHIN FRAME ELEMENTS Rodriguez ref. only, Globe & Mail 1996-2000, percentage of total	117
TABLE 4.9A1-3	PERIOD III ITEM TYPES Vancouver Sun	135
TABLE 4.9B1-3	PERIOD III ITEM TYPES Globe & Mail	135

TABLE 4.10A Summary	Summary: Vancouver Sun, 2001-2004	137
TABLE 4.10B Summary	Summary: Globe & Mail, 2001-2004	138
TABLE 4.10A	ATTITUDES WITHIN FRAME ELEMENTS Rodriguez and Martens combined ref., Vancouver Sun 1996-2000, percentage of total	139
TABLE 4.10B	ATTITUDES WITHIN FRAME ELEMENTS Rodriguez and Martens combined ref., Globe & Mail 1996-2000, percentage of total	140
TABLE 5.1	ITEM TYPES All items, by paper, by year, percentage of total by year	159

CHARTS

CHART 4.1A	FRAME ELEMENT USAGE Un-Named Items, Vancouver Sun 1991-2004	71
CHART 4.1B	FRAME ELEMENT USAGE Un-Named Items, Globe & Mail 1991-2004	71
CHART 4.2A	FRAME ELEMENT USAGE Vancouver Sun 1992-1995 (Rodriguez ref. Only)	83
CHART 4.2B	FRAME ELEMENT USAGE Globe & Mail 1992-1995 (Rodriguez ref. Only)	83
CHART 4.3A	FRAME ELEMENT USAGE Vancouver Sun 1996-2000 (Rodriguez ref. Only)	114
CHART 4.3B	FRAME ELEMENT USAGE Globe & Mail 1996-2000 (Rodriguez ref. Only)	114
CHART 4.4A	FRAME ELEMENT USAGE Vancouver Sun 1996-2000	136
CHART 4.4B	FRAME ELEMENT USAGE Globe & Mail 1996-2000	137

FIGURE

FIGURE 3.1	INTERRELATIONSHIPS OF FRAME ELEMENTS	54
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INTRODUCTION

Suicide is not an illegal act in Canada; provision of assistance to suicide is. During the decade of the 1990s in particular, the issue of assisted suicide/euthanasia was an active site of public debate in Canada (Kluge 1993b: 281). A social problem exists in the apparent disparity between positive public sentiment towards some form of assisted dying revealed in poll after poll, and a reluctance on the part of leading Canadian institutions such as the medical profession and Parliament to defer to the public will. The issue has gained public salience through the high-profile cases of Nancy B., Sue Rodriguez, Robert Latimer, Dr. Nancy Morrison, and Evelyn Martens, among others. Each of these cases has received extensive media attention.

The discourse of assisted dying¹ —assisted suicide and/or euthanasia— in mainstream Canadian print news media has not received systematic attention (Haller & Ralph 2001; *cf.* Lauffer 2000 [USA]; Joslyn & Haider-Markel 2002 [USA]; Haider-Markel & Joslyn 2004 [USA]; Hausmann 2004 [UK]; Pollock & Yulis 2004 [USA]).

The debate over assisted suicide occurs in the intersectionality of a number of social discourses (*e.g.* medical-legal, moral-ethical, religious-philosophical). It is the purpose of this thesis to analyze changes in the integration of these discourses into an over-all interpretive frame, as presented in two Canadian daily newspapers —the Vancouver Sun and the Globe & Mail— for the period 1991-2004.

¹ The term "assisted dying" has been adopted in this thesis as a general reference to a cluster of related practices, capturing actions on the part of both physicians, non-physician assistants, and the subject-individual. Separation and clear definition of terms is essential to analysis of the meaning of assisted dying discussion. For example, the related but not identical issues of assisted suicide —physician- or lay-assisted— and the "right-to-die" are not easily separated in the literature. Assisted suicide by definition implicates others in the act; exercising a "right-to-die" may or may not implicate others, may or may not involve suicide, and may involve the right to *prevent* the intervention of others.

This chapter is divided into two sections. The first serves to orient this study within the broader context of an extensive literature. The second describes the research design of this thesis. The chapter concludes with the potential contribution to knowledge from this investigation.

BACKGROUND AND RATIONALE

A full review of the literature associated with the phenomena of assisted death is impractical. Even selective searches of single relevant topics or issues yields hundreds of monographs, articles, conference papers and websites. The following review highlights these topics and issues, with a particular view to Canadian literature. I begin with a discussion of assisted dying as *social problem*, followed by an outline of the major issues involved, and conclude this section with a look at how print media has handled this contentious issue.

Social and cultural values are relative to the unfolding circumstances of communal life. Demographics, economics, and technology all influence the working consensus of social morality that gives direction to "acceptable" practices. Ethicist Eike-Henner Kluge writes, "Our society is caught in a cultural revolution which is no less profound for being bloodless ...[t]he upheaval is all around us" —in sexual mores, gender roles, family life and structures, criminality, law and the nation-state— "The outcome of this revolution is unclear but its direction is not: We have entered upon a period of social fragmentation" (Kluge 1981: 3; cf. Giddens 1991). One identifiable outcome of this revolution is a shift in the existential ground of meaning from the collective to the individual: social roles are no longer definitive; rather, "individuality and uniqueness ...are fundamental" (Kluge 1981: 3). Though penned more than two decades ago, the revolution Kluge describes continues unabated.

The communal interest in protecting and maintaining life as long as possible through medical intervention —pressed through technological advancement beyond the boundaries of personally meaningful life into a prolongation of death— is under pressure from “a vociferous insistence on the right to death” (Kluge 1981: 7; cf. Singer 1994) whether through the right to refuse medical interventions, discontinue life-sustaining measures, or the active pursuit of a hastened death. Proponents of assisted dying argue: *If my body and my life are my own, then I have the right to determine the timing and manner of my own death.* This strikingly individualistic claim lay at the heart of the appeal made by Sue Rodriguez to the Supreme Court of Canada (cf. Hobbs Birnie and Rodriguez 1994; Seguin 1994; Mullens 1996).

“The dominant public discourse in the western world, particularly in its emphasis on markets and the consumer, supports and celebrates individualisation and individual choice,” upholding autonomy and independence as desirable goals (Brannon & Nilsen 2005: 426; cf. Tauber 2003). Sociological interests in this individualistic turn in Western societies are complex, involving, but not limited to, the following: the relationship of the individual to the social group and the complementary and sometimes conflicting rights-claims of each; the role of advanced medical technology and the relationship between ability and appropriateness; the meaning and valuation of quality of life; the harsh realities of limited economic and material resources, their relative distribution, and perception of an economic threat to health care; the relationship between law, morality, and ethics. Sue Rodriguez put the question to the nation: *“Whose life is it, anyway?”*

Discussion of individualism in practice and individualization within institutional treatments of particular cases stimulates a concern about the potential messages which may be given to the public about the value of the seriously ill and disabled if assisted suicide were to be legalised. *Whose voice will prevail: that of the eloquent proponents of personal liberties or of the equally compelling defenders of the weak*

and voiceless? Repeated concerns are raised over the potential cascade effects of initially limited and closely bounded legal permissions. The spectre of social engineering, eugenics, and Nazi camps frequently appear in the literature (e.g. Smith 1997; Leichtenritt *et al.* 1999; Bauman 2000) and the press. *Can the genie be controlled once released from the bottle?* The fact of assisted dying-in-practise is admitted by both proponents and opponents. *Is not some form of legislation preferable to continued illegal practices?* Arguments range from maintaining the *status quo*, to legislative control under strict guidelines and committee oversight, to freedom of moral choice between individual practitioners and patient/clients.

Disability groups such as *Not Dead Yet* raise the alarm of valuations of quality-of-life as a basis for public policy decisions. Although some may argue that the scope for abuse is less with legalization and control of consensual assisted dying than with either euthanasia or the ongoing unregulated practise of some practitioners, a Canadian Senate enquiry (*Of Life and Death, Report of the Special Senate Committee on Euthanasia and Assisted Suicide, Senate of Canada, June 1995*) found the potential for abuse or undue influence to be unacceptable.

Opponents of assisted dying in any form frequently develop the negative social outcomes of legalization as part of "slippery slope" arguments. It is claimed, for example, that the presence of a quick, painless and inexpensive solution to the rising costs and need for extended care may create pressure towards a *duty to die* upon the elderly or the disabled (e.g. Gay-Williams 1992; Hardwig 1997; Smith 1997; Trotter 2000; Corlett, 2001; Amarasekara & Bagaric, 2004; Wilson *et al.* 2005).

Attempts at addressing this complex of questions come from many disciplinary perspectives including medical-ethical, medical-legal, legal-ethical, ethical-moral, moral-religious, and so forth (*cf.* Weir, 1997; McKhann 1999; Foley & Hendin 2002;

Quill & Battin 2004). In fact, a key feature of this debate is the intersectionality of discursive elements, interests and perspectives.

Much attention has been given to assisted dying in Britain, the Netherlands and the United States which dominate in the literature. Some recent Canadian contributions to the theoretical/ academic debate have been collected by Prado (2000), *Assisted Suicide: Canadian Perspectives*. Prominent contributors include Margaret P. Battin, Anne Mullens, and Eike-Henner Kluge. This volume also includes an annotated bibliography of news articles drawn from national sources, by Bronwyn Singleton (Prado 2000: 113-184). Unfortunately, there is no accompanying analysis or comment on the texts. Treatments of death and dying as an emergent sociological topic such as Auger (2000), *Social Perspectives on Death and Dying*, examine the international context of assisted dying legislation, often with reference to the Rodriguez case (2000: 106-123). The Rodriguez case in particular has received extensive attention by legal and criminology experts, generally focusing on the majority decisions handed down by the BC Court of Appeal and the Supreme Court of Canada, which denied Rodriguez's request for assisted dying (Hoffmaster 1994; Martel 1999, 2001). Legal perspectives on the future direction of the assisted dying discourse in Canada are only one among many voices speaking to the issue. Multiple voices intersect and compete for dominance in the public debate.

Some commonalities in discourse usage noted within the literature include definitions of various actions, a dismissal of the active/passive distinction, the patient right to refuse treatment, the ethical/moral nature of the questions raised, the belief that improved quality and access to palliative care would reduce both the demand and the need for assisted dying (*cf.* Quill *et al.* 1998; Somerville 2001; Foley & Hendin 2002; Quill & Battin 2004). However, it is also noted that *uncontrolled pain* is not the major reason for assisted dying request. Rather, loss of dignity, independence, and personal control are reported in the majority of cases (Quill *et al.*

1998: 553; *cf.* Donchin 2000; Pearlman *et al.*, 2004; Mak & Elwyn 2005). Further indicated is a greater concern for psycho-social relationships than merely medical treatment of symptoms (*cf.* Kluge 1993a; Berger *et al.* 1998; Werth *et al.* 2001).

Dignity is an important part of the discourse of control, whether it is vested in the individuality of the dying person, or is independent of the individual, residing in the value of every life to the collective. The discourse of *dignity* is a prominent socio-relational element in both PRO and CON assisted dying arguments (*cf.* Cohen-Almagor 1995). Chochinov *et al.* (2002) offer a compromise in the notion of "dignity". These authors re-examine the concept of euthanasia (*ie.* "the good death") as in essence a preservation of respect for the individual in their preparations for dying (2002: 433). The discourse of dignity provides space for the individualization of expression and meaning as individuals approach death. The authors found that the term "dignity" had resonance with the dying individual's sense of self-loss and progressively declining social interactivity (Chochinov *et al.* 2002: 441). Their qualitative study of palliative care patients dying of cancer yielded three interrelated areas of concern that raise a host of further questions concerning the meaning and individual/social nature of the concept of dignity, worth, and quality of life. Discussion of the dignity discourse in the literature is finely nuanced requiring careful analysis of the exact meaning associated with its particular usages in the news press by both advocates and opponents of assisted dying.

As Kluge argues, there is nothing inherently contradictory in the notion of a society comprised of cooperative but also self-determinative individuals (1981: 54). Yet many perceive the supposedly acute individualism represented by right-to-die arguments as a threat to the very fabric of society (*cf.* Dworkin *et al.* 1998). This raises questions of reciprocity-in-duty between one and many, part and whole, self-determination and *the greater good*. Social policy thus becomes an issue with respect to the curtailment of individual freedom of choice and protection of the

vulnerable as well as collective duty towards the suffering (*cf.* Wilke *et al.* 1976; Radley 1999; Wilkinson 2001; Loewy 2004). In its guidance on end of life issues, the *British Medical Association Ethics Department* quotes the statement of a Canadian doctor:

"...knowing my own weaknesses and recognizing the weaknesses I have seen around me in the practice of medicine, within hospitals, and within the health care system, I can simply say to those who would ask so eloquently for these freedoms that, on the ground, in the trenches where it matters, the first to die would be the weak and inarticulate, the defenceless, not the strong-willed, those possessed of unattractive situations or stories of particular hardship. It would be the ordinary people whose continued existence is resented by unsympathetic relatives or an unsympathetic health care system"

The same report points to an apparent societal anomaly in approach whereby:

"Canada has identified a suicide problem among its youth and we have responded 'How can we prevent it?' Canada has identified a suicide problem among Aboriginal people and we have responded 'How can we prevent it?' Canada has identified a suicide problem among people with disabilities and we have responded 'How can we assist them to kill themselves?'" (<http://www.bma.org.uk/ap.nsf/Content/Euthanasiaphysicianassistedsuicide>).

Issues of autonomy, individual rights and social responsibilities are at the root of assisted dying discourse indicating the depth and sociological nature of the debate for Canadian society. Other topic areas include decision-making, role theory, disability, economics, ethics, meaning, agenda-setting, gerontology and treatment of growing elderly populations. Canadian society can be witnessed wrestling with its self-understanding of the place and value of the individual in various life-threatening circumstances through commentary presented in the news press.

The language deployed in claims-making, position-taking and argument-making reveals a great deal about the direction the debate may be taking. Semantic distinctions are important in discussions of the general topic of "euthanasia" because more than a single activity is involved (Table 1.1).

TABLE 1.1: DEFINITIONS of TERMS	
Assisted suicide	the act of intentionally killing oneself with the assistance of another who provides the knowledge, means, or both
Euthanasia	a deliberate act undertaken by one person with the intention of ending the life of another person to relieve that person's suffering where that act is the cause of death
Voluntary	done in accordance with the wishes of a competent individual or a valid advance directive.
Involuntary	done against the wishes of a competent individual or a valid advance directive
Non-voluntary	done without the knowledge of the wishes of a competent individual or of an incompetent individual
Source: Senate (1995), <i>Of Life and Death: A Report of the Special Committee on Euthanasia and Assisted Suicide</i> .	

According to Emanuel, "The main reason for distinguishing these terms is differences in their ethical and legal status" (1994: 1981). Consequently, most definitions are *physician-centred*: the focus is on the intention and action of the physician in lieu of the consent-status of the patient. Wooddell and Kaplan (1998: 222) present a typology based on physician awareness, intent, and actions detailing the complexity of physician involvements. The intentions of the patient are not considered by these authors. Comparison with definitions grounded in the intentionality of the patient broaden discussion beyond the medical-legal context (as will be seen in the Martens case; below and Chapter 4).

As noted, much of the literature on assisted dying is based on American and European data and experience. The social and culture context of Canada is unique in some important ways. Canada presents a unique social environment for the debate concerning assisted dying, with two founding nations and official languages indicating

a history of respect for self-determination, official multiculturalism indicating respect for different belief and value systems, and universal health care (Battin, "Foreword" to Prado 2000: XII). According to Battin, "the root tension" in this debate, "is between support for self-determination on the one hand and fear of abuse on the other" (2000: X). Mullens discusses this "root tension" in terms of "the classic dilemma of an individual's rights versus the perceived needs of the state", stating that "one of the persistent stumbling blocks in the debate is semantics... shifting ground and inability to agree on terms feeds the continual polarization and obfuscation of the issues" (Prado 2000: XVII). In sum, the "root issue" in assisted dying is the question, "Who decides?" Where does final authority over death lie: with the individual, or with the state? Partly, an answer to this question was the issue in Sue Rodriguez's challenge to the Supreme Court of Canada for the right to a legal assisted death (see below and Chapter 4).

Answers to this central question and the complex of issues raised in this brief review are offered from many different perspectives in the literature and also in the press. Pertinent to the rationale for this present study, Prado asserts, "It is important to understand the specific forms these perceptions take in the managed-death debate" (Prado 2000:3), noting the crucial role the news media play in how coverage of issues and key events is presented. This is particularly true for print media, Prado suggests, "because it is in majority newspapers and magazines that we find coverage of managed death that is substantial enough to have real impact" (2000: 8). Prado finds that "coverage of the managed-death debate has been surprisingly even-handed" due to ambiguity within the public consciousness.

If there were a clear-cut swing of public sentiment in favour of or against managed death, the emphasis in media coverage undoubtedly would shift either to accenting the preservation of dignity and prevention of suffering gained by the practice, or to stressing the violation of personal rights and the pernicious influence of cost-cutting in health care. Such shifts in pro or con accentuation in coverage are vitally important because of the effect they have on an electorate that must decide policy on managed death through referenda and support

of or opposition to proposed and even enacted legislation. (Prado 2000:8f).

Prado is correct in his assessment of the public impact of print news coverage in Canada even in the age of the Internet.² His assumptions concerning print media coverage, however, are open to investigation. For example: *Has coverage of assisted dying in fact been "even-handed"?* Prado offers no empirical evidence for this claim. Further, the "if" which begins the passage above opens onto a void in Canadian sociological media research.

It is the intent of this thesis to fill a small portion of that void. How the public debate over assisted suicide/euthanasia has been presented in the Canadian news media is important both to the *salience* and the *content* of public perceptions of the issues involved. The role of news media in the active shaping of public knowledge of contentious moral issues in a democratic society is worthy of careful analysis. I propose to examine the presentation of issues in the selected news papers *in toto*; that is, in terms of the interpretive environment created by the press. I refer to this as the "integrated interpretive frame" (see Chapter 2).

RESEARCH DESIGN

In this section, I describe the research project in terms of the object of inquiry and the research questions derived from this object. The strategy of using case studies to grasp the personal history of assisted dying is then discussing, including overviews of the primary and secondary cases used.

Object of inquiry. In this study, attention will be directed towards the intersectionality of discursive elements in the selected daily newspapers. I choose to call these building blocks of discourse "frame elements" for reasons detailed in Chapters 2 and 3. I take the position that the entire social context in which a

² Despite the fears expressed by Neil Postman in *Amusing Ourselves to Death: Public Discourse in the Age of Show Business* (1985), rational discourse through the printed word has not been wholly supplanted by the glitz of infotainment.

particular issue is discussed may be viewed as an integrated whole, with each constitutive element affecting every other. In past media studies, the language of "frames" and "framing" have been adopted and adapted from Erving Goffman (1974) to denote the boundaries placed upon information and the particular forms in which discussion is thereby allowed to take place. Based on an alternative interpretation of Goffman's work (see Chapter 2), the whole of the discursive environment in which the assisted dying debate occurs is the "interpretative frame" I am interested in. Various perspectives, angles, arguments and the like are "elements" of this overall frame.

The purpose of this thesis is to describe the interpretive frame within which information is conveyed and discussion of meanings and values concerning assisted dying takes place as represented in the Vancouver Sun and the Globe & Mail. This will be done by answering the following research questions:

- R1** What types of news items are used to discuss or convey information regarding assisted dying?
- R2** What frame elements are used and how does usage change over time?
- R3** What attitudes predominate within each frame element?

The relationship between these research questions and the object of interest, the interpretive frame, is that of *parts* to the *whole*. This will be explained in detail in Chapter 2. By way of introduction, examining qualitative and quantitative changes in the usage of frame elements, and the attitudes expressed within them, over time, changes in the interpretive frame may be observed.

What the interpretive field represents and its derivation from the work of Erving Goffman is the topic of Chapter 2. Frame elements identified and distinctions between attitudes expressed within them are covered in Chapter 3. Application of the analytical logic described in these two chapters is reported in Chapter 4. What

these findings may mean for the future of the assisted dying debate in Canada is discussed from the perspectives of the frame elements and of key spokespersons in Chapter 5.

Research strategy. Methodological choices in the investigation of social phenomena are pragmatic, arising from the nature of the phenomena and the questions that guide the research (Flick 2002: 16; Morgan & Smircich 1980: 491). That is, the selected tools must suit the materials they will be used on, and must also be suited to answering the research questions. This project will employ a "concurrent nested strategy" (Creswell 2003: 218), utilizing quantitative analyses embedded within an overall qualitative/ interpretive approach.

This study will involve tabular content analysis and qualitative interpretation comparison over time of coverage of the cases of Sue Rodriguez and Evelyn Martens in the selected daily newspapers over the period 1990 to 2004. The Rodriguez and Martens cases concern assisted dying and occur, respectively, at the beginning and end of this time-period. This facilitates a limited analyses of change in the interpretive field over time; limited by the relatively short time-period involved, and the focus on only two primary case studies in only two newspapers. Each of these cases did, however, receive a great deal of media attention. Therefore, an indication of changes in the interpretive frame within which the assisted dying debate is taking place in Canada is suggested by the history of these cases in these examples of Canadian print news media. Generalizations beyond the limitations imposed by the research design, however, are tenuous.

Case studies. Assisted dying is a personal and also a social event. By definition, a minimum of two individuals are involved in the act. The act raises questions of law and medical practice, politics and governance, as well as social norms and mores. The case study format is well-suited to linking micro- and macro-level concerns.

The cases of Sue Rodriguez and Evelyn Martens have been chosen as primary objects of investigation for three reasons. First, these cases bracket the decade of the 1990s with enough separation in time to enable an analysis of change in news coverage. Second, both cases occurred in BC and attracted national media attention. Third, they bracket the issue of assisted dying, Rodriguez seeking and Martens supplying the service.

Secondary cases that affect reporting and understanding of the primary cases include: Nancy B. (1991-2002), Erwin Krickhahn (1993-4), Robert Latimer (1994-2004), Dr. Maurice Genereux (1996-8) and Dr. Nancy Morrison (1997-2004). These are not the only cases of assisted dying which occurred in Canada during the 1990s, but they occur in context with the primary cases frequently enough to warrant attention. Perhaps with the exception of the brief notoriety of Erwin Krickhahn, each of these secondary cases are precedent-setting and consequently iconic within Canadian news reporting of assisted dying.

Summaries of the primary and secondary cases follow, drawn from newspaper articles, court records, the academic literature and other sources of "the facts" in each case. In their telling of the personal histories involved in these cases, the newspapers accumulate, refine and selectively present the issues to their readers. The selectivity and filtration of information is not in view in this study. No attempt has been made to verify the content of the reports. Rather, the concern here is to articulate what the papers have presented to their readers. This presentation creates what I am calling an "interpretive frame" within which information is exchanged, judgments are formed and decisions may be made concerning assisted dying.

Susan Jane (Sue) Rodriguez (b. 1950; d. 1994-02-14). In a videotaped appeal to a Special Committee of parliament dealing with *Criminal Code* reform, Sue

Rodriguez set the tone for a decade of debate. As reported by the *Globe & Mail* (GM92NS12 92-11-25)³:

A British Columbia woman made a simple, videotaped plea to MPs yesterday to be allowed to die. Her voice unsteady from the incurable disease that afflicts her, Sue Rodriguez of Victoria asked politicians to change the law to make it legal for doctors to help terminally ill patients commit suicide.

Rodriguez spoke from two TV screens in a darkened committee room as MPs, political assistants and reporters watched. She explained her illness, amyotrophic lateral sclerosis. Also known as Lou Gehrig's disease, it is a progressive neurological disease for which there is no treatment or cure.

The following excerpt from the full text of Rodriguez's submission provides rich detail of the issues (Hobbs-Birnie & Rodriguez 1994:49f):

The deterioration which I am undergoing is acceptable to me, up to a point. Beyond that point, my life will have degenerated to mere biological existence. I will become a helpless victim of my illness and have to endure prolonged suffering, lasting many months or even years.

This is not acceptable to me. But when I sought legal advice as to my options, I was told that it is legal for someone to commit suicide in Canada—but it is not legal for someone like myself, who lacks the motor skills to terminate my own life, to ask for or receive any assistance in ending my life.

Why it should be illegal for someone to assist me to do something that is legal is a paradox I will never understand. But more to the point, it is a paradox that forces me to suffer greatly—both mentally and physically.

If my suffering was being inflicted upon me in any other context, it would be called an abuse of human rights at the very least, and might well be called a crime. But because it happens in the name of modern medicine, I am supposed to accept whatever indignities my illness inflicts upon me and keep quiet. ...to die in quiet desperation, the way most terminally ill people do.

I want to ask you, gentlemen, if I cannot give consent to my own death, then whose body is this? Who owns my life?

There is no more concise description of the problematic of assisted dying in the literature or the media than this eloquent statement by Rodriguez herself. Consider some of the personal questions she raises: Who may decide on an acceptable quality of life for another? Is there indeed a paradox in the *Criminal Code* that discriminates

³ This form of reference to newspaper items is used throughout this study. As explained in Chapter 3, it encodes the source paper, the type of item, and the date of publication.

against the disabled? What is the nature of human suffering? Again, who decides when enough is enough? Perhaps even more significant are the social consequences of how Canada will answer these questions. Does the law inflict suffering on a helpless population? What are acceptable limits to the application of medical technology to sustaining life? What are the terminally ill to do? Who speaks for them? Do we as Canadians direct adequate resources to the care, not just of the sick, but of the dying? The last sentence, that was to gain such symbolic significance, is a political cry for individual choice and freedom.

The *Globe & Mail* report concluded:

If Ms. Rodriguez, 42, a married mother of a seven-year-old boy, dies naturally from the disease, she could choke to death, suffocate or starve because her throat will become blocked. With the help of the Right to Die Society of Canada, she has publicized her case in the past few months to try to get the law changed.

That campaign would culminate in the Supreme Court of Canada's refusal to grant Rodriguez the legal right to an assisted suicide. The news media in Canada followed her every step of the way.

In February, 1991, Rodriguez began to notice symptoms of neurological dysfunction. By August, she was diagnosed as having amyotrophic lateral sclerosis (ALS). The disease, also known as Lou Gehrig's disease, leads to progressive paralysis and death. The statement above came in November 1992. The defeat of a petition to the BC Supreme Court, in December 1992, to declare the prohibition of assisted suicide unconstitutional, led to a similar verdict from the BC Court of Appeal in February 1993. Both courts decided in favour of the status quo claiming protection of the vulnerable and thus the constitutionality of the prohibition. Chief Justice Allan McEachern, however, agreed with Rodriguez that the law was discriminatory. Four of the nine justices of the Supreme Court of Canada would likewise agree, but the five justices in majority —on similar grounds to the lower courts— would defer the matter to Parliament for decision. The case was heard and

the decision rendered in September 1993. Sue Rodriguez died in her Saanich, BC, home, in the arms of friend and staunch advocate, New Democratic MP Svend Robinson, 12 February 1994. Robinson would tell the press that Rodriguez was assisted in her voluntary death by an unnamed physician. March 1994, Prime Minister Jean Chrétien stated that the issue would be discussed and debated in Parliament. The promise remains unfulfilled.

The case of Rodriguez has become what Bennett and Lawrence (1995) describe as a "media icon" for the pro-assisted dying, self-determination campaign as much as the spectre of Nazi extermination camps are iconic for the anti-assisted dying, slippery slope side of the debate. How the Rodriguez name is symbolically invoked in connection with other case histories is therefore also a focus of interest.

Evelyn Marie Martens (b. 1931). A common experience among supporters or participants in assisted dying, frequently noted in the press, is having had someone significant to them die horribly. In 1986, Martens' older brother was diagnosed with cancer. He died in 1988 after a protracted period of extreme suffering. In 1990, Martens moved to Victoria, BC, where she later joined the local Right to Die Society directed by John Hofsess.

Martens' involvement with assisted suicides came to public attention in the early 2000s in connection to the death of two women in British Columbia, and also to the suicide of another woman in Ireland. November 2001, Evelyn Martens contacted Dr. Libby Wilson in the UK to tell her that Rosemary Toole, an Irish woman who suffered from depression, was seeking help to die. Martens sold Toole an "exit bag" —basically a personal gas chamber— via the Internet. Toole killed herself in Dublin, Ireland, 22 January 2002.

In addition to possible extradition to Ireland, Evelyn Martens faced charges in Canada on two counts of assisting suicide and two counts of counselling to commit

suicide. In January, 2002, Martens went to the home of Monique Charest, a former nun, in Duncan, B.C. to be present at her death. Charest was found dead in her apartment in Duncan, 7 January 2002, the date of Marten's visit. By 11 January 2002, the RCMP launched a major crimes investigation of Martens' involvement in the death. On 10 June 2002, an autopsy upon Ms. Charest's body identified no cause of death. It was also determined that Ms. Charest had no fatal illness.

In June 2002, Martens went to the Vancouver, BC, home of Leyanne Burchell, a 57 year-old retired teacher who did not want to wait for stomach cancer to kill her. Martens was there reputedly to be with her while she committed suicide. Martens was unaware that by this time she was under police surveillance. Later the same day, 26 June, as Martens disembarked from a ferry in Victoria, she was arrested and charged with assisting in the deaths of Monique Charest and Leyanne Burchell. Martens' home was raided, suicide "tools" including exit bags, canisters of helium, connective tubing and a large quantity of Right-to-Die literature were confiscated.

Martens' trial began 12 October 2004. She faced a maximum of fourteen years imprisonment on each charge. Evelyn Martens was declared not guilty by a jury of her peers, 4 November 2004. The thirty-day limit on prosecution appeal passed with Martens remaining free. Shortly after, she resigned her membership in the Right to Die Society.

Rodriguez and Martens are the primary cases investigated in this study. Data are selected for references to one or both of these primary cases. The secondary cases which follow are discussed in their relationship to the primary cases.

"Nancy B." (b. 1967; d. 1992-02-14). This young woman, known for years only by a pseudonym, suffered from an irremediable neurological disease called Guillain-Barré syndrome which left her paralyzed from the neck down. She had been in a state of physical helplessness and total dependence for two and a half years with no possible expectation that her condition would improve. Nancy B.'s life was

sustained by a respirator. A devout Catholic with a loving family, she decided her life was no longer worth living and asked to have the respirator disconnected. Fearing prosecution for murder, doctors of the Hôtel Dieu de Québec refused and the case went to court. Justice Jacques Dufour of the Quebec Superior Court said that, in this case, should the respirator be removed, death would be the result of the underlying disease and not the result of self- or other- inflicted injury. In a precedent-setting decision, Justice Dufour went on to conclude that no doctor should be held liable and accused of careless conduct and criminal negligence for respecting the patient's right to self-determination; the case was simply a matter of a patient's right to refuse treatment even if the result was death. Justice Dufour was reported in the Globe & Mail (GM92NS01 1992-01-07) as saying, "I can tell you that it will be more difficult for me to render my decision after having met you, but I wish you good luck. And if you change your mind the court will be very happy, but I understand. I want to say goodbye and I will think a lot about you." This case established in common law a patient's right to refuse any treatment.

Robert Latimer. The Latimer case was not one of assisted dying, but of involuntary active euthanasia. The case revolved around the definition of this act as either "mercy killing" or murder. In November, 1994, Latimer was convicted of second-degree murder for killing his severely disabled daughter by placing her in the cab of his truck and piping in the exhaust. He received the mandatory minimum life sentence with no hope of parole for ten years. The verdict and sentence were hailed by some as sending a message to all caregivers of disabled persons. Others condemned the sentence as a travesty of justice. An appeal in July 1995 was rejected and the conviction upheld. Jury-tampering on the part of the prosecution came to light in October 1995 prompting a review before the Supreme Court of Canada. The prosecutor had questioned jury candidates regarding religion, abortion

and mercy killing. The Supreme Court of Canada heard the case 27 November 1996, and ordered a new trial which began 27 October 1997. A controversial verdict and sentence resulted. The jury found Latimer guilty of second-degree murder but recommends he be eligible for parole after one year. In December 1997, Judge Ted Noble gave Latimer "constitutional exemption" from mandatory sentencing and ordered a sentence of less than two years, with one to be spent under house arrest. A year later, November 1998, a Saskatchewan Court of Appeal sets aside the constitutional exemption and reinstates the mandatory sentence of at least 10-years, prompting Latimer, in February 1999, to appeal to the Supreme Court of Canada. The Court accepted the case, 6 May 1999, hearing the Latimer's appeal 14 June 2000. Consistent with the Saskatchewan appeal verdict, the Supreme Court upheld the mandatory life sentence, with no parole for 10 years. Latimer remains in prison at the William Head facility in Victoria, BC. He still proclaims the innocence of his actions. This case established that involuntary acts of assisted death, motivated by mercy or not, will not be tolerated in Canada.

Dr. Maurice Genereux. Genereux was the first Canadian physician to be charges and convicted under Section 241(b) of the *Criminal Code* prohibiting aiding or abetting suicide. On 22 December 1997 Dr. Maurice Genereux, a Toronto physician, pleaded guilty in the Ontario Court's Provincial Division to two counts of assisting suicide. Ironically, one of his "victims" was present at the trial as only one succeeded in his suicide attempt. Both young men were prescribed large quantities of the barbiturate Seconal in the knowledge that these would be used to commit suicide. Both young men were depressed over HIV-positive diagnoses though neither was ill at the time. Genereux was also reprimanded for falsifying the death certificate of the successful suicide. Genereux is perhaps the closest Canadian equivalent to the American "Dr. Death" Jack Kevorkian.

Dr. Nancy Morrison. Whereas the actions of Dr. Genereux were both legally and professionally reprehensible and universally condemned, the case of Dr. Morrison raised many questions over the extent of physician obligation to relieve patient suffering. The patient in question, Paul Mills, was dying horribly. Repeated surgeries for metastasized cancer had left him with open wounds in his chest and several tubes in his body. Repeated heavy doses of barbiturates and opiodes failed to reduce the agony of his condition. With his family's agreement, Mills was taken off a respirator, 10 November 1996. He did not die as intended but continued to struggle for air. An attendant nurse described the situation as the worst death she had ever seen. The decision faced by Morrison was stark: continue with accepted though ineffectual treatment leaving Mills in extreme suffering, or take further action toward his relief and face the consequences of actions that would result in the patient's death. Morrison injected Mills with potassium chloride, the same drug used in lethal-injection capital executions in the USA, in the presence of Elizabeth Bland-MacInnes (R.N.). Minutes later Mills died. On 6 May 1997, sixty police officers entered the Queen Elizabeth II Health Sciences Centre in Halifax, Nova Scotia, to arrest Morrison on charges of first-degree murder. A judge released Morrison, 27 February 1998, stating that there was insufficient evidence to commit her to stand trial on the charge of first-degree murder-or any other offence. An autopsy had failed to show any presence of administered drugs in the patient's liver. Therefore, Judge Randall concluded, it was obvious that that the intravenous line used to administer both the usual drugs and the potentially lethal injection was not working. Therefore, Dr. Morrison did not kill Paul Mills. Morrison resumed full duties as a respirologist, 20 March 1998. The case forced Canadians to query the limits of intervention in cases of medical futility.

Taken together, these cases personalize the history of the assisted dying debate in Canada, 1991-2004, humanizing academic discussion, giving the moral, ethical and legal dilemmas a name and a face. While the use of emotive stories becomes a question in itself in the course of this investigation, it remains that apart from cases such as these —as noted by Rodriguez in her decision to “go public” (VS92OE07 92-09-19; GM92NL03 92-12-05)— assisted dying would receive little press in Canada.

CONTRIBUTION to KNOWLEDGE

On a theoretical level, by examining the unfolding of the assisted dying debate in examples of Canadian print news, this study provides insight into public consensus formation through dialogue between contending parties in a public forum. The complex of issues that comprises the assisted dying debate demonstrates the tension between individuals and society mutually pressing upon the boundaries of traditional meanings, deep social values, and norms of behaviour. The assisted dying debate *in general* provides an active site in which to witness Canadian society wrestling with issues of profound moral significance. How societies make such decisions is a fundamental sociological question. This study affords a limited insight into the process through a narrow window, but a window nonetheless. At a practical level, a better understanding of the debate over assisted suicide/ euthanasia in the Canadian context will be gained. The context of the assisted dying issue varies across sociocultural instances. The regional and national foci of this study provide insight into variations between two geographical locales, and in emphasis on issues deemed relevant to the debate. Implications for public policy decisions are numerous.

CHAPTER 2

THEORETICAL ORIENTATION TOWARDS FRAMES, FRAMING, and FRAME ANALYSIS

This chapter examines the theory and practice of frame analysis. The chapter is divided into two parts. Part one is an overview of current frame analysis theory and practice. Some deficiencies are highlighted pertaining to difficulties in grounding frame analyses in empirical data. I submit that these problems arise from a misunderstanding of Goffman's definitions of "frame" and "frame analysis" in his seminal work, *Frame Analysis: An Essay on the Organization of Experience* (1974). Part two is a reformulation of Goffman's intent in epistemological rather than ontological terms. I argue that conceptualizing "frame" as "interpretive field" or "interpretive context" retains the dynamic nature of frames as the substrata of social meaning-construction while at the same time allowing for the identification of structural features in the discourse of assisted dying. The epistemological model is used in this study.

PART I: FRAMES and FRAME ANALYSIS: Current Theory and Practice

Theory

Frame analysis, according to Scheufele (1999: 118), is a constellation of related, yet not wholly compatible, methods of discourse analysis. For all its variety, the language of "frames" and "framing" permeates the social sciences, from political discourse and social movement analysis, to communication and text analysis, and the fine arts (Fisher 1997: para. 1.1). Whatever the field, the definitions of "frame", "framing", "frame effects", and "frame analysis" are contested (Entman 1993; Reese *et al.* 2001). In the field of communication studies, for example, Entman describes the current state of frame analysis as a "fractured paradigm" (Entman 1993). In his *Foreword* to a recent collection of theoretical and applied frame studies (Reese *et al.*

2001), William Gamson cautions the reader not to "look for a portrait with a unified understanding of the framing process," but to view the current state of frame analysis as a "collage ... a series of images connected by certain common themes" (2001: ix). In his *Preface* to this same collection, Reese notes that the language of "framing" is both popular and loosely applied; there is a need for consistency, at least within disciplinary boundaries (2001: xiii-xvi).

Entman (1993) describes the practice of frame analysis as a "fractured paradigm" or a "scattered conceptualization" (1993: 51), "with much left to an assumed tacit understanding of reader and researcher" (1993: 52). Many have taken up Entman's challenge to bring some coherence and systematic order to the various theoretical orientations and methodological practices that have laid claim to the language of "frames", "framing" and "frame analysis" (e.g. Johnston 1995; Hallahan 1999; Scheufele 1999; D'Angelo 2002).

To date, there is no consensus as to what methods or procedures should be followed in recognizing and describing the social facts and processes to which the term "frame" is applied. There is, however, agreement that frame analysis must be systematically grounded in empirical data if it is to be of any use in social science (cf. Shoemaker & Reese 1991; Tankard *et al.* 1991; Hendrickson 1994).

What all forms and variations hold in common is the claim to begin with and expand upon Goffman's (1974), *Frame Analysis*. From its release, however, Goffman's work was greeted with skepticism that it could ever be rendered a technique in any systematic way. Gamson (1975) was among the first to raise serious concerns regarding Goffman's conceptualization of frame analysis for its apparent inability to generate testable propositions, its lack of systematic theory and analysis, and its replicability by others. Gamson explains:

The question of whether we can train people to do frame analysis really boils down to how well the enterprise is codified. If it remains a sociological art form, then only certain talented individuals with

inclinations in this direction will grasp the underlying principles intuitively and be able to perform. The more appropriate test is whether one can teach a conscientious clod to do this kind of analysis. After all, the most ordinary graduate student can be taught how to collect survey data and analyze it...one does not have to be brilliant to do an acceptable piece of survey research. (Gamson 1975: 605).

In effect, Gamson is asking, *Is there actually a technique here, or is Frame Analysis merely a collection of Goffman's brilliant insights?*

Goffman is partly to blame for misunderstandings of his work, given his narrative style of piling example upon example rather than offering a propositional theory for frame analysis.¹ He does offer the following definitions:

...much use will be made of Bateson's use of the term "frame." I assume that definitions of a situation are built up in accordance with principles of organization which govern events—at least social ones—and our subjective involvement in them; frame is the word I use to refer to such of these basic elements as I am able to identify. That is my definition of frame. My phrase "frame analysis" is a slogan to refer to the examination in these terms of the organization of experience. (Goffman 1974: 10f).

Frames, in Goffman's terms, are "schemata of interpretation" that are actively used in the classification, organization and interpretation of life experiences "to locate, perceive, identify, and label" perceptual information (1974: 21). Frames organize the stimuli of everyday life through a tacit sense-making activity concretized in routine interactions, conventions and rituals, and discourse (1974: 11, 563; cf. Pan & Kosicki 1993). Without frames, the perceptual world merely presents an abundance of "facts" (Manning 1992: 118; cf. Johnston 1995). Thus, framing denotes the active process of sense- or meaning-making out of common experience.

This seems straight-forward enough. Note, however, the subtle shift away from Goffman's conception of frames as *tacit* in the seemingly reiterative definition offered by Gitlin (1980: 6): "Frames are principles of selection, emphasis and

¹ Jary and Smith suggest that the credence of Goffman's work is derived from "...a quite radical version of unsystematic naturalist observation... starched with a crypto-comparative method which in its search for typifications rather than facts, clarifying depictions rather than more formal evidence or proof, waggishly utilized rigorous and quantified reports on an equal footing with the most transient cultural trivia" (Jary & Smith 1976: 920).

presentation composed of little tacit theories about what exists, what happens, and what matters." The cognitive schema Goffman had in mind have been replaced by more active, conscious processes of selection and emphasis. This movement from tacit, psychosocial forms to explicit, empirical forms is due to the difficulty of objectively identifying frames (Maher 2001: 84). Clarity regarding the object of investigation is essential to answering this question. Some form of empirical evidence for the social facts identified as "frames" is necessary if *scientific* frame analysis is to be carried out.

Goffman was concerned primarily with the self-governance of social interaction and thus with processes that remain for the most part unconscious, the individual only tacitly aware of what is actually relied on to answer the question, "What is going on here?" This social psychological problem towards which *Frame Analysis* was originally directed has been replaced in much of frame analysis with attention to discourse and textual materials (e.g. Snow *et al.* 1986; Snow & Benford 1988, 1992; Reese *et al.* 2001). This transition cannot be made without careful reexamination of the bases of frames, framing, and frame analysis.

Gaye Tuchman was perhaps the first to apply Goffman's language to news analysis (1976a, 1976b, 1978), and the originator of the unfortunate and persistent interpretation of frame as an external or surface boundary condition separating *things said* from *things not said* —the so-called "window frame" analogy (Tuchman 1978: 1). In an effort to empirically ground the notion of frames, Goffman's dynamic, tacit conceptual processes were externalized, reified and rendered static. "*Framing* implies identifying some items as facts, but not others (see Goffman 1974)" (Tuchman 1976b: 1066). In effect, Tuchman substituted Goffman's term "frame" for the notion of "spin" in news media. Whereas Goffman intended to describe the psychosocial processes of meaning-making, Tuchman was interested in the ideological processes of news-making, or "newswork":

It seems trite to observe that knowledge is power. Yet that rationalist dictum is both a tenet of our society and a ruling premise of newswork. For power may be realized through the dissemination of some knowledge and the suppression of other ideas. And it may be reinforced by the way knowledge is framed as a resource for social action. News ... is a social resource whose construction limits an analytic understanding of contemporary life. (Tuchman 1978: 215).

News "not only *defines and redefines, constitutes and reconstitutes* social meanings; it also *defines and redefines, constitutes and reconstitutes* ways of doing things—existing processes in existing institutions" (1978: 196; italics original). News in Tuchman's view, then, seems to establish firm structural boundaries to contain information within and only within which meaning-making may occur.

Gonos (1977) boldly declares that a structuralist reading of *Frame Analysis* is the *only* one that makes sense. To down-play the structuralism displayed in *Frame Analysis* is to misrepresent Goffman's work and to lose much of its value (Gonos 1977: 854). Gonos' point is: what "situation" is to interactionism, "frame" is to structuralism (1977: 857). To miss this, Gonos says, is to misunderstand Goffman, who himself states, "The first issue is not interaction but frame" (Goffman 1974: 127). Nevertheless, Gonos must concede that the relationship between frame-structured activity and the broader sociocultural context is fluid; culture is concretized in situations:

Though each framed activity is embedded in the organization of the wider society and owes its existence to the functioning of the whole, a close view of it does not provide a description of the greater system ... Social action is contained ... within micro-structures that have an integrity in their own right. (Gonos 1977: 861f).

Society, then, is a "framework of frames". The methodological question is how to capture the dynamic nature of social structure.

Structurally, Goffman's frame is not a shell that confines (e.g. Tankard *et al.* 1991; Tankard 2001: 98f), but rather a framework which enables interaction, a skeleton upon which the sinews of social connectedness are strung. Subjective involvement in and with the structural ordering principles of social interaction allows

the skeleton to articulate and adapt to new situations; it supports and gives form, but with flexibility. The problem with identifying and describing frames is how to preserve their dynamic, interactional qualities when dealing with inanimate textual materials. The theoretical departure from Goffman initiated by Tuchman persists and confounds the practice of frame analysis (e.g. Gans 1979; Gamson 1984; Gamson & Modigliani 1989). Ericson *et al.* conclude,

News is a product of transactions between journalists and their sources. The primary source of reality for news is not what is displayed or what happens in the real world. The reality of news is embedded in the nature and type of social and cultural relations that develop between journalists and their sources, and in the politics of knowledge that emerges on each specific newsbeat. (Ericson *et al.* 1989: 377).

Within this conception of news discourse, "frame" is demoted from that which undergirds and makes meaningful social interaction possible to the crass notion of "spin" (Entman 1993: 52), "pitch" (D'Angelo 2002: 873), or deliberate manipulation (Reese *et al.* 2001: 7). That is, to something which restricts or inhibits social consciousness to desired courses (Durnham 2001: 128). Goffman's frames exist as structuring forces rather than as confining structures.

Granted, the "rules" of interaction are "real" in any society, as are mechanisms for maintaining the structural integrity of framed interaction in recognizable, socio-culturally distinctive forms. The normative frames of a given society are *given* and must be *learned* through socialization for an individual to function as an adult member within the society; that is, within the social domain of a particular frame set. Once knowledgeable and "in", however, social actors may alter or shift between frames quite freely. In Goffman's terms, frames are highly flexible and adaptable; they form a wide variety of potential situational definitions (Goffman 1974: 45).

Turner (1988) thinks that Goffman may overstate the ease with which this may be done, seeing frames instead as "more structural" and more limited in range.

In Turner's view, frames have a "certain inertia" once established, making reframing more difficult. In addition, there is a limited repertoire of frames, as themselves sociocultural re-sources, from which to choose. Turner writes:

Goffman's analysis, I think, is much too concerned with how framing is used as a manipulative tool among people presumably rather like himself —clever and sophisticated actors (who apparently have no core self). As a result, he misses the far more fundamental (and perhaps less clever) insight that interaction cannot proceed easily with-out some degree of physical, demographic, and sociocultural, and, under certain conditions, personal framing. (Turner 1988: 110).

Granted, the effort put forth by individuals and/or collective actors to re-/present themselves and their positions in meaningful and favourable ways is Goffman's gospel. Goffman had much to say concerning the strategic use of self-presentations (Goffman 1959: 208ff; 1967:5ff; 1963, 1969, 1971: *passim*). He also devoted considerable attention to diction and outright lies (Goffman 1974: 83-122). Goffman would have no argument with Turner's point that frames are used to establish consistency and to maintain the interaction order (Goffman 1983). However, neither Turner nor Goffman posit actors as sociocultural dupes constrained within unyielding limitations. Equally so, neither posit actors as creating, *de novo* and *ex nihilo*, social roles and situated meanings in every new interaction. *Frames as structures, then, are dynamic constraints which allow a large measure of freedom in their deployment.*²

The translation of a conceptualization of structured interaction into textual form is straight-forward, as the writing of every new sentence demonstrates. The sociocultural resources of language, roles, images, and the like, provide a repertoire or vocabulary of elements from which interactional or textual frames may be constructed. In Turner's terms, "frames ... establish definitional parameters" within which the meaning of "what's real" may be established (Turner 1988: 111). Every textual representation, then, makes the meaningful statement, "This is reality."

² cf. Giddens' (1984) "structuration theory".

The social construction of meaning within the mass news media usually involves contentious social issues, as is often the case with special interests. The issue of "voice" in framing the news is of critical significance in any democracy: "Who participates in the process?" "Where do news frames come from? ...How are they fixed into the appearance of the stable, the taken-for-granted? And how, despite this, are the prevailing frames disputed and changed?" (Gitlin 1980: 249).³ Socio-political and ideological forces come into play, as does the level of awareness or partisanship on the part of frame producers in either implicitly or overtly framed representations of the "facts" (Greenberg 2000). There is a sense of purpose, or direction, to framing in this conceptualization. Turner depicts "framing" as indicative of where one is "coming from" and "going" with a particular line (2002: 158f). Gitlin (1984) explains:

... everyday, directly or indirectly, by statement and omission, in pictures and words, in entertainment and news and advertisement, the mass media produce fields of definition and association, symbol, and rhetoric ... mass media define the public significance of movement events, or, by blanking them out, actively deprive them of larger significance ... the forms of coverage accrete into systematic framing, and this framing, much amplified, helps determine the movement's fate. (Gitlin 1984: 2f).

Implicit, then, in the process of "framing" in this understanding, are acts of valuation and judgment that affect the discursive resources made available to the public through the particular medium. The *veracity* or *accuracy* in news representations of reality concerns the social construction of a limited and selective view, and possibly an intentional portrayal of *the facts* involving strategic inclusions and exclusions. "When journalists choose content and frame it, they are constructing reality for their

³ This last question was addressed by Kuhn (1970) with respect to the history of scientific revolutions. Kuhn's notion of the "paradigm" would seem to have greater *solidity* than the notion of frame being questioned here. Scientific paradigm shifts cause dramatic changes in the structure of knowledge on discipline-wide scales. Individuals in interaction slip in and out of frames with ease.

audiences, particularly when the story concerns unfamiliar matters and there is no easy way to test its accuracy" (Graber 1989: 147).⁴

Gamson (1985: 615) states that frames serve "as a useful bridging concept between two levels of analysis—between cognition and culture ... cultural analysis tells us that our political world is framed, that reported events are pre-organized and do not come to us in raw form." Journalists, through the mass news media, may act as sponsors of societal norms, intentionally or unintentionally reinforcing dominant values and beliefs. Gamson offers a constructionist explanation for this process:

Facts have no intrinsic meaning. They take on meaning by being embedded in a frame or story line that organizes them and gives them coherence, selecting certain ones to emphasize while ignoring others. Think of news stories as telling stories about the world rather than as presenting 'information,' even though the stories, of course, include factual elements. (Gamson 1989: 157; cf. 1993: 117, likewise "events").

Some measure of sociocultural resonance is necessary for communicative connection and recognition. Sponsors of viewpoints quickly learn how to give the media what they want (Gamson & Modigliani 1989: 7). Official lines are most easily adopted, leaving dissenters the burden of proof. Oppositional "framing" of events is a common tool for attracting audience interest (Richards & King 2000). Newsworthy events are thus frequently cast as ideological contests (Steinberg 1998; Terklidsen *et al.* 1998; Gitlin 1979) which may incite "frame wars".

Does this imply either interpellation of subjects or hegemonic determinism of political debate? Not necessarily. Gamson (1985: 615) describes framing as "a locus of potential struggle, not a leaden reality to which we all inevitably must yield." Nevertheless, Entman (1993: 55) argues that by calling "attention to some aspects of reality while obscuring other elements" framing strategies have "important implications for political communication" playing "a major role in the exertion of

⁴ Readers are left with the task of interpreting an interpretation, which, Foucault says, is "an infinite task" (1998: 274).

political power", the text bearing "the imprint of power" registering "the identity of actors or interests that compete to dominate the text."

Regardless of the degree of intentionality in a particular sequence of news production, Gitlin's statement that combined media effects constitute "fields of definition and association, symbol, and rhetoric" is insightful, particularly as the notion of a passive audience is *passé* in current media theory. The notion of frames as "fields" of dynamic forces, vying and contesting for audience attention and loyalty, I believe, is much closer to Goffman's original conceptions. Structured and dynamic interactions between actors with varying agendas, power and resources are preserved in this conception.

Practice

Gamson's question remains, however, as to how these formulations might be operationalized. Mixed methods have been declared as the only reasonable, and therefore most appropriate, approaches to the analysis of frames (*e.g.*, Creed *et al.* 2002; Hertog & McLeod 2001; Maher 2001; Tankard 2001), combining quantitative *content* analyses—which alone, are prone to reifying frames to the obscuration of their more dynamic aspects (Carragee & Roefs 2004: 220; Pan & Kosicki 1993: 58; *cf.* Johnston 1995: 218f)—with qualitative *context* analyses—which, on their own, it is claimed, may lack clear empirical grounding (*cf.* Entman 1991: 25; Benford 1997: 423). Clarity is the issue here. Qualitative analyses must be demonstrably grounded in empirical facts, social or otherwise. Taxonomies of sociocultural resources may be constructed from an in-depth knowledge of the field of interest founded upon the topical literature, and close observation (*e.g.* Tankard 2001: "list of frames" approach; *cf.* Scheufele 1999; D'Angelo 2002). Ideally, such constructions would provide for the sort of replicability that Gamson asks of Goffman (Gamson 1975).

Theoretically, this approach has potential. Its practitioners, however, generally do not proceed beyond delineation of conflicts or lists of inclusions and exclusions, displaying a commitment to Tuchman's original interpretation of frames as boundaries, a notion considered to be "fundamental" to frame analysis (van Dijk 1991: 114). I submit that this understanding of frames is "fundamentally" in error, deriving from a misunderstanding of Goffman's intent. Contextual analyses which focus exclusively on frames as bounded discursive spaces fail to capture a sense of the integrated environment within which such spaces are created, dissolved and recreated. That is, a sense of the interrelatedness of each and every discursive element within the interpretive frame.

Tankard *et al.* (1991) take up the methodological problem in frame analysis in terms of the need for rigor in identifying frames being used:

One unfortunate result of [the] tendency to define frames by fiat is that the researcher devotes little effort to being exhaustive about the possible frames that could occur in reporting on a particular topic. There may be a tendency for researchers to find the frames they are consciously or unconsciously looking for. At its worst, this would mean researchers would see only the one frame that they are sympathetic to or are expecting to see. (Tankard *et al.* 1991: 1)

Critiquing their own "list of frames" approach (as well as Gamson & Modigliani's 1989 "media package" approach and other "multidimensional" or "mixed methods" approaches) Tankard *et al.* recognize some common problems: (1) that frames and framing strategies/devices are unique to each specific topic, and (2) that inter-coder reliability is less than 100%. "Framing appears to be emerging as such an important concept in news studies that some effective method of measuring it needs to be found" (1991: 12).

Purvis and Hunt (1993) draw upon the work of Althusser, Foucault, and Stuart Hall, in their description of "discourse" as pre-existent, artifactual structures of ready-made experiential language-constructs which provide delimiting frameworks of meaning (1993: 485f). Their methodological suggestion is to look to the

discursive environment in which a given interaction occurs to understand ideologically framed representations in their sociocultural embeddedness. I agree, to this point. However, the analytical distinction Purvis and Hunt draw between discourse and ideology may perpetuate a bifurcated ontology of frames. What is necessary is a methodology that captures both the discursive dynamism of framing without a reification of frames into static ideologies.

In sum, current frame analytical theory and practice derives from an ontological conception on the nature of frames and framing. The approaches discussed are undoubtedly useful tools in textual analysis and the strategic use of the media. However, conceived in this way, the essentially tacit and internal nature of frames is externalized and becomes subject to categorical reification reminiscent of the master themes and myths of structuralism. I believe that Goffman was discussing more dynamic and living processes in *Frame Analysis* that structure social interaction, but tacitly, internally, as systems of meaning rather than rigid boundaries. Part II presents this alternative interpretation of Goffman, and derives an epistemological theory and practice of frames, framing, and frame analysis.

PART II: FRAMES, FRAMING and FRAME ANALYSIS: An Epistemological Approach

Frames as "hermeneutic principle"

Frames as "rules" of perceptual order are not natural functions of the mind in a Kantian sense, but are derived from experience in social interaction. Frames are free constructions within structural constraints. Neither purely structuralist nor constructionist analyses are adequate to capture the structured dynamism of frames. Goffman's method was to peel away the laminations of experience, revealing successive layers of embeddedness and interpretation in a given situation. The units

of analysis under scrutiny are "strips" of activity (1974: 10), of unspecified dimension, which provide the empirical material that is subjected to frame analysis.

Frames arise from "natural" circumstances of place and time, and from "social" circumstances of interaction, interpretive constructs that function as an integration of a common, shared hermeneutic, that Goffman calls "the definition of the situation":

...a 'definition of the situation' is almost always to be found, but those who are in the situation ordinarily do not *create* this definition, even though their society can often be said to do so; ordinarily, all they do is to assess correctly what the situation ought to be for them and then act accordingly. (1974: 2)

Shared hermeneutics of experience interpret common situations, changing the question, "What is going on here?" to a statement of recognition: "I've seen this before".

True, we personally negotiate aspects of all the arrangements under which we live, but often once these are negotiated, we continue on mechanically as though the matter had always been settled. (1974: 2)

That is, the self-consciousness felt in a novel situation quickly disappears as situated responses become unconsciously enacted. Self-consciousness returns, however, in the form of embarrassment if one of these assumed frames proves to be in error, or an unnoticed alteration in the shared interpretation of events has been missed (Goffman 1959, 1963, 1967, 1971: *passim*). Interaction, therefore, is largely an unconscious agreement as to the way in which words, actions, roles and such, are to be understood.

In this study, face-to-face interaction is not in view. However, this same process of interpretation from the inside out applies equally to texts. Documentation of events has a powerful mystique in society. Various forms of bodily existence — birth, sexuality, disease, death— can all be inappropriately portrayed, or "scripted". Goffman notes that "Obscenity makes a public exhibition of these phenomena and does so in such a way that their larger human context is lost or depreciated ...when the intimacies of life are exposed to public view in order to depreciate them and to

depreciate man" (Goffman 1974: 56). In Goffman's own words, "the issue is *frame limits*, the limits concerning what can be *permissibly* transcribed from actual events to scripting thereof" (1974: 56; emphasis added). Any "replicative recording" is permissible so long as a "documentary key" is maintained (Goffman 1974: 68f). That is, when the facts are presented "objectively" without sensationalism or evocative embellishment. Correctly, Goffman notes that any representation of an event is not the-thing-in-itself no matter how exacting. "But nonetheless, connection is felt, and connection is honored" (1974: 70). It is evident here that Goffman does not have in mind the notion of "frame limits" as a boundary or container for discussion of a particular phenomenon. Rather, "frame limits" denote "permissible" —that is, appropriate— *contexts* within which discussion is in good taste.

The "frame" is a hermeneutic principle, or interpretive context. The hermeneutic provides for contextual adjustment to interpretive contexts to occur "on-the-fly". In Goffman's terms, "rekeyed": "...we must deal with retransformations as well as transformations... [no] obvious limit [can] be seen to the number of rekeyings to which a particular strip of activity can be subject; clearly; multiple rekeyings are possible" (Goffman 1974: 80). That is, a given actual event can be repeatedly recontextualized, even in the course of a single representation as meaning and its reflexive counterpart, understanding, flow in dialogue. The question is: *Can this be accomplished without doing violence to the contextual frame of the actual event without creating an obscenity?*

The "key" lies in historical continuity from one event to the next: "...once again one is faced with the recursive character of framing. The resources we use in a particular scene necessarily have some continuity, an existence before the scene occurs and an existence that continues on after the scene is over" (Goffman 1974:

299). Without such concurrence through historical continuity, interpretive environments, and subsequently frames, would prove impossible to construct.

As will become evident through the data analysis to follow, it is possible to observe successive transformations of Sue Rodriguez from unfortunate victim to oppressed individual seeking recognition by the system to heroic rights activist to right-to-die campaigner, etc.. Such multiple rekeyings of the *Rodriguez-event* may or may not be legitimate. Some undoubtedly are the constructs of either the media or persons interested in claiming the *Rodriguez-mystique* for their own purposes. The framing of a particular event establishes its meaning and significance (in the sense of either signifier or signification) for the framer and places present actions within a particular context (Goffman 1974: 345), which may or may not align with previous representations, or, for that matter, with the intentions of the "rekeyer".

Rekeying in new representations of social facts involves *intentionality*. In textual records of events, a static representation is all that exists; the subject is not at hand for questioning. Thus, the *intent* of the subject of the recorded event may be obscured by the *intent* of the reporter.

Goffman describes a different sort of action, "the performance of an activity more or less openly for reasons or motives felt to be radically different from those that govern ordinary actors," which he calls "regrounding" (1974: 74).

"Regrounding" may be observed in the language games used to justify the actions of doctors administering terminal sedation when it is known that to do so will likely hasten the patient's demise. This situation of "double-effect" brings to the fore a legitimate act that may be conducted from illegitimate motives. Did the physician *intend* the patient's death? "The notion of regroundings, then, rests on the assumption that some motives for a deed are ones that leave the performer within the normal range of participation, and other motives, especially when stabilized and institutionalized, leave the performer outside the ordinary domain of activity" (1974:

74). This song is sung in a different key than deception or delusion. The chorus repeats: "This is action is okay because ____." "Because" there is a legitimate framing of the act that does not place the actor outside permissible bounds.

Intrigue, deception, obfuscation and the like are all possible within the process of framing as a function of what Goffman calls "laminations" (Goffman 1974: 82). That is, layer upon layer of interpretive context. Assuming that the *intent* of a given news text is *not* to *deceive* —although unintended misrepresentation or intentional slander may obtain— each may be approached as existing within an identifiable and trustworthy frame, an intended interpretive context.

Frames as "interpretive context"

Taking "frame" to mean "interpretive context" implies a larger environment than a text itself within which it is embedded and intended to be understood (*e.g.* this separates hard news items from opinion pieces or comic strips). The provocative title of J.J. Chriss' (1993) "Looking Back on Goffman: The Excavation Continues," a review of multidisciplinary applications of Goffman's (1974) work, suggests that there is still some disagreement as to what Goffman was up to in *Frame Analysis*. The notion of frames as "interpretive contexts" is itself a hermeneutic key to Goffman's design, as explained by Thomas Scheff (2005).

Scheff is interested in identifying the elemental components that combine to "represent the intersubjective context" and thus to recognize "the minimum amount of background that would allow consensual interpretations of discourse" (2005: 368). Frames provide, therefore, the "subjective structure" (2005: 370) by means of which "definitions of the situation" may be constructed. Goffman states:

I assume the definitions of a situation are built up in accordance with principals [*sic.*] of organization which govern events...and our subjective involvement in them; frame is a word I use to refer to such of these basic elements as I am able to identify. (Goffman 1974: 10f)

A frame-quantum, then, may be a single facial expression, bodily gesture, or word, by means of which interpretation is directed. As Scheff notes, "...an important feature of Goffman's treatment" is its "iterative or recursive quality" akin to what one exasperated reviewer called "verbal calculus" (Scheff 2005: 370). Frame quanta do not "add up" as much as "integrate" into complete structures. In face-to-face interaction, this principle could obviously be carried to the absurd if every nuance of ever variable were to be expressed. However, when dealing with text, a reasonable limit on the integration of frame quanta may be imposed due to the artifactual givenness of the text itself.

Frames are constructed in individual perception and interpretation but are attuned—that is, "keyed" (Goffman 1974: 43)—in intersubjective interaction (Scheff 2005: 371). The seemingly irresistible temptation to adopt a boundary metaphor for what Goffman himself meant by "frame" (e.g. Tuchman 1975), is a misinterpretation of *Frame Analysis*. As Koenig (2004) states,

...picture frames are definitely not a metaphor in Goffman's spirit. His frames do not limit, but rather enable... they are the scaffolds for any credible stories. (online source).

Otherwise, mutual understanding would be impossible (like trying to open a computer file without the program which generated it; the code must necessarily be held in common). Frames are hermeneutical processes allowing for mutually shared interpretations.

The key to this integrative way of identifying and understanding frames comes from a particular passage in Goffman's later work, *Forms of Talk* (1981; Scheff 2005: 371). Goffman writes:

Commonly, critiques of orthodox linguistic analysis argue that although meaning depends on context, context itself is left as a residual category, something undifferentiated and global that is to be called in whenever, and only whenever, an account is needed for any noticeable deviation between what is said and what is meant. This tack fails to allow that when no such discrepancy is found, the context is still crucial...

More important, traditionally no analysis was provided of what it is in contexts that makes the determinative of the significance of utterances... which if explicated, would allow us to say something other than merely that the context matters. (Goffman 1981: 67)

In effect, Goffman proposes to answer what "You had to be there" means in a later utterance. That is, how the context defined what was said as meaningful in the shared experience. Utterances —texts— are creatures of their own environment. A-contextual analysis misses something; that "something" is the original frame-location of the utterance (*cf.* Chenail 1995). Goffman speaks plainly here: all meaning is determined by context. Discourse, content or conversational analysis that uproots text from its native environment might fail to comprehend what feeds the root. The frame is the thing. This is not new to Goffman's work: "Indeed, context can be defined as immediately available events which are compatible with one frame of understanding and incompatible with others" (Goffman 1959: 441). Why Goffman should discontinue the use "context" when it offers a description of framing in the vernacular is inexplicable, particularly so given the current multidisciplinary application of "context" as an interpretive instrument (*e.g.* Burke 2002). Other neologisms of *Frame Analysis* —"keys", "keying" (1974: 40-82), "footing" (1974: 128, *passim*)— are also implied in the notion of context.

Attunement to situations through keying oneself to the interpretive environment that obtains is a mutually active process of meaning-making: "Whatever else, our activity must be addressed to the other's mind, that is, to the other's capacity to read our words and actions for evidence of our feelings, thoughts, and intent" (Goffman 1983). Recalling the work of Mead and of Cooley, the interpretive environment —internally structured by framing, eternally perceived as context— is a construct of knowing and being known, a result of a recursive interpretive process. This involves a level of personal commitment to the agreed understanding of "What is going on here."

Is meaning, therefore to be surrendered to subjective interpretation as Gamson (1975) originally feared? "On the contrary," Scheff concludes, "...this is an empirical, not a conceptual problem. Context can be defined in an orderly way, enabling the representation of the least numbers of levels of frames and awareness that are needed to make valid interpretations of strips of discourse" (2005: 384).

Scheff operationalizes this understanding of frames, context and interpretive environment as "part/whole analysis" (1997: 15-52). Briefly, the *context* of a *text* is said to have both time and space coordinates. *Meaning* is derived from a text according to what comes before and after it, as well as by its local and extended situatedness (1997: 26). Context extends, in this sense, to include not only the text in its literary environment, but *this* text read by *this* reader in *this* place for their own explicit or even poorly understood reasons. Restating Goffman's statement of contextual determinacy above, Scheff declares that "...no matter how exhaustive the analysis of a text, the determination of meaning will be incomplete, and therefore partly subjective, without referring to relevant historical and biographical knowledge" (1997: 31).⁵ Relating this maxim to texts means that the interpretive environment extends beyond the textual boundaries at least to the degree of *a priori* understandings that are evident in the text. Scheff works out this principle by examining words as parts and text as wholes to arrive at meaning. While this may not be a "conceptual problem" (2005: 384), it is a perceptual and therefore an epistemological problem relating to the construction of discourse.

Framing as "writing a history of the present"

The problem being addressed in this movement away from conceptualizing the "frame" as "static strategic boundary" to "dynamic interpretive field" is theoretically akin to that which confounded Foucault's pursuit of "method" in *The*

⁵ The act of interpretation is always to be understood as "interpretation by 'whom?'" (Foucault 1998: 277).

Archaeology of Knowledge (1972). Dreyfus and Rabinow set this problem in the question-form as, "Is a pure description possible? Is there no interpretation involved in the choice of descriptive categories?" (Dreyfus & Rabinow 1983: 85).

Within a social context, introduction of a notion of "truth" and thus of "discourse" is unavoidable. To be more precise, "truth" only obtains within socially and contextually defined limits of discourse. I take "discourses" to be integral components of an integrated interpretive field, with vector-like qualities of both magnitude and direction in the power-dynamics involved in meaning-making (*cf.* Foucault 1972: 129; 142). Powerful discourses within a society impose interpretations upon events; archaeological analysis reveals the interpretation as such (Foucault 1998: 276). However, the temporal "null" from which Foucault's archaeologist would speak remains an identifiable phenomenological moment, or coordinate space, within a larger social context (*cf.* Dreyfus & Rabinow 1983: 86). This position approaches a geometric point as historical *a priori* are systematically stripped away.

The methodological problem arises when it is realized that there is a limit to this reduction:

It is not possible for us to describe our own archive, since it is from within these rules that we speak, since it is that which gives to what we can say...its modes of appearance, its forms of existence and coexistence, its systems of accumulation, historicity, and disappearance. (Foucault 1972: 146).

This is the same problem familiar to hermeneutics which necessitates a "mapping of the enunciative field" (1972: 147). "Our own archive" takes on the form of "historical *a priori*" (1972: 143) as frame elements shift and continually reconfigure lines of force (truth, meaning) within the interpretive field which constitutes the frame. Again, Foucault:

It is obvious that the archive of a society, a culture, or a civilization cannot be described exhaustively, or even, no doubt, the archive of a whole period. (1972: 146)

It emerges in fragments, regions, and levels, more fully...and with greater sharpness, the greater the time that separates us from it. (1972: 147).

Where Foucault perhaps undervalues the blurring of horizons which occurs with historical distance (*cf.* Gadamer 2004: 305)⁶, and the problems this imposes for description due to the archival nature of knowledge, his reversal of the question regarding historical separation between a field of inquiry and the present archive as making the former as "historical fact" at least somewhat visible to us (Foucault 1972: 147) makes the under-taking of an investigation into recent history that much more "valid" (in a *positivistic* sense): a fusing of horizons is easier.

What I am striving toward, then, in Foucaultian terms, is an archaeology of the *just-past*, of the *recently-archived*, by this to obtain some vision of the *yet-to-be-archived* present and near future. The *recently-archived* is the history of the now we tell ourselves, a *pre-writing* of the *yet-to-be* as perceived from the position between the *past-then* and the *future-then*. In this way, some discourse of *thus-therefore* is possible. The phenomenological moment of understanding moves forward in time, dragging an accumulated archive of meaning-making material behind it, analogous to the Alp of history born upon the shoulder of Marx's historical subject (Marx 1852). At each advance, another shovel full of *now* is cast over the shoulder into *then*, increasing its burden and inertia. However, whereas with Marx the Alp exists in concrete solidity, with Foucault the archive is dynamic as the present continuously rewrites the past in light of an anticipated future.

Dreyfus and Rabinow —on behalf of Foucault— conclude "that since we are now in a different horizon, we can see that the truth of the past horizon was, like all truth, a mere epochal construction" (1983: 86). This realization necessitates abandonment of "a certain naïve conception of truth as the correspondence of a

⁶ "In fact the horizon of the present is continuously in the process of being formed because we are continually having to test all out prejudices. ...There is no more an isolated horizon of the present in itself than there are historical horizons which have to be acquired. *Rather, understanding is always the fusion of these horizons supposedly existing by themselves*" (emphasis original).

theory to the way things are in themselves, and a naïve conception of the disciplines as engaged in the gradual approximation to this truth" resulting in "a kind of nihilism which emphasizes the role of interpretation" (1983: 86). Thus Foucault's conclusion that "we are difference...our reason is the difference of discourse, our history the difference of our times, ourselves the difference of our masks..." (1972: 147).

It would be simplistic to say that the past shapes our future. Foucault adds the dimension of the *present* shaping our *past* as an indicator of our *future*. What *history* are we telling ourselves today as an anticipated form or *ante*-form of our future? What *history* of assisted dying in the *just-past* are we telling ourselves in the present discussion that may indicate a particular future as either desirable or inevitable? Recognizing, of course, that "desirable" and "inevitable" dissolve into the writing of the archive that the present is to become.

The meaning-making activity described by Goffman as "the definition of the situation" draws upon archival material which he defines in terms of social structure. When Goffman says that society always comes first in this activity (Goffman 1974), this is not to be taken in a structuralist sense of determinative patterns, but rather of selectivity in writing the *present* with a view to an anticipated *future*. In the microcosm of Goffman's interactionism, it is not so much the *play* as the *writing* of it that is the thing, and always with a view to *what happens next*.

An analysis of the recent history of the discourse of assisted dying, therefore, is an attempt to eavesdrop on the authors of its near future. The period under consideration in this study, 1991-2004, and the recording of the events comprising the archived histories of Sue Rodriguez and Evelyn Martens, is one important part of the future of assisted dying in Canada which we will tell ourselves in answer to the question, "How did this come to be?" There are clues in this record of attitudes toward the future state of assisted dying in Canada, elements of a future justification of actions yet to be taken, inklings of a definition of a situation yet to materialize.

Causality (in a Foucaultian sense) is irrelevant in this; what matters is the history we will tell ourselves when we get there.

Frame analysis as "an epistemology of social experience"

Almost one hundred years ago, Georg Simmel asked the question, "How is society possible?" (Simmel 1910). His answer winds through a Kantian epistemology wherein the question is transformed by Kant's theorem that "Connection can never inhere in the things, since it is only brought into existence by the mind" (quoted, 1910: 373). Assuming for argument's sake that Kant is correct, the connectedness recognized in "wholes" is a function of perception of the "parts". The relationship between perception and reality is an enduring philosophical question that no attempt will be made to resolve here. Suffice it to say that Simmel's question becomes, "...what elements...make it possible that the product of the elements is, abstractly expressed, the construction of the individual into a societal unity?" (*ibid.*).

This answer to *this* question may be found with reference to the post-critical scientific epistemology of Michael Polanyi ([1958] 1962). In Polanyian terms, the question becomes, 'What particulars does the order-seeking mind attend to that the perceived whole is apprehended despite the inherent disconnectedness between individual elements?' Polanyi believes that *all* perception involves a "tacit awareness" of particulars which the mind perceives as coherent wholes. The thing-itself is never grasped; it is an integrative product of human consciousness seeking order in the world. For Polanyi, *order* is *there* to be recognized, but its *meaning* is always greater than the sum of the particulars through which it is apprehended.

At this point, despair may set in of ever escaping as infinite regression or expansion of nested constructions, each greater than the sum of the preceding and less than the total of the following. This hall-of-mirrors effect is epistemologically inescapable and lurks at the edges of Goffman's sociological vision.

Polanyi's conception, however, allows that real apprehension of the phenomenal world *is gained* through part/whole tacit awareness. Nevertheless, perception of integrated wholes is not entirely objective, detached description. The reality-perception boundary is bridged, Polanyi says, through a *personal commitment to knowing*. The interpreter of texts is not separate from the interpretive environment of the text and brings to bear particular perceptual tools and schema depending on the discipline that obtains. A sociologist, for example, is more interested in the social construction of meanings than, for instance, a biochemist.

It seems that Simmel would agree with Polanyi that in apprehending a complex whole such as a "definition of a situation", the process is more a *personal commitment to meaning* based on the cues and clues at hand. The interpreter of these tacit indicators enters the interpretive frame *in good faith* that they apprehend what is taking place. Goffman likewise realized that knowing "what is going on" is apprehended tacitly by attending to subtle, pre-articulate social cues. This process is inevitably selective and culturally determined (Hall 1976: 85).

In sum, that which is actively attended to in perception of a social fact (Polanyi), which dynamically constitutes the basis of inferred coherence in social processes (Simmel), is what Goffman calls "frames". And so his subtitle: *An Essay on the Organization of Experience*.⁷ Therefore, in seeking the meaning of particular texts in the interest of gaining an understanding of supra-textual frames that are operative in a particular representational history, influential factors that contribute to and undergird particular texts must also be taken into account.

My aim is to interpret the framing of assisted dying through the particulars of case histories recorded in newspapers. The articles themselves, the actors described, the background material used and the interactions between these social

⁷ There are undoubtedly precursors to Goffman's conceptualizations. The relationship of his work to others, such as Berger and Luckmann's (1966/7) *The Social Construction of Reality*, is not in view here. Goffman is difficult to categorize, but he does find a home in symbolic interactionism.

quanta all contribute to the integrative process of apprehending the overall framing that is occurring, a social fact larger than the particulars upon which it depends. Consequently, recognition of the integrative nature of frames allows analysis to move beyond polarized pro-/con- arguments to an understanding of the dynamics of an interpretive environment which contains both (cf. Richards & King 2000; Demerath 2002). It also allows for a shift from the language of audience effects and interpellation to the language of interpretation and hermeneutics. The *after effects* of interpretive engagement with the newspaper texts is only speculative in this examination. What *is* in view is only one side of the conversation, that of the texts themselves: *What have these papers provided to their readers from which they may form an opinion on assisted dying? What field have readers been invited to enter?*

The methodological application of this understanding of frames, framing, and frame analysis is the subject of the next chapter.

CHAPTER 3

DATA and METHODS

INTRODUCTION

This study examines the creation of an interpretive frame for assisted dying in two Canadian newspapers, one regional to the primary case studies —the Vancouver Sun— and one national in scope —the Globe & Mail. The attempt is made to accommodate intra-national differences through these two newspapers. No attempt is made to verify or otherwise assess the historical factuality of the newspaper reports. Analyses are specific to these newspapers and to what they have presented to their readership. Generalization to the interpretive context of the assisted dying debate in Canada is limited to commonalities between the papers in terms of emphasis, attitude and questions.

Qualitative and quantitative analytical methods are used within the construct of frame analysis discussed in the preceding chapter. The purpose of this analysis is to assess changes in the interpretive frame in which the assisted dying debate takes place from 1991-2004. Case studies ground the issue of assisted dying in individual experience. The histories of the case studies examined are conceptualized as embedded in a broader field of social and cultural forces which affect the dynamics of the interpretive frame. The interpretive frame is the object of analytical interest in this study.

The interpretive frame is connected to the empirical data by means of a grounded comparative method "in which the researcher compares data with data, data with categories, and category with category" (Charmaz 2005: 517). Only those categories, themes and interrelationships which demonstrably arise from the texts, and which emerge dialogically in the process of research and recursive analysis are recognized as elements of the interpretive frame. These frame elements are then

situated in the broader of web of knowledge through appropriate literature. An integration is thereby possible from micro-level event to macro-level interpretive field while maintaining theoretical consistency within a dynamic constructionist epistemology (*cf.* Denzin & Lincoln 2005).

DATA SOURCES

The Vancouver Sun and the Globe & Mail have been selected as of particular relevance to the case studies being used. The events of the Rodriguez case took place in Victoria, BC, the BC Court of Appeals in Vancouver, BC, and the Supreme Court of Canada in Ottawa, ON.. The events of the Martens case took place in Duncan, Victoria, and Vancouver, BC. The choice of the one regional and one national newspaper gives consideration to readership in British Columbia and in the country as a whole. To avoid issues of compromised independence through consolidation in Canadian mass media, papers from different owners were selected: the Vancouver Sun is owned by *Canwest Publications*; the Globe & Mail is owned by *Bell Globemedia*. Evidence of editorial bias in each paper, as this may be assessed, will be noted.

Data were acquired through electronic services. Archives of the Vancouver Sun were searched via *ProQuest* (<http://proquest.umi.com/pqdweb?RQT=403&TS=1090088440&clientId=3916&cfc=1>); Globe & Mail archives were available through the University of Victoria Library on compact disk.

DATA SAMPLE

For each electronic source, the same search key was used:

Sue Rodriguez OR Evelyn Martens OR euthanasia OR assisted suicide
NOT veterinarian¹

¹ The last term was included to cull the herd of sick and dying animals.

The use of a search key imposes obvious limitations on the data collected. Control was necessary to delimit the data; even this less-than-comprehensive key yielded 628 items from the Vancouver Sun, 644 from the Globe & Mail. Keyed searches for other significant elements were not conducted (e.g. personal names, countries or institutions etc.). These appear in the data only as related to the primary figures of Rodriguez and Martens.

Several methods have been suggested for determining an appropriate sample from newspaper data (Lacy *et al.* 1995; 2001). The sample used is *all* references from the two newspapers to the primary figures over the time-period, 1991-2004. Off-topic items unrelated to either the primary cases or the Canadian situation were deleted from the sample. Only those pertaining to the primary cases or relevant to assisted dying in Canada were retained.

Thus, an initial coding of the data occurs through collection of the sample. The *deemed relevance* of a given item may be reconsidered in light of the completed research but this is little more than the power of hindsight. Omissions and deletions in error are assumed to not affect analyses given the size of the sample and the tendency of news media to repetition; what is lost in one item will likely be found in another.

LIMITATIONS OF CODING METHOD

The author is the only coder in this study. Consequently, identification of frame elements —recurrent thematic emphases in the texts— and attitudinal coding are unavoidably idiosyncratic. Steps were taken to minimize this effect: strict adherence to the *content* of the texts themselves in identification of frame elements; and, several re-readings of the materials to become familiar with the attitudinal nuances present in the items. In keeping with the notion that interpretation is always to be understood as “by whom?” (Foucault 1998: 277), citation of

authoritative references is reserved to the Discussion section of the final chapter. In the analyses, the papers are allowed to say what they said in as *verbatim* a reproduction as can reasonably be allowed, barring a reprinting of every article. Further to this point, no attempt has been made to verify any of the reported material. Factual errors in the reported histories are likely. The aim here is to examine what was reported, as it was reported in the two newspapers selected.

TYPES OF ITEMS

Coding of the newspaper texts was a recursive process. Initial coding was done on the basis of item type: editorials written by newspaper editors (code: E); letters to the paper/editor (code: LTR); short (< 1000 words) news items (code: NS); long (>1000 words) news items (code: NL); and opinion/editorial (op-ed) pieces other than by news editors (code: OE). The distinction between short and long news items allows separation of news features from the regular reporting of hard news. News features are often found in the data to be of a quasi-editorial nature, overtly expressing more of the writer's opinions than short news items. The distinction between editorials and opinion pieces is not usually made because each express "preferred" versions of reality (Greenberg 2000). Greenberg notes the difference between editorials as the "official" voice of a given newspaper and "expert" opinion either employed or invited by the newspaper to offer commentary on an issue. I have coded these separately to preserve this distinction.

The type-coded items were then sorted by date, and a reference number assigned to each of the form paper-year-type-number (ppyyttnn). For example, GM97NS04 refers to the Globe & Mail, 1997, short news item number four. This allowed for simple cross referencing of particular items.

DATA CODING: Frame Elements

I have defined the "frame" as the integrated whole of the interpretive environment of assisted dying. Therefore, particular discourses which may be identified in the news items (sometimes more than one per item) are not frames *in themselves*, but *elements* that contribute to the interpretive context which is the overall frame.

A problem within frame analysis has been the subjective nature of identifying such elements. How analytical categories are related to empirical data has been a persistent critique of frame analytical methods. I have not applied *a priori* categories to the data, but rather have identified those frame elements which have emerged from recursive engagement with the texts. Through re-readings of the textual material, I identified fourteen frame elements: legal, international, political, medical, media, polls, social values, individualism, religion, the Senate, ethics and morals, economics, expert opinions, and language. Note that these elements are not all of a similar nature: some are recognized discourses in Western culture, others are institutions. Each of these elements alters the configuration of the interpretive context within which the assisted dying debate takes place. A brief description of each of these frame elements follows.

Legal elements refer to matters of law, legislation, legal arguments and court decisions. These are mainly concerned with interpretation of the *Criminal Code of Canada*, application of the law, and proposed reforms. The highest arbiter of the law in Canada is the Supreme Court, comprised of nine Justices appointed by the government. Legal and political issues are thus closely bound: the Court interprets what Parliament votes into law. Consequently, Canadian courts, and the Supreme Court in particular, are sensitive to their precedent-setting role. Legal elements are not limited to Canadian jurisprudence, however.

International elements refer to events, laws and situations in other countries that are deemed newsworthy for the Canadian public. Other nations —notably the Netherlands, Australia and various American states— have experience with assisted dying legislation and practices. Attention given to these by Canadian decision-makers directly affects the interpretive environment here.

Political elements involve both elected and unelected officials. Political expediency, agendas and climate affect the pace of legal and social reform. The willingness or not of government to respond to felt need and public sentiment is a recurrent theme in the data. The politics of life and death are evident in Parliament, hospital rooms and private organization boardrooms. A sense of appropriate timing is also a political concern.

Medical elements are broad and culturally invasive in medicalized Western society. The penetration of medical discourse into everyday life cannot be overstated: it is the single most pervasive discourse in our culture. Postmodern life-management in terms of risk-awareness, protection and preservation, quantity and quality all have a medical aspect to them. Separation of medical and social concerns is therefore difficult. However, when physicians speak to the issue of assisted dying from within and often to their discipline, singularly medical concerns may be identified.

Media elements are not to be confused with news items. The mass media in Canada is an institution which attempts to remain transparent in the production and dissemination of news. This is patently impossible, as numerous studies have shown. News producers are both affected by and contribute to the interpretive frame of a given issue. In a more general sense, news producers are a coalescence of cultural power which exerts force within the interpretive frame. News producers do not produce, but rather affect and contribute to, interpretive frames. Of particular interest for this study are openly reflexive items in which media

practitioners critically examine their own role in news production. Strategic use of the media by various protagonists is also of special interest. As one advocate of assisted dying put it, "How do you inform the public without the media?" (Erwin Krickhahn, *Globe & Mail*, 93-11-03).

Polls, once produced and reported, have an independent textual existence from their producers. This is particularly evident when conflicting interpretations of a given data set are reported, or a particular poll is cited by both sides in a conflict situation. These so-called "objective" accounts of empirical reality are neither: they are subject to interpretation as any other text as a particular view and understanding of social processes. Polls enter the interpretive frame, therefore, as dubious inclusions requiring critical analyses beyond the capacities of the majority to whom they are presented as "fact".

Social elements. It could rightly be argued that *any* interpretive frame is by definition *social* in nature in its *entirety*. What I seek to identify within this category are those elements which address social values, attitudes and norms not captured within a specific disciplinary or institutional discourse. Notions of worthiness, truth, value, justice and the like transcend professional boundaries or disciplinary limits. They are a sort of sociocultural *commonsense* that expresses a society's notion of itself, its own character, its valuations of right and wrong.² Appearing most frequently in letters and op-ed items, these elements are part of the ongoing public debate over assisted dying wherein citizens speak in open forum to one another (albeit as permitted by editorial fiat). As one writer put it, "We *are* the law" in Canada. While limited to those with sufficient passion to write, social commentary from both lay and professional affects the interpretive context of the debate. "Social values" is thus a master-category which both subsumes and interacts with all of the

² This is, of course to assume a homogenous culture between the two newspapers. Both are Canadian English language dailies. Differences between the papers in terms of values would constitute an important finding in this study.

other foci of influence I have called "frame elements". As a result, separation of one element from another remains somewhat arbitrary. I have sought to maintain "social values" as a distinct analytical element by restricting the designation to statements such as "society ought to" or "We as a society should" in the news items.

Figure 3.1 below is a rough sketch of how I conceptualize some of the important interactions between elements. At the centre of these interactions lies the relationship between the individual and the collective (Figure 3.1), whose interests are kept in balance by continuous renegotiation and compromise. A given society may more highly value individual interests over collective at the risk of anomie, or *vice versa* at the risk of social determinism. The Canadian newspapers I have examined have not attempted to resolve this conflict one way or the other.

FIGURE 3.1: CONCEPTUALIZATION of the INTERRELATEDNESS of FRAME ELEMENTS



There is, however, an expressed interest in maintaining individual freedoms bounded only by the risk of harm to others. Acceptance of Canadian society as secular and pluralistic tends to make either strong moral-ethic or philosophical-religious positions suspect. Legal-political and moral-ethical elements are fully interactive each delimiting and expanding the other. These differ in that, whereas social values

interact fully with legal-political positions and forces, each affecting the other, moral-ethical positions tend to greater dogmatism *vis-à-vis* social values and may thus contend more openly and prescriptively with current norms. The effect of social values on moral-ethical positions may be a result of public education, for example, but it is much harder to define. The most independent frame elements are those which ascribe to given sets of positions and arguments whether philosophical or religious. Once a set of beliefs is taken as given, it will affect legal, political, moral and ethical positions and actions. Further, like it or not, economic and market concerns affect social values surrounding care of the dying in Canada. Here in particular, actions speak louder than words: we will allocate resources toward what we, as a society, value. At present, with approximately only 15% of Canadians having access to palliative care (Senate, 2005, *Not There Yet*) as an alternative to assisted dying, the question arises, "Is the economic-market arrow one-way?"³

Individualism is identified by many as the central notion in postmodern society: "The dominant public discourses in the western world, particularly in its emphasis on markets and the consumer, supports and celebrates individualization and individual choice" (Brannen & Nilsen 2003: 426; *cf.* Bauman 2000; Markova 2000; Giddens 1991). The theme frequently appears in the assisted dying literature (*e.g.* Donchin 2000; Cohen-Almagor 1995). As Auger puts it, "When Canadians talk about euthanasia it is often in conjunction with concepts of the *right to die* and the *death with dignity* movements; the right to choose and self-determination" (Auger 2000: 107). Much of the assisted dying debate concerns acts of civil disobedience in the interests of individual rights and the will to remove restrictions upon personal freedoms of choice and action. The language of rights and freedoms is both

³ The analytical distinction between elements retains its value despite much more extensive interconnectedness than has been outlined here for a number of reasons, not the least of which is that professional disciplines, associated schools of thought, and social institutions have grown up around most if not all of them.

individualistic and corporate in application; personal choices are always made within pre-existing social structures (*cf.* Brannen & Nilsen 2005: 412). The voices of individualism in the assisted dying debate are therefore in contention with the socially protective, structural voices of Canadian institutions such as medical professionals or legal-political gatherings such as the Supreme Court of Canada or the Upper House of parliament.

The *Senate* is an institutional participant in the assisted dying debate as part of the apparatus of Parliament, but also somewhat independent of the government in the House of Commons. As a force for social change, the Senate is viewed in the news press as capable of tackling problems of the sort that make *elected* officials cringe. The courts—including the Supreme Court—are bound to interpret Canadian law *as it stands*, exhibiting a wariness at the highest levels of setting precedent in contentious issues. Parliament is charged with passing legislation into law in accordance with the agenda of the ruling government (assuming a majority exists). The Senate, however, stands apart from this system of judicial and legal control as a site for sober second thoughts. In a Durkheimian sense, senators have a priestly role in Canadian secular society, mediating between governance and jurisprudence. In reality, the relationship between the two Houses varies with the standing government and the number of supportive appointees it has in the Senate.

Religion is not the institutional force it once was in Canada. However, the Catholic Church still wields significant social influence. Non-Catholic forces have also marshaled to enter the fight over assisted dying. While the Catholic Church participates as an institutional entity in the interpretive frame, religion as such contributes to frame dynamics. Religious influences may be identified in numerous nodes of power within the interpretive frame.

Ethical-Moral elements are separated from the religious, the medical and the social by specific attention to abstractions which provide templates upon which

arguments are constructed. These elements serve as tools of justification that contribute, or have the semblance of contributing, reason to otherwise emotional discourse.

Economic elements are, of course, much more prominent in the USA where healthcare is privatized. This must be kept in mind given the overwhelming volume of literature that assumes privatized health services. Nevertheless, the fact that universal healthcare exists in Canada does not nullify the force of economic realities in the interpretation of end-of-life care in this country as well. Healthcare is under stress in Canada through limited resources, on the one hand, and increasing load on the other, both in terms of numbers and expectations concerning standards of care.

Expert elements help make sense of the cacophony of voices demanding public attention over assisted dying. Who is given voice as an "expert" commentator and in what circumstances is a separate study in itself. Here I am interested in what the obviously selected professionals have to contribute to the interpretive frame as experienced by the lay public. There are allegations that some voices are deliberately silenced in the public debate. If so, just what is the public hearing?

Language elements concern "hearing", "voice", definitions and "meaning". The affect of language on assisted dying is evident in this term itself, having been selected to capture in one general terms all forms of actions surrounding intervention in dying. Language concerns are also closely linked with social values. Euthanasia, physician-assisted-suicide, self-deliverance and the like are all emotion-laden terms. Attempts to standardize the terms of discussion have been made in some texts. Who's definitions are permitted to be heard affects public understanding (e.g. Druckman 2001). However, I must add that any notion of audience passivity (e.g. Chong 1993; Iyengar 1991; Zaller 1992) is herein rejected: audiences are not acritical receptacles of media presentations. Audiences may not be overtly aware of what language-games are being played in a given text but still actively make value-

judgments as to the relative importance of different expressions of the issue (Nelson *et al.* 1997). These different expressions are what I have called "frame elements".

To compare-contrast these fourteen separate frame *elements* as competing *frames-in-themselves* would miss the point. Only together—in their permutations, combinations and integration—do these elements comprise the interpretive frame of assisted dying in Canada (within, of course, the limits of this study). *Elements-in-themselves* form nodes (Foucault) or fields (Bourdieu) of sociocultural knowledge-power that affect the dynamics of how assisted dying is perceived and of what decisions are to be made and by whom. Over time, various powers will wax and wane and the interpretive context will change configuration. Analysis of this process over a specific time period is the purpose of this thesis.

DATA CODING: Attitudes within Frame Elements

According to Harold Blumer,

A satisfactory concept in empirical science must meet three simple requirements: 1. it must point clearly to the individual instances of the class of empirical objects to which it refers; 2. it must distinguish clearly this class of objects from other related classes of objects; and 3. it must enable the development of cumulative knowledge of the class of objects to which it refers.

The concept of attitude as currently held fails to meet any of these simple requirements.

The concept of attitude is empirically ambiguous. We do not have any set of reliable marks or characteristics which enable us properly to identify attitudes in the empirical world we study. (Blumer 1969: 91).

Why, then, presume to identify attitudinal orientations in newspaper texts?

The interpretive frame as I have conceptualized it includes PRO, CON and various attitudinal forms in between. Identification of the *tone* of the interpretive frame is therefore composed of the affective expression in each and all of the frame elements. In the case of an emotionally evocative issue such as assisted dying—particularly in the context of personal histories—arguments for and against are

readily identifiable. Where ambiguity exists, it is so noted. Further, assigned attitudinal orientations (Table 3.1) in a third level of coding were coded to each item *as a whole* according to its overall attitude toward assisted dying. For example, a particular PRO-assisted-dying item might make use of several frame elements to make its argument. Coding items for one attitudinal orientation places frame elements in the context of their usage. Table 3.2 gives some examples that will help to clarify the less obvious codes in Table 3.1.

PRO	P	The item expresses a positive attitude, directly or implied, towards assisted dying in some form. May also derogate opponents.
BALANCED	B	Both sides of the issue in question are presented equally without judgment.
BALANCED → PRO	BP	Both sides of the issue in question are presented but structural or verbal cues suggest a latent PRO stance. E.g. the first and/or last word is given to the PRO voice; one side or the other is represented by some stigmatized voice.
BALANCED → CON	BC	Both sides of the issue in question are presented but structural or verbal cues suggest a latent CON stance.
NEUTRAL	N	Simple reporting of hard news facts without nuance or evident bias.
NEUTRAL → PRO	NP	Simple reporting of hard news facts, but structural or verbal cues suggest a latent PRO stance.
NEUTRAL → CON	NC	Simple reporting of hard news facts, but structural or verbal cues suggest a latent CON stance.
AMBIVALENT	A	Items that overtly leave questions unanswered, and issue "up in the air" without resolution.
CON	C	The item expresses a negative attitude, directly or implied, towards assisted dying in some form. May also derogate opponents.
COMPLEX	COMP	An item that expresses complex views. E.g. PRO assisted-suicide, but CON voluntary-active-euthanasia.

TABLE 3.2: ATTITUDINAL ORIENTATION EXAMPLES

BALANCED → PRO THE Netherlands adopted the most liberal euthanasia guidelines in Europe yesterday after years of keeping the widely accepted practice in legal limbo. The legislation approved by parliament stops short of legalization, it guarantees physicians immunity from prosecution if they follow strict guidelines for mercy killing. ...The compromise was an attempt to placate right-to-lifers opposed to ending the ban on euthanasia entirely, while giving legal protection to doctors performing the thousands of mercy killings believed to occur yearly. ...The Dutch view euthanasia as a generally humane practice, but conservative religious groups warned that the country is losing respect for human life. ...the Christian Reformed Political Party warned that the decision "will eventually lead to a situation in which more steps are taken, boundaries will fade away and human life will lose protection under the law."... Euthanasia supporters vowed to press for full legalization.Opinion polls in recent years have consistently shown that at least three-quarters of the Dutch population favour an individual's right to die. (GM93NS08 93-02-10).

This item presents both PRO and CON voices. PRO voices express a secular rational humanism, emphasizing stringent guidelines and procedures. Con voices are associated with Christian beliefs in the sanctity of life. The last word is given to a favourable public poll.

BALANCED → CON Parliament did not view suicide as a right when it repealed the Criminal Code provision on suicide, the B.C. Court of Appeal was told yesterday... ...a lawyer representing the Pro-Life Society of British Columbia and the Pacific Physicians for Life, said that the decriminalizing of suicide was intended to show that it was a social problem needing treatment, not that it was a right available to all. ...Section 241(b) of the Criminal Code, outlawing assisted suicides, has a "disparate effect" on physically disabled people. However, he told the court, it does not discriminate against the disabled because suicide has never been recognized as a benefit or advantage.

...a retired physician and former British Columbia MLA said he would consider helping Ms. Rodriguez commit suicide.. Scott Wallace, a former leader of the B.C. Progressive Conservatives, said he has been wrestling with the issue, although he has not spoken to Rodriguez. "It's a kind of situation where your head and your heart are fighting with each other," Dr. Wallace said. "Your head tells you that it's against the law, you mustn't do this and it can lead to misunderstanding of a doctor's role in society by doing something that has just legally never been considered before." (GM93NS12 93-02-17).

Both PRO and CON voices are heard in this item, the CON voice expressing detailed reasoning based on the law. The PRO voice expresses emotional responses to suffering and doubt because of the illegality of the act.

Cont.

TABLE 3.2: ATTITUDINAL ORIENTATION EXAMPLES, cont.

NEUTRAL → PRO ...Hobbs Birnie, a former Vancouver Sun reporter, won the Hubert Evans Non-Fiction Prize for *Uncommon Will: The Death and Life of Sue Rodriguez*, an account of a ...legal battle to terminate her own life during a painful struggle with ALS... (VS95NS13 95-05-01).

Here, an award is presented. Simple fact. However, a euphemism is used for suicide and a justification is provided.

NEUTRAL → CON VICTORIA -- A Greater Victoria woman has been charged with helping 64-year-old Monique Charest of Duncan commit suicide. Evelyn Marie Martens, 71, has also been charged with counselling Charest, a former nun, to commit suicide on Jan. 7. Martens was arrested on the Patricia Bay Highway on Wednesday evening after getting off the ferry from Vancouver...

...Martens' name is mentioned in a brief published on the Internet by John Hofsess... ...The DeathNET web site says "due to the enterprising efforts of such Victoria members as Evelyn MARTENS ...in sharing the workload," Hofsess has been able to resume work on his book... The DeathNET Web site has a Victoria post office box where people can order how-to literature on suicide. The Web site contains information on "exit bags" ...and other assisted suicide techniques such as the use of Debreather equipment and gas cylinders and tubing. (VS02NS06 02-06-29).

These "facts" are expressed in emotion-laden terms of suicide and the equipment of death via a personal gas chamber. Martens was arrested at a roadblock like any other wanted felon.

AMBIVALENT A lot has been said about Robert Latimer, but not much has been said about his daughter, Tracy, who was 12 when she died. ...What Robert Latimer did, he did out of love, with a heavier heart than most of us will ever know. ... I am not saying what he did was right. I cannot say what he did was wrong. Like most of us, I thank God that I did not have to make that decision. (GM97L03 97-02-12).

This letter reserves judgment on the issue of involuntary active euthanasia, or murder, or mercy, in the Latimer case.

COMPLEX VICTORIA - New Democratic Party MLA Tom Perry ...Perry's revelation that he administered a final dose of morphine to his father touched off a controversy... Perry, a medical doctor, told reporters his actions were simply "standard medical procedure" and said easing the pain of a dying patient is an "absolute obligation" of a doctor. He denied suggestions his actions may have constituted euthanasia... "We're not talking about euthanasia. We're talking about good-quality medical treatment. Relieving pain to a dying patient is an absolute obligation to a doctor or nurse . . . not a choice." "My father died from cancer in exactly the same way that he would had he been in hospital. This was not a physician-assisted death." (VS91NS15 91-10-31).

A physician defends his actions in administering double-effect terminal sedation, an accepted medical procedure, against accusations that it amounts to euthanasia, a crime in Canada.

Several readings of the data were required to become familiar with the nuances of presentation. As familiarity with the interpretive field increased, greater clarity in coding was achieved.

DATA CODING: Separation of "Named" and "Unnamed" Items

For purposes of analyzing context effects on the case studies, the data are separated into "named" and "unnamed" sub-samples. "Named" items concern the primary cases of Sue Rodriguez and/or Evelyn Martens. Tables and charts reporting separated data are labeled as such. This separation allows for recognition of change internal to a particular case history from that of developments in the surrounding interpretive environment. When reported, the few "unnamed" items are labeled as such.

DATA ANALYSIS

The purpose of this study is to delineate and discuss changes in the narrative of assisted dying from 1991-2004 in the coverage of two case histories by two newspapers. Attention has been focused on particular case studies to provide historical continuity in both the social and individual dimensions of assisted dying. To this end, it is necessary to extract lines of discourse and elements of frame dynamics from the data that define the interpretive context within which the assisted dying debate occurs.

The temptation to hypothesize change on the basis of *a priori* categorizations of interest and expression was controlled by the recursive process described above, which allowed thematic emphases in the data to emerge, thus grounding qualitative aspects of the analysis in the data. Qualitative discussion of the dynamics of change within the interpretive frame of assisted dying is supported by quantitative, comparative tabulations of attitudinal positions adopted and frame element usage. This method of supporting generalizations in qualitative analysis "can address a common concern about the reporting of qualitative data —that anecdotes supporting the writer's arguments have been selected, or that undue attention has been paid to rare events, at the expense of more common ones" (Seale & Silverman 1997: 380).

Even if one's analyses are grounded in empirical data, the question of generalizations in qualitative research remains.

QUALITATIVE ANALYSIS and GENERALIZATION

Qualitative analysis must answer the question of generalization or forego such conclusions altogether. The problems associated with generalizations in this type of study are conveniently outlined for discussion in Halkier's (2003), "The Challenge of Qualitative Generalizations in Communication Research." I am not suggesting that a resolution to any of these problems is achieved in this study. I am suggesting, rather, that an awareness of some of the more significant pitfalls limits the likelihood of falling into one of them. In the discussion which follows, the limit imposed by the data themselves is in view: the limit of general statements concerning the interpretive frame to the two papers selected for analysis.

Halkier (2003) discusses different strategies for making qualitative generalizations (2003: 115). This is said to occur in two stages: the first is dependent on the nature of the data itself; the second is based on grounded categorizations. In principle, "generalization is constructed to go via the sample to the scientific categories" (2003: 116). The first question to be answered concerns the applicability of the data collected to the research question and the research field. Newspaper texts employ thematic elements tacitly or overtly expressing attitudes towards social conditions. The sampling and coding techniques described above satisfy what Halkier calls the "methodological pre-conditions for concrete attempts to establish analytical generalizations on the basis of qualitative inferences" (2003: 116): embedding the intersecting hermeneutic circles between author, text and audience within the broader sociocultural interpretive context grounds qualitative inference from the particular to the general in this study. In this way, the attempt is made to enhance analytical consistency and reduce non-analytical prejudices. As Halkier

suggests, such methodological guidance of generalization reflects the underlying epistemological orientation to knowledge interests and construction. The epistemological principle grounding current analyses is that of frames as interpretive contexts.

Audiences hermeneutically engage texts within a broader field of sociocultural influences and experience. Influences that the texts bring to bear upon the assisted dying debate orient audiences to the issue in a particular way, providing a particular chorus of voices and selected pieces of information. Analyses in this study attempt to clarify this broader field of knowledge construction by illuminating the interrelationships between particular frame elements. Thus, consistency from epistemological theory, through hermeneutic interaction, to generalization is maintained. Neither causal mechanisms nor specific audience effects are in view. Rather, generalized interpretations of these relationships retain their "open and contingent dynamics" (2003:117) within existing social structurations of meaning (Garfinkel 1967; Goffman *passim*; Luckmann 1989).

Diachronic analysis of change regarding attitudinal positions and relative frame element influences is facilitated by the structure of the data collection procedure. Multiple histories of social facts are followed through time providing analytical access to the history of the interpretive frame over the time-period in question (*cf.* Luckmann 1989: 28, all social science data is "history"). Such qualitative variables as "attitude" may thus be seen in their concrete history. In this way, a mechanistic decontextualization of dynamic processes through coding procedures may be reduced (Halkier 2003: 119). Following Elias (1978), Halkier concludes that "seeing single variables in configuration with relevant dynamics of sociocultural context constitutes making variable generalizations relational" (Halkier 2003: 120).

Formulating frame analysis as I have (Chapter 2), I believe that the data collection methods and the structuring of the data collected ground the analyses in this study in the data collected so as to allow generalizations concerning the interpretive frame of assisted dying in Canada, *within the specific structural limitations of the research design*. Given the limitation of this study to only two newspapers and over a relatively brief historical time period, it is unlikely that generalizable conclusions will be reached. That said, there will be identifiable points of contention that persist in the newspaper coverage of assisted dying over the period of interest, 1991-2004. These will provide an *indication* of active points of debate that remain unresolved. Trends identified over only a fourteen year period are likewise subject to question. However, changes in the interpretive frame exhibited in the two papers examined will *suggest* a direction that the debate *may* be taking in Canada.

CHAPTER 4

FINDINGS

INTRODUCTION

This chapter is a "history of the present" of assisted dying distilled from over twelve hundred separate textual items, drawn in roughly equal measure from the Vancouver Sun (628 items) and the Globe & Mail (644 items), 1991-2004. It is a retelling of the history of assisted dying as experienced through the lives of a group of individuals, and as reported in the two newspapers. Where only one or two newspaper citations are used to support the description of a particular event, it needs to be understood that such citations are representative of entire categories of textual items, selected as examples of components within the interpretive frame. A retelling allows an immersion into this field of meaning-making. Where generalizations are made, it is within the context of this particular discursive space.

The history retold here is long and complex.

To facilitate comprehension over the fourteen years of news coverage under review in this study, I have divided this range into three periods, each defined by major events in the history of assisted dying. Period I is the single year, 1991. Two significant events occurred this year that would have bearing on the assisted dying debate: the case of Nancy B., which established the legal right of Canadian patients to refuse unwanted medical interventions; and the founding of the Victoria Right-to-Die Society by John Hofsess and Derek Humphry. Period II, 1992-2000, covers the case of Sue Rodriguez. This extended time-period further divides into two sub-periods: Period IIA, 1992-1995, covering the *public* career of Rodriguez to her death, 14 February 1994, and to the subsequent release of the *Special Senate Committee on Euthanasia and Assisted Suicide: Of Life and Death – Final Report*, June 1995; and Period IIB, 1996-2000, covering the *symbolic* career of Rodriguez through to the

final Supreme Court appeal in the Robert Latimer case, and the prosecutions of Dr. Nancy Morrison and Dr. Maurice Genereux on charges of assisting suicide. Period III, 2001-2004, concludes the range of this inquiry with the case of Evelyn Martens.

With the exception of Period I (due to its brevity), quantitative content analyses of frame element occurrences and of attitudes which prevail within frame elements for a given period ground qualitative discussion of the unfolding interpretive frame in the empirical data.

Unless specified, the findings discussed refer to "named" articles; that is, regarding a specific case. Reports based on "un-named" materials are designated as such and are dealt with only as these pertain to the specific cases of interest. General observations of the entire fourteen year time period are followed by the specifics of each sub-period. An analysis of changes in the interpretive frame dynamics, 1991-2004, is presented in the first part of Chapter 5.

GENERAL OBSERVATIONS, 1991-2004.

Item types. The sample yielded a total of 1278 items, 628 from the Vancouver Sun, 644 from the Globe & Mail. The largest portion of items in both papers pertaining to assisted dying were short news articles (<1000 words): 60.5% in the Vancouver Sun, 45.8% in the Globe & Mail (Table 4.1).¹ The greatest difference between the two papers was the number of long news articles (>1000 words): 11.2% in the Globe & Mail compared to only 3.8% in the Vancouver Sun, the Globe & Mail tending to offer more detailed coverage of assisted dying than the Vancouver Sun. Editorial and op-ed items in both papers made up approximately 20% of all items. The Globe & Mail printed a greater portion of letters than the Vancouver Sun, 22.7% compared to 16.6%.

¹ Note that separate sequential numbering systems are used for Tables and for Charts.

TABLE 4.1: ITEM TYPES PER PAPER 1991-2004

TYPE	Vancouver Sun		Globe & Mail	
	#	% total	#	% total
EDITORIAL	29	.046	27	.042
LETTER	104	.166	146	.227
NEWS (S)	380	.605	295	.458
NEWS (L)	24	.038	72	.112
OP-ED	91	.145	104	.161
TOTAL	628	1.000	644	1.000

Frame element usage. Taken together, editorials made use of legal frame elements 21.4% of the time (Table 4.2). Taken separately, a marked difference between the papers appears. Editors of the Globe & Mail made reference to legal concerns 25% of the time, but gave voice to medical perspectives only 2.5% of the time; editors of the Vancouver Sun favoured medical concerns 20% of the time, and legal issues 16.7% of the time. Other major issues raised were international and political references: 13.3% and 10%, respectively, in the Vancouver Sun; 15% for each in the Globe & Mail. Overall, the Vancouver Sun presented more balanced editorial reflection on assisted dying, drawing upon a greater variety of frame elements than the Globe & Mail, which was much more focused on legal issues.

These differences were not reflected in short news articles, where references to international events concerning assisted dying comprised 27.5% of combined references, 23.2% for the Vancouver Sun and 33.2% for the Globe & Mail. The distribution of these international references is a topic of discussion in the next chapter. Long news items, not unexpectedly, were dominated by expert reports and opinions: 22.6% of combined items, 23.4% in the Vancouver Sun and 22% in the Globe & Mail of all long news items.

TABLE 4.2

TABLE 4.2: FRAME ELEMENT USAGE (By paper, 1991-2004, percentage of total)

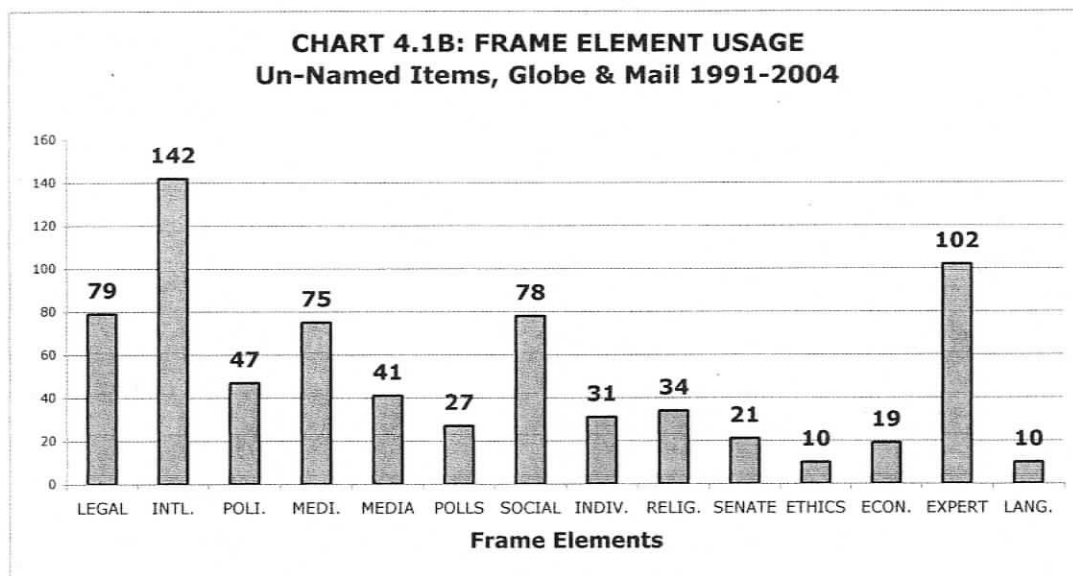
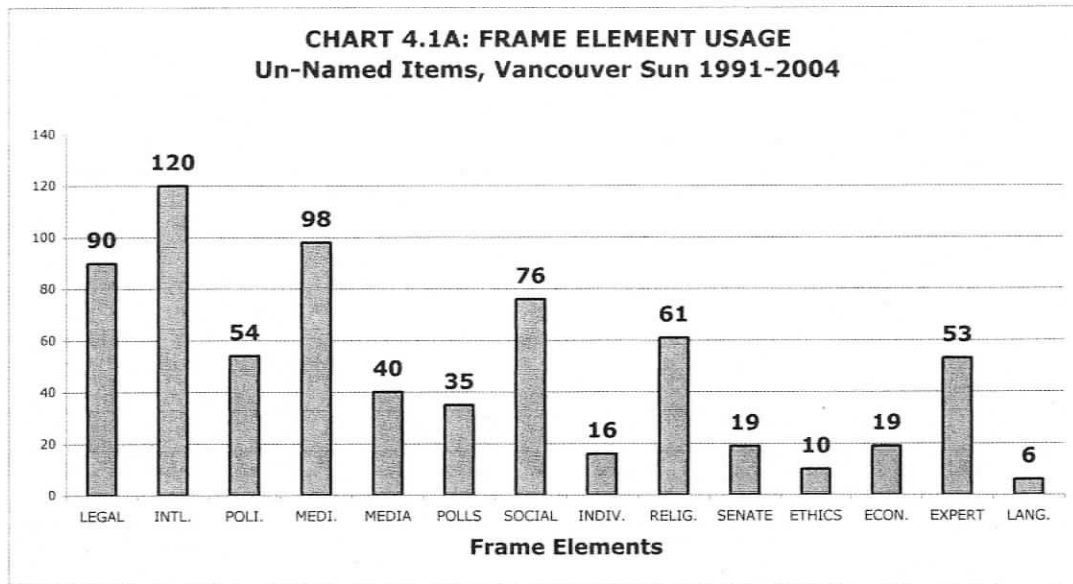
TYPE	LEGAL	INTL	POLI	MEDI	MEDIA	POLLS	SOCIAL	INDIV	RELIG	SENATE	ETHICS	ECON	EXPERT	LANG	N
EDITORIALS															
COMBINED	.214	.143	.129	.100	.086	.071	.071	.057	.043	.043	.029	.014	.000	.000	70
Vancouver Sun	.167	.133	.100	.200	.100	.033	.067	.000	.067	.067	.033	.033	.000	.000	30
Globe & Mail	.250	.150	.150	.025	.075	.100	.075	.100	.025	.025	.025	.000	.000	.000	40
LETTERS															
COMBINED	.111	.052	.052	.142	.076	.021	.188	.097	.094	.007	.010	.056	.076	.017	288
Vancouver Sun	.154	.043	.026	.171	.077	.026	.154	.094	.137	.000	.017	.060	.026	.017	117
Globe & Mail	.088	.063	.075	.132	.082	.019	.157	.101	.069	.013	.006	.057	.119	.019	159
NEWS (SHORT)															
COMBINED	.143	.275	.091	.109	.046	.047	.067	.007	.073	.037	.005	.011	.080	.010	615
Vancouver Sun	.150	.232	.113	.125	.045	.045	.057	.008	.088	.040	.006	.017	.065	.008	353
Globe & Mail	.134	.332	.061	.088	.046	.050	.080	.004	.053	.034	.004	.004	.099	.011	262
NEWS (LONG)															
COMBINED	.113	.170	.057	.123	.028	.057	.066	.047	.047	.028	.019	.009	.226	.009	106
Vancouver Sun	.085	.106	.085	.128	.043	.106	.064	.064	.043	.021	.000	.000	.234	.021	47
Globe & Mail	.136	.220	.034	.119	.017	.017	.068	.034	.051	.034	.034	.017	.220	.000	59
OP-ED															
COMBINED	.064	.145	.043	.118	.075	.046	.133	.052	.043	.026	.029	.038	.173	.014	346
Vancouver Sun	.067	.160	.027	.127	.073	.067	.160	.060	.067	.013	.033	.033	.107	.007	150
Globe & Mail	.061	.133	.056	.112	.077	.031	.112	.046	.026	.036	.026	.041	.224	.020	196

Op-ed pieces and letters expressing public concerns show a greater distribution of frame element usage. Combined and separately, op-ed pieces made references to international, medical and social issues more than any others. In sum, these three concerns comprised 43.6% of op-ed pieces combined, 44.7% in the Vancouver Sun and 35.7% in the Globe & Mail. Letters to both papers were much more concerned with legal issues, 11.1% combined compared to approximately 6.4% in op-ed pieces. Letters to both papers made reference to medical and social concerns in comparable proportions to op-ed pieces.

Political concerns were expressed in editorials more than any other item type, but only 12.9% of the time combined. Most of these made reference to either government inaction or private member initiatives in Parliament.

The picture presented to readers over the full time period, 1991-2004, combines elements of legal, medical and social concern with frequent references to events in other countries. Globe & Mail editors were more concerned for the legalities of assisted dying, while those expressing personal opinions and responses through op-ed pieces and letters showed greater concern for the social implications of the matter. The Vancouver Sun, overall, was more balanced in its presentation of the issues involved in the assisted dying debate. Both papers gave a large portion of attention to international events, implying that Canadians ought to examine the experiences of other countries for guidance in our own policy decisions.

In the small number of "un-named" items deemed relevant to this study, reporting of international events predominated, though by a very small margin in the Vancouver Sun (Charts 4.1A,B).



Noteworthy was the 2:1 emphasis in the Vancouver Sun on religious concerns, and on expert opinions in the Globe & Mail. The former may suggest mobilization of religious voices in response to the active PRO-death movement in the West, the latter an interest in exploring the issues in general terms.

Attitudes within frame elements. In both papers, the dominant attitude expressed in all item types combined was PRO-assisted-dying in some form: 36.8% PRO versus 22.5% CON in the Vancouver Sun, 34.5% PRO versus 22.5% CON in the

Globe & Mail (Table 4.3). This positive attitude prevailed in the Vancouver Sun from 1991 to 1999, with a peak of 44.9% in 1993, during the public phase of Sue Rodriguez's career. From 2000 to 2003, the Vancouver Sun presented a decidedly negative attitude towards assisted dying, in conjunction with the cases of Drs. Morrison and Genereux, and the final court appeal of Robert Latimer. A positive attitude returned during the Martens case, but in balance with neutral presentations of the facts. As will be seen below, while positive attitudes prevailed towards those desiring assisted dying, attitudes were mixed towards those providing such service.

A PRO-assisted-dying attitude persisted longer in the Globe & Mail, from 1991 through 2001, and again in 2004, with a CON attitude predominant in only 2002-3. The positive sentiment in the Globe & Mail peaked in 1991-2 at approximately 55% of all items.

From 1996 through 1998, more balanced attitudes were apparent. The *Special Senate Committee on Euthanasia and Assisted Suicide: Of Life and Death – Final Report*, released in June 1995 produced mixed responses and much discussion during this period.

Overall, the attitude towards assisted dying was favourable towards those who desired the freedom of choice for themselves: Nancy B., Sue Rodriguez and the recipients of the services of Evelyn Martens. Decidedly negative responses were generated by the actions of Robert Latimer, though his sentence was generally viewed as harsh. The case of Dr. Nancy Morrison, like that of Latimer, involved active euthanasia. However, the questions of terminal condition and personal decision garnered Morrison positive responses and Latimer negative. Negative attitudes were also expressed towards Dr. Maurice Genereux for unethical medical practice in the indiscriminate distribution of lethal doses of drugs. Response to the actions of Evelyn Martens remained an open question at the end of the time period studied.

TABLE 4.3A

TABLE 4.3A: ATTITUDES, ALL ITEMS Vancouver Sun (percentage of total by year)

ATTITUDE	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	N (TOTAL)
PRO	.424	.442	.449	.368	.286	.250	.353	.269	.421	.091	.267	.231	.167	.324	.368
AMBIVALENT	.085	.019	.081	.096	.024	.036	.059	.115	.053	.091		.077	.167	.059	.070
BALANCED-PRO	.119	.173	.081	.007	.048	.214	.118	.115	.105	.182	.200			.029	.010
BALANCED-CON	.017			.007	.024									.059	.108
NEUTRAL-PRO			.007	.007	.071									.029	.005
NEUTRAL	.102	.115	.199	.154	.286	.250	.275	.308	.105	.182	.133	.077	.333	.324	.193
NEUTRAL-CON							.020		.053	.091		.077			.006
CON	.220	.250	.169	.257	.167	.250	.176	.192	.263	.364	.400	.462	.333	.176	.225
COMPLEX	.034			.007								.077			.006
N (YEAR)	59	52	136	136	42	28	51	26	19	11	15	13	6	34	628

TABLE 4.3B

TABLE 4.3B: ATTITUDES, ALL ITEMS Globe & Mail (percentage of total by year)

ATTITUDE	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	N (TOTAL)
PRO	.550	.535	.348	.318	.290	.346	.252	.293	.488	.342	.414	.120		.429	.345
AMBIVALENT	.050	.116	.022	.102	.194	.077	.107	.093	.073	.026	.069			.086	.081
BALANCED-PRO			.034		.032		.010								.008
BALANCED	.050		.067	.011	.097	.077	.175	.053	.049	.079	.138	.120		.114	.079
BALANCED-CON		.047	.022				.019	.067			.034				.019
NEUTRAL-PRO				.011				.053		.026					.009
NEUTRAL	.150	.093	.157	.205	.323	.115	.107	.187	.146	.158	.069	.360		.086	.160
NEUTRAL-CON						.115	.019					.040			.009
CON	.100	.140	.292	.295	.065	.269	.233	.173	.220	.263	.241	.320	1.000	.114	.225
COMPLEX	.100	.070	.056	.057			.078	.080	.024	.105	.034	.040		.171	.065
N (YEAR)	20	43	89	88	31	26	103	75	41	38	29	25	1	35	644

PERIOD I: 1991

Though causally disconnected, the events of 1991 served to "set the stage" for the drama of the Sue Rodriguez case beginning in 1992. A bit of dramaturgical analogy is useful to summarize the events of this year.

First, the cast of characters: Derek Humphry, author of *Final Exit*, a how-to suicide manual; John Hofsess, along with Humphry, founder of the Victoria Right-to-Die Society; Svend Robinson, in a cameo appearance in support of Hofsess' initiative; Dr. Jack Kevorkian, the notorious "Dr. Death"; and Nancy B., a damsel in distress. The plot: suicide is a rational response to unbearable life conditions and individuals should have the right to assistance if they desire it. Act I: Humphry's book becomes a best-seller. Act II: Hofsess founds the Victoria Right-to-Die Society with the support of Humphry and Robinson. Act III: Nancy B. pleads for the right-to-die. Together these actors set the stage for the appearance of Sue Rodriguez in 1992.

The Vancouver Sun stated that changes in public attitude towards assisted dying and suicide in general were heralded by the popularity of Humphry's book, *Final Exit*. As commentators in the Vancouver Sun put it, the release of this book initiated "a 'feeding frenzy' by the media":

In a culture where thanatophobia –fear of death—has the upper hand, Humphry's practical and sensible approach to euthanasia an assisted suicide reaches an audience starved for information about the topic. (VS91OE04 91-10-21).

Humphry's frank and unashamed discussion of death and dying is liberating in a culture that, despite its obsession with violence and killing, is uncomfortable with the reality of death. (VS91OE03 91-09-14).

It soon rose to New York Times best-seller status (GM91E02 91-08-15), in many cases demand outstripping supply:

While expert debate swirls in the ethical and moral bog of euthanasia, the public has seized the initiative... (VS91E03 91-08-19).

While individuals argue over the ethics of euthanasia, the public keeps looking for the book. (VS91NS08 91-08-15).

According to Humphry, the book represents "a social statement" regarding individual control over the circumstances of dying: "There's tremendous desire for personal control and choice over one's dying" (VS91E03 91-08-19). The book also introduced a new term for suicide, "self-deliverance", which expresses this same attitude.

Some considered the media attention excessive, amounting to free advertising for the right-to-die movement, a turn for the worse in the opinion of some:

The whole PRO-death movement has a negative effect on society. (VS91NS08 91-08-15).

Would the book be used by a depressed youth to commit suicide (VS91OE01) as some feared? Or be used to cover the evidence of murder? These questions point to persistent fears underlying the rejection of legalized assisted dying in Canada, the risk of coercion and involuntary death at the hands of another.

Whether these were legitimate concerns at the time or not, demand for the book suggested "how greatly the social climate has changed since the act of suicide was considered a criminal offense" (GM91E02 91-0-15). The book obviously fulfilled "a need not being met elsewhere: the desire for terminally ill people to have a knowledgeable, compassionate force actively assist them in dying painlessly now rather than later" (GM91E02 91-08-15), in an age of "spiritual anarchy" answering to the "dilemma of some dying patients" (VS91OE04 91-10-21). Depending on one's individual convictions,

The recipe for suicide in [*Final Exit*] is a sin, a release, a crime, a blessing, a tragedy, the reasonable act of a cogent human being. (GM91E02 91-0-15).

It generated enough interest across different sectors of Canadian society to jump-start the whole assisted dying debate in all its facets:

...within the medical community and society at large about the role of doctors in helping terminal patients die painlessly, about whether the law should recognize euthanasia, and about whether people should,

through living wills, be able to arrange for suicide by proxy if they become incompetent. (GM91E02 91-0-15).

In these reactions to Humphry's book, for example, most of the frame elements I have identified are evident: legal, international, social, religious (both PRO and CON), and individual choice. Dynamic interaction between these forces comprises the interpretive frame.

In 1991, the times were indeed changing. Medical technology had delivered on the promise of extended life and disease survival, but as one letter writer put it, "...life prolonged in the inhuman manner" of medical technology, "who wants to live like that?" (GM91L02 91-01-12). *Some* people, at least, wanted an alternative. Meanwhile, in the USA, Jack Kevorkian continued to make headlines, turning a social taboo into a hot topic (VS91NL02 91-11-20), dramatizing and sensationalizing the issue of assisted dying (VS91NS09 91-08-31; VS91NS22 91-11-07).

In the midst of all this media attention, John Hofsess and Derek Humphry, with the support of NDP MP Svend Robinson (VS91NS11 91-09-30; VS91NS13 91-10-22), founded the Victoria Right-to-Die Society (VS91NS10 91-08-31; VS91NS11 91-09-30). Hofsess founded the Society in the belief that "mature individuals who are chronically or terminally ill should have the right, time, place and means of death" because "medical technology [has made] the possibility of a 'protracted period of misery and humiliation' a growing reality for an aging population" (VS91NS11 91-09-30). Two new factors are introduced in this statement: that assisted dying should be available for the chronically, but not necessarily terminally, ill individual; and that loss of personal dignity is a fate worse than death. Hofsess' ultimate goal was expressed in response to a private member's bill calling for legalized assisted dying, which he viewed as a "progressive first step" towards "active euthanasia" in the near future (VS91NS13 91-10-22). The bill was defeated in committee by what Hofsess called a "stacked list of speakers" including "noted

anti-euthanasia physician Dr. Margaret Somerville" despite polls showing a 75% approval rate for "mercy killing...in the case of an incurable disease" (VS91NS23 91-11-08).

Hofsess and Somerville continued to be outspoken advocates of their positions throughout the 1990s. Though Hofsess would fall into disrepute, even among his own camp, over an issue with Rodriguez (discussed below), he continued to make headlines promoting right-to-die issues. Somerville would become one of the most frequently cited authorities for the PRO-life movement. The participation of Svend Robinson in the opening of the Right-to-Die Society in Victoria thrust the rights advocate into a spotlight which he was reluctant to surrender to anyone. Kevorkian continued to be the American symbol of all that is wrong with physician-assisted suicide. A copy of Humphry's book would find its way into the hands of Sue Rodriguez the day she died.

While these advocates garnered a lot of press, a media-shy woman was pleading for the end of her life. Briefly, Nancy B., paralyzed from the neck down, petitioned the court to have the respirator which kept her alive turned off, that she be allowed to die. The case was primarily a matter of the rights and will of the individual versus state and society interests. The role of doctors in patient death also came under scrutiny. Canadian law allowed for an individual to refuse treatment. Doctors were under no obligation to force treatment upon anyone (VS91NS26 91-11-23); the question concerned the culpability involved in disconnecting life-sustaining measures once in place. The chronic versus terminal distinction noted above obtained as well. A medical ethicist stated, "It's perfectly justifiable for patients to say 'I don't want my dying stretched out. I want to die a natural death from my disease'" (VS91NS26 91-11-23). What was problematic was that Nancy B. was not, according to her doctors, in a terminal state (VS91NS34 91-12-09). The respirator keeping her alive would have done so for a long time.

However, in her own words, "I'm fed up with living on a respirator – it's no longer a life" (VS91NS33 91-12-09). It was argued in court on her behalf that "disconnecting the respirator would not be a criminal act," as her doctors feared, "but merely allowing 'nature to take its course'." Further, "For her to be plugged into a machine is not quality of life. It's totally unacceptable ... a violation of the integrity of her person" (VS91NS32 91-11-30). At one point, her doctor considered compliance with Nancy B.'s request to be "an immoral act of euthanasia." The doctor would later reconsider, viewing the act instead as her duty as a physician (VS91NS34 91-12-09).

Again, new elements are added to the debate: "natural" versus medically prolonged death, respect for the wishes of non-terminal individuals, and the individual right to decide what constituted quality of life. The autonomy of the individual over their own body—in this case to discontinue a medical intervention once started—and the right to request physician assistance in bringing an unbearable situation to a conclusion in death would form the substance of debate in the Rodriguez case all the way to the Supreme Court of Canada. Nancy B. shunned the attentions of a "national media, hungry for a story rich in human interest and legal implications for the future" (VS91NS34 91-12-09). Rodriguez and her supporters would actively court the media, seeking through the lens and the page to garner public sympathy as an added pressure on officials to grant her plea for assisted dying. The Nancy B. case would provide a prelude and constant point of reference for the assisted dying debate throughout the time period in question.

In sum, Period I 1991 raised the issues I have identified as frame elements as well as establishing the legal and moral parameters of the debate. Questions were raised as to the role of doctors in patient desires to die, and as to the right of an individual to make such a request when death was not imminent. Commentators pointed to an out-of-date Criminal Code as a source of discrimination against the disabled who were considered to be incapable of making their own quality-of-life

choices regarding treatment (GM91NS06 91-11-30), the argument being made that individual freedom had never been surrendered to either the state or the institutions of medicine in this country (GM91E01 91-11-29). The name, Nancy B., would be invoked throughout the decade as symbolic of the right to choose or reject medical technology. The stage was set for the Rodriguez case and the ultimate question regarding assisted dying that animates both PRO and CON arguments, "Who decides?"

PERIOD IIA: 1992-1995

This period represents the public career of Sue Rodriguez, from her first appearance in the press late in 1992 to the year following her death. It also concludes the history of Nancy B., who, like Rodriguez, would remain in the news in a symbolic role throughout the 1990s. The connection between these two women was made early and repeated often. They died on the same date, 12 February, Sue Rodriguez in 1994, Nancy B. in 1992. Before examining the history of the events through 1995, some general observations are in order.

Types of items. The sample yielded 389 items for 1992-1995, 245 from the Vancouver Sun (Table 4.4A) , 144 from the Globe & Mail (Table 4.4B). Short news items (<1000 words) comprised the bulk of items from both papers.

In the Vancouver Sun, short news items represented 62% and 66% of coverage, respectively, in 1992 and 1993. In 1994, this dropped to a low for the period of 53%, with letters and op-ed pieces accounting for 10% each. Short news coverage was up again in 1995 to 54.5%. The most dramatic change in hard news items was the increase in long or feature items (>1000 words): 1992-94, long news comprised nil, 2%, and 11%, respectively; in 1995 there was a dramatic increase in long news items to 13.6%. This may be attributed to the release in June 1995 of the Senate report on assisted suicide and euthanasia. Analysis of this report, and its retrospective relationship to the Rodriguez case, invited significant comment, as will

be discussed below. News features sometimes take a quasi-op-ed form, but more often are a long accounting of "the facts".

ITEM TYPE	1992	1993	1994	1995	PIIA
EDITORIAL	.027	.041	.023	.045	.033
LETTER	.108	.122	.227	.136	.159
NEWS (S)	.622	.663	.534	.545	.600
NEWS (L)		.020	.011	.136	.024
OP-ED	.243	.153	.205	.136	.184
N (YEAR)	37	98	88	22	245

ITEM TYPE	1992	1993	1994	1995	PIIA
EDITORIAL	.050	.070	.039	.063	.056
LETTER	.200	.140	.118	.125	.139
NEWS (S)	.500	.509	.510	.625	.521
NEWS (L)	.100	.088	.059		.069
OP-ED	.150	.193	.275	.188	.215
N (YEAR)	20	57	51	16	144

Editorial and strictly op-ed pieces in the Vancouver Sun, 1992-95, alternate in terms of relative numbers of items (Table 4.5):

	1992	1993	1994	1995
Editorial	2.7	4.1	2.3	4.5
Op-Ed	24.3	15.3	20.5	13.6

A decrease in one is matched by an increase in the other. Editorials made up only 3% of the total items, and op-ed pieces 18% in the Vancouver Sun, 5.6% and 21.5%, respectively, in the Globe & Mail. In general, the Vancouver Sun offered less

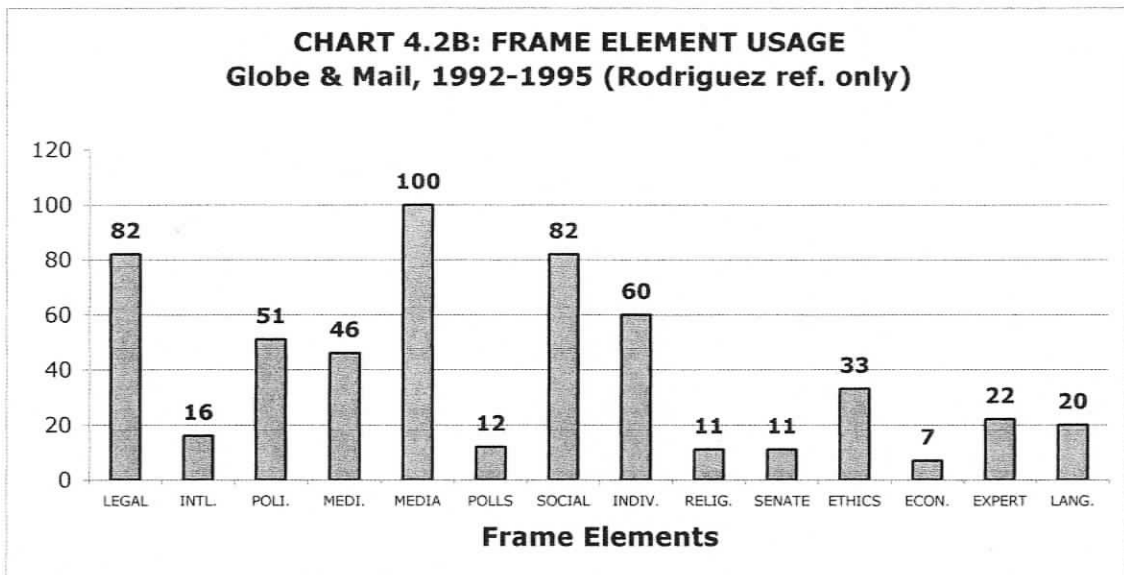
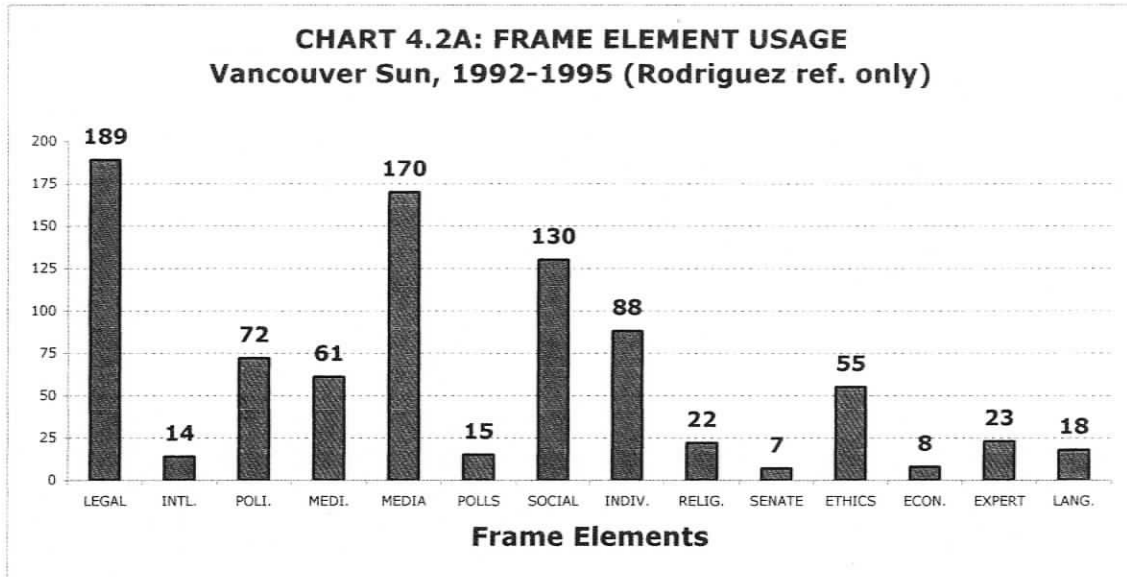
commentary on events than the Globe & Mail. Readers of *only* the Vancouver Sun were left more to their own opinions on the significance of the *facts*.

In the Globe & Mail, the prevalence of short news items grew, 1991-95, from 50% in 1992, to 51% in 1993-4, and 62.5% in 1995, for an over-all 52%. The Globe & Mail did not editorialize much during this period, with a peak of 7% in 1993, and only 5.6% over-all. Op-ed pieces, however, comprised 21.5% of all items, 1992-95. Given the quasi-op-ed form of some long news pieces, the fact that 6.9% of all items in the Globe & Mail were long news to only 2.4% in the Vancouver Sun, emphasizes the greater focus on commentary in the national as compared to the regional newspaper. Taking editorials, letters, long news and op-ed items together, the percentages are 40% for the Vancouver Sun and 48% for the Globe & Mail, the Vancouver Sun tending to print more letters than the Globe & Mail.

This finding suggests that readers in Vancouver would need to look to national news sources for commentary on local events.

Frame element usage. It is impractical to discuss each of the fourteen frame elements in detail in each section. Therefore, I have elected to discuss the "top three" frame elements represented in each paper over the period. Chart 4.2A shows a complete profile for the Vancouver Sun, 1992-95. And Chart 4.2B for the Globe & Mail. Given the degree of overlap of the social elements with each of the others (see Chapter 3), this practice will not degrade the findings.

There is consistency in the "top three" frame elements referenced between the two papers, with the Vancouver Sun displaying a proportionately greater emphasis on legal issues than the Globe & Mail. Over-all, however, readers of either paper would be entering comparable interpretive fields in terms of frame element emphasis.



Attitudes within frame elements. Table 4.6A details the attitudes represented within each of the frame elements referenced in the Vancouver Sun, 1992-95. Taking again only the "top three" —legal, media, social— the predominant attitude displayed across all items over this period is positive towards some form of

TABLE 4.6A

TABLE 4.6A: ATTITUDES WITHIN FRAME ELEMENTS (Rodriguez ref. Only; Vancouver Sun, 1992-1995; percentage of total)

FRAME ELEMENT	Inter-		Media	Polls	Social	Individual	Religion	Senate	Ethics	Econ-	Expert	Language		
	Legal	national												
ATTITUDE														
PRO	.683	.286	.472	.459	.500	.400	.469	.545	.500	.286	.418	.250	.348	.175
BALANCED-PRO	.005		.012		.015	.011							.043	
BALANCED-PRO	.095	.143	.222	.131	.112	.400	.146	.170	.227	.429	.127	.375	.261	.050
NEUTRAL-PRO	.005		.014	.016	.012		.008			.143				.025
NEUTRAL	.095		.111	.098	.188		.085	.057	.091	.143	.073	.125	.087	.550
NEUTRAL-CON					.006									
AMBIVALENT COMPLEX: Pro/PAS- Con/EU	.042	.071	.083	.098	.071	.067	.085	.080			.182		.087	.025
CON	.074	.500	.097	.197	.100	.133	.185	.125	.182		.182	.250	.174	.175
TOTAL:	189	14	72	61	170	15	130	88	22	7	55	8	23	40

assisted dying. The infrequently referenced complex attitude nevertheless captures the conditional PRO position: physician-assisted suicide is acceptable, euthanasia is not. While the physical actions of these two forms of assisted dying may be identical—a doctor provides or in more cases administers a lethal dose of medication—there is a proviso placed upon it that it be done only with patient consent.

That said, the outright PRO and conditionally PRO items (BALANCED-PRO and NEUTRAL-PRO) together represent 69.3% of all legal references, 52.4% of all media references, and 49.2% of all social references in the Vancouver Sun, 1992-95. Outright CON items represent 7.4% legal, 10% media, and 18.5% social. The most contentious area, then, would be in discussion of social issues and values pertaining to assisted dying. The predominantly positive attitude within legal references is attributable to strategic use of the print media by the Rodriguez legal team led by Victoria lawyer, Chris Considine, and by her press agent John Hofsess, who made sure the readership of the Vancouver Sun knew the case they were making.

The attitudinal situation for the Globe & Mail in this period is more complex and thus ambiguous (see Table 4.6B). Taking again the PRO and PRO-leaning items together, media references in the Globe & Mail were 45% positive towards some form of assisted dying (the complex reference provides the same interpretive key as above for the Vancouver Sun), the legal references 50.1%, and the social references 47.6%. CON and CON-tending items account for 26% of all media references, 21.8% of all legal references, and 39% of all social references. Undecided references taken in sum—NEUTRAL, BALANCED and AMBIGUOUS—account for 29.2%, 28%. And 12.2% respectively among the Globe & Mail “top three” frame elements. The Globe & Mail would appear on this basis to offer more balanced reflection on the issues pertinent to assisted dying and thus a more balanced interpretive field than the Vancouver Sun.

TABLE 4.6B

TABLE 4.6B: ATTITUDES WITHIN FRAME ELEMENTS (Rodriguez ref. Only; Globe & Mail, 1992-1995; percentage of total)

FRAME ELEMENT	Legal	Inter- national	Political	Medical	Media	Polls	Social	Individ- ual	Religion	Senate	Ethics	Econ- omics	Expert	Language
ATTITUDE														
PRO	.427	.188	.412	.500	.410	.667	.427	.517	.273	.364	.424	.286	.500	.163
BALANCED-PRO	.037	.063	.039	.065	.010		.012	.033	.091		.030			
BALANCED	.085	.125	.078	.043	.050	.083	.049	.033	.091	.182	.061	.143	.136	.020
NEUTRAL-PRO	.037	.063		.043	.030		.037	.033			.061			.061
NEUTRAL	.183		.157	.065	.230	.083	.061	.050	.182	.182	.061			.061
NEUTRAL-CON	.098	.250	.118	.109	.060	.083	.110	.083		.091	.061	.143	.136	.592
AMBIVALENT COMPLEX; Pro/PAS- Con/EU	.012		.020		.010		.012	.017						.020
CON	.122	.313	.157	.152	.200	.083	.280	.233	.364	.182	.303	.429	.227	.082
TOTAL:	82	16	51	46	100	12	82	60	11	11	33	7	22	49

The Nancy B. case. Nancy B., a 25-year-old Montreal woman, asked the Quebec Superior Court for the right to be taken off the respirator that kept her alive. This request presented both a moral and a legal conundrum: "Quebec's civil code allows a competent person the right to refuse medical treatment, but the Criminal Code makes it a crime to aid suicide" (VS92E01 92-01-07). The Globe & Mail elaborates:

The Civil Code gives patients the right to refuse treatment even if this may result in death, the Criminal Code prohibits a person from consenting to having death inflicted upon him or her, and requires doctors to do everything possible, within reasonable limits, to save a human life. In his ruling in the Nancy B. case, Mr. Justice Jacques Dufour of the Quebec Superior Court attempted to balance the rights guaranteed under Quebec's Civil Code and doctors' obligations as defined under the Criminal Code of Canada (GM92NS02 92-01-07).

The right-of-refusal, of course, accrues only to individuals deemed competent to make an informed choice, people like Nancy B. who are "sane, lucid, intelligent, articulate" (VS92E01 92-01-07). The editors of the Vancouver Sun believe Judge Dufour made the right decision "legally and morally: to return to Nancy B. the power to decide what is best for herself, even if it means bringing her life to an end." Dufour said in his ruling that refusing medical treatment did not constitute... an attempt to commit suicide (GM92NS01 92-01-07; GM92NS04 92-02-05), nor would unplugging the respirator be euthanasia, or assisted suicide... it would simply allow her illness to follow its natural course (VS92E01 92-01-07), so that when death occurred, "it would be the result, primarily, of the underlying disease and not the result of a self-inflicted injury" (GM92NS01 92-01-07; GM92NS02 92-01-07). This was the argument presented by Nancy B.'s lawyer, Anne Lapointe: "This is not euthanasia. It's stopping a treatment, which is a different thing" (GM92NS01 92-01-07). "What the judge said is that the illness is the cause of death, not the stopping of the treatment," Ms. Lapointe explained (GM92NS02 92-01-07). Therefore, "a doctor should not be held liable or face criminal prosecution for respecting a patient's wishes" (GM92NS04 92-02-05).

Federal Justice Minister Kim Campbell seemed not to grasp the reality of what the Quebec court allowed when she said. "No one had to pull the plug or give a drug to hasten death" (GM92NS03 92-01-08). A plug would indeed have to be pulled, a respirator keeping a young woman alive willfully turned off. The fact that the act was *consensual* made it compassionate and not culpable.

There was disagreement concerning how much should be made of this case as legal precedent.

Margaret Somerville... said the decision is a precedent that will give people facing life-prolonging treatment a sense of control over their lives. She said the ruling will not endanger the rights of those who choose to live with their disabilities, a fear expressed by a group of severely handicapped Montreal residents. "What this judgment will have held is that there's no right to impose treatment, but that doesn't mean that you don't have an obligation to offer treatment to people." (GM92NS02 92-01-07).

However, Judge Dufour said that "other such cases would have to be examined individually" on their own merits (GM92NS01 92-01-07).

...a doctor should not be held liable and accused of careless conduct and criminal negligence for respecting the patient's right to self-determination. After a free and conscious request had been made to allow nature to take its course, he said, "Can we say such conduct can be described as a heedless attitude, reckless and unregulated? I do not think so."

Others were quick to interject comments concerning individual freedom to make quality-of-life decisions.

James Derksen, president of the Canadian Disability Rights Council, said: "I think this is reflective of society's assumption that living life with a disability is not worth doing and the quality of life is sufficiently poor to question whether it is living at all." ...He said the disabled can live full and rewarding lives, but they are not encouraged to do so. In cases of patients with terminal illnesses or the elderly who are near the end of their natural life, he said that he, too, would support the right to refuse treatment or not to have "heroic treatment imposed upon them." ... "In my personal view, this is suicide," he said. "People contemplating suicide should be encouraged to consider all the options," he said.

Donald Elliott, president of Dying with Dignity, said he believes it was right to allow Nancy to end her life. "What we say is that you are entitled to make that choice." (GM92NS05 92-02-14).

Such "expert" commentary is not always welcome or heeded.

After a free and conscious request had been made to allow nature to take its course, Judge Dufour said, "Can we say such conduct can be described as a heedless attitude, reckless and unregulated? I do not think so" (GM92NS01 92-01-07).

Legal issues aside, media coverage itself became an influential element in this case.

[IT] is unfortunate that the request by Nancy B, the 25-year-old Quebec City woman who wants authorities to turn off the mechanical ventilator keeping her alive, has turned into such a legal and media event. (GM92OE01 92-01-07).

Nancy B wants no part of the heated moral debate her case has sparked across Canada. ...[She]has asked her doctor and family to refrain for the time being from discussing Monday's Quebec Superior Court ruling in her presence. Dr. Marceau suggested that her patient wants to reflect privately on the impact of the court decision. (GM92NS03 92-01-08).

Emotions ran high in the hospital, the courts and the press:

There is no question that allowing a lucid young woman to die is emotionally and psychologically distressing. Such an act appears to fly in the face of the medical and societal interest in preserving and protecting life. (GM92NS03 92-01-08).

This was also evident in her obituary notice:

[Nancy] B., the 25-year-old quadriplegic whose battle for control of her life gripped the nation, died peacefully yesterday with her family by her side.

[Her request] that the respirator that kept her alive be turned off, a wish that was granted at 10 a.m. yesterday. Heavily sedated, she died seven minutes later...

[She had also] asked the media to respect her privacy - even to withhold her name because she feared harassment... ...The family requests, given the circumstances, the most complete discretion.

...Ms. Lapointe, the lawyer, said her client should be remembered as a champion of patients' rights. "She did what she had to do - and serenely... (GM92NS05 92-02-14).

The media in this case were considered an unwelcome intrusion into the private decision-making space of the individual. Nancy B. was described as "a proudly independent woman [who] had won back as much control over her life (and death) as was possible in the circumstances" (GM92OE03 92-03-04). In her death,

she symbolized the right of a competent adult to make life-and-death decisions on quality-of-life issues:

No one disputed that she was mentally competent. No one denied that she had a clear understanding of her condition and the medical prognosis. ...although she was not in the terminal phase of her physical illness, her mental suffering from the resulting disability was, for her, intolerable. [She made an] unwavering, consistent, and well-considered decision to refuse further medical treatment.

The courts confirmed that it was Nancy's legal right to refuse treatment, it was entirely up to her (in consultation with her family and friends) to decide whether her life was still worth living.

... She chose for herself. Others must choose for themselves. [Nancy B.] should not have had to work so hard to gain control over her life. (GM92OE03 92-03-04).

Social values notwithstanding, the individual was deemed to have these universal rights of self-determination. No one had the right to decide for Nancy B. whether her life was worth living except Nancy B. herself.

There are, however, larger social issues involved, particularly concerning the meaning of a high-profile death. The ethics of choice, it is argued, must be backed up by financial commitment to make such choices real options.

If our society wishes to proclaim its respect for human life and individual choice, then surely we must make adequate care for all the sick and the disabled a top financing priority.

If the moral autonomy of seriously ill people is to be meaningful (rather than an empty phrase), then society ought to provide the resources to make their lives as tolerable as possible. Good care for a terminally ill cancer patient requires a considerable financial investment...

If Canadian law makers ever decide to legalize euthanasia, they should recognize that to give this choice to patients who have no access to adequate pain control and palliative care would be a cruel hoax. ...What value is there in having the right to die if we don't have a right to medical treatment that would make the choice of continued life attractive? (GM92OE03 92-03-04).

This concluding line of argument in the Nancy B. case is simple: "Talk is cheap; put up or shut up." But talk we did. We are still talking.

Canadians are still saying "they should've" and "she should've" in bemoaning the fate of ... "Nancy B." and the Montreal hospital where they finally fulfilled her court-sanctioned wish to pull the plug on her life-support system.

Euthanasia has come of age; it has become relevant. It is now an acceptable topic of conversation. ...Thirtysomething years ago, euthanasia was not relevant. (VS92OE02 92-04-21).

Nancy B. was fed up with the circumstances of her life. Her condition was not terminal, but it was intolerable. Others intervened at her request and with legal sanction to remove medical-technical life-supports so that she could die. She died in the care of her physician as comfortably and with as much dignity as was possible. Would Sue Rodriguez ask for anything other than this?

The Sue Rodriguez Case. The history of Sue Rodriguez's public life, Period IIA 1992-95, is complex and was reported in excruciating detail. In summarizing the content of the legal frame elements, I follow a simple chronology derived from the press (GM94NS03 94-02-14), the book co-authored by Sue Rodriguez and Lisa Hobbs-Birnie, *Uncommon Will: the death and life of Sue Rodriguez* (1994), and *The Report of the Special Senate Committee on Euthanasia and Assisted Suicide, 1995, Appendix D*. Data examples are limited to only a few items. Media frame elements include what may be called the "Rodriguez File": that is, stock biographical description and other standard pieces of information that appear repeatedly in news. This is an example of what Tuchman called "newswork" (1978: 215). Also at issue with regard to the media is the matter of "voice", who speaks for whom and in what capacity. A number of *versions* of the "Rodriguez Story" appear in the data from different authors, each with their own perceptions and agendas. Social value concerns are embedded throughout the materials, but tend to be addressed more often in items displaying BALANCED or CON attitudes. The deep questioning that goes on concerning assisted dying is cautious of what changes to the law might mean for society and for valued institutions such as medicine.

Legal frame elements. Legal frame elements are among the top-three with regard to over-all usage in both papers because the public history of Sue Rodriguez follows her battles through successive levels of the Canadian courts. Starting in

February 1991, Rodriguez began to experience symptoms of neurological dysfunction. She was diagnosed with amyotrophic lateral sclerosis, or Lou Gehrig's Disease, 22 August 1991, an incurable condition that leads to progressive paralysis and death. With the encouragement and support of John Hofsess and the Victoria Right-to-Die Society (GM92OE05 92-09-19), she felt she had no choice but to take her quest for a physician-assisted-death into the forum of public opinion through the news media (VS94OE02 94-02-12; GM93E04 93-05-11).

Before the standing committee on justice dealing with reform to the Criminal Code, 24 November 1992, she uttered the oft-repeated words that summarized her legal appeal, "I ask you, gentlemen, if I cannot give consent to my own death, then whose body is this? Who owns my life." This question would haunt the assisted dying discourse and strike at the core of claims that the Criminal Code discriminated against those who were physically incapable of the act of suicide unassisted.

In a planned press conference, 03 December 1992, Sue Rodriguez and her lawyer Chris Considine announced the next step would be to ask the BC Supreme Court to rule the Criminal Code Section 241(b) prohibition of assisted suicide unconstitutional under Sections 7, 12 and 15(1) of the Charter Of Rights and Freedoms. Before Justice Allen Melvin, 17 December 1992, Rodriguez told the court, "I want to be in charge of my life - and my death." In testimony against the request, A. G. Henderson, lawyer for two citizens' groups, said striking down the Criminal Code section that prohibits assisted suicide would invite abuses (the so-called slippery slope argument). On 29 December 1992, Judge Melvin ruled against Ms. Rodriguez, saying the Criminal Code protects "the young, the innocent, the mentally incompetent and the depressed." Following the ruling, 30 December 1992, Rodriguez said her health was deteriorating but vowed to appeal Judge Melvin's ruling (GM92NS17 92-12-31).

According to Vancouver Sun editors,

The Sue Rodriguez case touches some of the most profound questions of life and death, and of the rights of the individual and the responsibilities of the state within those borders. ...It strikes directly at the heart that Sue Rodriguez, suffering from incurable Lou Gehrig's disease, must petition the courts for the right to doctor-assisted suicide, that statutes and the rustle of legal documents somberly surround that dreadfully intimate decision.

But against the claim to such a right must be raised the weight of a law that also protects - protects the (momentarily?) distraught of any age, the (marginally?) mentally incapacitated, the readily influenced, and others - from hasty decision or subtle manipulation.

Justice Melvin wisely wrote: "The courts must not . . . be involved in the realm of pure public policy; that is the exclusive role of the properly elected representatives, the legislators." Which ultimately means an appeal to the highest court of all - of public opinion. There, the debate seems far from over. (VS92E03 92-12-31).

Sue Rodriguez had media appeal. This case was not only about desired changes to some paragraphs in Canada's hundred-year-old Criminal Code, it was also about the "immediate and profoundly sad circumstances" of a middle-aged Victoria, BC, woman, who simply wanted

... to take her own life before the last stages of [ALS] reduce her to complete helplessness. She could... take her life now, while she is still physically capable of doing so. But Ms. Rodriguez wants to live longer than that. Her story is usually described as a "right to die" case, but in reality she is asking for the freedom to live a little longer on condition that someone be allowed to assist her suicide later. The question for Ms. Rodriguez is one of timing. (GM92OE01 92-12-31).

The right-to-die at a time of one's own choosing is in fact a right to live only as long as one desires to. Rodriguez's lawyer argued that,

In essence, what Sue Rodriguez is seeking is an order from this court which will permit her to control and manage the final stages of her life, the terminal stages of her life.

Part of that management is to allow her, at the time of her choosing, to end the suffering and indignity and to end the prolonging of her life. (GM93NS10 93-02-16).

The issue, then, was self-determination, something with which few Canadians would have a problem. The trouble lay in the fact that Rodriguez would require assistance

when she reached the stage where her condition was no longer tolerable and death was a better option than life.

Larger social concerns were immediately recognized in this simple request.

For society the question is somewhat different. The law prohibits assistance to suicide for some good reasons. ... The only imaginable suicide that might receive social sanction is that of a terminally ill patient, and even then, deep taboos exist around the taking of a human life. If such taboos were overcome in these circumstances, many practical issues would still need to be addressed to ensure that free will, considered judgment and independent mind prevailed.

Justice Allen Melvin ruled in the B.C. Supreme Court this week that the federal law prohibiting assistance to suicide does not contravene Ms. Rodriguez's rights under the Charter of Rights and Freedoms. (GM92OE01 92-12-31).

The BC Supreme Court ruled that protection of society's more vulnerable members superceded the needs and rights-claims of a single individual.

The case next went to the BC Court of Appeal. The 08 February 1993 ruling was 2-1 against Rodriguez. In majority, Judge Proudfoot noted that Rodriguez was seeking to exempt an unnamed person from criminal liability for offences not yet committed. Judge Hollinrake, stressing the marked and significant difference between palliative care and physician-assisted suicide, said Rodriguez failed to show her right to fundamental justice is infringed by the existing criminal law (VS93NS29 93-03-09). Chief Justice Allan McEachern voted in dissent.

Chief Justice Allan McEachern, in a dissenting opinion, said Rodriguez's rights under section seven of the Charter of Rights and Freedoms had been violated. (VS93NS27 93-03-09).

McEachern ...said Rodriguez has a constitutional right to commit suicide, assisted in the arrangements by a physician. ...McEachern decided the existing criminal law infringes Rodriguez's rights under the Charter...

McEachern: "What she seeks to avoid, apart from pain, is the present and future stress and loss of dignity caused by the prospect of palliative care as well as dependence upon such a regime which lead, inevitably in her case, to death by starvation or choking." ...McEachern said Section 7 of the Charter of Rights was enacted for the purpose of ensuring human dignity and individual control, so long as it harms no one else.

"When one considers the nobility of such purpose, it must follow as a matter of logic as much as of law, that any provision which imposes an indeterminate period of senseless physical and psychological suffering upon someone who is shortly to die anyway cannot conform with any principle of fundamental justice," McEachern said. (VS93NS29 93-03-09).

The chief justice then set six conditions that would have to be met to make a suicide pact involving Sue Rodriguez lawful:

[She must be] mentally competent to end her own life, such competence to be certified in writing by a treating physician and by an independent psychiatrist who had examined her not more than 24 hours previously.

[She must be] terminally ill and near death and that, but for medication, would be suffering unbearable pain.

...notice would have to be given to the regional coroner, or his nominee, who would have to be a physician and would have a right to be present at the examination.

[Measures must be taken to] ensure she hadn't changed her mind. After the suicide, the physician would be required to certify that she did not change her mind.

No one would be allowed to assist the woman to commit...

The act actually causing the death of Rodriguez would have to be the unassisted act of the woman herself, and not of anyone else. (VS93NS29 93-03-09).

Judge McEachern stressed that his declaration was applicable to Sue Rodriguez and to no other person. Any other person in her position would have to seek a similar declaration from a court (VS93NS29 93-03-09; VS93NS48 93-05-19). All three judges emphasized that in future the issue of euthanasia is one that must be settled in Parliament, not the courts, a view that would be echoed following the Supreme Court of Canada decision of the Rodriguez case (VS93E04 93-10-01), and beyond.

The court's split decision, with Chief Justice Allan McEachern in dissent, gave Rodriguez hope she might yet win a favorable decision from the Supreme Court of Canada (VS93E02 93-03-09).

Rodriguez's lawyer, Chris Considine, said his client has asked him to appeal the case to the Supreme Court of Canada. "The fact that a very respected jurist has said he agrees with our argument goes a long way to helping us," he told reporters. "It's not a total defeat." (VS93NS27 93-03-09).

The BC Supreme Court ruled against assisted dying and in favour of protecting those who *might* be subject to abuses of legalization of either assisted suicide or euthanasia. Fear is only of an unknown future. No reference was made by this court to other situations that might assuage such fears. The BC Court of Appeal rejected granting any sanction for future actions and noted that Rodriguez had present options which she chose to reject for personal reasons.² Chief Judge McEachern's dissenting opinions were greeted favourably by both papers, a pattern that would be repeated after the next phase of the Rodriguez history.

The following excerpt captures a number of important features of the case:

In a landmark case that will be televised nationally, her lawyers will arguethat the 100-year-old law against assisted suicide violates Rodriguez's rights under the Charter of Rights and Freedoms.

The case "raises some of the most profound moral, legal and social issues that any court or any civilized society can ever be called upon to make," says the Canadian Conference of Catholic Bishops...

...as much as it is a national debate over life and death, Rodriguez's quest has highlighted another troubling question for the country's nine top judges - who should make such profound social decisions, Parliament or unelected judges? "A matter of such importance as physician-assisted suicide for the terminally ill is one more suitable for Parliament to address," the federal [govt] argues in its submissions. (VS93NS49 93-05-19).

The national imagination and attention was captured by the undaunted determination of this lone individual to change Canadian law. The public salience of these events was recognized by officials taking the rare step of allowing television crews into the proceedings. Powerful institutional forces were arrayed against Rodriguez — the Catholic Church, federal and provincial governments, advocacy groups for the disabled, and various pro-life groups— Goliaths to her David (VS93NS53 93-05-21), an evocative image in the public imagination. At root, the question being asked was "Who decides?"

² The various *conditions* Rodriguez placed upon the circumstances of her dying are not relevant; they are simply expressions of her personal desires. The issue was whether she had the right to decide when to die and to ask for help, not her motivations for doing so.

The comment above from federal lawyers intervening in the case is ironic given the government's continued reluctance to take action on the assisted dying issue. Their arguments cited a lack of consensus among Canadians that the law should be changed. According to one federal government lawyer,

This case simply cannot be limited to one individual or to one group, the terminally ill. It is not possible to say that given the lack of consensus on the intractable ethical and moral issues that are involved here, that reasonable people would be outraged by the proscription against aiding suicide. (VS93NS53 93-05-21).

Too many questions remained outstanding. For example, if the law was changed, why should only the terminally ill be allowed the choice of an assisted death (VS93NS53 93-05-21)? There was much more at stake than the right of the individual to end their own life.

Hilda Krieg, president of the Pro-Life Society of B.C. ...says all human life is at stake, not just Rodriguez. "The current law protects all of us - we intervened on behalf of life," she says. "If the law is struck down it will change the way we treat the sick, the infirm and the handicapped," she says. "It will be open season on anyone whose life is seen not worth living by someone else." (VS93NL02 93-09-30).

This version of the "slippery slope" argument —that extreme consequences would result from a seemingly innocuous first step— clearly addresses the fear of threats to individual autonomy and self-determination. Even if assisted dying was limited to a medical intervention for the terminally ill, who should do the killing?

Dr. Robert Pankratz of the Pacific Physicians for Life ...wants the federal government to ensure that doctors are not involved in taking life. (VS93NL02 93-09-30).

Legalization of assisted dying *might* put vulnerable groups at risk. *If* doctors were to become the designated delivery system for designer death, how would this affect their role in society? Were these even the right questions?

...medical ethicist Dr. Eike-Henner Kluge, a professor at the University of Victoria [said] "It's an over-all issue of discrimination on the basis of handicap," he says. "It's not a question of my right to die, rather, how far does my right to self-determination extend when I am handicapped. And the answer is, not very bloody far under the existing

law." Kluge says the matter has the potential to become a powerful election issue for any political party that dares to take it up. "Here's an issue where 76 per cent of Canadians agree that there should be a change in the law allowing assisted suicide. ...It depends on the political will of the parties, whether they are willing to adopt an issue which is guaranteed to have great appeal to three-quarters of Canadian voters." (VS93NL02 93-09-30).

The Supreme Court of Canada heard Sue Rodriguez's request for the right to a legal assisted death, September 1993. The justices promised a quick decision. On 30 September 1993, they ruled against Rodriguez, 5-4, that her constitutional rights were not violated. In narrowly rejecting Rodriguez's argument that her right to a dignified death was protected under the Charter of Rights and Freedoms, the court ruled that "the state interest in protecting life's sanctity... takes precedence over the individual right to a dignified death" (GM93NL02 93-10-01).

The four dissenting judges issued three separate explanations of their reasons for supporting Rodriguez:

McLachlin and L'Heureux-Dube believe the law violates her right to life, liberty and security; Chief Justice Lamer said it violates her equality rights; Cory wrote that it violates both her equality rights and her right to life, liberty and security. (GM93NL02 93-10-01).

Justice McLachlin:

The law draws a distinction between suicide and assisted suicide. The latter is criminal, the former is not. "The effect of the distinction is to prevent people like Sue Rodriguez from exercising the autonomy over their bodies available to other people. (VS93NS68 93-10-01).

Writing for the majority (Justices Sopinka, La Forest, Iacobucci, Major, Gonthier)

Justice John Sopinka stated:

The law ...is Parliament's reasonable attempt to protect vulnerable people, who might be induced in moments of weakness to commit suicide ... This purpose is grounded in the state interest in protecting life. (GM93NL02 93-10-01).

He supported this stance with reference to Canada's policy against capital punishment as evidence of the national importance accorded to the sanctity of life.

He agreed that the law "impinges" on her right to life, liberty and security, but said that it deprives her of this right in accordance with the principles of fundamental justice. "While respect for human dignity is the genesis for many principles of fundamental justice, not every law that fails to accord such respect runs afoul of these principles." The state's interest in the sanctity of life must also be considered in this case, he wrote, though he acknowledged that life's sanctity is not seen to require that life be preserved at all costs. If Ms. Rodriguez's equal rights were violated, the violation was a reasonable one allowed under the Charter's escape clause, Section 1, Judge Sopinka said. (GM93NL02 93-10-01).

Pro-life advocates praised the decision:

Robert Pankratz, a spokesman for Pacific Physicians for Life, which opposed Ms. Rodriguez's challenge, expressed satisfaction with the court's decision, which he said recognized that "individual rights have a limit." "The law is protecting a large segment of vulnerable people in our society," Dr. Pankratz noted. "It shows nobody really has a right to suicide. Although it's not illegal, it doesn't mean there's a right." (GM93NL02 93-10-01).

Hilda Krieg of the Pro-Life Society of B.C. said ...giving Rodriguez the right to an assisted suicide would have sent a message to the handicapped that their lives were not worth living. Krieg added the legal costs of opposing Rodriguez in court "could never be measured against the anguish of those we heard first from people with disabilities or incurable illnesses and those who have loved ones in health care facilities expressing fear for their continued care." (VS93NS70 03-10-01).

Others were less enthusiastic:

...Medical ethicist Dr. Eike Kluge said the ruling leaves patients seeking assisted suicide, and physicians who are willing to quietly provide it, much worse off than before. "There will be a chilling of current practice," he said in an interview, "because there will be a very clear fear of prosecution which will be more pronounced than before." (GM93NL02 93-10-01; VS93NS70 03-10-01).

Kluge's reference to the secretive practice of assisted dying in Canada was indicative that, the law notwithstanding, there were those who would continue to promote this underground movement. Sue Rodriguez herself would rely on this determination:

Parliament can no longer ignore the right-to-die issue, Sue Rodriguez said ...after the Supreme Court of Canada rejected her final appeal for an assisted suicide. "While I may not benefit from the decision today, I hope that Parliament will act and allow those who are in my situation to benefit in the future," she told a news conference... (VS93NS70 03-10-01).

For the first time, however, Ms. Rodriguez appeared to waver from her previous insistence that she desired assisted suicide. Several months ago, New Democratic MP Svend Robinson said that an unnamed doctor had privately offered to provide that assistance. But Ms. Rodriguez did

not say yesterday whether the offer remains in effect. (GM93NL02 93-10-01).

...Dr. Eike-Henner Kluge... said. "I'm sure that someone would come forward to help Sue. The real losers are those who do not have the resources to challenge the system as she did. They are the hidden ones who continue to suffer." (VS93NS70 03-10-01).

The Globe & Mail offered no explanation for its opinion that Rodriguez might waver in her convictions. Kluge's comment makes reference to the high financial and emotional cost incurred by those who would pursue a Rodriguez-like course for social change. The court challenge may have failed and may not be repeated, but the movement remains.

In this light, it is surprising that the Globe & Mail would suggest that ultimately Rodriguez lost to the court of public opinion:

In the end, Ms. Rodriguez lost not simply to the nation's top court, but to public opinion, legal observers say. No groundswell of support, no momentum in society pushed the judges to challenge an age-old view of the sanctity of life. (GM93NS34 93-10-02).

A strange conclusion given the strong public support shown in polls (VS93NS38 93-03-30). Further, not all official bodies were unwilling to address changes to the law.

Five weeks [after the Supreme Court decision], the B.C. Ministry of the Attorney-General released new guidelines to help the Crown determine whether someone who takes part in an assisted suicide, a violation of the Criminal Code, should face prosecution. The guidelines, contained in the Crown Counsel Policy Manual, advise that in cases in which someone, motivated by compassion, participates in causing a death, decisions to prosecute must be reviewed individually. ...consider the likelihood of a successful prosecution. ...public interest will be served by going to trial. To determine the public interest, ...consider whether a specific case jeopardizes society's interest in protecting the vulnerable, safeguarding the sanctity of human life, recognizing that a life does not necessarily have to be preserved at all costs, and supporting proper professional and ethical standards within the medical profession. (GM94NS04 92-04-15).

The new BC guidelines defined four distinct degrees of assisted dying:

Active euthanasia: intentionally ending the life of an individual who is terminally ill or suffering unbearable pain. Under Section 222 of the CC, this may constitute the crime of "murder, manslaughter or criminal negligence causing death."

Assisted suicide: "advising, encouraging or assisting another person to perform an act that intentionally brings about" a death. Under Section 241 of the CC, this may be the offence of aiding or counselling a suicide.

Palliative care: when a qualified medical practitioner administers life-shortening medication or treatment to relieve pain or suffering. When provided under "accepted ethical medical standards, such a practice is not subject to criminal prosecution."

Withholding or withdrawing treatment: when a medical practitioner, with consent of the patient, discontinues or does not intervene with a treatment that can prolong a life beyond its "natural length." When carried out under "accepted ethical-medical standards," this action is also not subject to prosecution. (GM94NS04 92-04-15).

Active euthanasia and counselling to commit suicide would remain illegal under these definitions, as per the Criminal Code. The "out" for those wishing to provide assistance to the dying lay in the *interpretation* of "public interest" to be served by prosecution, and in the difficult if not impossible task of determining the *intent* behind deaths resulting from accepted medical practices. Rodriguez's wish that her efforts would open a door for others certainly seemed a possibility. These guidelines would allow a large degree of judicial discretion in deciding whether a crime had been committed or not.

This movement on the part of the BC provincial government was not matched by federal initiative, despite verbal commitments made in response to the Rodriguez case. The free vote in Parliament on any right-to-die legislation the House of Commons might entertain, promised by then Prime Minister Jean Chrétien, has yet to occur.

On 12 February 1994, Sue Rodriguez died in her home in the arms of Svend Robinson, with the assistance of an unnamed physician. Svend Robinson is the only source of this information.³ Robinson's involvement in Rodriguez's death would be investigated by a special prosecutor, as befitting one as high-profile as the controversial MP (VS94NS06 94-02-15; VS95NS01 0005-01-11).

³ Confirmed by Eike-Henner Kluge, 2006, in private communication.

...the case has been needlessly complicated for the provincial NDP government by the presence of Mr. Robinson, whom he called a publicity hound. "I think given the public mood and the sympathy in regard to this case, it's highly unlikely charges would be laid," he said." On the other hand, there is now a complicating factor, and that is that the great headline seeker Svend ROBINSON is back in the news.

[ROBINSON] "...my conscience is clear. I have no regrets whatsoever and I hope Parliament will take up the challenge." "Politicians can no longer hide behind the courts and a law written in 1892." (GM94NL03 94-02-15).

It would be decided that mere presence at an assisted suicide was not in itself a crime (VS95NS22 95-06-29). This very act, however, would later land Evelyn Martens in court under charges of aiding and abetting two suicides.

This legal history portrays sympathy toward the plight of the individual, but also an unwavering commitment to the protection of vulnerable groups in the wider community. Inchoate fears concerning self-determination are articulated in the court decisions: no one will be subject to conditions wherein someone else might legally end their life against their expressed will. If this causes difficulties for one individual or another, the security and needs of the group take precedent. However, from the perspective of human rights, the Supreme Court decision does not seem to accord with "fundamental justice" as it claimed (GM93NL02 93-10-01). Political science professor Andrew Heard of Simon Fraser University described the Supreme Court of Canada as "the guardians of consensus" who protect the rights of every citizen, under the Charter Of Rights and Freedoms, as an expression of "values held dearly by society at large" (GM93NS34 93-10-02). The struggle for civil rights that protect *minorities* on principles of fundamental justice very often have been against the will of the *majority*. Canada, through the Supreme Court, was asked in the Rodriguez case if that minority might be reduced to the level of one. The answer was "No."

Media frame elements. The print news media obviously played a very important role in providing information and laying out the field of play for decision-

making in the Rodriguez court case, as one among other voices competing for audience attention. The media elements I wish to discuss now concern *voice* and *representation*. Whether this analysis accords with previous theories of media effects will not be addressed. In view are the elements that the media itself contributes to the interpretive field.

One of the most recurrent and obvious of these is what might be called the "Rodriguez File", the packet of general information regarding Rodriguez and her goals that appeared in almost every news item, despite the claim that "the facts of this case are straightforward and well known" (GM93NL03 93-10-01). The general format of the information packet included Rodriguez's age, gender, disease, prognosis, and goals. Her condition was variously described as terminal, degenerative, incurable, and soon to result in an agonizing death if her wish for a legal assisted death was not granted. Often cited were her courage and dignity (VS94E01 94-01-03; GM94OE04 94-12-18). The message was that a young woman of this caliber should not die, and certainly not horribly.⁴ Mention was often made of Rodriguez's son —children need their mothers— but her husband was rarely mentioned (GM92NS15 92-12-18). The implication of this omission is that the case concerned *this woman, this individual* and no other (GM92NS12 92-11-25; GM92NL02 92-12-04). Sue Rodriguez was to be seen as her own person, seeking her own goals, for her own sake. Concern for her family is not altogether absent, however. For example, she credits her seeking of a *legal* assisted death to a desire for her son to be proud of her (VS94OE04 94-02-15), and for him and her husband to not have to witness her final deterioration (GM93NS09 93-02-15). The message, nevertheless, is autonomy and independence, self-determination and will.

⁴ This latter point was challenged by various ALS (amyotrophic lateral sclerosis) advocates as an exaggeration of the consequences of the disease to garner sympathy.

Various *versions* of the Rodriguez Story were presented in the two papers by various speakers. It was Rodriguez's habit to speak to the public through media representatives. Her lawyer, Chris Considine, presented the legal arguments. Her desires and goals of a more personal nature were presented by John Hofsess and by Svend Robinson. The history of this representation highlights the issue of *voice*: "Who speaks for whom?"

John Hofsess first met Sue Rodriguez mid-1992. He tells her story "as she described it" in the first mention of Sue Rodriguez in either paper, thereby giving the public its first impression of the woman and her condition (GM92OE05 92-09-19). Before they met, Hofsess said, Rodriguez had already made up her mind to seek an assisted suicide, having read a copy of Humphry's (1991) *Final Exit*. As Hofsess describes this resolution, "She has chosen the "what," she can articulate the "why," the problem now is "how."" Not wanting to go through the same ordeal as Nancy B, and having come to the conclusion that the medical establishment had little to offer, Sue turned to the pro-choice organization, Dying with Dignity. "That's all I dream of now - death with dignity," she later told Hofsess, "I can accept that some things in life are a sham but I don't want my death to be one of them." A local representative of Death with Dignity said that if she was interested primarily in [assisted suicide] she should contact The Right to Die Society of Canada. Hofsess—who had a running battle in the press with Death with Dignity and its director Marilyn Seguin over public versus private tactics—said that Rodriguez "felt that Dying with Dignity gave me the runaround and after that experience I was depressed for weeks."

"I realize," Hofsess said, "Sue is a woman who has met with evasiveness, cowardice and hypocrisy everywhere she has turned for the past year." "Why was I willing to place my own life in jeopardy in order to assist in her suicide? I soon resolved I would not be yet another in a long line of people who have betrayed her."

"I, John Hofsess, do agree to assist Sue Rodriguez in terminating her life at a time of her choosing, preferably by permission of Canadian law but failing that, by the moral authority of personal conscience."

...I tell her we have two options. We can sneak around in guilt-ridden secrecy trying to devise a way for her to die and hope my involvement in her death never comes to light. Or else we can break the silence. We can state publicly that there is nothing to be ashamed of if a person with a terminal illness wants to die and needs help in carrying out her wishes.

[We] decide to ask for a court ruling about whether a disabled person has any rights to terminate his or her life, albeit with assistance. ...In the event that the courts rule a disabled individual has no right to an assisted suicide, we will try to find somewhere else where Sue can have a merciful and legal death. (GM92OE05 92-09-19).

Motivated, in his own words, solely by "an overwhelming need by people like Sue Rodriguez for honest talk and practical help," Hofsess comes across in this piece as the hero of the story, gallant, self-sacrificing, and loyal, a rescuer of damsels in distress who were persecuted by evil bureaucracy and unjust law. Her story was a chapter in *his*.

Having vowed not to betray her, in the opinion of the press, he did exactly that, forging her signature on a letter he delivered to the Vancouver Sun without Rodriguez's knowledge or consent. He publicly apologized while still defending the innocence of his actions (VS93NS12 93-02-01; VS93NS13 93-02-02). The anti-assisted-dying lobby had a field day over the fiasco, saying this was yet further proof that Hofsess was manipulating Rodriguez all along (VS93NS13 93-02-02). The irony of a denial of voice in a case about self-determination and autonomy did not escape even supportive commentators, including Anne Mullens who had accepted the letter from Hofsess without question (VS93OE02 93-01-30; VS93OE04 93-02-13). This incident eventually led to a split between Rodriguez and Hofsess's Right-to-Die Society. As Rodriguez said, "No one speaks for me but me" (VS93OE02 93-01-30).

Leaving along with her was the Society's political advisor, Svend Robinson, who assumed the role of Rodriguez's press spokesman. How much the Rodriguez

Story would become the Svend Robinson Crusade would emerge after her death. As noted above, and as substantiated by a reliable source, Robinson was the only source for the news media's knowledge of the immediate circumstances of Rodriguez's death (VS94NS20 94-02-21), a woman he extolled as a true Canadian hero (VS94OE04 94-02-15).

Rodriguez did take the opportunity to tell her own tale (GM92OE05 92-09-19), most poignantly after her death:

The Victoria woman who sparked a national debate over doctor-assisted suicide is speaking from the dead to counter criticism that she took her life prematurely.

...Sue Rodriguez said that despite her healthy appearance she was close to death.

"I just want to make it clear to people who find it hard to understand why I should take my life right now, when I physically look like I could live another year or so." "My symptoms are so subtle and not obvious to the people who see me on occasion. I know my body and I know that I am close to a natural death. Even if I didn't do it myself now, the time would be close." "So I just want to make it clear that I'm not as healthy and vibrant as I look." "...And I would rather end it now while I'm able to speak and be clear about what I want."

...Rodriguez seemed to be anticipating criticism that she was not near death when she died Feb. 12 in a doctor-assisted suicide, an act she had unsuccessfully asked the courts to permit. ...Dr. Debra Braithwaite, the palliative-care specialist who had cared for her since last May...told reporters in Victoria that Rodriguez was not in pain and "was not in physical distress in the time leading to her death." (VS94NS20 94-02-21).

It is not always possible for individuals to "set the record straight," particularly after their death. That Rodriguez had this opportunity only added to her mystique.

Sue Rodriguez would become an iconic symbol in the press, her name a byword for the right-to-die movement (VS94NS50 94-09-26) and assisted suicide (GM94NS19 94-05-14). Her life and death would be cited as a symbol of the prohibition of assisted suicide (VS92L05 92-11-18), a puppet in the hands of unscrupulous manipulators (S92L06 92-11-28), a free spirit who would not except the imposition of any moral values but her own (VS93NS66 93-09-30), courage, dignity, determination, love, guts, and inspiration in the face of pain (VS94NS05 94-02-15), "a heroic figure whose unsuccessful court battles thrust an issue onto the

national agenda, and whose life and death will have a profound impact on society" (VS94NS25 94-02-28), a mover of leaders (GM94NL03 94-02-15) and in that light, a force for social change. "There is a greater acceptance, a greater need to do the right thing for someone who needs help to die," said Seguin (VS94OE17 94-07-25). A Vancouver photographer affected by Rodriguez said, "In refusing to accept the status quo, she went from victim to crusader, leading us all to an issue we must resolve" (VS94NS71 94-12-27). Was this the same admittedly self-centred woman described, for example, in the semi-autobiographical book, *Uncommon Will*? The iconic nature and symbolic power of the Rodriguez name will be noted again as a prominent feature of the next time-segment. The Rodriguez Team were masters at strategic use of the media. At the end of this period it could be said, "Euthanasia and assisted suicide are very much in the public eye these days. Who hasn't heard of Sue Rodriguez or Dr. Jack Kevorkian?" (GM95OE04 95-06-12).

Social frame elements. Where there is praise, there is usually also derision. For the most part, those opposed to Rodriguez's quest attacked what they saw as the dangers to society inherent in any move toward assisted dying. Others would take a harsher, more personal tone. Trevor Lautens, a Vancouver Sun columnist, was no fan of Sue Rodriguez or what she represented. In a vociferous tirade, he gave vent to some of the darker fears of the CON side. His article (VS94OE03 94-02-15) generated such a large response, it is excerpted here at length.

You've heard a lot these last couple of days about Sue Rodriguez's courage. The truth is that beyond her physical fortitude was not courage but a black despair.

She was a would-be Nurse Death to the odious Jack Kevorkian's Dr. Death. Her quest for legally assisted suicide to avoid the final pain of her terrible affliction was self-seeking. She demanded that society abandon its most solemn moral values and obligations to the dying in order to provide state-sanctioned deathly release from her personal travail.

Analogous to abortion-on-demand, Lautens reminds us that "all of us will be "unwanted" eventually: taking up valuable space, using precious resources. And to what avail, if we are old and ill and functionless? Or, for that matter, young and physically able and despondent, convinced, as the young especially are prone to be convinced on a bad night, that life is not worth living?" The question, "Who decides," takes on a sinister tone in the context of assisted dying.

"The life not worth living." A bit of history here. That was the buzz-phrase in some German medical circles in the 1920s. It was applied to the disabled and the chronically sick who were pronounced -- by the doctors -- to have lives "not worth living." Those were the days not of Hitler's Nazis but of the dissolute Weimar republic. The Nazis merely expropriated the idea into their repulsive ideology. As Patrick Derr, associate professor of philosophy at Clark University in Massachusetts, drily told the Pro-Life Society of B.C. in a 1988 speech: "The Nazis didn't need to teach the doctors how to kill. It was the doctors who taught the Nazis how to kill."

At the root of Lautens' bleak vision is a rejection of a spiritless, late capitalist, consumer society:

Man is allowed to be born, man has a "lifestyle," man is ushered out to die. It's a bleak, comfortless, pitiless consumerism, in which the human being is just another consumer item. It's the triumph of the secular state and the relentless sales agents of "needs" over the beauty, grace, poetry, family, hope, faith -- even a fuzzy and puzzled faith -- and the bird in the tree that give life meaning and purpose and joy. ... The Sue Rodriguez (and the abortion) camp argue for choice. It's a false choice, a choice within a godless prison. I've quoted it before but I've found no one who said it better than Camus: If there is no God, then we are equally free to nurse the sick or to stoke the crematorial fires.

Fears of Nazi-like death-camps where the old, the infirm, the "unwanted" are disposed of may seem a dark fantasy-nightmare. However, these images were not uncommon in the most strident anti-assisted-dying statements. Lautens may have been expressing what many felt but dared not bring to voice. He questioned the integrity of the "saintly" Sue Rodriguez, reducing her motivation to a flight from pain. There is truth as well as falsehood in this judgment: Rodriguez certainly did not want to die in the manner she believed was inevitable from her disease. But how much of her quest for legal assisted suicide was given to her by John Hofsess? Articles such

as Lautens', while objectionable in many ways, nevertheless raise these questions to the public consciousness. Doubt, distrust and fear are all social contagions. In the glowing white swirls within the interpretive frame surrounding Sue Rodriguez, Lautens inserts a dark smudge. It might be lamented but it can't be ignored.

More reasonable voices were also raised in protest. For example:

Doctor-assisted suicide amounts to "tamed violence" and legalizing it could put at risk the things our society values, a medical ethicist told a Senate committee.

The intentions of those who argue that severely ill people should be able to get a doctor's help to die are good, Margaret Somerville, of McGill University's faculty of medicine, said Wednesday. ..."[the] harm is not simply the danger of abuse. I think the real harm we are dealing with is: What sort of society are we going to pass on to the future and what will be the values and symbolism of that society?"

For example, she said, Canadians shouldn't easily abandon 2,000 years of medical tradition that requires doctors to take an oath that separates "the physician healer from the witchdoctor killer." "That's what we're risking doing ... in the euthanasia debate." VS94NS41 94-05-19

Risk to the future of society through the writing of its symbolic discourses in the present. For example, consider the word "dignity":

[RIGHT]- to-die advocates have co-opted the term death with dignity, doctors opposed to assisted suicide told a Senate committee yesterday. "In the hands of those who would propose euthanasia for this country, the word dignity has been shrunken to an impoverished notion of power over the timing of one's death," said Dr. Williard Johnston of Canadian Physicians for Life. (GM94NS30 94-09-27).

Values reduced to the level of the individual; can society be built on that?

Unanswered fears of unknown consequences held back the society of the 1990s from embracing assisted dying. Fear of a devaluation of all life, including but not limited to the weak, the disabled and the elderly. Fear that death would become part of the economics of stressed health care resources. Fear that death itself, in the absence of sustaining spiritual values, would become just another consumer product.

The Senate committee referred to in the piece above was, of course, the Special Committee on Euthanasia and Assisted Suicide, "set up in the wake of the death of Sue Rodriguez" (GM94NS30 94-09-27). The committee heard presentations

across the country, mostly negative, in the opinion of some (GM95OE02 95-05-04), through intent or because staunch PRO supporters feared prosecution if they spoke out in public. In the opinion of most commentators, the process was fair:

...In the 10 months of public hearings, committee members heard from 250 witnesses representing organizations ranging from the Canadian Cancer Society in St. John's to the B.C. Persons with AIDS Society. It might be said that Canadians have spoken, that all points of view have been heard. (GM95OE02 95-05-04).

Medical ethicist Arthur Schafer, director of the centre for professional and applied ethics, University of Manitoba, received a lot of press attention for his analysis of the committee's final report:

[THE] Senate committee on euthanasia has laboured mightily and given birth to, well, if not a mouse then a rather timid rabbit. ...The majority report basically comes down in favour of the status quo. The minority, on the other hand, showed some real moral courage in its recommendations, but was obviously unable to persuade its colleagues that this was the right time for change. Fear prevailed over hope. That's not always a bad thing, but in this case it was.

...Senate committee managed to reach consensus only about the obvious: For example, dying Canadians need more and better palliative care to ease their pain; and competent patients have the right to refuse life- prolonging treatment if they are critically ill.

On the big issue the committee turned chicken: What should happen when palliative care controls pain but fails to ease suffering? More specifically, should Canadians be allowed to decide for themselves that it is time to die? And should a doctor be permitted legally to assist, as Sue Rodriguez's doctor assisted her? The majority report of the Senate committee says no; but a majority of Canadians know this negative answer is just not good enough. (GM95OE04 95-06-08).

"Who decides?" Not the Senate Special Committee. At least not in 1995. Was Rodriguez "ahead of her time" as some contend (GM93E02)? Time —history— will tell. What was laid down in 1995 in the wake of the death of Sue Rodriguez were a number of indicators of potential change. Ian Gentles:

In the end, the majority has come out against both assisted suicide and euthanasia. At the same time the committee as a whole calls for less severe penalties "where there is the essential element of compassion or mercy." And it recommends that the Criminal Code be amended to explicitly give terminally ill individuals or their surrogates the right to insist that doctors withhold or withdraw life-support treatment. (GM95OE05 95-06-08)

Evident in the Senate report was a movement towards the notion of judicial discretion written into the BC guidelines discussed above. Namely, that "mercy killing" should be considered a lesser form of murder, punishable by lesser and more appropriate sentences. Schafer stated,

...By a large majority, Canadians agree that Sue Rodriguez, who suffered from amyotrophic lateral sclerosis, had a right to receive assistance in dying. The doctor who assisted her will never be prosecuted, because no jury would convict a physician of homicide when the act was so clearly one of compassion and the patient so clearly of sound mind. (GM95OE04 95-06-08).

This movement would hit a wall when Robert Latimer appeared before the Supreme Court of Canada in 1998.

At the end of 1995, euthanasia and assisted suicide were still illegal. Apparently from the Robinson case, presence at a suicide was not a crime (GM95NS14 95-06-29). This movement in judicial discretion would also be challenged, in the case against Evelyn Martens, although few Canadians would be similarly charged in the intervening years (GM95NS17 95-10-05). Changes to the criminal code seemed unlikely (GM93L01 93-07-31). There were changes evident in some important social values:

According to the polls, at least, a lot of Canadians are coming round to the view that in an age of advanced medical technology, a "good death" means ending life comfortably and in dignity. ...Sue Rodriguez died in an assisted suicide to preserve her own dignity and avert an awful, unbearable end... achiev[ing] one goal: she controlled the time and manner of her death. But... it is quite likely she was denied a "good death"; she could not be surrounded by family and friends, for fear of legal reprisals. Her suicide was carried out furtively with help from an unknown doctor.

...Concerns about abuse - as medical costs rise - or the emergence of special-purpose "death clinics" are not easily answered., prosecutors have discretion over whether to press charges against doctors who assist in patient suicides. Prosecution is extremely rare in Canada, but it has happened. ...Even a standardized policy of offering immunity from prosecution under established conditions would still leave doctors performing criminal acts. This is a complex and emotionally charged debate that is unlikely to yield neat solutions. (GM94OE04 94-02-18).

This is the uncertainty with which the period of Rodriguez's public history ended.

Summary. An evaluation of the integrated interpretive frame, presented by the Vancouver Sun and the Globe & Mail, at the end of this period suggests the following: a growing acceptance of suicide as a reasonable option, but only for the terminally ill; a judicial system prepared to act with leniency towards persons who commit acts of compassion to end another's suffering, making "mercy killing" a new category of lesser murder; a media ready to report anything and everything to do with assisted dying for the attention it draws; a government reluctant to act on the apparent will of the people, according to polls; a medical profession divided over the PROs and CONs of entered the death business; and, an academic community, if not fearful, then at least uncertain about what legalization of assisted dying might mean for Canadian society.

The interpretive field, then, was *conditionally positive* towards assisted dying. However, this conclusion must be qualified by the tension between belief in the right to individual self-determination and autonomy, and protection of the greater good. Thus the support for voluntary assistance in dying for the terminally ill, but not for euthanasia or indiscriminate assisted suicide. Still, a lenient court would seem to provide opportunity for a seemingly PRO-assisted-dying public to explore the social implications of that belief in a practical way. This did occur in the next time-period.

PERIOD IIB: 1996-2000

This period represents the symbolic-iconic career of Sue Rodriguez in which her history served as a reference point for all other discussions of assisted dying that occurred. The *Special Senate Committee on Euthanasia and Assisted Suicide: Of Life and Death – Final Report* (1995) served as an authoritative reference for definitions of various forms of assisted dying. The cases which came under public scrutiny included those of Dr. Nancy Morrison, Dr. Maurice Genereux, and the Supreme Court appeal of Robert Latimer. In each of these cases, the Rodriguez history informed

public discussion. As with the previous section, general observations are reported first.

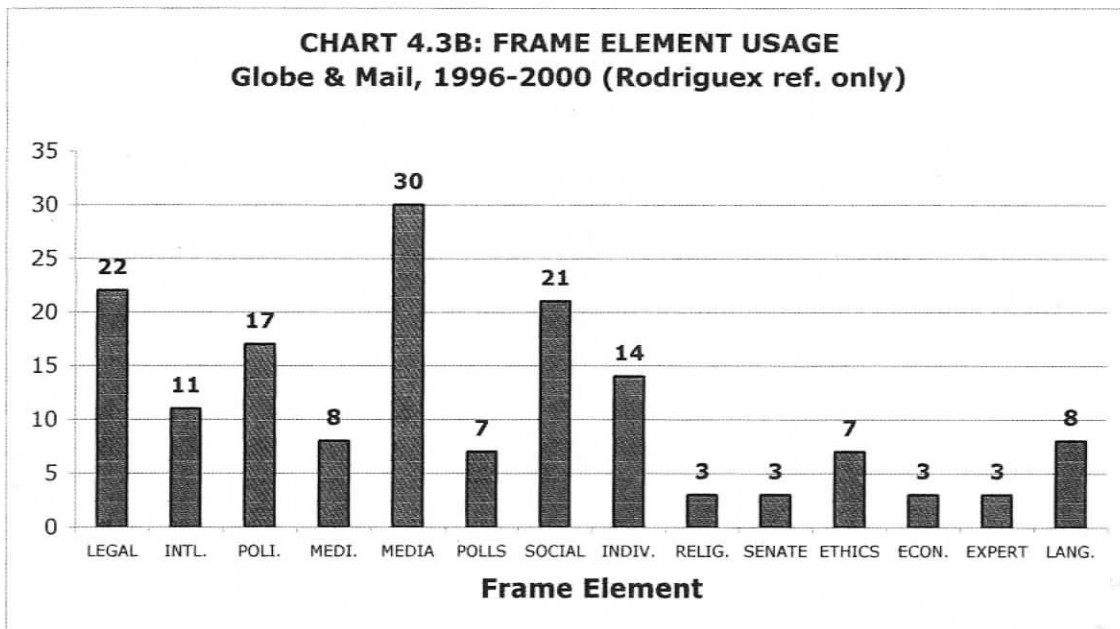
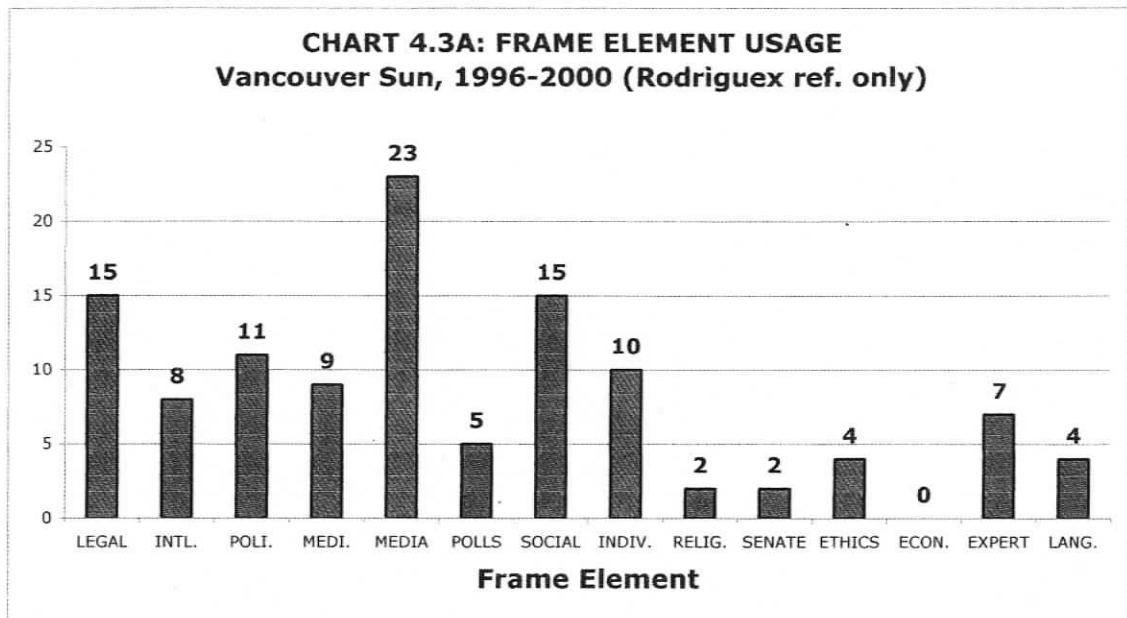
Types of items. The sample yielded 70 items, 1996-2000, 32 from the Vancouver Sun (Table 4.7A), 38 from the Globe & Mail (Table 4.7B).

ITEM TYPE	1996	1997	1998	1999	2000	PIIB
EDITORIAL		.091	.200			.063
LETTER						
NEWS (S)	.455	.727	.400	.500		.594
NEWS (L)				.375		.094
OP-ED	.273	.182	.400	.125		.250
N (YEAR)	8	11	5	8		32

ITEM TYPE	1996	1997	1998	1999	2000	PIIB
EDITORIAL	1.000	.154		.143		.105
LETTER	2.000	.077			.143	.105
NEWS (S)		.231	.500	.429	.143	.263
NEWS (L)		.125		.143	.429	.158
OP-ED	2.000	.385	.500	.286	.286	.368
N (YEAR)	5	13	6	7	7	38

Across this period, short news items comprised the bulk of items in the Vancouver Sun (59.4%), while in the Globe & Mail, op-ed pieces were most prevalent (36.8%) followed by short news items (26.3%). The most active year for the period in both papers was 1997, with the Supreme Court appeal of Robert Latimer. As in the previous period, the Vancouver Sun favoured news items while the Globe & Mail presented more opinion and commentary material. Little can be made of these figures in terms of change due to the low number of items.

Frame element usage. Both papers made use of the same "top three" frame elements, and in the same order of prevalence (Charts 4.3A,B).



The consistency between the two papers would render comparable interpretive fields for readers of either paper, and no discontinuity for readers of both.

Attitudes within frame elements. Table 4.8A details the attitudes within each of the frame elements referenced in the Vancouver Sun, 1996-2000. All "top

three" frame elements are strongly positive towards some form of assisted dying. This finding is related to the attitudes towards Robert Latimer: his act of murder was, for the most part, strongly condemned, but the public felt that the sentence handed down was too harsh. It would appear the latter opinion attracted more press coverage. The media elements, however, are divided between PRO and un-opinionated BALANCED and NEUTRAL items. International elements (not among the "top three") were split 50:50 between PRO and CON attitudes, as were poll and religion references. These polarized attitudes are not of analytical interest; their sum effect within the interpretive field is neutral. Language elements in the Vancouver Sun were decidedly CON (75%) and will be compared with the overwhelmingly PRO use of this particular frame element in the Globe & Mail (87.5%; Table 4.8B). Over-all, then, to say that the Vancouver Sun presents a positive attitude towards assisted dying in this period would be incorrect. A much more balanced or questioning attitude would seem more the case. Again, such conclusions must be drawn with caution; there were very few items in this period.

Table 4.8B details the attitudes within each of the frame elements referenced in the Globe & Mail, 1996-2000. As in the Vancouver Sun, the "top three" —media, legal and social elements— displayed a positive attitude towards assisted dying in some form, likely for the same reasons noted above. Economic elements in the Globe & Mail were strongly CON in attitude (66.7%). This is a unique feature of Globe & Mail frame element usage, but represents only two out of three items in total. Also of note, whereas the Vancouver Sun referenced international and poll elements in a balanced fashion, each of these elements in the Globe & Mail were decidedly PRO in attitude. These were minor differences given the relatively few number of references for each, but noteworthy nonetheless.

TABLE 4.8A

TABLE 4.8A: ATTITUDES WITHIN FRAME ELEMENTS (Rodriguez ref. Only; Vancouver Sun, 1996-2000; percentage of total)

FRAME ELEMENT	Legal	Inter- national	Political	Medical	Media	Polls	Social	Individ- ual	Religion	Senate	Ethics	Econ- omics	Expert	Language
ATTITUDE														
PRO	.667	.375	.636	.556	.435	.400	.533	.500	.500	1.000	.500		.429	.250
BALANCED	.133	.125		.111	.043	.200	.067						.143	
NEUTRAL	.133	.125	.182	.111	.348		.200	.200			.250		.143	
CON	.067	.375	.182	.222	.174	.400	.200	.300	.500		.250		.286	.750
TOTAL:	15	8	11	9	23	5	15	10	2	2	4		7	4

TABLE 4.8B

TABLE 4.8B: ATTITUDES WITHIN FRAME ELEMENTS (Rodriguez ref. Only; Globe & Mail, 1996-2000; percentage of total)

FRAME ELEMENT	Legal	Inter-national	Political	Medical	Media	Polls	Social	Individual	Religion	Senate	Ethics	Economics	Expert	Language
ATTITUDE														
PRO	0.500	0.636	0.471	0.500	0.467	0.714	0.619	0.786	0.333	0.333	0.571	0.333	0.333	0.875
BALANCED	0.091	0.182			0.100	0.143			0.333				0.333	
BALANCED-CON	0.045	0.091	0.059	0.125	0.033	0.143	0.048		0.333		0.143			
NEUTRAL	0.045		0.176		0.200									
AMBIVALENT	0.182		0.176	0.125	0.100		0.095			0.667				
CON	0.136	0.091	0.118	0.250	0.100		0.238	0.214			0.286	0.667	0.333	0.125
TOTAL:	22	11	17	8	30	7	21	14	3	3	7	3	3	8

Legal frame elements. There is a social fascination with the cause of someone's death. There is a definite need within medical and legal institutions to determine "the official" cause and circumstances of death. The coroner's report on the death of Sue Rodriguez was reported in March 1996, two years after she died. Victoria regional coroner Dianne Olson told the press (and the public) that "Right-to-die activist Sue Rodriguez killed herself by drinking liquid laced with morphine and the sedative seconal" (VS96NS02 96-03-02). The identity of the assisting physician was not discovered; Olson made it clear that Rodriguez was "proactive" in willfully swallowing the lethal mix "which indicated she wanted to commit suicide" on the date she had chosen, 12 February 1994.

...According to the [coroner's] report, Rodriguez decided in mid-January of 1994 that she wanted to die on Feb. 12. The coroner says Rodriguez asked her husband Henry that morning to fetch her copy of the book *Final Exit* -- a how-to-commit-suicide book by American author Derek Humphry -- and open it to chapters 22 (entitled "The Final Act") and 23 ("Checklist"). (VS96NS02 96-03-02).

The report seems an attempt to exonerate the assisting doctor from suspicions of having performed an active euthanasia on Rodriguez. Death was *by her own hand* and therefore suicide by definition. Rodriguez's cause of death was variously reported as suicide, assisted suicide, euthanasia and even "natural causes". What *really* transpired between Sue Rodriguez and her doctor is only known by the lone eye witness, Svend Robinson.

The long-awaited coroner's report obviously did not become part of the "Rodriguez File" used by reporters even for the same paper as the following two excerpts show:

Susan Rodriguez died of natural causes after the Supreme Court of Canada turned down her desire to have her death hastened without consequences for those who assisted it. (GM97OE06 97-11-04).

In the aftermath of the 1994 death of Sue Rodriguez, ...who committed suicide with the assistance of a doctor to end the pain of an incurable nerve disease... (GM97NS41 97-11-06).

The attribution of death by natural causes is anomalous, occurring only this once, but left uncorrected and without comment in the *Globe & Mail*.

Whatever the *real* circumstances of her death,

Rodriguez was comparatively lucky to have a quick, painless, physician-assisted death. ...In 1993, when the Supreme Court of Canada upheld Section 241 in the Rodriguez case, it declared that the sanctity-of-life principle must be respected: the deliberate taking of life is wrong, even when death is imminent.

...With the exception of Robert Latimer, prosecutors in recent years have shown a reluctance to deal with cases of euthanasia and consistently select charges intended for much less serious offences. (VS96OE01 96-01-03).

Luck? Or evidence of willingness on the part of some physicians to deliver what they believe to be proper terminal care in accordance with an individual's desires and in defiance of the law? It was reported in the *Globe & Mail* that "six times between 1991 and the spring of 1995, individuals who openly admitted to compassionately helping others to die have received a conditional discharge, or a suspended sentence" in Canada (GM96OE03 96-05-13). The Senate recommendation of a new category of "lesser murder" for compassionate motives (VS98NS07 98-03-25), and the BC guidelines granting judicial discretion in laying charges, would seem to have created a less fearful environment for would-be death assistants.

Parliament, however, remained steadfast in its refusal to formally address the issue, despite the promise of a free vote by the Prime Minister:

In the aftermath of the 1994 death of Sue Rodriguez, ...both Mr. Chretien and his justice minister at the time, Allan Rock, said there would be a free vote on the issue as soon as possible. Almost four years later, it still has not happened, and current Justice Minister Anne McLellan has stated that the file is nowhere near the top of her agenda. (GM97NS41 97-11-06).

That served as a source of continuing frustration for Svend Robinson, who passionately petitioned his colleagues to ensure "Ms. Rodriguez's courageous struggle and that of others who have made the same eloquent plea not be in vain" (GM97NS41 97-11-06). The response was less than encouraging for Robinson.

Initiative towards Criminal Code amendment continued in the Senate.

...The Canadian Senate, much maligned most of the time, conducted a useful study of the issues. The majority on the committee recommended that assisted suicide should not be legalized, but thought a distinction should be inserted into the Criminal Code between first-degree murder and murder on compassionate grounds. The Senate's thinking can easily be attacked, but at least the Senate did some thinking, providing at least one touchstone for those who wish to debate the issue. (GM97OE06 97-11-04).

If Parliament would not provide the more appropriate forum for discussion of assisted dying, the Senate would continue to press the issue, largely through the efforts at the time of Senator Sharon Carstairs. "Canadians," Carstairs said, "need another Sue Rodriguez to push them into legalizing euthanasia" (VS97NS14 97-07-22). Again, there was no doubt that the underground practice of assisted dying flourished in Canada:

Carstairs sat on the Senate committee on euthanasia in 1994-95 and believes there have been thousands of cases in Canada in which physicians have illegally assisted patients to die. However, she said there is no way of knowing just how common physician-assisted suicide is until federal and provincial governments guarantee anonymity and freedom from prosecution to physicians willing to participate in a study. Parliament needs that kind of information before it votes on legalizing euthanasia, she said. (VS97NS14 97-07-22).

Part of the problem in obtaining accurate figures regarding assisted dying in Canada, or anywhere else the practice is illegal, is fear of prosecution on the part of those most intimate with the data. Acting on her beliefs, Carstairs sought to force official recognition of the practice:

Five years after Prime Minister Jean Chretien's unfulfilled promise to allow a free vote on euthanasia, the Senate will rekindle the debate on legalizing mercy killing. Liberal Senator Sharon Carstairs has introduced a private member's bill to help protect physicians from prosecution for withdrawing medical services from terminally ill patients, or inadvertently causing death by administering drugs intended to relieve pain.

...While inspired by the Rodriguez suicide, Carstairs says her bill actually has nothing to do with "euthanasia," but instead allows doctors to relieve suffering without fearing criminal charges... (VS99NS08 99-10-19).

The qualification made to distinguish "relief of suffering" from euthanasia demonstrates the verbal footwork involved in the so-called "double effect" form of assisted dying: pain relief and sedation given as required to control suffering with

the knowledge that such treatment might foreshorten or end the patient's life. This "out" remains an accepted part of palliative care. As long as the *intent* is not to cause death, doctors need not fear prosecution. The difficult issue of intent arose in all of the assisted dying cases during this period which made reference to Rodriguez.

Nancy B. The Nancy B. case concerned "the right to refuse extraordinary treatment" whereas cases such Rodriguez concerned "the right to acquire life-ending drugs (assuming competence on the part of the patient to make those decisions, or a precise delegating of that authority)." Linking these two concepts, it was said, "can only undermine medical ethics as we know them and the ability of patients to choose their own medical care, and lead to what many call the slippery slope" (GM97OE03 97-06-09).

...Similarly, making doctor-assisted suicides an acceptable procedure for the terminally ill (on a par with removing the respirator) may put social pressure on certain individuals - possibly the least well-off or the least well-diagnosed - to end their lives so as "not to be a burden" on their loved ones. And, over time, governments and funding agencies might well lose interest in the more expensive long-term treatment of palliative care and pain control...

This comparison between Nancy B. and Sue Rodriguez raises the spectre of "euthanomics" —decisions on who lives or dies based on economic concerns— a topic further discussed below. With regard to intent, the thought that assisted dying might be seen as a cost-saving measure frightens many.

Dr. Maurice Genereux. The only connection made in the press between Rodriguez and Dr. Maurice Genereux was indirect through John Hofsess. The actions of Genereux —indiscriminately prescribing lethal doses of barbiturates to depressed and suicidal HIV-positive men— were condemned in the press, the courts, and by the medical profession governing bodies. Hofsess went far out on a limb to make something favourable towards assisted dying from this case. Hofsess:

Dr. Maurice Genereux is by no means the only physician in the country who may have helped someone kill himself -- even though this week he became the first doctor in Canada to be charged with assisting a

suicide, says John Hofsess, head of the Right to Die Society. (VS96NS08 96-06-22).

"Too many Canadians," Hofsess said, "are now struggling through difficult and grisly assisted suicides involving an underground network of friends and sympathetic physicians." Hofsess is described as "a veteran right-to-die activist, [who] directly supported the fight for assisted suicide mounted by Sue Rodriguez ...who died in 1994 with the help of NDP MP Svend Robinson and an unknown doctor" (VS96NS08 96-06-22). This sort of association may have created a negative impression towards Rodriguez for receiving support from Hofsess. The question of whether Rodriguez was a free agent in her pursuit of assisted dying, or a puppet of Hofsess and the right-to-die movement strikes directly at the heart of the question of intent. Whether motivated by compassion, or by other more instrumental concerns, only the one acting can answer.

Robert Latimer. Comparisons between Sue Rodriguez and Robert Latimer became symbols for the good and the bad in assisted dying, the decisive distinction being the free choice of the individual.

There is no parallel between the case of Robert Latimer ... and assisted suicide or euthanasia. ...informed consent ... is a fundamental condition of assisted suicide. The distinction is profound. (GM99OE01 99-08-12).

Assisted dying in Canada

... has focused primarily on two cases. One was that of Sue Rodriguez, who lost her fight for euthanasia in the Supreme Court. The British Columbia woman, who had Lou Gehrig's disease, eventually found a physician who helped her take her life. The other case was that of Saskatchewan farmer Robert Latimer who admitted he killed his severely disabled daughter by piping carbon monoxide into the cab of a truck where he had placed her. He was convicted of second-degree murder, but is appealing to the Supreme Court. (VS96NS16 96-09-30).

A poll reported in the same article detailed the uncertainty of physicians regarding their participation in even consensual assisted deaths. The poll conducted by bioethicist Dr. Douglas Kinsella and Marja Varhoef of Calgary was reported as finding that "Almost half of all doctors surveyed in a national study said the law should be

changed to allow physician-assisted suicide" (VS96NS16 96-09-30). The actual figures were 47% pro-euthanasia —an unabashed definition of physician-assisted-suicide— with 39% against and 11% undecided.

The Calgary study showed that while almost half of doctors surveyed supported physician-assisted suicide, only one in five would be willing to actually do it -- even if it were legal. Forty-two per cent would wish it for themselves and 38 per cent would for a close relative.

...The study surveyed 2,005 doctors across the country. It defined assisted suicide as that of helping a patient die with an overdose of medication. Kinsella, director of the medical bioethics office at the University of Calgary, said the figures are not strong enough to frame laws on. (VS96NS16 96-09-30).

The last sentence of the above excerpt expresses the sentiment of the medical establishment in Canada towards assisted dying and that of a government reluctant to act on the issue: there is not enough empirical evidence that assisted suicide is either desired by, or good for, Canadian society. Was this true?

Popular support during this period remained strongly PRO:

However strenuously we as individuals wrestle with the morality of mercy killing, Canadians as a group have spoken in favour. Seven out of 10 have told a Southam-Global poll that euthanasia is acceptable under some circumstances; and six out of 10 favor outright legalization of doctor-assisted suicide.

Support for euthanasia has been growing for 15 years, says University of Victoria ethicist Eike Kluge. It may be that baby boomers, facing their own and their parents' mortality, want to control their deaths as they have their lives. It may be that Canadians cannot bear another public drama like those of Sue Rodriguez and Robert and Tracy Latimer. Whatever the reasons, Canadians are clearly ready to move ahead on this issue. (VS97E03 97-12-19).⁵

As noted, the point of distinction between Rodriguez and Latimer was the matter of self-determination and voluntary consent. This was particularly important to disability rights advocates, some of whom had in fact supported Rodriguez.

Even before the Latimer case... there were signs of the life-and-death debates that were going to face the disability movement. The high profile Sue Rodriguez court challenge in B.C. should have warned people with disabilities about a worrisome change in public attitude. Rather than be shocked by her request for help to end her life, the public rallied around her and said, "Let's allow doctors to kill her, if that's what she wants." Even the disabled persons movement threw its support behind Rodriguez. We did not see that we were jumping on

⁵ For a summary of Gallup poll results over the period of this study, see Appendix A, p. 163.

a bandwagon that was promoting an idea that it was better to be dead than to be living with a disability. We were seduced by an erroneous proposition that freedom to choose death was more important than protection of our life. In many ways, Rodriguez and the disability movement itself were providing fodder for a mind-set which helped Robert Latimer to kill his daughter. (GM97OE01 97-02-06).

The interpretation placed upon the social consequences of the Rodriguez are diametrically opposed to the more usual "good/bad" symbolism of these two cases. The writer of the above article demonstrates the thinking which makes the movement from consensual assisted death, down the slippery slope, to involuntary euthanasia. If correct, the caution or uncertainty expressed by physicians and academics would be justified. If incorrect, the connection could still move public sentiment towards the cautious end of the scale.

...Like the abortion issue, euthanasia is divisive and emotionally charged, as Canadians saw in the high-profile cases of Sue Rodriguez and Robert Latimer. (GM00NL04 00-11-29).

The issue before the Supreme Court in Latimer's appeal more concerned the sentence he received, rather than the acceptability of his actions (VS99NS04 99-05-07). A public poll showed 73% believed the mandatory sentence of twenty-five years with a ten year minimum for second degree murder to be excessive. The same poll showed 41% in favour of legalized "mercy killing" while 38% believed—in agreement with the Senate report of 1995—that "mercy killing" ought to be considered a *lesser* form of murder. Maintaining the status quo was favoured by only 16% (GM99NS02 99-01-11). It remained, however, the policy of the government:

...Meanwhile, the federal government has been steering clear of any attempt to rewrite the law on mercy killings despite recent high-profile cases, including the assisted suicide in 1993 of Sue Rodriguez... (GM99NS02 99-01-11).

Dr. Nancy Morrison. The case of Dr. Nancy Morrison would highlight government inaction. In the flurry of press coverage surrounding the first-degree murder charges laid against Morrison for a mercy-motivated act of involuntary-

active-euthanasia (GM97OE04 97-09-05), the press expressed frustrations that had been brewing since 1993:

Because of the Crown's decision to pursue the Morrison case, Canadians are about to renew the debate, rarely off the public stage these days, over doctor-assisted suicide and mercy killing or euthanasia.

Only a few days after Sue Rodriguez died in 1994 with a doctor-assisted suicide, Prime Minister Jean Chretien promised a debate and a free vote in the House of Commons on whether to legalize doctor-assisted suicide. Despite apparent public support and interest as a result of a number of high-profile cases, Mr. Chretien has not kept his promise. (VS98E01 98-07-04).

Accepting that assisted dying was a given in Canada, the government's refusal to act by addressing the issue in Parliament, as promised, both papers exerted pressure on public opinion to force a change in this attitude:

...The Morrison case, extensively covered by the national press, is the tip of the proverbial iceberg. Families, patients and doctors across Canada are trying every single day to navigate the ethical, moral and legal waters surrounding the circumstances in which it is acceptable to end the life of suffering, terminally ill people.

We all know this is happening... ...Occasionally, a Sue Rodriguez, Robert Latimer or Nancy Morrison case arises, each quite different in its particulars, to remind us (if anyone needed reminding) that although citizens are grappling with the issues, the House of Commons is not. (GM98OE05 98-11-11).

Each time a case involving assisted dying appeared, the name of Sue Rodriguez was invoked to stir memories of the strongly supportive national sentiment her case engendered.

Media frame elements. The "Rodriguez File" used by the press as a summary of the significance of her case changed little from the previous period. It continued to evoke strong memories:

When Sue Rodriguez asked the Supreme Court of Canada for the right to die, she touched off an ethical debate that roared through talk shows, coffee bars, editorial pages and hospital corridors. (VS96NS21 96-11-12)

Sue Rodriguez showed fierce determination and strength of character in her fight for the right to die with dignity. ...in *At the End of the Day: The Sue Rodriguez Story*, a two-hour made-for-TV movie... (GM98OE04 98-10-17).

She also made a celebrity out of ALS, which received disproportionate attention from the press (VS96OE02 96-06-22; VS97OE02 97-02-03).

"Celebrity" was a minor part of the growing symbolic power of the Rodriguez name, which became the watchword for defiant resistance in the face of archaic laws which discriminated against the disabled (GM97NL05 97-05-09) and of a government unwilling to address that injustice (GM00NL01 00-02-09). Invocation of the Rodriguez name lent moral weight to the arguments of pro-choice advocates such as Svend Robinson. Others would be recognized for their association with Rodriguez from the high (lawyer Chris Considine, VS96NS03 96-03-06; Madam Justice McLachlin, VS99NL01 99-11-04; GM99NS23 99-10-26; Senator Sharon Carstairs, VS97NS14 97-07-22) to the lowly (her biographical photographer, VS99NS06 99-08-14). None of these, however, made more of their connection to Sue Rodriguez than Robinson. This affected the memory of Rodriguez in both positive and negative ways.

Robinson used the Rodriguez name to bolster his continued advocacy of assisted dying (GM98NS05 98-02-03; VS99OE03 99-06-14). Those touched by the media image of Sue Rodriguez from 1992 onward would recall Robinson's presence at her side through the Supreme Court trial and to her deathbed.

...1994: After passionately supporting the long quest by terminally ill Sue Rodriguez for the legal right to end her life, he attends her doctor-assisted suicide, then breaks into tears at an emotional press conference describing how she died in his arms. (GM99NS13 99-06-21).

In public presentations, use of Rodriguez's name may have helped Svend Robinson, but she also became part of the litany of questionable decisions and actions made by the controversial Mr. Robinson.

...I suppose it is technically possible that Mr. Robinson doesn't actually like the limelight; that he hates every minute of it. Perhaps he has endured a career in the spotlight for the most noble of motives. If so, he deserves praise for bearing his cross with unusual élan. But there I go -- losing perspective myself. Because where were we when Svend Robinson defied a court injunction at a logging protest, and got himself

arrested? Where were we when he wept at the press conference describing how Sue Rodriguez died in his arms? (GM99OE03 99-09-04).

[Headline] Svend-Scapades: Notes From The Edge.

In his 20 years as a New Democratic Party MP, Svend Robinson has been thrown out of the House of Commons, tossed out of Malaysia and China, cited for contempt of court, fined and imprisoned. Once married, he is Canada's first openly gay MP. ... (GM99NL01 99-06-19).

[Headline] ME-ME-ME-ME-ME Canada's hungriest publicity hounds.

... Accused by critics of being willing to attend "opening of an envelope" so long as TV cameras are there. Would likely assail opener of envelope for infringing on envelope's inviolable right to remain sealed.

..... Just three weeks after suffering near-fatal fall, held lengthy press conference and delivered lengthy Commons speech – with a broken jaw!... [He] was alongside Sue Rodriguez when the high-profile, right-to-die activist ended her life with help of physician. (GM98NS16 98-05-09).

As this period closed, British Columbians identified both Rodriguez and Robinson as among those who most shaped the province over the last century: Robinson was rated 46th, Rodriguez 76th (VS99NL02 99-12-22; VS99NL03 99-12-23). At the opening of her history, Rodriguez entered the public eye in 1992 within the shadow of John Hofsess; at the end of 1999, she was deeply in the shadow of Svend Robinson.

Nevertheless, Rodriguez remained an admirable example and symbol of courage to many (GM97OE02 97-04-15). Robinson: "May her courageous struggle not be in vain" (VS97NS07 97-04-05). University of Lethbridge sociologist, Reginald Bibby, said, "The trouble with being a nation with few heroes is that it reduces our sense of being a people with shared values... To minimize our heroes is to minimize symbols that can keep us together" (VS96OE06 96-08-24). He included Rodriguez in his list of potential Canadian icons, along with Terry Fox, Tommy Douglas, and Ken Taylor. We might ask, "What national values does Rodriguez represent?" this outspokenly independent woman who defied the law, and arranged and executed an illegal assisted suicide. In the papers: courage, tenacity, dignity and determination.

Social frame elements. Is it true, as proponents of assisted dying are reported as saying, that "the right to die as no different from the right to abort"? (GM96OE07 96-08-03). Despite the Supreme Court ruling in *v. Rodriguez*, is individual autonomy in matters of quality-of-life and death the final arbiter? In an article of excerpts from Anne Mullen's (1996) *Timely Death*, the reviewer noted,

It's true that there are individual cases so pitiable that most of us would wish the sufferers early release. The public was horrified and deeply moved by ...the Canadian cases of Sue Rodriguez and Tracey Latimer. Indeed, few readers of this column can have escaped such moments in their own lives, though perhaps not so dramatically. We've turned to medicine, which can prolong life past the point of its having any value, for ways to end it. ...But sympathy for individuals doesn't mean the case for physician-assisted suicide is self-evident. (GM96OE07 96-08-03).

The oil of sympathy is deemed insufficient to calm the turbulent waters of the assisted dying debate. This excerpt questions the value of evocative cases like that of Sue Rodriguez as guides to how society ought to decide the issue.

There is much at stake. For example, how would the institution of medicine be affected if killing patients was to become part of accepted end-of-life-care? Would this irreparably damage the relationship of trust that exists in our society between the public and practitioners of the "healing arts"? Is the Hippocratic Oath, "Do no harm," still valid (VS97OE07 97-12-11)?

If doctors are pledged to sustain the life, they are also expected to ease suffering. By refusing to allow willing doctors to end the suffering of those like ... Sue Rodriguez, we put a strict interpretation of the Hippocratic oath over basic humanity.

As for the argument that assisted suicide is a slippery slope to other things, hospitals have allowed passive euthanasia for some years now, giving patients the right to refuse treatment when they wish or decide in advance that they do not want extraordinary measures taken to keep them alive. (GM96OE02 96-05-09).

Is consent to a patient's wish to die "harm"? "Passive euthanasia" means "allowing to die"; "active euthanasia" means "killing through intervention." As the case of Nancy B. showed, this distinction is not always clear-cut. The question of the role of physicians in assisted dying remained unresolved during this period.

The Rodriguez ruling by the Supreme Court of Canada would suggest that harm to one is worth avoiding risk to many. The "rights" argument put forward by Rodriguez was rejected *in practice*, but, as the dissenting opinions demonstrated, not necessarily *in theory*. The rights of the disabled for self-determination and respect within Canadian society was bound to the issue of assisted dying during this period (GM97E01 97-02-06). From the perspective of the disabled:

As a society, we are still ambivalent concerning the dignity and role of disabled people. Now we must deal with the question of euthanasia, where we kill the elderly, dying -- or disabled -- to end their suffering. It is not a new question. It has been common among many cultures for disabled infants to be left to die or killed outright. Hitler's Nazis carried out a large program of exterminating disabled persons, labelled "useless eaters." Yet many today think euthanasia is not so bad; they would even legalize it.

Those who favour euthanasia usually only want to allow someone to get a doctor's help in ending their lives. That is all Sue Rodriguez wanted. Can't we have voluntary euthanasia without endangering disabled people from being killed without consent? No need for disabled people to be alarmed, is there?

Of the pro-legalization witnesses who appeared before Senate public hearings on euthanasia in 1994-95, almost all talked only about voluntary euthanasia. There is no shortage of legal experts who claim we can devise ways of regulating euthanasia to keep it voluntary. But the argument fails. If we legalize euthanasia in any way, or greatly weaken the current prohibition, eventually disabled people will be in danger. (VS98OE04 98-11-27).

In echoing a call for Parliament to move on the assisted dying issue, one disabled advocacy spokesperson declared, "The organized constituency of persons with disabilities is fundamentally opposed to any amendment of the Criminal Code to allow for assisted suicide. A public debate would allow us to be heard" (GM97L16 97-09-16). Again, the argument is raised that no matter how stringent, no controls can brake the inevitable slide down the slippery slope to involuntary euthanasia. Examples drawn from the experiences of others, notably the Netherlands, were used to prove and disprove the "slippery slope" theory in both papers.

At the end of this period, one commentator wrote,

Two main obstacles lie in the path of legalizing euthanasia. First, many adherents of the three big monotheistic religions -- Judaism, Christianity and Islam -- believe that life, being a gift of God, can be ended only by God. Second is the question of what safeguards against

abuse should be established and where, ethically, to set the bar. (GM00NL01 00-02-09).

The "sanctity of life" featured prominently in the majority decision of the Supreme Court. Protection of life was deemed to be a fundamental social value in Canada. Even if adequate guidelines could be drafted, to whom should they apply? Only the terminally ill? A further excerpt from Mullens' book asks some hard questions:

Will it become legitimate to ask for a doctor's help in killing ourselves because we are depressed, or have lost our job, or a relationship has ended badly? Does keworking replace counsel and hospices as the antechamber to eternity? Does it become a form of triage in which who shall live and who shall die is a matter of convenience and economics? (GM96OE07 96-08-03).

The cultural penetration of the American experience is evident in the neologism "keworking" which refers to assisted death-on-demand. "We now have midwives to bring us into this world," one Globe & Mail respondent wrote, "why not a duly credited and qualified professional "College of Angels" to take us out of it? There you go, a whole new job-creation program" (GM96L03 96-04-17).

Economic frame elements. Sarcastic or not, the Globe & Mail and its readers were considering the economics of assisted death. With a seeming indirect reference to the comparison between Rodriguez and Nancy B. noted above, one contributor to this uncomfortable aspect of the debate noted that

...making doctor-assisted suicides an acceptable procedure for the terminally ill (on a par with removing the respirator) may put social pressure on certain individuals - possibly the least well-off or the least well-diagnosed - to end their lives so as "not to be a burden" on their loved ones. And, over time, governments and funding agencies might well lose interest in the more expensive long-term treatment of palliative care and pain control... (GM97OE03 97-06-09).

Limited health care resources and increasing demand could lead some to believe that death is more desirable than debt. Drawing several strands of the debate together, law professor Ian Hunter wrote:

"Physician-assisted suicide" -- it sounds so humane, so comforting. To have one's trusted doctor standing by one's bedside, pill or syringe at the ready, to send one off for an untroubled crossing of the river Styx. ...Still, who would wish suffering needlessly prolonged? When the time is right, we compassionately put our pets to sleep; when life has

become for us a burden too horrible to be further endured, should we not be treated as humanely as our pets? In a nutshell, that is the argument for euthanasia and it is a powerful one.

... Why can the line between voluntary and involuntary euthanasia -- so clear in the minds of theoreticians and academics -- not be maintained in practice? Two reasons, predominantly. First, because what may appear to be voluntary consent may in reality be coerced consent. Second, I predict that over time informed consent will yield to the exigencies of health-care financing. Euthanasia is a cost-effective "treatment" for patients with wasting, long-term diseases. Kathleen Foley, of New York's Sloan Kettering Cancer Centre, has said: "My worry is that it's going to be cheaper to kill people than to care for them when they're dying." (GM00OE08 00-12-01).

Economic concerns are frequently voiced in the American literature; fully funded health care is not universal in the USA. However, Canada is not immune from these expressed fears. A Senate report released in 2005, the year after this study ends, subtitled "Quality-End-of-Life-Care" bore the telling main title, "Still Not There." Under the direction of Senator Sharon Carstairs, the committee-prepared report stated that "no more than 15% of Canadians have access to hospice palliative care" (Senate 2005: 1). The major recommendations of the report called on the government to allocate resources to rectify this situation. It further noted the dismal record of the government to put into effect the recommendations made in the earlier, 1995 report, produced in reaction to the Rodriguez case. "Still not there" sums up the situation: there is need for a collective will to make end-of-life care a national priority and to allocate sufficient economic resources to back it up.

Summary. Anne Mullens asks, "Why is the acceptance of euthanasia gaining ground?" (VS97OE03 97-08-29). Several reasons are cited, including "a rapidly aging population [also noted in the 2005 Senate report], widespread disillusionment with medical technology, the decline of medical paternalism, the decline of religious beliefs and the rise of individual rights" among others. In addition to these sociological factors, metaphysical and philosophical issues also obtain:

In the scheme of the universe, should human beings have the right to control the circumstances of their deaths or must that be left to God or nature?

If the acceptance or rejection of euthanasia comes down to one's personal moral or religious beliefs, what is the role of government in either limiting or accommodating moral choice?

Would the availability of euthanasia or assisted suicide diminish the reverence for life or decrease public tolerance for those with illness, disability or infirmity who choose not to end their lives? (VS97OE03 97-08-29).

The debate revolves around one of the elements in sociological theory, the tension between individual self-determination and autonomy, and the need to preserve a cohesive and protective society. This was exactly the issue recognized by the Supreme Court of Canada in *v. Rodriguez*.

With respect to the legal status of assisted dying, this period ended with the continuance of the *status quo*. For some, it was a period of evolving opinions. Two such changes of heart stand out. First, that of the editorial staff of the *Globe & Mail*, which changed its attitude towards assisted dying from CON to PRO, citing three reasons: the decision of the US Supreme Court that physician-assisted-dying is not killing in the legal sense; the reluctance of the Canadian government to act on the clear will of the people; and, media coverage of the *Rodriguez* case, which it termed "titillation without morality" (GM96E01 96-04-06). This change was greeted favourably by most (4:1 for in letters received by the paper), but not by all. For example, a letter from a "layman":

I was chilled by your editorial. ...Your abandonment of hope for public discourse on this issue is disappointing... ...Your proposal to "permit individual doctors in consultation with individual patients to decide" ...protected by an official position of public disapproval, strikes me as especially pernicious. Who could trust a profession which makes such a mockery of the "central ethical principle that a doctor must do no harm?" (GM96L02 96-04-17).

And a response from a leading academic, Margaret Somerville:

The *Globe's* recent editorial advocated physician-assisted suicide solely on the basis of terminally ill individuals' rights to choose death when they judge their lives to be not worth living. The issues raised by physician-assisted suicide - which, at the societal level, raises the same issues as other forms of euthanasia - are not, however, only ones of personal morality that affect only the individuals concerned. They involve changing one of the most important principles on which

our society is founded: that we must not kill each other. They also involve one of our most important professions - medicine - and its value-creating, value-carrying, symbolic role for society. (GM96OE01 96-04-22).

Somerville goes on to question why this change in attitude now? Nothing, she said, has changed: the right to refuse medical intervention is firmly entrenched in Canada law, as is the right to have it removed once initiated. She attributes the prevalent anti-medical-technology sentiment behind the call for physician-assisted dying to postmodern individualism. The business of medical technology is the relief of suffering; doctors do not kill. The strongest argument is directed towards the inherent change in social values legalization of assisted dying would represent:

The Globe articulates as the basis for changing its editorial position on doctor-assisted suicide that we should follow the approach of the U.S. courts, which found no difference between actively enabling people to die and respecting their refusal of treatment, which in recent times has included respecting their wishes to be disconnected from life-support. Have we been wrong for millennia in seeing a fundamental difference between these two ways of dying, prohibiting the former and permitting the latter? GM96OE01 96-04-22

There is the complexity of the situation: are assisted dying and patient rights to withhold/withdraw even life-sustaining treatment morally equivalent? Or, does it remain socially wrong to kill, no matter the intent or the situation?

The Canadian public had not resolved these issue to the satisfaction of those with the authority to change the law. One notable individual from that community who also changed his thinking from CON to PRO was retired Supreme Court Justice Frank Iacobucci. In self-accusation over the Rodriguez decision, he said "Why the hell didn't you decide it the other way? ...I mean, she wanted her last minutes on Earth to be with her son. I don't care whether your grounds are religious, philosophical or medical -- you cannot deny the nobility of that claim" (GM00NL02 00-04-07).

An evaluation of the integrated interpretive frame at the end of this period suggests the following: a tension between the Senate and the House of Commons

over appropriate action on assisted dying; legal cases that delineated allowable from unacceptable forms of assisted dying —good: Rodriguez, Morrison; bad: Genereux, Latimer— and the emergence of a symbolic shorthand around these names; a continued and clarified emphasis on the self-determination of the individual. As at the end of Period IIA, the interpretive frame in the two papers suggests that Canadian society was ready and eager to legalize some form of assisted dying. The remaining stumbling blocks: government reluctance to act, medical and academic resistance. Still, the interpretive frame cannot be said to be either positive or negative, but divided and engaged in serious discussion. A lot of very serious questions remained outstanding.

PERIOD III: 2001-2004

This period continues the symbolic career of Sue Rodriguez, furthers the relationship and distinction between her case and that of Robert Latimer, and concludes with the case of Evelyn Martens. The sample yielded 91 items, 2001-2004, 44 from the Vancouver Sun, 47 from the Globe & Mail. There were no mentions of either Rodriguez or Martens in the Globe & Mail in 2003 (Tables 4.9A,B).

The Tables which follow separate and aggregate items referring to the primary cases of interest. Regarding Rodriguez, op-ed and quasi-op-ed long news items predominated, comprising 52.8% of all Rodriguez references. Short news items —“hard” news— made up only 25% of all Rodriguez references, but 76.9% of all Martens references. Op-ed and quasi-op-ed long news items accounted for only 7.6% of Martens references in the Vancouver Sun. Combining all references to the primary cases, short news items made up 61.4% of all items in the Vancouver Sun for the period 2001-2004.

Coverage in the Globe & Mail with reference to Rodriguez was balanced between short news and op-ed items, each contributing 35.7% to the total. The

combined total of editorial, reader contributed, and openly opinionated pieces thus outweighed hard news by approximately 2:1 for items referencing Rodriguez.

Coverage referencing Martens was 63.2% short news in the Globe & Mail.

TABLE 4.9A1: PERIOD III ITEM TYPES Vancouver Sun
Rodriguez ref. only.

ITEM TYPE	2001	2002	2003	2004	PIII
EDITORIAL				.111	.056
LETTER					
NEWS (S)	.250	.500	1.000	.222	.250
NEWS (L)	.500	.500		.222	.250
OP-ED	.250			.444	.278
N (YEAR)	4	4	1	9	18

TABLE 4.9B1: PERIOD III ITEM TYPES Globe & Mail
Rodriguez ref. only.

ITEM TYPE	2001	2002	2003	2004	PIII
EDITORIAL	.167		.125	.143	.107
LETTER	.167				.036
NEWS (S)	.500	.714	.125	.143	.357
NEWS (L)			.250	.286	.143
OP-ED	.167	.286	.500	.429	.357
N (YEAR)	6	7	8	7	28

TABLE 4.9A2: PERIOD III ITEM TYPES Vancouver Sun
Martens ref. only.

ITEM TYPE	2001	2002	2003	2004	PIII
EDITORIAL					
LETTER				.083	.077
NEWS (S)			1.000	.833	.769
NEWS (L)		1.000		.042	.038
OP-ED				.042	.038
N (YEAR)		1	1	24	26

TABLE 4.9B2: PERIOD III ITEM TYPES Globe & Mail
Martens ref. only.

ITEM TYPE	2001	2002	2003	2004	PIII
EDITORIAL				.071	.053
LETTER					
NEWS (S)		1.000		.786	.632
NEWS (L)				.071	.053
OP-ED				.071	.053
N (YEAR)		5		14	19

TABLE 4.9A3: PERIOD III ITEM TYPES Vancouver Sun
Combined ref.

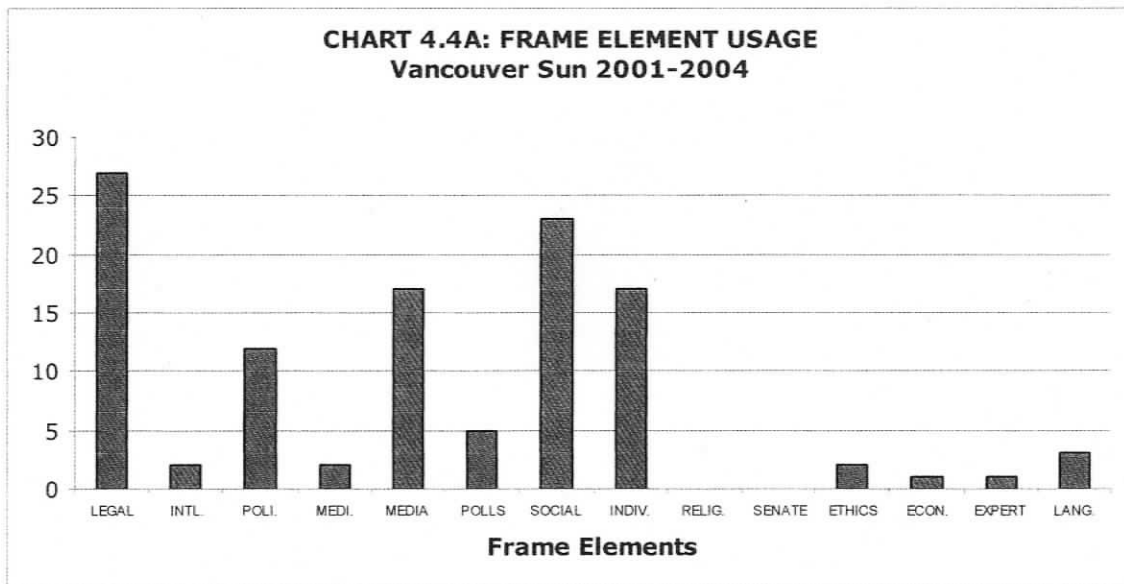
ITEM TYPE	2001	2002	2003	2004	PIII
EDITORIAL				.030	.023
LETTER				.061	.045
NEWS (S)	.250	.400	1.000	.667	.614
NEWS (L)	.500	.600		.091	.182
OP-ED	.250			.152	.136
N (YEAR)	4	5	2	33	44

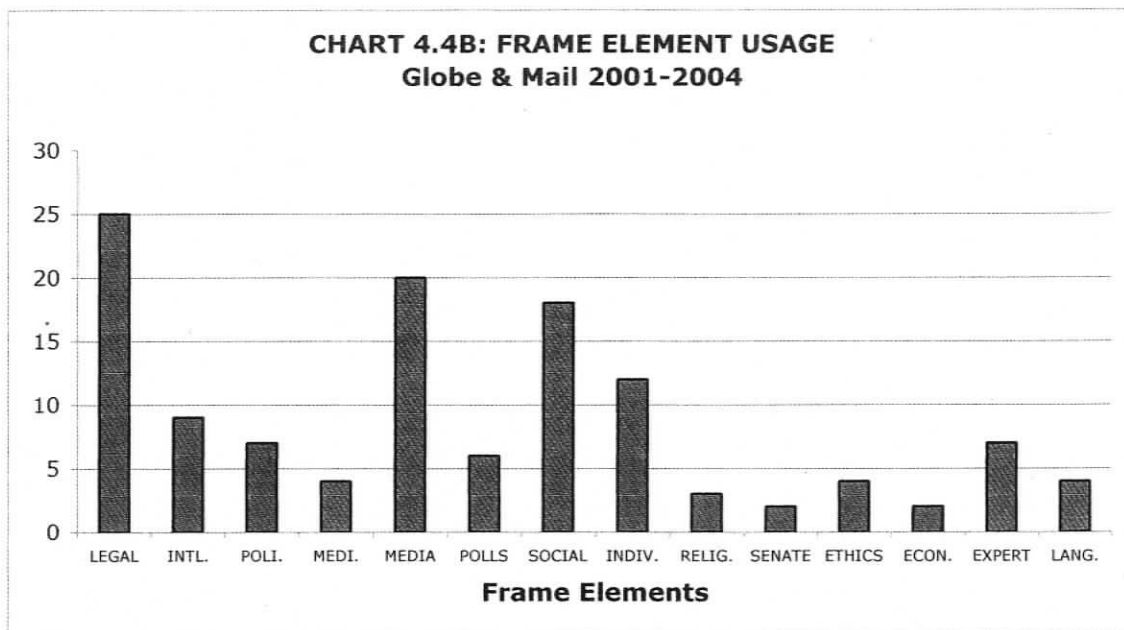
TABLE 4.9B3: PERIOD III ITEM TYPES Globe & Mail
Combined ref.

ITEM TYPE	2001	2002	2003	2004	PIII
EDITORIAL	.167		.125	.095	.085
LETTER	.167				.021
NEWS (S)	.500	.833	.125	.571	.553
NEWS (L)			.250	.143	.106
OP-ED	.167	.167	.500	.190	.234
N (YEAR)	6	12	8	21	47

Combining all references to the primary cases, a balanced presentation between hard news and other types of items emerges, with short news comprising only 55.3% of the combined total of all sampled items in the *Globe & Mail*, 2001-2004. As in the previous period, the small number of items makes any quantitative conclusions drawn from these data suspect.

Frame element usage. In this period, a "top four" selection of frame elements will provide a better picture of what was happening within the interpretive frame, 2001-2004 (Charts 4.4A,B): the "top three" from Period II —legal, media, social— continue to predominate, with the addition in Period III of individualism. As in the previous period, readers of either, or both, papers would encounter comparable interpretive fields.





Attitudes within frame elements. Table 4:10A details the attitudes expressed within each of the frame elements referenced in the Vancouver Sun, 2001-2004. It cannot be said that a PRO attitude prevailed within any frame element of the "top four" as the Summary Table 4.10A shows:

	LEGAL	MEDIA	SOCIAL	INDIVIDUAL
PRO	29.6%	23.5%	30.4%	35.3%
BALANCED				11.8%
NEUTRAL	33.3%	23.5%	30.4%	23.5%
CON	18.5%	35.3%	21.7%	11.8%
Contribution of "top four"	81.4%	82.3%	82.5%	82.4%

Over-all, the attitude presented in the Vancouver Sun, 2001-2004, for Period III is undecided.

The picture in the Globe & Mail is simpler (Table 4:10B, and Summary).

	LEGAL	MEDIA	SOCIAL	INDIVIDUAL
PRO	20.0%	25.0%	22.2%	33.3%
BALANCED	20.0%	20.0%	22.2%	16.7%
COMPLEX	12.0%	15.0%	11.1%	16.7%
Contribution of "top four"	52.0%	60.0%	55.5%	66.7%

The COMPLEX attitude that factors into each frame element of the "top four" in the Globe & Mail denotes a particular point of interest regarding the case of Evelyn Martens. The COMPLEX attitude breaks down into PRO-self-determined-death and CON-euthanasia. In personal terms, as discussed below, this manifests as PRO those who receive assisted dying help but CON those who provide such help. This may account for the increased significance of individualistic elements in the interpretive field. That this emphasis indicates a heightened tension between social and individual interests in this Period is unlikely.

TABLE 4:10A

TABLE 4.10A: ATTITUDES WITHIN FRAME ELEMENTS (Rodriguez and Martens combined ref.; Vancouver Sun, 2001-2004; percentage of total)

FRAME ELEMENT	Legal	Inter-national	Political	Medical	Media	Polls	Social	Individual	Religion	Senate	Ethics	Economics	Expert	Language
ATTITUDE														
PRO	.296		.333		.235	.200	.304	.353			.500			.333
BALANCED-PRO	.037	.500			.059	.200	.043	.059			.500			
BALANCED	.074	.500		1.000		.400	.087	.118					1.000	.333
NEUTRAL-PRO	.037							.059						
NEUTRAL	.333		.250		.235	.200	.304	.235						
AMBIVALENT	.037				.059		.043	.059						
AMBIVALENT-CON			.083		.059									
CON	.185		.333		.353		.217	.118				1.000		.333
TOTAL:	27	2	12	2	17	5	23	17			2	1	1	3

TABLE 4:10B

TABLE 4.10B: ATTITUDES WITHIN FRAME ELEMENTS (Rodriguez and Martens ref.; Globe & Mail, 2001-2004; percentage of total)

FRAME ELEMENT	Legal	Inter-national	Political	Medical	Media	Polls	Social	Individual	Religion	Senate	Ethics	Economics	Expert	Language
ATTITUDE														
PRO	.200	.556	.143		.250	.333	.222	.333			.250			
BALANCED	.240	.111	.286	.500	.200	.167	.222	.167		.500	.250		.714	.500
NEUTRAL-PRO	.040				.050		.056		.333		.250			
NEUTRAL-CON	.080				.100		.056							
AMBIVALENT	.040	.111	.143		.050	.167	.056							
COMPLEX	.120		.286		.150		.111	.167	.333		.250			.250
CON	.080				.050	.167	.056	.083						
TOTAL:	25	9	7	4	20	6	18	12	3	2	4	2	7	4

The Evelyn Martens Case. The Evelyn Martens case rekindled discussion of the ethical and moral issues surrounding the death of Sue Rodriguez (VS02NS06 02-06-29) with one crucial distinction: Rodriguez was the *recipient* whereas Martens was the *provider* of assisted dying help.

Charges were brought against Martens in a BC court under the Criminal Code of Canada, Part VIII: Offences Against The Person And Reputation, Section 241, which states:

Every one who
 (a) counsels a person to commit suicide, or
 (b) aids or abets a person to commit suicide, whether suicide ensues or not,
 is guilty of an indictable offence and liable to imprisonment for a term not exceeding fourteen years
 (R.S., 1985, c. C-46, s. 241; R.S., 1985, c. 27 (1st Supp.), s. 7.;
 Source: <http://laws.justice.gc.ca/en/C-46/42644.html>).

As reported in the Vancouver Sun and the Globe & Mail:

...a 71-year-old grandmother has been charged with helping and counselling two women to commit suicide. (VS02NS06 02-06-29).

One so sinister, one so innocent. This difference would persist throughout the press coverage of the Martens case: a harmless old woman treated like a dangerous criminal for an act of compassion.

Evelyn Marie Martens ...was arrested the night of June 26 on a Vancouver Island highway, shortly after she left a ferry that had originated from a terminal in the Vancouver area. She has been charged with aiding and counselling a former nun, Monique Charest, 64, to commit suicide on Jan. 7 in Duncan... Ms. Martens also faces charges related to the June 26 death of Leyanne Burchell, 52, a Vancouver school teacher. (GM02NS08 02-07-09).

Her arrest was precipitated by an RCMP sting operation in which an undercover policewoman posed as a distraught relative of one of the deceased women in order to record a confession from Martens (VS04NS09 04-10-19). Though never openly criticized in either paper, this action was recounted with sufficient frequency to mark it as a major issue in the case.

The press seemed preoccupied with what Martens wore to her court appearances, her behaviours and demeanor.

... Evelyn Martens, 74, wearing dress slacks and a beige-and-cream rain jacket, refused to comment as she came and went from the courthouse, flanked by her two lawyers. (VS04NS03 04-09-21).

This trivial reporting was likely due to an imposed publication ban prior to avoid jury contamination. The ban was agreed to by Martens and her lawyer:

Catherine Tyhurst, a Victoria lawyer who is defending Ms. Martens, said her client is wary of publicity before a trial begins, citing the many stories surrounding the controversial right-to-die issue when Sue Rodriguez sought the right to assisted suicide in the early 1990s. ...Ms. Tyhurst said. "We're very concerned that this matter not be adjudicated by the general public -- who don't have the facts after all - - before the matter comes to court." (GM02NS08 02-07-09).

Ms. Martens has maintained a low profile since her arrest. She has refused to grant interviews and relatives are also keeping quiet. (GM02NS09 02-07-17).

Martens was very concerned that the "court of public opinion" be avoided.

Consequently, the press she received represented her as "everyone's grandma":

Outside the courtroom, 90 minutes after the bail hearing ended [the] ...71-year-old grandmother... walked briskly into a grey minivan. "Sorry. No comment," she said before a family member slammed the van door. About a dozen members of her family and supporters showed up in the courtroom. Ms. Martens, who lives with a daughter in the Victoria bedroom community of Langford, smiled at them at first and then regularly looked over, remaining composed. The stark courtroom setting contrasted sharply with the grandmother's appearance: Wire-rimmed glasses, tight-curved greying hair, white top and blue jacket. (GM02NS07 02-07-03).

There was a discrepancy as to her age between the Vancouver Sun and the Globe & Mail, but the coverage and image were the same.

The judge in the case and the crown prosecutor had a very different image of Martens, as a suicide specialist-for-hire:

...Judge Bracken wanted to impose strict conditions on her release on a \$5,000 surety. Among various stipulations, she cannot possess any devices related to assisted suicides, such as so-called "exit bags," which would include plastic bags and ropes, tubes and other equipment. As well, she has been barred from using a computer and having access to the Internet and e-mail. She must also meet curfew rules, staying home between 6 a.m. and 10 p.m. and away from any Right to Die functions. (GM02NS07 02-07-03).

Martens' association with the Victoria Right-to-Die Society and its president, John Hofsess, was used as evidence of her guilt by the prosecution. Hofsess' praise for her on the Society's website was particularly damaging:

Ms. Martens is a member of the Right to Die Society of Canada, according to an Internet site that cites her for her "enterprising efforts... [and] sharing the workload..."
 ...published on the Internet by John Hofsess... ...the DeathNET web site... contains information on "exit bags" ...and other assisted suicide techniques such as the use of Debreather equipment and gas cylinders and tubing. (VS02NS06 02-06-29; GM02NS07 02-07-03).

Martens' work with the Right-to-Die Society and its catalogue of death tools were featured in reports of "the facts" of her case, the "Martens File" as it were. In limited coverage, the Vancouver Sun made reference to Martens' active membership in the Society four times, the Globe & Mail six times. Society literature seized from Martens' home by the RCMP was mentioned once by each paper. The mention of "death tools" held a particular fascination for the press. The Vancouver Sun, in four references, focused attention on the suicide technology known as the "exit bag":

An "exit bag" is a specially designed suffocation device that has a sealing edge on the open end -- often Velcro -- and is usually used with a hose that pumps gas into the bag, Crawford said. "You just slowly lose consciousness and eventually your whole system starts to shut down. It's kind of a non-violent way of suffocating." (VS03NS01 03-01-28).

The Globe & Mail, in six references, described other "death tools":

...police seized items from [Martens], including helium tanks, sleep-inducing drugs and plastic bags with hoses and collars attached. The plastic bags are known in the right-to-die movement as exit bags... (GM04NS04 04-10-20).

A grey-haired grandmother, perhaps, with deadly instruments in her closet.

It was further noted, twice by each paper, that Martens' *presence* at the deaths of the two women was part of the prosecution package. This seems peculiar. Recall that mere presence at a suicide was deemed to not be a crime, for Svend Robinson at least.

The two deceased women, Monique Charest and Leyanne Burchell, received as much, if not more, press line-space than Martens herself. Even in description, it is difficult to decide how to refer to these two women: are they *victims* of a crime, or the *recipients* of a service? The Vancouver Sun did make clear the women's ages and former occupations —"former nun Monique Charest, 64" and "school teacher Leyanne Burchell, 52" (VS04NS05 04-10-01), but erred in describing both women as terminally ill. Burchell was dying of cancer; Charest was tired of living.

Monique Charest... A British Columbia woman who prosecutors say committed suicide with the help of another woman talked constantly of death, the B.C. Supreme court heard... (VS04NS06 04-10-14).

There was no doubt that her death was an a consensual act of suicide (VS04NS12 04-10-22). The question was whether Martens' involvement, as described by an eyewitness, constituted a criminal act.

Ms. Hurn, who said she and Ms. Martens have been long-time members of the Right to Die Society of Canada, said she saw Ms. Charest, with a plastic bag on her forehead, eating applesauce laced with sleep-inducing drugs and drinking a small glass of liquor. (GM04NS07 04-11-04).

...Charest pulled the bag over her face she spotted the cat... After taking care of the cat Hurn went to the bathroom. When she came out she asked Martens "has she gone?" and she said Martens replied: "I think so, but we'll wait for a while." (VS04NS07 04-10-15).

It is alleged that Ms. Charest placed the bag over her head and pumped helium into it, displacing the oxygen... (GM04NS08 04-11-05).

Monique Charest, who the Crown contends committed suicide with an illegal helping hand, died with enough drugs in her body to make her drowsy but not to kill her, a court heard Friday.

Charest...was a paid member of the Right to Die Society, was found dead in her Duncan apartment on Jan. 7, 2002.

...The jury has already heard Charest had decided to use a suicide method involving a plastic bag fitted over her head. The bag was connected by a hose to a tank of helium from a balloon kit to displace all the air inside. Testimony has also indicated Charest had spoken of a terror of being incapacitated by a stroke and subsequently sent to a nursing home where she would no control over her pain-filled body. (VS04NS08 04-10-16).

As for the actions of Evelyn Martens, "She [Charest] did it herself but I was still there," said Martens. "The last thing she said was 'thank you so much.'" (VS04NS13 04-10-23).

...Martens and another woman cleaned up Ms. Charest's apartment to hide evidence of a suicide because Ms. Charest had religious convictions that did not agree with suicide... Ms. Martens told the undercover police officer that Ms. Charest was happy people were with her when she was going to end her life because she did not want anything to go wrong, he continued. "I made sure that this was what she wanted." (GM04NS02 04-10-13).

In sum, the "facts" in the "Charest File" that featured most prominently in the press were: her former status as a nun (Vancouver Sun 12 references; Globe & Mail 6); her paid up membership in the Right-to-Die Society (Vancouver Sun 3; Globe & Mail nil); that her suicide was consensual (Vancouver Sun 3; Globe & Mail 2). Charest's cause of death was reported in the Vancouver Sun as "heart failure" and in the Globe & Mail as "natural causes". Both papers noted that her condition was non-terminal at the time of her death.

The terminal condition of Leyanne Burchell was mentioned often (8 times in the Vancouver Sun; 3 in the Globe & Mail). Burchell's cause of death was reported as a drug overdose in both papers (VS04NS11 04-10-21). The only other prominent item in the "Burchell File" other than her age was her occupation as a school teacher (referenced 3 times by the Vancouver Sun, 5 times by the Globe & Mail). Burchell was also a member-in-good-standing of the Right-to-Die Society. Her suicide was not in doubt; she left a note (GM04NS02 04-10-13).

The pre-eminent characteristic reported of Leyanne Burchell was her individualism. "Leyanne was extremely independent," her sister said (VS04NS10 04-10-20). She also said it was understood she would consider suicide as an option as the cancer spread.

'She thought you should be free to make a choice as long as you're not harming anyone else,' ... Leyanne Burchell knew she was going to die. (VS04NS20 04-11-05).

"She wanted to control her own medications. She wanted to die at home. She still wanted to drive. She was used to doing it all herself." It wasn't until after she committed suicide, in June of 2002, that Ms. Huguet discovered her sister had been corresponding with organizations that support assisted suicide, she said. (GM04NS04 04-10-20).

It was alleged that Martens provided both women with "homemade suicide kits" and that the "small, frail looking ...74 year old... Martens" had counseled them on euthanasia (VS04NS16 04-11-01). As presented at trial, the women allegedly

...sought the suicide skills of Evelyn Martens, Crown prosecutor Susan Rupertus told the B.C. Supreme Court during closing arguments...
... Defense lawyer Catherine Tyhurst said that Ms. Martens had "no criminal intent." (GM04NS06 04-11-02).

A B.C. Supreme Court Justice instructed jurors that their task was to "decide the motivation" under which Martens acted (GM04NS07 04-11-04).

Was this a case of compassionate service rendered or murder for hire?

According to the defense:

Evelyn Martens committed an act of human compassion, not a crime, when she attended the suicides of two women, her lawyer argued...
..."Her motive was compassion and the means were comfort and moral support," said Tyhurst. "Her attendance was passive and nothing more." (VS04NS17 04-11-02).

According to the prosecution:

Crown counsel Susan Rupertus..."She [Martens] was there to assist. She was there to help. She was there to aid in that suicide," she said.
... Martens had an in-depth knowledge and expertise in how to help people commit suicide, including the apparatus. "She is the person to call if anyone has questions about new technology for self-deliverance," said Rupertus. ...You bring along equipment, expertise and apply your skills, Rupertus told the seven men and five women of the jury. "And when you are there you make sure the task is done properly," she said. (S04NS17 04-11-02).

Complicating the deliberations was the fact of outstanding charges against Martens and possible extradition to Ireland for a similar alleged offense (VS03NS01 03-01-28). Who was Evelyn Martens?

The Crown described Ms. Martens as a death contractor, someone called in to provide expertise on conducting a successful suicide. But the defense said Ms. Martens acted out of compassion and said the Crown did not prove that she was anything more than a passive bystander at the suicides. (GM04NS08 04-11-05).

The jury believed Martens, returning a verdict of "not guilty" on all charges. The Crown had thirty days to appeal; they did not do so.

Reactions from both sides of the assisted dying debate were swift. It was

...a verdict that Canada's right-to-die movement claims as a significant boost to their cause.... Her supporters hope the two not-guilty verdicts will persuade politicians to liberalize suicide laws. ... As a secular society, Canada should amend the law to take into account society's increasing willingness to give people more choice over personal life-and-death issues...

...a blow to opponents of assisted suicide,. ... Beverly Welsh of the Euthanasia Prevention Coalition said.... "This is terrible. Pretty soon old people are going to think they have a duty to die." (GM04NS08 04-11-05).

"The prosecution tried to portray her [Martens] as a great-grandmother who was a contract euthanasia agent for hire, but clearly the jury saw something different," Martin Frith, of Dying With Dignity, said. "They saw that she acted out of compassion." (GM04NS09 04-11-06).

Some members of the "court of public opinion" saw things differently. Only two letters were printed in response to Martens' acquittal, both in the Vancouver Sun and both very CON in attitude:

Certain words in the English language simply do not belong together, such as "assisted suicide." This just adds to the devastating decision of a person to take his or her own life and suggests that another person can encourage and counsel someone to kill themselves.

What kind of human beings are we that we would consider a quick death as an alternative to the dignity of a life that is less than perfect? I would be ashamed to belong to a country that chose killing those who inconvenienced us as a solution, rather than looking into improving our palliative care, pain management and support for those who care for the disabled. Suicidal people are vulnerable and need our protection and care.

"Assisted suicide" should not be in our vocabulary. Call it what it is: Murder. (VS04L01 04-11-10).

Let's have the debate around assisted suicide without presuming it to be something else, such as murder.

Although Evelyn Martens was found not guilty in a recent court case, the larger issue is whether or not it should be legal to assist someone who decides their life is just too unbearable to carry on, and who is not physically capable of committing suicide by their own hand alone. The discussion should be separate from matters such as involuntary

euthanasia or encouraging suicide; these would involve direction or coercion. (VS04L02 04-11-17).

The Globe & Mail predicted the verdict would have wide implications for both PRO and CON advocates. According to Martens' lawyer,

... the ruling has no relevance to cases in which people are accused of assisting in the suicide of someone who is so disabled or mentally incompetent that they can't act for themselves. "The area of euthanasia is still very grey. And it must be understood that this case involved a suicide where the individuals were clearly determined, organized and obviously mentally competent." Ms. Tyhurst said

According to Ian Gentles, a professor at York University,

..."We don't want to see an accumulation of cases like this that will be used to try to change the law." said he was troubled by the ruling. "People who care for the dying say a request for suicide is often a cry for help. Quite often people asking to commit suicide are depressed or mentally ill and what they really need is help to get over their depression." He said he hopes the Crown won't hesitate to prosecute future cases. (GM04NS09 04-11-06).

The Justice Minister at the time, Irwin Cotler, stated,

Among the population, there is this division. People believe this is a matter of the right of personal choice and the right to die in dignity. Others feel we've got to protect the rights of the disabled, and this may be prejudicial. (GM04NS10 04-11-18).

The Martens trial and verdict did nothing to clear away the legal uncertainties which have been seen to persist from 1991 through 2004. Reviewing the decade of the 1990s, including the Supreme Court of Canada verdict against Sue Rodriguez, a Vancouver Sun commentator said, "A look back shows us how our nation grew, changed and moved forward" (VS01NL02 01-12-31).

Legal frame elements. Not much forward, however, as Rodriguez and Latimer were still in the headlines, the issue of consensual assisted dying still being hammered out:

Nearly 10 years have passed since Sue Rodriguez pleaded with our politicians to address the issue of doctor-assisted suicide. ...A huge gulf exists between a Sue Rodriguez and a Robert Latimer.

In 1994, three-quarters of respondents told the Angus Reid Group they supported the legalization of doctor-assisted suicide, the resolution Ms. Rodriguez sought.

In 1999, with Mr. Latimer's trial in the news, only 41 per cent expressed support for "mercy killing." Another 38 per cent said it should remain illegal but wanted leniency for people who carry out such acts. Eighteen per cent thought mercy killing should be treated like any other murder... (GM01OE05 01-01-23).

Robert Latimer received a stiffer sentence than notorious child-killer, Karla Homolka;

Rodriguez's death was called a "mercy killing" (GM01NS01 01-01-19).

As Canada faced the fallout of yet another inconclusive court case, the Netherlands became the first nation to legalize euthanasia.⁶

The Dutch law "is a good example for other countries to re-evaluate what they are doing," said Pieter Admiraal, the first physician in the Netherlands to openly promote euthanasia. "In every country of the world, euthanasia is done in secret," he added from Rijswijk yesterday. (GM01NS06 01-04-11).

The editors of the Globe & Mail agreed:

With the Dutch Senate yesterday passing a law legalizing euthanasia, this is a good time for Canada to open a legislative debate on the topic. The Netherlands is the first country in the world to legalize euthanasia, although Dutch law-enforcement authorities have been turning a blind eye to the crime since 1996. Countries such as Belgium are expected to consider similar legislation. (GM01E02 01-04-11).

Critics were concerned about the potential for subtle, even inadvertent, coercion at moments of greatest physical, mental or emotional weakness. Some objected to any form of assisted dying because of religious or philosophical belief in the sanctity and inviolability of human life. Was it possible to devise a system of safeguards that empowers, protects and makes sense to most people? The message seemed to be that *some* form of legalized assisted dying was *right* for Canada. The problem was how to secure the distinction between Rodriguez and Latimer in a set of enforceable guidelines.

The issue of euthanasia pits those who see it as a form of legalized murder against those who believe it to be the ultimate act of compassion, as Canadians saw in the high-profile cases of Sue Rodriguez and Robert Latimer.

⁶ See Appendix B, Summary of International References, p. 166. The USA is referenced as or more frequently, the Netherlands in greater detail.

... In Canada, "We are looking the other way. We are abandoning people who want to choose the manner and time of their death," said Kathy St. John, executive director of Dying with Dignity in Canada, who added that the Netherlands has a "system that is open and accountable with excellent safeguards."

Karen Murawsky, spokeswoman for Campaign Life Coalition in Canada, said she suspects Dutch politicians passed the law because "the situation is so out of hand, that they now think they have to control it. Anybody with any brains can see that it's bad." (GM01NS06 01-04-11).

Guideline templates exist in Oregon State, the Netherlands, Australia and other nations that have experience with some form of legalized assisted dying. None of these will be an exact "fit" for Canadian society, but they are starting points for open national debate. We are still waiting for the Chrétien promise to be fulfilled.

By the end of this Period, not much had really changed. Svend Robinson continued to demand government action, arguing that the individual's right to choose assisted dying for themselves was at issue, not some perceived threat to disabled persons (VS01NS02 01-01-26), continuing to invoke the Rodriguez name (GM02OE03 02-07-31). The arguments made by and on behalf of Rodriguez echoes in public responses:

Of course we should have voluntary euthanasia, as you recommend in your editorial (April 11), primarily for simple reasons of human decency and kindness. It is worth noting that one of the essential tenets of our Charter of Rights and Freedoms is the right to "life, liberty and security of the person." Why should these rights be removed from us at a time when we most need them -- that is, when we are in the throes of a lingering, painful death? (GM01L12 01-04-14).

"Whatever the outcome of our current court cases," a Globe & Mail commentator wrote, "perhaps it's time for Canada's Parliament to take a second look at law reform. We owe it to the memory of Sue Rodriguez, and to ourselves" (GM04OE02 04-09-29).

Media frame elements. Symbolically, Sue Rodriguez remained at the centre of the assisted dying interpretive frame, ten years after her death

(GM04E0104-11-22). Her continued association with the antics of Svend Robinson, however, create a dubious legacy.

...Burnaby's Mr. Robinson, on the other hand, is well-known because he spends all his time throwing himself in front of the cameras as the nation's premier showboat. Remember his courageous bedside visit to euthanasia crusader Sue Rodriguez, during which she expired? (GM02OE03 02-07-31).

...He has also taken many controversial stands. Mr. Robinson stood beside Sue Rodriguez, for instance, as she fought for the right to take her own life rather than be slowly taken down by a wasting disease. (VS01NL01 01-08-04).

It is difficult to assess the effect on the symbolic power of Rodriguez's name through these sorts of news items. Nevertheless, in 2001, "Jack Kevorkian, Sue Rodriguez and Robert Latimer are the names most often cited in the debate over euthanasia and mercy killing" (GM01NS07 01-07-02). In that year, a poll conducted by Leger Marketing, suggested that 76% of Canadians "believe someone who has helped end the life of a loved one suffering from an incurable and extremely painful illness should not be prosecuted," while only 16% took the opposing stance.

...Jean-Marc Léger, president of Leger Marketing, said it is significant that many people who wouldn't necessarily choose euthanasia for themselves would also not want to see someone else prosecuted for helping a loved one die. "These people were sensitized by the Rodriguez and Latimer cases," Mr. Léger said in an interview. "That's how you can explain the difference. It's very, very clear that high-profile cases in Canada have touched Canadians." (GM01NS07 01-07-02).

"The issue of assisted suicide was thrust dramatically back into the spotlight in Canada this week ...as court proceedings continued into murder charges against a B.C. woman [Martens] accused of helping two people commit suicide. The incidents came 10 years after Sue Rodriguez failed to have the Supreme Court of Canada recognize assisted suicide as a constitutional right" (GM04NL03 04-10-02). In 2004, at the end of the period of this study, the social problem of assisted suicide was no nearer a solution than at the outset in 1991.

Social frame elements. Former Supreme Court Justice Claire L'Heureux-Dube said, "...the question always is: 'How do you assess the consent of the person [to die]? That was a big worry" (VS02NL02 02-05-09). That is, "Who decides?"

The right of a competent patient to refuse lifesaving treatment is fully entrenched in Canada as a result of a 10-year-old Quebec court decision [regarding] Nancy B.

..."It's about patient's control of their dying," Prof. Schafer said. "Physician-assisted suicide or euthanasia differs from this in that assistance is actually being provided to the patient to hasten their death."

But Hugh Scher, a Toronto constitutional lawyer ...doesn't believe the only choices available to severely disabled patients are lives of suffering or death. ...the former chairman of the Council of Canadians with Disabilities said. "You can't have a free and informed choice when there's no other alternative." (GM02NS03 02-03-23).

The social problem remains the same: first, free choice demands real alternatives including proper and accessible palliative and hospice care for all Canadians; second, who may know the true intent and will of another with complete assurance than coercion or a "wrong" motive does not obtain?

Deep social divisions exist over the implications of assisted dying for various populations, particularly those who feel "at risk" for either coercion or other-determination regarding dying. Assisted suicide has gained more support than euthanasia, according to Eike-Henner Kluge, medical ethicist at the University of Victoria, yet government remains steadfast in its refusal to change the law.

Kluge compares assisted suicide to abortion: no one has the right to examine why a woman wants an abortion, "so why is the right to take my life not beyond examination by other parties? Abortion also involves two people." (VS04NS23 04-9-28).

People who fear abuse present equally rational arguments:

"Suicide is an individual action, and not something we're necessarily opposed to," said Stephen Drake, of Not Dead Yet, a U.S.- based group, adding that prosecutors in the U.S. and Canada have the discretion not to prosecute or to lessen the charges. "But the idea that the state would sanction, aid and abet the suicide of a certain group of people based on their health status is very alarming." (VS04NS23 04-9-28).

According to a colloquium of academic experts on the matter, "Most Canadians think there should be legal ways of helping someone to die, but institutional opposition to that is strong and there has never been much public discussion on how it should work" (GM04NS01 04-09-28).

In the meantime, assisted dying goes on in Canada. A Vancouver Sun sidebar with the title "Underground Network Assists Suicides" told the story:

There's an underground network in this country dedicated to helping people kill themselves. They flout Canadian Criminal Code provisions prohibiting assisted suicide. And they do it mostly undetected, using methods that defy coroners' and pathologists' efforts to identify the cause of death. They trade information, hold conferences, write books, develop mailing lists, solicit donations and post on the Internet. The movement is international in scope... (VS04NL02 04-11-06).

This may sound like a conspiracy theory, but the existence of an organized assisted dying movement need look no further than the doctor who assisted Sue Rodriguez, or the manufacturer and supplier of the "death tools" used by Evelyn Martens. "We are probably looking at just the tip of the iceberg," said Eike Kluge. "There is, in fact, a more or less loosely organized network."

This network has formed, Kluge believes, because existing laws prohibiting assisted suicide are failing Canadians. He said the law refuses to guarantee individuals the right to control their own existence when medical conditions have stripped them of muscular control. The law is also out of synch with Canadians' views: A recent Gallup poll showed more than 70 per cent support the right to assisted suicide. It's impossible to pin solid numbers on the phenomenon. Statistics on suicide don't indicate whether assistance was provided. (VS04NL02 04-11-06).

A lack of empirical evidence for illegal underground practices is understandable.

Those who might come forward fear prosecution. Also, medical testimony at the Martens trial

...revealed that when a death is achieved with a bag over the head while the air inside is displaced with helium, the cause is almost impossible to detect in an autopsy. If the bag and helium tank are removed from the scene, medical investigators are out of luck. Natural causes are typically blamed for such deaths. For example, in the case of Monique Charest, who used the plastic bag to kill herself, the death was written off as heart failure. (VS04NL02 04-11-06).

Justice Irwin Cotler summarized the outstanding issues in two questions:

Would we prefer to die rather than live with the devastating consequences? And if suicide is our preference, should someone be allowed to help us? (VS04OE05 04-12-07).

The issue cannot be ignored in Canada:

... As Canada's large contingent of baby boomers ages and as medical advances allow us to live longer lives, the number of Canadians faced with such decisions will inevitably grow. Cases like those in B.C. and Quebec might well become more frequent. The need for a national debate on this subject will surely intensify. (VS04OE05 04-12-07).

Resolving the Rodriguez (voluntary) Latimer (involuntary) problem requires assurances for those who feel threatened, and a sociocultural consensus on the meaning of self-determination and autonomy. These are the two sides of the "Who decides?" question.

Individualist frame elements. Chris Considine, the lawyer who represented Sue Rodriguez through all three court challenges, said what he learned from her was the importance of maintaining control "right to the end": "It's comforting to know the final moment of life can come at a time of one's own choosing," he told reporters (VS04NL02 04-11-06).

As reported by the Globe & Mail, "People want to die better... They want to be in control" (GM02NS12 02-09-10). Is this the accepted meaning of the "good death" in Canada today? What is usually meant by "control" in the context of assisted dying *is not at the mercy of paternalistically applied medical technology.*

Too often, what people get when they are dying from a terminal illness is the antithesis of control. Individuals die of a terminal illness in the hospital, though they hoped to die at home or in a hospice. ...What they want is to have their physical pain and symptoms relieved -- at home. They want emotional and spiritual support. That's the sort of community-based, end-of-life care that a hospice or palliative-care program offers. ... story after story of death in Canada shows how tough it is for Canadians to get that sort of care. (GM02NS12 02-09-10).

Both of the Senate reports, 1995 and 2005, noted the deficiency of client-centred end-of-life care. This is the individualistic side of assisted dying showing its true

nature: designer death as the ultimate consumer product. How can one death be measured against another in terms of quality? There is pain; but need there be suffering? There is loss of function; but need there be indignity? How can suffering be quantified? Or dignity? These are essentially qualities of individual subjective experience. Yet, these are also factors that members of a common sociocultural environment would recognize. Assisted dying allows death to be *consumed* rather than it *consuming* everyone eventually. Not everyone can *afford* a designer death, if it means having to challenge the Supreme Court of Canada.

Supreme Court Judge Jack Major stated that "in general, groups have benefited from the Charter Of Rights and Freedoms far more than individuals" for the simple fact that "it is far easier for corporations to pursue cases than it is for "the little people" who lack the financial resources to claim their own rights (GM02OE02 02-04-06). The Rodriguez model is not viable for Canadians *en masse*. It was never intended to be. The *intent* was legal reform.

The average Canadian who desires a "good death" in contemporary terms is forced outside of the law into the realm of the assisted dying underground. Ruth von Fuchs, president of the Right to Die Society of Canada, also hopes for a legal solution. "We would hope to get an improved law, as the present law is overbroad and doesn't address the real problem" (GM04NS10 04-11-18). She also said the prohibition against counselling suicide should remain a criminal offence, but advocated a redefinition of the law prohibiting assisting suicide. "What we're trying to avoid is defying someone's will or bending someone's will."

Summary. At the end, "Who decides?" The parameters used in this study to assess change in the interpretive field, frame element usage and attitudes within frame elements, showed a moderation of the foci in Periods IIA and IIB, albeit a conclusion based on a small number of items. This toning down of the rhetoric in all frame elements served to refocus the interpretive frame from polarized arguments of

right and wrong, to what was actually wanted from the assisted dying debate. Euthanasia was *not* wanted; Latimer demonstrated that to the country. Some form of *voluntary* assisted dying seemed acceptable to most, with the *proviso* of adequate safeguards to defend the defenseless against coercion or loss of self-determination. There's the rub. There has not yet appeared a means to guarantee that abuse will not occur. The best data —from the Netherlands— is used by both sides to make their point regarding the non-/existence of the "slippery slope" scenario.

An assessment of the integrated interpretive field for Period III, 2001-2004, then, is not spectacularly one thing or another. What it is, is a cooled-down environment where rational arguments are in flux. It is becoming more evident, however, that assisted dying presents a real, if illegal, option for Canadians in their consideration of their own dying, given the evident strength and organization of the underground movement.

These parameters of change and interpretive environment for the whole period of the study, 1991-2004, will be discussed in the next chapter.

CHAPTER 5

CONCLUSIONS and DISCUSSION

INTRODUCTION

Mass news media have a unique position as agents of social change in modern life. Two parameters that exemplify this uniqueness are *access* and *trust*. First, in the five-hundred-channel universe, mass news media —print and electronic— have unparalleled access to the public. Whatever it may be that a given media outlet chooses to present, an audience of thousands receives and reacts to that message. Some, such broadcast media, reach millions. Second, and I believe as a derivative of the first point, the mass media receive unparalleled trust from people as (often) their only source of information concerning the broader social environment beyond their immediate personal experience. This trust is not given acritically, but it is given, if only with regard to what is worth arguing about. Combined, access and trust grant to the mass news media a powerful role in the construction of modern social realities. Assisted dying is one of those realities.

Brief reference has been made to recognized media-analytical concepts such as “voice”, language and “newsmaking” in the preceding chapters. My concern has not been to present a critical analysis of Canadian print news media. Rather, my concern has been to demonstrate how two particular newspapers created an interpretive frame —a meaning-making space— for and around the issue of assisted dying. I have not made any attempt to assess the veracity or historical accuracy of this construction. Rather, I have sought to show how the interpretive frame was formed and what epistemological consequences this might have for a critical audience. Audience effects such as interpellation —in a *soft*, non-Altusserian form— have been hinted at, but not fully explored.

The object of this study was to determine if change had occurred, between 1991 and 2004, in the reporting of the history of assisted dying in the Vancouver Sun and the Globe & Mail. Subtle changes were found. These are presented as conclusions and are discussed in a broader context in the balance of this chapter.

CONCLUSIONS

The interpretive frame of assisted dying in Canada has been elucidated through the personal histories of the key players in this drama, as portrayed in the Vancouver Sun and the Globe & Mail, 1991-2004. In 1991, Nancy B. set the stage for Sue Rodriguez, who dominated the assisted dying scene, 1992-1995. In the years between 1996-2000, readers of these papers witnessed the cases of Dr. Maurice Genereux, Dr. Nancy Morrison, and Robert Latimer. These cases, and the continued symbolic influence of Sue Rodriguez, informed the reported thoughts of Canadians concerning what they did and did not want in terms of assisted dying. The final years of this study, 2001-2004, concerned the case of Evelyn Martens, which —as reported— demonstrated the unwillingness of a jury of her peers to convict a woman who acted in compassion in allegedly assisting two others to die on their own terms.

A series of research questions gave form to this study and the approach taken to understand the interpretive frame within which these events were reported. These are answered here in the order they were presented in Chapter 1.

R1 What types of news items are used to discuss or convey information regarding assisted dying?

References to assisted dying were found in all types of items in both papers (Table 5.1). These were: editorials, letters, short news items (<1000 words), long news items (>1000 words), and op-ed items. In sum, the data sample included 1272

TABLE 5.1

TABLE 5.1: ITEM TYPES (All items, by paper, by year; percentage of total by year)

Vancouver Sun															
TYPE	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	N (TOTAL)
EDITORIAL	.102	.058	.037	.022	.071	.059	.077	.053	.091	.067	.067	.077	.500	.676	.046
LETTER	.186	.173	.228	.250	.095	.118	.115	.105	.067	.067	.077	.077	.500	.676	.166
NEWS (S)	.492	.769	.588	.544	.643	.821	.608	.654	.579	.636	.400	.692	.500	.676	.605
NEWS (L)	.034	.015	.015	.015	.095	.059	.059	.158	.182	.133	.133	.154	.500	.676	.038
OP-ED	.186	.132	.132	.169	.095	.179	.157	.154	.105	.091	.333	.077	.500	.676	.145
N (YEAR)	59	52	136	136	42	28	51	26	19	11	15	13	6	34	628
Globe & Mail															
TYPE	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	N (TOTAL)
EDITORIAL	.100	.023	.045	.034	.032	.038	.049	.040	.024	.103	.103	.040	1.000	.029	.042
LETTER	.100	.209	.146	.182	.258	.192	.233	.240	.293	.316	.483	.080	.080	.314	.227
NEWS (S)	.450	.442	.506	.489	.548	.462	.476	.467	.537	.289	.241	.640	.640	.286	.458
NEWS (L)	.100	.140	.112	.091	.155	.160	.155	.160	.049	.211	.172	.080	.080	.171	.112
OP-ED	.250	.186	.191	.205	.161	.308	.087	.093	.098	.184	.172	.160	.160	.200	.161
N (YEAR)	20	43	89	88	31	26	103	75	41	38	29	25	1	35	644

items, 628 from the Vancouver Sun and 644 from the Globe & Mail. Short news items were the most common, comprising 60.% of the Vancouver Sun sample and 45.8% of the Globe & Mail sample, over-all. This pattern held for the Vancouver Sun, 1991-2004, with the exception of one year: in 2001, short news made up only 40% of the total. The Globe & Mail had three anomalous years, in this regard: 2000, 28.9%; 2001, 24.1%, and 2004, 28.6% short news.

From 1991-2004, it may be concluded that the Vancouver Sun presented more hard news than the Globe & Mail, which presented more opinionated and commentary materials. From the perspective of the readers of either one, or both, of these papers, the Vancouver Sun would present more "facts" without comment, while the Globe & Mail presented more reflection and interpretation of the issues. This may have been a function of geographical separation. The events of the primary case studies, Sue Rodriguez and Evelyn Martens were local and immediate to the Vancouver Sun, but 3000 miles and four provinces separated form the Globe & Mail. Further, one might expect more commentary from a national, rather than a regional, paper.

The "facts" around assisted dying were reported in hard news items, featured in extended articles, and commented on in editorials, letters and opinion pieces. It may be concluded, then, that each of these newspapers provided a forum for public dialogue, within the limitations of the medium; it would seem that only those with strongly held beliefs opinions take the time to write to the editors of a newspaper.

R2 What frame elements are used and how does usage change over time?

It was demonstrated in Chapter 4 that the "top three" frame elements over the entire period of the study remained constant, with those frame elements referencing legal issues, referencing media effects or stock "file" content, and those addressing social concerns predominating.

It may be concluded that frame element usage in the Vancouver Sun and the Globe & Mail, 1991-2004, did not change. This remains true even though the sample provided very few items in the latter half of the study period, 1996-2004. However, there is insufficient evidence to generalize this finding beyond these two papers.

In re-examining those textual features identified as frame elements (listed in Chapter 3), it may be that these predominant categories were either too broad in themselves, or that the other frame elements were underrepresented by comparison.

R3 What attitudes predominate within each frame element?

This measure of change had what may be termed a *negative* value in the Vancouver Sun and the Globe & Mail, 1991-2004. That is, the strongly *positive* attitude toward some form of assisted dying that prevailed in the "top three" frame elements, 1991-1995, moved towards a more neutral expression, 1996-2004 (Tables 4.10A,B; Chapter 4, pp. 135f). It may be concluded from this that a tempering of rhetoric on both PRO and CON sides of the debate had occurred. The change is not dramatic enough to alter the over-all *positive* attitude towards assisted dying presented in both papers. The change did not represent a loss of PRO ground to CON advocates. Rather, this was a more a move to the middle, with more BALANCED and NEUTRAL, or outright AMBIVALENT attitudes being expressed at the end of the study period.

These three research questions were asked to facilitate an assessment of change within the integrated interpretive frame that each paper alone, and both papers together, shared with their readers, and by extension, with the Canadian public. In conclusion, the interpretive field presented by the Vancouver Sun and the Globe & Mail, 1991-2004, may be characterized as follows:

Legal frame elements presented in the two papers have been examined through a cluster of high-profile court cases, namely: Nancy B., Sue Rodriguez, Robert Latimer, Dr. Nancy Morrison, Dr. Maurice Genereux and Evelyn Martens. The

decisions in these cases created an environment in which: (a) individual self-determination and autonomy are to be respected with regard to the withholding or withdrawal of medical-technical interventions, even if such interventions sustain life and their removal would result in death (Nancy B.); (b) self-determination and autonomy in matters pertaining to the control over the means and timing of death through assisted suicide remains illegal under Section 241(b) of the Criminal Code (Rodriguez); (c) involuntary euthanasia will be punished to the full extent of the law (Latimer); however, (d) accepted medical practices of terminal sedation that result in death—even if the medication used could *only* produce death—will not be prosecuted (Morrison); unethical medical practices will be prosecuted, even if the medication used may *not necessarily* cause death (Genereux); and finally, (e) an individual other than a physician, charged with counselling or aiding and abetting a suicide, may also avoid conviction under judgment of their peers (Martens).

In presenting the facts of these cases to the public, as well as academic commentary on the verdicts and their implications for Canadian society, the two papers examined—as *examples* of Canadian daily print news—presented a balanced and informed profile of the issues (*cf.* Singleton 2000: 114). These two papers at least did not indulge in sensationalism. Images of Nazi death camps (Lauter & Meyer 1984) and eugenics programs (Neuhaus 1988) intended to shock, frighten and inflame (*cf.* Bauman 1989; ch. 2-3) were kept to a minimum, appearing more in letters than anywhere else, and only rarely in news or opinion items. In place of graphic description, a new vocabulary of assisted, dignified death, or “self-deliverance”, was used (Mitchell 1999).

The print news media, however, undoubtedly contributed to the iconic value and meaning of the Rodriguez, Latimer, and Nancy B. names to the Canadian public,

and thereby indulged in a degree of "newsmaking" (cf. Worthen & Yeatts 2000; Joslyn & Haider-Markel 2002; Haider-Markel & Joslyn 2004; Hausmann 2004).¹

Readers of both papers had opportunity to consider the legal and social implications of assisted dying, with no voice over-dominant or denied a hearing. PRO and CON advocates, disability rights lobbyists, and experts in a variety of fields (see Appendix C) contributed to the interpretive field. The "top three" experts are Canadian authorities in the field of bioethics: Dr. Eike-Henner Kluge (University of Victoria), Dr. Margaret Somerville (McGill University), and Marilynne Seguin (Dying with Dignity). While not always in agreement, these three voices have contributed carefully reasoned arguments on a variety of assisted dying issues, both in the press and through other publications. The one "non-academic" among the most frequently references "experts" was Anne Mullens, journalist and author of *Timely Death: Considering Our Last Rights* (1996). Perhaps due to her association with the Vancouver Sun, Mullens has had opportunity to express her PRO attitudes with relative frequency compared to the "top three". She is unique in this regard. Overall, both papers allowed Canadian "expert" voices to be heard.

Social concerns have been freely voiced by experts and the public alike. No attempt was evident to push one argument over another. The interpretive frame formed by the two papers remained positive toward the idea of *some form of* legalized assisted dying, but open as to what that form might be. The public readership has been left to themselves to answer for themselves the fundamental question of assisted dying, "Who decides?" (cf. Cheyfitz 1999).

Interpreting the interpretive field. This characterization of the interpretive field in the Vancouver Sun and the Globe & Mail, as of 2004, must not be taken as a static state or a plus-minus tabulation of contributions. It is a snapshot of

¹ It would be an interesting exercise to assess the publicly held meaning and continued resonance of these names as time passes.

dynamic processes *in flux*, of *potentials* within a field of social forces. Others have provided extensive analyses of competing PRO and CON positions (e.g. Seguin 1994; Moreno 1995; Weir 1997; Dworkin 1998; Hendin 1998; Prado 2000; Somerville 2001; Snyder & Caplan 2002; Foley & Hendin 2002; Quill & Battin 2004).

Kalwinsky (1998) has applied Foucaultian theory to the analysis of assisted dying in newspapers, but still retains the language of conflict and dichotomy in the "who says what" approach (*cf.* Finley 1985). In Foucault's terms, the interpretive frame is more *savoir* than a compilation or review of the *connaissance* (Foucault 1994). That is, I was more seeking to elucidate the *possibility* of a social knowledge of assisted dying in writing the history of the present, because the *connaissance* —a full telling of the situation— is indeterminate. The *potential* for a social knowledge is rendered in the sort of description I have tried to demonstrate; the *concretization* of a social knowledge of assisted dying exists only in the subsequent behaviours of those affected by the dynamic historical flux of the interpretive field. Predictions based on this sort of analysis are, at best, ephemeral. This analysis does, however, in presenting a history of the present, examine the basis from which the future of assisted dying may evolve.

The *savoie* —the potential for knowledge— at the end of 2004 consists, as noted, of a collection of sometimes contradictory, sometimes unevenly applied laws, a desire and demand for the best in end-of-life care seasoned with a dissatisfaction towards medical-technical prolongation of dying, and an emergent assisted dying movement (*cf.* McInerney 1999) which is prepared to *act* in defiance of the law.²

DISCUSSION

"Who decides?" is an open question before the Canadian people. It continues to be actively debated in the forum of the press; it has been addressed by the

² This is an expression of the dynamic nature of many social problems (Loseke 2003).

unelected Senate; it has yet to be addressed by the elected Parliament of Canada, those with the authority to change a law which many deem to be archaic and inadequate,. In *theory*, the Supreme Court of Canada has said that protection of the many outweighs the needs of the few. In *practice*, there is an active underground assisted dying movement in Canada (acknowledged by many, including Kluge: VS94OE02 94-02-12), which allows discrete individuals to orchestrate their own demise with assistance from a willing and skilled helper.

This question has three aspects: a positive aspect, dealing with aspirations toward greater self-determination and autonomy; a negative aspect, expressing the fears of vulnerable populations of increasing other-determination and coercion; and a sociological aspect, which addresses the fundamental social tension between the needs and will of the individual and those of the collective.

The positive side of the question —seeking greater self-determination and autonomy— may be taken as an example of the late-modern or post-modern tendency toward increasing individualism. The demographic profile across the Western world is changing as the Boomer generation moves into retirement. This a group conditioned to consumption, to self-expression of value through acquisition. The individualism of this generation is a recognized feature of late- or post-modernity (Giddens 1991; Bauman 2000; Brannen & Nilsen 2005).

Consumerism suffers a crisis of meaning when it encounters dying and death (Callahan 1995). The social value of pain and suffering is an empty notion (Wilke *et al.* 1976; Radley 1999; Morgan & Wilkinson 2001; Wilkinson 2001, 2004, 2005), particularly to those without sustaining religious or philosophical convictions (Becker 1973, 1975; Giddens 1991; Poole 1991; Bauman 1992a, 1992b; Singer 1994).

While it did not appear as a dominant frame element in the data, being overshadowed by legal debates, individualism permeates the assisted dying literature (Kearl & Harris 1981; Kemmelmeier *et al.* 1999; Kemmelmeier *et al.* 2002).

Individualism did come through strongly in those items that described individual situations —the Rodriguez and Martens case studies themselves, the case of Nancy B., the descriptions of Monique Charest and Leyanne Burchell. Personal histories are inevitably individualistic. However, both papers made a point of attributing this particular characteristic to those who received assistance in dying.

Individualism, self-determination and autonomy are an interlocked set of values. Independence is the opposite of dependency. Rejection of dependency may be seen at the root of the rejection of medical-technological prolongation of the dying process (Moller 1996; Williams & Calnan 1996; Timmermans 1998; Callahan 2003), and the desire for more accessible hospice and palliative care (Lowenberg & Davis 1994; McNamara *et al.* 1994). The Senate report of 2005, *Still Not There* (Carstairs 2005), warns that if a drastic reorientation of social policies towards end-of-life care is not forthcoming —in the form of the allocation of adequate resources— then very soon in Canada, demand will outstrip supply.

Individualism can also be recognized in the “rights” discourse (*cf.* Fadem *et al.* 2003), and in its effect on the meaning of other social values. How “dignity” is conceived (Cohen-Almagor 1995; Chochinov 2002; Bedle 2005; Callahan 2005), for example, and what constitutes a “good death” (Patrick *et al.* 2003; Chochinov 2006) are expressions of values over which people are divided. Assisted dying may take the form of “designer death” under these conditions as individuals attempt to define their own values at the end of life (Byock 2002). The fear of death is thus brought under control through self-orchestration of the timing and circumstances of dying. Death becomes the ultimate consumer “good”.

Self-determination and autonomy cannot be separated from a notion of community (Donchin 2000). Increased self-determination puts stress upon the power-relations in society (Callahan 1992; Martel 1999), unsettles social norms

(Martel 2001), and brings into question the role of social institutions (e.g. Sauvageau et al. 2006).

On the negative side of "Who decides?" is the difficult question of social pressure or coercion into choosing a premature death. The disabled do not want to cede that decision to *anyone*, with good reason. Quality-of-life decisions are intensely personal and therefore cannot ultimately be codified in any set of guidelines. The weak, the sickly, the dysfunctional, and the elderly have all experienced the feeling that they are deemed less than useful to society, perhaps even a burden that is only becoming more costly. The availability of a quick and cost-effective solution to this social loading may move some to accept death rather than impose an inconvenience upon loved ones or the system. This conjures images of eugenic programs among those who realize that their own utility is less than optimal. Experts have their doubts that safeguards against abuses of legalized assisted dying may not be possible (Hoffmaster 1994: 291-296).

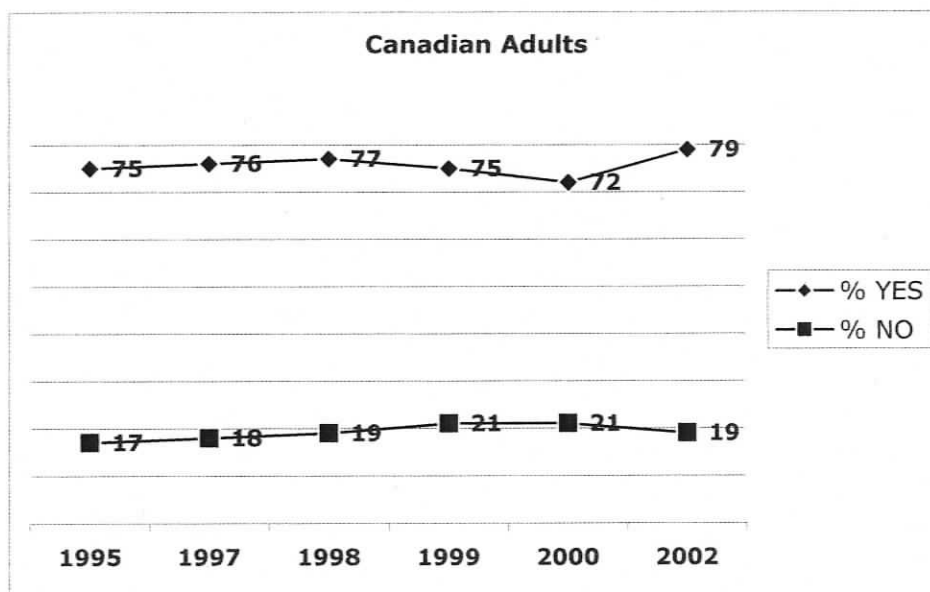
These are only some of the issues that will have to be resolved through compromise on both sides if assisted dying is to be legalized in this country. The site of this labour occurs within the purview of sociological analyses of the relationship between the individual and society. There is room here for Canadian sociologists to make valuable contributions toward the outstanding issues concerning assisted dying. Some of these potential sites for further study include the following: (1) an investigation into the meaning and value of "dignity" in Canadian society; (2) an assessment of the social coercion that contributes to a feeling there is a duty to die, or that one's life is in jeopardy, by legalizing assisted dying; and (3) further inquiry into the assisted dying movement in Canada and what might be required, beyond legal reform, to bring the practice "above ground". Sociology's position at the intersection of many different disciplines affords a unique opportunity to write a portion of the future history of assisted dying in Canada.

APPENDIX A: Polls of Attitudes toward Assisted Dying

Gallup Poll Results 1991-2004 (Source: Gallup Poll News Services).

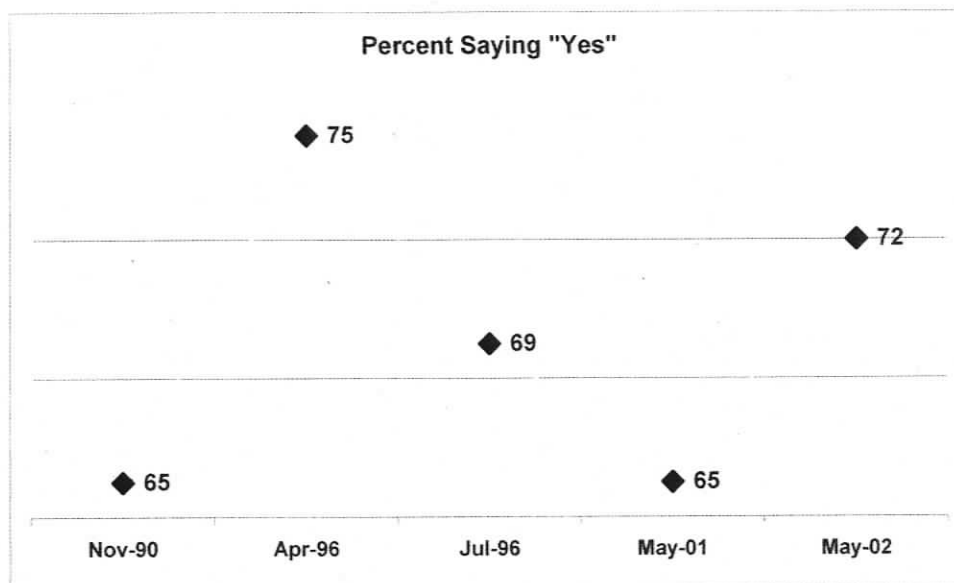
Over the period of this study, Gallup asked representative samples of Canadian adults the following question: "When a person has an incurable disease that is immediately life-threatening and causes that person to experience great suffering, do you, or do you not think that competent doctors should be allowed by law to end the patient's life through mercy killing, if the patient has made a formal request in writing?" Canadian adults responded as follows:

CHART A.1



When asked 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 family request it?", the following response was obtained:

CHART A.2



What these poll results show (assuming the validity of the Gallup studies) is a very stable PRO stance towards assisted dying for the terminally ill facing imminent death (the Rodriguez case). There was a fluctuating over ten percentage points, but still a PRO stance towards assisted dying for the chronically ill (the Nancy B. case).

Numerous studies asking a variety of questions were conducted over the period of this study. From a meta-analysis of mostly American research from the 1980s-1990s, Benson (1999) concluded that "the trend data show a growth of support for various consensual practices that result in the death of terminally ill patients" (p. 268).

Suarez-Almazor *et al.* (1997) polled healthy Alberta residents (n = 1240), terminal cancer patients (n = 62), and doctors (n = 179). Combined, the healthy and sick sample was marginally positive towards the legalization of assisted suicide and euthanasia (50-60%). The doctors polled were 60-80% opposed to such action. The researchers concluded that legislation to legalize assisted at that time would

have been "highly divisive and controversial from a societal perspective" (p. 418). Approximately 33% of the population had expressed a CON position. Another study by the same group in 2002 polled only terminal cancer patients (n = 100) finding that 69% supported assisted dying under certain conditions. Attitudes correlated with individual psychosocial traits and beliefs rather than intensity of symptoms.

Pacheco *et al.* (2003) conducted a longitudinal study of terminal cancer patients (n = 24) finding that support for assisted dying decreased with time.

Loo (2004) examined the relationship between attitudes towards euthanasia and towards persons with disabilities; the results were inconclusive.

What these few studies indicate is an acceptance of assisted dying for terminally ill individuals among the general population, a rejection of among physicians, and a mixed and evolving attitude among the terminally ill themselves.

APPENDIX B: INTERNATIONAL REFERENCES 1991-2004

TABLE B1: INTERNATIONAL REFERENCES Vancouver Sun 1991-2004

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	CTRY; %
Netherlands	2	3	5	11	1	1	3	3	3	2	4	1		1	.301
UK		2		3								2			.053
Switzerland												1		1	.015
Sweden														1	.008
Europe												2			.015
USA	9	6	5	8	1	9	15	7	2	1		1		3	.504
Japan		1													.008
Australia						8	2		2	1					.098
TOTAL (YEAR)	11	12	10	22	2	18	20	10	7	4	4	7		6	133

TABLE B2: INTERNATIONAL REFERENCES Globe & Mail 1991-2004

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	CTRY; %
Netherlands	4	4	12	8	3	2	6	3	6	6	7	1	2	1	.387
UK			2	1					2	2	1				.048
France											1		1		.014
Switzerland			1				1			1	1		2	1	.042
Belgium										2	1	1		1	.036
Denmark															.006
Germany							1								.006
Sweden												1			.006
Italy											1				.006
Europe	2		2											1	.030
USA	3	1	3	6	1	4	18	4	4	5	1	1		5	.333
Australia						2	6		1		3				.071
S. Africa									1						.006
Columbia										1	1				.012
TOTAL (YEAR)	9	5	21	15	4	8	32	7	14	17	18	3	6	9	168

APPENDIX C: EXPERT REFERENCES

Name, Position or Organization:	# Ref.
BERMAN, Hershl, M.D., Specialist in general internal medicine and palliative care at the University Health Network, Toronto.	2
BIBBY, Reginald, Sociologist, University of Lethbridge.	1
BOLDT, Menno, Swiss National Advisory Commission on Biomedical Ethics.	1
BROCK, Dan W., Professor, Department of Social Medicine, Division of Medical Ethics, Harvard Medical School.	1
CALLAHAN, Daniel, Director, Hastings Center for Bioethics.	1
CARSTAIRS, Sharon, Senator.	4
CHOCHINOV, Harvey M., M.D., Director, Manitoba Palliative Care Research Unit, Canada Research Chair in Palliative Care.	6
CITRON, Kenneth, M.D., Staff Psychiatrist Clinic for HIV Related Concerns, Mount Sinai Hospital Toronto.	1
CRISPO, John, Emeritus professor of political economy, University of Toronto.	7
DRAKE, Stephen, Not Dead Yet.	1
DWORKIN, Ronald, Professor, New York University School of Law.	1
EMMANUEL, Elizabeth, Associate Lecturer, School of Nursing and Midwifery, Griffith University.	2
EMMANUEL, Ezekiel; M.D., Oncology and Palliative Care.	1
FIRTH, Martin, Counselling program co-ordinator, Dying With Dignity.	1
FOLEY, Frank Foley, M.D., Medical director at Casey House (hospice), Toronto.	1
FOLEY, Kathleen, M.D., Professor, Department of Neurology, Weill Medical College, Cornell University; Director, Project on Death in America, Open Society Institute, Soros Foundation, New York.	1
GENTLES, Ian, Professor of History, York University, Toronto.	2
GORDON, Michael, Baycrest Centre for Geriatric Care, Toronto.	1
HARRISON,Christine, Director of bioethics at the Hospital for Sick Children in Toronto, and a member of the University of Toronto's Joint Centre for Bioethics.	1
HEDBERG, Katrina, Deputy state epidemiologist, Oregon.	1
HENDIN, Herbert, M.D., Professor, Department of Psychiatry and Behavioural Sciences, New York Medical College.	4
Hunter, Ian, Professor of Law, Retired.	4
KLUGE, Eike-Henner, Professor, Department of Philosophy, University of Victoria.	20

KRUTZEN, R. W., Department of Philosophy, University of Saskatchewan.	1
MATE, Gabor, M.D., Palliative care.	2
MULLENS, Anne, Author.	11
NULAND, Sherwin B., M.D., Professor, Surgery and History of Medicine, Yale University.	4
OGDEN, Russell, Graduate Student, Criminology, Simon Fraser University.	6
PULLMAN, Daryl, Associate professor of medical ethics in the Faculty of Medicine at Memorial University, St. John's.	1
QUILL, Timothy R., M.D., Professor of Medicine, Psychiatry and Medical Humanities, Director, Centre for Palliative Care and Clinical Ethics, University of Rochester, New York.	3
RUSSELL, John S., Instructor, Philosophy, Langara College, Vancouver.	1
RYAN, Peter, Respect Life Office of the Vancouver Catholic archdiocese. Euthanasia Prevention Coalition of B.C..	1
SCHAFER, Arthur, Director of the Centre for Professional and Applied Ethics at the University of Manitoba.	6
SEGUIN, Marilynne, R.N., Director, Dying with Dignity, Canada.	15
SINGER, Peter A., Director, Joint Centre for Bioethics, University of Toronto.	3
SOMERVILLE, Margaret, Samuel Gale professor of law at the McGill Centre for Medicine, Ethics and Law.	20
TILDEN, Virginia, Centre for Ethics in Health Care at Oregon Health Sciences University.	1
WOOLF, Colin, M.D.	5

Types of Items.	# Ref. to Experts
EDITORIAL	2
LETTER	20
NEWS (S)	49
NEWS (L)	24
OP-ED	60
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TOTAL Expert References	155
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