

Reframing MAiD in the Media: Rationalizing and Normalizing a New
Mode of Dying in Canada

by

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Abstract

Through the examination of media discourse during three key periods from the 1990s to 2018, this thesis will demonstrate how Medical Assistance in Dying (MAiD) has historically, and is presently, being constructed in the Canadian mass media. This thesis will demonstrate how this reporting is impacting the nation's social consciousness, effectively normalizing and rationalizing the fledgling practice as a legitimate new mode of dying in Canada.

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Chapter 1: Introduction

In June of 2016, Canada's criminal code was amended with Bill C-14 to remove the prohibition from physicians “assisting in the consensual death of another person” (Government of Canada, n.d.). From this point on “eligible Canadian adults” could legally request a medically assisted death (a.k.a. Medical Assistance in Dying or MAiD). Per this legislation, non-objecting physicians could accommodate a qualifying patient’s wish for an assisted death without fear of legal prosecution.

The royal assent given to Bill C-14 not only legalized medically assisted death in Canada, but it also put in motion a socio-cultural transformation and broadening of the historically stable social conditions of death and dying in Canada (Kroeber 1927; Metcalf and Huntington 1991). For the first time in Canadian history, individuals who are suffering from a “grievous and irremediable medical condition” (Landry, Foreman, and Kekewich 2015, 1490) are given a choice when facing imminent death. They can treat their illness to the end of their natural life, or they can legally and safely end their suffering with the assistance of a medical professional.

This thesis, through the examination of media discourse during three key periods from the 1990s to 2018, will demonstrate how MAiD has historically, and is presently, being framed and defined in the Canadian mass media. As well, this thesis will demonstrate how this reporting impacts the nation's social consciousness regarding normalizing and rationalizing the fledgling practice. The mass media, with its ability to reflect and refract social norms, is playing a pivotal role in a frame realignment process through the co-construction and publishing of news articles to transform, amplify and extend the practice's original frame, set in the 1990s.

Definitions

The specific words used to describe what is now known in Canada as Medical Assistance in Dying (MAiD) have historically been marked by ambiguity and euphemism on both sides of the debate (Gamliel 2013; Marcoux, Mishara, and Durand 2007; O'Neill et al. 2003; Somerville 2014; Wright et al. 2015). As this paper will explore, words are tied to 'social consciousness', which is a term amalgamated from Durkheim's "collective consciousness" ([1893] 2014) and Marx's "social consciousness" ([1859] 1970). I will use this term to refer to the phenomenon of the thoughts, beliefs and actions of individuals comprising a community being fluid, shifting temporally and with significant intra-community unison in response to political, legal, ethical, religious, economic and technical inputs. Bauman et al. (2009), in their paper about the performative use of linguistics as a form of social action, note that language can have "powerful implications for the conduct of social life" (61). There is social currency and performativity behind words, and as this paper will explore, using inaccurate words to describe a new practice can have lingering social effects. Who says what, where, how and why can have significant impacts on the lived realities of those affected by the words. The inclusion or exclusion of specific language can have significant effects on public opinion concerning practice and can lead to the framing and misframing in the minds of people (Gamliel 2013; Goffman 1986; Lakoff 2004; Snow et al. 1986). Misframes, per Goffman (1986), occur when individuals interpret with certainty events that are in fact ambiguous, vague and often "the basis of wrong premises" (308). The certainty of these frames renders them viable and perpetuating despite their false provenance.

Journalists are well aware of the ability of language to sway perception and how durable frames can be established through their reporting (Shoemaker 1996). The

language journalists' use is not unintentional, but neither is it always accurate. For example, the words 'suicide,' 'murder,' 'kill,' and 'euthanasia' were often used to describe Sue Rodriguez's request for a medically assisted death in 1993, when the practice was illegal in Canada. As this paper will argue, these terms index the sociability and temporality of another time and other practices and have fallen out of use for the current, legal practice of medically assisted death in Canada. This is the case, even though 'active voluntary euthanasia' is the proper, technical term for the practice of intentionally hastening death to relieve suffering. New words and euphemisms, such as 'MAiD', reflect the social consciousness of medically assisted dying in Canada in the present and are used in place of words that index the same and similar practices in another time or place.

A review of my data reveals twenty-five terms used in academia and the mass media to describe the practice of medically assisted death in the periods selected for this project (see Appendix 1: Assisted Death Discourse Spectrum for a complete list of terms). To avoid any ambiguity in this thesis, I will refer to the practice of medically assisted death in Canada (whether clinician or self-administered) as 'MAiD' (the euphemism increasingly used in the media and academia) or 'medical assistance in dying.'¹ Below is a table presenting the current practices that fall under the umbrella of 'euthanasia' in Canada and elsewhere (see Table 1: Euthanasia Definitions).

¹ In 2017, the *Third Interim Report on Medical Assistance in Dying in Canada* reports there was one case of self-administered medically assisted death in Canada. For this reason, I will not distinguish between the two types of medically assisted death.

Table 1: Euthanasia Definitions

	Euthanasia		
	Voluntary Euthanasia	Non-Voluntary Euthanasia	Involuntary Euthanasia
Active	<ul style="list-style-type: none"> • Self-Administered • Clinician-Administered 	Use of substance (drugs or gasses) or force to hasten death	Use of substance (drugs or gasses) or force to hasten death
Passive	Withholding or Withdrawing Treatment, Nutrition and/or Hydration	Withholding or Withdrawing Treatment, Nutrition and/or Hydration	Withholding or Withdrawing Treatment, Nutrition and/or Hydration
	Consent of patient available and provided	Consent Unavailable	Consent not Requested
	Legal in certain jurisdictions including Canada (MAiD)	<ul style="list-style-type: none"> • Illegal everywhere. Decriminalized in certain jurisdictions (e.g., Netherlands) • ‘Mercy Killing’ / Murder 	<ul style="list-style-type: none"> • Illegal everywhere • ‘Mercy Killing’ / Murder

Sources: (Leming and Dickinson 2017; Gamliel 2013; Somerville 2000; Alchin 2017; Norwood 2009; E. J. Emanuel et al. 2016)

Voluntary euthanasia, passive and active, involves the full participation of the dying individual. In its active form in Canada a medical professional prescribes a solution which is then taken orally, often unassisted by the dying individual (self-administered) or a medical profession administers a series of medications intravenously (clinician-administered). Passive, voluntary euthanasia occurs in the form of treatment refusals, the withdrawal of care, or the voluntary stopping of eating and drinking (VSED) by the dying individual. With non-voluntary euthanasia, informed consent is unavailable due to age, mental competence or lack of consciousness. Involuntary euthanasia occurs when the dying individual is not asked for consent and may not want to die.

Background to Assisted Death in Canada

The assisted dying debate in Canada entered the mainstream conscious in 1992 when the case of Sue Rodriguez, a BC woman suffering from amyotrophic lateral sclerosis (ALS), an incurable neurodegenerative condition, took her case for a physician-

assisted death to the Supreme Court of Canada, where she lost her case by a 4 to 5 ruling (Martin 2016). Undeterred, Rodriguez arranged an illegal assisted death in 1994 with the help of an unnamed physician (who was never identified or charged), and her case was widely reported in the Canadian and international media with headlines such as “Rodriguez Chooses Suicide” (Thompson 1994), “Two Drugs Killed Sue Rodriguez” (*The Vancouver Sun* 1994), and “Woman Who Lost a Right-to-Die Case in Canada Commits Suicide” (Farnsworth 1994).

In 1994, parallel to Sue Rodriguez's fight for an assisted death, Robert Latimer, a Saskatchewan farmer and father to a severely disabled daughter (Tracy) was charged with Tracy's murder, a charge to which he confessed as an act of love. The popular media portrayed Latimer's act along a spectrum ranging from "act of love" to "murder." Contemporaneous to the Rodriguez case, the Latimer case brought the euthanasia debate to the Canadian mainstream consciousness via the news media, where, as the following will demonstrate, both were often discussed with a similar ambiguous and confusing discourse.

While I am not attempting to equate Rodriguez's desire for active voluntary euthanasia to Latimer's non-voluntary euthanasia of his daughter, one can argue that Canadians' frame or contextualization for assisted death was set during this situational and discursive media bubble during the 1990s. During this time terms such as ‘slippery slope,’ ‘murder,’ ‘euthanasia,’ and ‘suicide’ were often used in the media when discussing Rodriguez and Latimer, and brought to question the morality, legality (both acts were illegal), normativity and sociability of certain types of death relative to others (e.g., ‘natural death’ vs. murder or surgical error). The repeated and seemingly

interchangeable use of stigmatized and stigmatizing terms had the effect of casting the contemporary, legal version of medically assisted death in what could be considered a problematic frame (Altheide 1997). Consequently, I suspect modern notions of legal medically assisted death in Canada are socially haunted by the problematic frames which situate it with the language, people and situations of the 1990s (Iyengar 1994; Lakoff 2004; Volosinov 1986; Shoemaker 1996)

The words frequently used in the 1990s to portray assisted death (i.e., ‘killing,’ ‘murder,’ ‘suicide,’ ‘euthanasia’) are seldom used in the modern mainstream media and official sources since the legalization of the practice in Canada. Instead, headlines accompanying modern assisted death stories, which are frequently comprised of detailed, autobiographical, compelling personal narratives, use titles such as “Circle of Life: Former Victoria Maternity Doctor Now Helps Terminally Ill End Their Suffering” (Shore 2017), “At His Own Wake, Celebrating Life and the Gift of Death” (Porter 2017), and “‘I’m Ready’: The Life and (Assisted) Death of Josephine Hopkins” (Egan 2017b). These titles frame the practice of a medically assisted death in a very different light than those accompanying Rodriguez’s. Are these framing differences merely indicative of shifting journalistic and editorial objectives, or do they indicate a transformation in the national social consciousness and a more nuanced understanding of the practice?

The current Canadian mass media framing of MAiD not only suggests a change in the actual discourse used to describe assisted death; the rise of the personal narrative in MAiD reporting also leads me to believe these personal yet culturally scripted narratives may be the mechanism by which the legality of medically assisted death is rationalized, normalized and made legitimate in Canada (Goodson 2013; Millar 2004; Seale 1998). I

will argue that these scripted narratives are effectively reframing medical assistance in dying as not ‘murder,’ ‘killing,’ ‘or suicide,’ as the media framed it in the 1990s, but something more akin to a *final gift*, or the ultimate act of *self-care* (Birenbaum-Carmeli, Banerjee, and Taylor 2006; Foucault 1978, 1988, 1997; Gandsman 2017; Proudfoot 2016c, 2017).

Theoretical Frameworks

Euthanasia Talk

Norwood’s (2009) notion of ‘euthanasia talk’, as “a product of *discourse* [italics original], a cultural form that shapes the production, practice and interpretation of life and end-of-life” (30), will serve as the foundation for this investigation into the Canadian form of euthanasia talk, which will be re-named ‘assisted death talk’ in keeping with local discursive norms. Norwood’s euthanasia talk covers two attributes, both of which are of value to this research: 1) The procedural process (which she borrows from Foucault) and “specific utterances” (47) necessary to request and be approved for an assisted death; and 2) The dichotomous effect of life being prolonged and/or improved in the process of talking about death. As this paper will explore, many of Norwood’s processes and utterances are replicated in some way or form in Canadian assisted death talk. As I shall demonstrate, the mass media is playing a vital role in disseminating to the Canadian public both the formal and informal process and utterances necessary to successfully request MAiD, and rationalize MAiD as a process that does not leave people socially isolated at the end of their lives.

The inclusion of assisted death discourse (procedural and utterances) in the mass media is also discussed by Somerville, in her book *Death Talk* (2014) where she uses the

term “death talk” to refer to the predominantly one-sided media coverage (pro-assisted death) that springs up when assisted death debates arise. Somerville dubs this phenomenon the “mediatisation of controversies” (289) and notes the media can make “more real and more credible” the lives of people we read about compared to events and people we personally know. This is accomplished with compelling messengers or “expert witnesses” in the media and their shared stories designed to maximize the socialization of some frames and minimize others through the inclusion and exclusion of aspects (Joslyn and Haider-Markel 2006; Karsoho, Wright, et al. 2016; Somerville 2014). ‘Messengers’, for this thesis, is a term borrowed from Communication and Media Studies that refers to individuals whose assumed expertise can both frame and transform public opinions concerning a practice (Joslyn and Haider-Markel 2006). Joslyn and Haider-Markel (2006) note that framing and social transformations are impacted by not only the content of the message, but by the influence of the messenger him or herself, who can enhance or undermine a message. The mass media effectively filter what elements and messengers of social movements the public consumes, and thus shape public attitudes through gate-keeping information. This notion of the media as society’s link to information as defined by Somerville (2014) is not unique and will be discussed further in the Mass Media and Hegemony section, below.

Concerning Norwood’s second form of euthanasia talk, where individuals are socially reawakened as they navigate the medically assisted death process, the road to an assisted death in Canada is portrayed by the media as being a social and family-oriented process inclusive of reunions and celebrations. The sociability of MAiD is portrayed in

the media as providing individuals with the opportunity to say ‘goodbye’ to loved ones through the practice’s power to control the time and place of one’s death.

Discourse and Language

Norwood in *The Maintenance of Life* (2009), her ethnography of medically assisted death in the Netherlands, employs Foucault’s (1972;1991) definition of discourse as the linguistic rules which form the “medium linking knowledge, power and practice” (30-31). These rules in turn “limit what can be spoken, what is constituted as taboo, what is held in collective conscience, what is reconstituted from the past, and who in society has access” (Norwood 2009). Norwood’s interpretation of Foucault’s notion of discourse will serve as a backbone for this thesis. Further, Foucault notes “that in every society the production of discourse is at once controlled, selected, organized and redistributed according to a certain number of procedures,” (1972, 216) with still more rules governing what is “sayable.” (1991, 59) The rules and institutions controlling what is sayable are temporal, binding utterances to social consciousness in time and place. Foucault was neither the first nor the last philosopher to link the rules and institutions responsible for discourse to social consciousness and temporality (see Gadamer 1976, 1988; Lakoff 2004; Rorty 1992; Volosinov 1986), but his template for considering discourse will influence the following discussion to the most significant degree.

In *The Archaeology of Knowledge* (1972), Foucault writes that the rules of what is sayable include notions of inclusion, exclusion and outright prohibitions which vary by society and period (1972, 218). For this discussion, these discursive rules will support my investigation of how the utterances deemed sayable by the media to discuss assisted death have shifted from the 1990s to the present in Canada. As a result, utterances and frames

that convey the social consciousness of medically assisted dying in the media have transformed from the 1990s to the present. Foucault's rules for what is sayable regarding inclusion, exclusion and prohibitions are deliberated as part of the forthcoming media discourse analysis.

Foucault's work concerning 'what is sayable' was detailed in an article three years before *The Archaeology of Knowledge* was published, in 1968's "Politics and the Study of Discourse" published in *Esprit*, a French journal (1991). In this article, Foucault details five rules for the archive for what is utterable in a society at a specific point in time, which I paraphrase below:

1. The limits and forms of what is *sayable*: What can be said and in which domains is it permissible to say?
2. The limits and forms of *conservation*: What utterances are repeated and circulated? Which are censored? Which are remembered? Which are forgotten?
3. The limits and forms of *memory*: Which utterances are valid, debatable or invalid? What social relationships or consciousness underscore current and past utterances?
4. The limits and forms of *reactivation*: What utterances from other jurisdictions or expert witnesses are valued or transformed for local use?
5. The limits and forms of *appropriation*: "What individuals, what groups or classes have access to a particular kind of discourse?" (60) How is control of discourse negotiated between stakeholders?

Source: (Foucault 1991, 59-60)

While many of these rules bleed into each other, each is relevant to my research and will support my analysis of the role of the media in socializing, normalizing and rationalizing medically assisted death as a legitimate and new mode of dying in Canada.

Foucault (1991) further notes that discourses can be scheming and capable of transformation to appear as one entity while concealing their "silently intended

meanings” (60). Are the personal narratives of MAiD patients and families in the Canadian media merely ‘infotainment,’ designed to fill the public’s insatiable appetite for information and entertainment, or are they subtly shaping public attitudes by creating empathy, compassion and intersubjectivity through the telling and re-telling of the same story? This thesis will investigate the rules governing what is sayable, and will argue that the social institution most responsible for controlling, selecting, organizing and redistributing assisted death discourse in the modern setting is the Canadian mass media.

Self-Care and Final Gift

Foucault, in his 1978 *History or Sexuality, Volume 1*, included a section entitled "The Right of Death and Power over Life," where he introduced his concept of “bio-power” (140). It was in this section he noted that an amalgam of “explicit calculations” (143) combined with “knowledge-power” (139) could transform human life. It was also in this chapter where Foucault described how bodies are supervised, regulated and made docile in the face of great power (139). Despite this power, individuals retain the "right-to-die” (130), a right that is both "individual and private" and the ultimate test of "power's limit" (138). Foucault further elaborated on this theme in subsequent lectures and publications, noting that despite such controlled bodies, a person is still able to take “care of oneself” (Foucault 1997, 88) and that such care is a “form of living” (96). Further, people often need the help of others to fully attend to themselves, “even to the end of one’s life” (98). According to this notion, medically assisted death is an act of *self-care*, whereby “attending to oneself is a privilege,” (96).

In *Technologies of the Self* (1988), Foucault notes that in the pursuit of *self-care* and to achieve that which will render one happy, pure, wise or perfect, “one must become

the doctor of oneself” (31). This final state of happy, pure, wise and perfect, termed a "complete achievement of life," is ideally completed "at the moment just prior to death" (31). The ‘complete achievement of life’ is a discourse that is often alluded to in the personal MAiD narratives distributed in the news media, where content, accomplished people are surrounded by loved ones when they die at a time and place of their choosing.

Ari Gandsman (2017), a Canadian anthropologist, researched the right-to-die movement in North America and Australia, and concluded that the catchphrase and notion of a “good death” is a discourse masking an underlying ulterior motive: assisted death as a “final gift” (18). The rhetoric of “individual autonomy and self-determination” (18) often presented in medically assisted death discourse, according to Gandsman, is a necessary fiction, masking a *final gift* for others intended to unburden “networks of care” (17) during prolonged, modern medicalized deaths.

Medically assisted death as a *final gift* may prevent family and caregivers from the trauma of having to watch and remember an ill person’s final days, specifically, the period between when consciousness is lost, known as social death, and one’s “exitus” (Menzfeld 2017, 27) when cerebral and respiratory functions cease, also known as biological death (Gandsman 2017; Hertz 1960; Kastenbaum 2007; Norwood 2009; Palgi and Abramovitch 1984). This research will also explore if the news media through personal narratives is attempting to rationalize and normalize assisted death in Canada as such a final gift.

Normative Rationalization

The role of the media in normalizing, rationalizing and therefore making socially legitimate medically assisted death in Canada is central to this thesis. To support my

argument regarding these processes, I will be leveraging the work of Alan Millar (2004) regarding the motivations for human belief and action. Normalizing, per Miller, is the invisible yet ever-changing process of engaging in thoughts, beliefs, actions and intentions to align with local standards, norms and rules. The notion of normalizing can also be applied to discourse, and as such is subject to change in time and space. Norms can and do change when “rationalizing explanations” (41) which justify shifts in belief or action can be provided.

Useful rationalizing explanations enable those violating social norms to impart their standards and fears in the form of a “normative reason” (57) such that norm conformers can “rationally justify” (57, citing Smith 1997) the non-normative decision. Moderately effective normalizing rationalizations generate "personal understanding" (34) and enable others to make sense of actions whether values and concerns are shared or not. Very effective normalizing rationalizations can trigger “simulations” (213 citing Gordon 1986), creating intersubjectivity with others whereby one visualizes oneself in the shoes of the norm violators and assesses how they would act in the same situation in a process known as “deliberative thinking” (134).

However, the normative reasons people provide for actions and beliefs do not always align with the real motives of norm violators. "Motivating reason" (58) is the term Miller uses to distinguish between why people say they do something versus why they actually do something. The theory of motivating reason can be used to discuss the phenomenon Gandsman (2017) identified where people claim a good death as a normative reason for seeking an assisted death, but are quietly motivated by providing their family with a *final gift*. As well, normative reasons, while goal-directed are not

always concerned with goal achievement; “sub-goals” may be underlying motivating reasons (52). For instance, in the Netherlands, assisted death assessments and their requisite euthanasia talk seldom result in an actual assisted death, as the increased sociability triggered by the request incapacitates a desire to die (Norwood 2009). In the Dutch context, a social reawakening might be the real motivating reason behind the request for a medically assisted death. This research argues that Canadian MAiD requests as portrayed in the media stimulate sociability in ill people, but further research is required to assess if requests for medically assisted death incapacitate the desire to die in some patients or is a motivating reason for another sub-goal.

Storytelling and Intersubjectivity

At its core, this thesis is about stories and their use by individuals and groups to change social consciousness; to rationalize and normalize actions; and to create intersubjectivity (Worthen and Yeatts 2016). For the subjects, their involvement in storytelling may serve to “rework reality in order to make it bearable” (Jackson 2002, 16), and to create “agency, voice and belonging” (185) where they might otherwise be fading (Fernandes 2017). People in MAiD stories are portrayed as “manag[ing] and master[ing] experiences that have [...] overwhelmingly taken them out of their depth” (Jackson 2002, 45). Personal stories in the media often permit “the quick and cavalier consumption of others” (Fernandes 2017, 2 citing Cunningham 2015) through the production of compelling stories that are often multimodal, accompanied by print, video, radio, and/or photographic images.

Raymond Williams (2004) reports that different modes of distribution convey specialized types of knowledge: “the press for political and economic information; the

photograph for community, family and personal life; the motion picture for curiosity and entertainment” (16). By applying all these modes together, *CBC.ca* articles, for example (which often contain all three modes) comprise a compelling and informative story that is hard to ignore or forget, as is the design of these stories. These personal narratives of people navigating MAiD are increasingly popular in the media, and often are co-constructed with individuals, their families and expert witnesses before they are filtered and edited by journalists (who are educated to be effective communicators, adept at shaping public opinion), to make the stories as compelling and broadly appealing as possible (Birenbaum-Carmeli, Banerjee, and Taylor 2006; Fernandes 2017; Jackson 2002; Somerville 2014; Shoemaker 1996).

Lastly, stories of suffering play a significant role in medically assisted dying discourse in the media (Burlone and Richmond 2018; Dees et al. 2010, 2011; Karsoho, Fishman, et al. 2016; Kleinman and Kleinman 1991, 1996; Martin 2016; Richards 2017). Suffering, per Kleinman (1996) is a “social experience” (2) which is particularly effective at shaping collective and intersubjective perceptions. At the collective level, stories of suffering provide for the audience a template for how best to “undergo troubles” (2) within a group.

The value of stories depicting suffering to create intersubjectivity is highlighted when Atul Gawande notes that Tolstoy’s novella *The Death of Ivan Ilyich* (2013) is required reading for medical students at some American universities (Gawande 2014a, 2014b). The story is required reading for a cohort of physicians who are trained to deal with illness and disease, but seldom mortality. In the novella, Ivan Ilyich suffers a seemingly innocuous fall during which he acquires an injury from which he never

recovers. Throughout the story, Ilyich can get little empathy or compassion from his social or kin network, effectively suffering a social death. He does, however, find solace in the form of a domestic worker who compassionately spends hours holding Ilyich's feet in the air, giving him some relief, likely ontological more than physical.

The depiction of suffering in the media is a portrayal sanctioned by a community's social consciousness and therefore is bound temporally, subject to fluctuate in time or space. The use of suffering as a narrative trope for discussing medically assisted death has been established in Canada and is popular and effective at imparting intersubjectivity and inspiring deliberative thinking which can lead to social change (Gandsman 2018; Gillespie and Cornish 2014; Karsoho, Fishman, et al. 2016; Millar 2004). The frequent use of suffering in the media is employed to rationalize medically assisted death, to create sympathy, empathy and understanding in Canadians. As the following discourse analysis will demonstrate, there are other, equally effective tropes or frames in Canada for rationalizing MAiD. In particular subframes of *control*, *dignity* and *rights* have factored significantly into the media's portrayals of medically assisted death and among the practice's advocates.

Framing and the Canadian Media

Writers from numerous fields provide various definitions of what we mean by 'frame' and 'framing.' Atwood-Gailey (2003), whose work underscores the frame analysis portion of this paper, defines 'frame' as "an interpretive schemata that simplifies and condenses the 'world out there' by selectively highlighting certain information" (6), a concept which she attributes to Snow et al. (1986). Snow et al. in turn attribute part of the definition to Goffman (1986), who defines frame as: "our subjective involvement" in the

“principles of organization which govern [social] events” (10-11). Lakoff (2004) defines frames in a concise and clear manner that is illuminating for this thesis, as follows:

"Frames are mental structures that shape the way we see the world. As a result, they shape the goals we seek, the plans we make, the way we act, and what counts as a good or bad outcome of our actions. In politics, our frames shape our social policies and the institutions we form to carry out policies. To change our frames is to change all of this. Reframing is social change." (Lakoff 2004 p.xv)

Lakoff's definition of frame articulates how the relationship between frames, subjectivities and social institutions form an iterative feedback loop. The media, as this paper argues, through its process of reflection and refraction abets this feedback loop. Lakoff further writes that while frames are intangible, in that they cannot be seen or heard, they unconsciously trigger our brains, impacting “the way we reason and what counts as common sense” (xv). Because Canadians in 2019, after more than twenty years of exposure to the practice, have a more nuanced sensibility concerning medically assisted death versus the 1990s, we require new language to discuss it.

Within linguistics and many other fields, scholars have studied the use of discourse in the form of specific utterances and frames for their impacts on culture, norms and social consciousness over time (Gillespie and Cornish 2014; Lakoff 2004; Shoemaker 1996; Snow et al. 1986; Tannen and Wallat 1987; Volosinov 1986). Marcoux (2007) made evident this sentiment when she noted that the language used in poll questions had a direct impact on participant responses. According to her study, the use of the term ‘euthanasia’ in questions generated a different response than ‘lethal injection,’ as well “tangential terms, such as ‘*competent doctor*’ [italics original]” (Marcoux, Mishara, and Durand 2007, 237) also impacted responses in support of medically assisted death.

The mass media, in particular, is adept at using multiple modes of broadcasting to “create common understanding” (Entman 1993, 56), especially as attendance at

institutions which historically convey this collective knowledge, church and social groups, diminishes (Korzinski 2018; Williams 2004). The dissemination of collective understanding is not an organic process. It is an active process involving the use of particular frames to convey specific, salient meaning in a specific temporality. As active processes, both frames and the social meanings they interface with are subject to realignment over time (Snow et al. 1986). According to Snow et al., (1986) frame alignment materializes in four forms, and their applicability to the Canadian landscape will be discussed further in chapters three and four of this thesis.

1. *Bridging*: “The linkage of two or more ideologically congruent but structurally unconnected frames regarding a particular issue or problem.”
2. *Transformation*: “Replacing old values, meanings and beliefs with new ones to garner support and secure participation.”
3. *Amplification*: “The clarification and invigoration of an interpretive frame that bears on a particular issue, problem or set of events.”
4. *Extension*: The process of introducing to the frame “auxiliary interests not obviously associated with the movement in hopes of enlarging its adherent base.”

Source: Snow 1986, 467-473

The media plays a significant role in frame dissemination and management, reflecting and refracting social consciousness; echoing back to audiences what they want or expect to hear while simultaneously priming people for future frame transformations through the inclusion and exclusion of information (Abeysinghe and White 2011; Entman 1993; Iyengar 1994; Iyengar and Kinder 1987; McCombs et al. 2011). The ability of the media to employ specific messengers and frames to discuss assisted death has been the subject of a number of academic investigations (see Birenbaum-Carmeli, Banerjee, and Taylor 2006; Burlone and Richmond 2018; Gamliel 2013; Joslyn and Haider-Markel 2006; Karsoho, Wright, et al. 2016; Pollock and Yulis 2004; Worthen and Yeatts 2016; Wright et al. 2015; Kalwinsky 1998). Many of these articles stem from jurisdictions

where the discussion of legalizing assisted death was debated in the press from social, legal and political frames, and will be discussed in the next chapter.

The Canadian social movement that resulted in a successful Supreme Court ruling in 2015 was not arrived at haphazardly; it was the product of careful observation of other jurisdictions where the practice was legal, and repeated trial and error processes in Canada, evidenced by previous failed bills and court rulings². Lakoff (2004) notes that notions must be planted in the minds of people before ideas can be reframed, “the only way anyone can understand any discourse is by filling in unstated information which is known from prior experience in the world” (Snow et al. 1986, 207). The seedling idea for MAiD was planted in the minds of Canadians in the 1990s with Rodriguez, Latimer and other messengers. This idea needed over twenty years of germination, priming, amplification and transformation for the request for legalized medically assisted death to be deemed rational, reasonable and feasible to Canada’s nine Supreme Court judges in the form of *Carter vs. Canada* in 2015.

The successful ruling was also the product of advocates of the practice, journalists and lawmakers paying close attention to how the debate was successfully framed in other jurisdictions. These messengers are then made “expert witnesses” (Karsoho, Wright, et al. 2016, 47) through the adoption and modification for local social consciousness, of media frames similar to theirs (Joslyn and Haider-Markel 2006; Snow et al. 1986; Wright et al. 2015). What frames, subframes and counter frames are most often used (e.g. religious, legal, economic, moral, social)? Whose voice is amplified (e.g. doctors, lawyers and politicians or the less powerful such as ill people and their families)? How are eligibility and safeguards for the practice presented? Consideration of these elements

² For example, Bill C-407 in 2005, Bill C-384 in 2009, *Rodriquez vs BC* in 1993.

is central to how the medically assisted death debate is framed in the Canadian press. While I am not saying the press wrote the MAiD legislation in Canada, the media with its ability to reflect and refract social consciousness, played a role in nurturing the social conditions required for legalized assisted death to commence in 2016 with Bill C-14.

The power of the media to impact social consciousness was also felt in 1994 when Sue Rodriguez argued for the right to an assisted death in British Columbia. During this time the media frequently used ambiguous utterances to describe medically assisted death. As this paper argues, these utterances cast the practice in what amounts to, in hindsight, a framing error or a “misframe” (Goffman 1986, 308; Snow et al. 1986, 483) from the point of view of current Canadian discourse because they were predicated on linguistic cues that indexed medically assisted death as other practices. According to this misframe, medically assisted deaths were reported by the 1990s press as instances of ‘suicide’ or ‘murder’, practices both stigmatized, and related to MAiD only in that they are modes of dying. This 1990s misframe becomes more apparent when considering the framing of the practice in the mass media today where MAiD is often portrayed as an act of *control, dignity, self-care* or *final gift*.

Methods

Data included in the discourse analysis portion of this thesis were collected from four mass media sources which are broadly available to Canadians in a variety of mediums, including: *The Ottawa Citizen* (print and online), *Maclean’s Magazine* (print and online), and *The Globe and Mail* (print and online). Although not noted in my original proposal *CBC.ca* (television, radio, online) was added as the fourth research

source for the period of January to September 2018, a decision which will be explained below.

The initial mass media discourse was assembled from a comprehensive bimodal collection (sample and targeted) of Canadian newspaper (*Ottawa Citizen* and *Globe and Mail*) and national magazine articles (*Maclean's*) from the 1990s to the present³. Using the *Canadian Newsstream* database of public news sources, a keyword search using the terms 'assisted suicide,' or 'assisted death,' or 'euthanasia' or 'assisted dying' between 1990 and September 30, 2018, was conducted to identify potentially relevant articles. Similarly, the *Periodicals Archive Online* and *Canadian Periodicals Index Quarterly* (CPI.Q) were used to capture and analyze *Maclean's* magazine data from 1993 – 2005 and 2006 – 2018 respectively, using the same search terms noted above.

A preliminary analysis of all mass media data revealed approximately 19,000 *Canadian Newsstream* sources containing the keywords selected for this study and approximately 250 *Maclean's* articles⁴. These keywords were selected through a series of *Canadian Newsstream* searches during the research design stage of this project to ensure the research terms returned the full range of assisted death references.

The following approach was undertaken to reduce the total number of articles selected for this paper and to strategically sample data: 1) *Canadian Newsstream* was restricted to newspapers only. 2) Data was sampled and analyzed at two levels: National and one local region (Ottawa) through the selection of only two newspapers, *The Ottawa Citizen* and *The Globe and Mail*. 3) News, opinion, editorial, feature and column articles were included, while letters to the editor, obituaries, and irrelevant sources such as book

³Mass media articles from the four sources are considered up to and including September 30, 2018

⁴Newsstream sources include newspapers, blogs, wire feeds, magazines (but not *Maclean's*) and other sources. Newspapers may consist of news articles, columns and editorials, op-ed pieces, and letters to the editor

and film reviews and stories were excluded. 4) Articles that deal with the euthanasia of animals, the province of Quebec exclusively, or any jurisdiction irrelevant to this thesis (Europe and US) were excluded unless the events reported were discussed in reference to Canadian policy. 5) Articles were temporally targeted to align with significant Canadian assisted death events, usually identified by spikes in news reporting (see Table 2: Article Selection by Key Date). This resulted in three time periods being selected: 1) September and November 1993, and February and November 1994; 2) September and November 2005, and June, July and October 2005; 3) May and June 2016, all of 2017 and January to September 2018, at which time the writing of this thesis commenced.

Table 2: Article Selection by Key Date

Key Event Dates	Event Details	Study Period
Sept. 1993	Supreme Court of Canada dismissed an appeal for a medically assisted death by Sue Rodriguez.	First
Nov. 1993	The BC Ministry Attorney General issued guidelines for charging persons involved in cases of active euthanasia and assisted suicide.	First
Feb. 1994	Sue Rodriguez dies.	First
Nov. 1994	Robert Latimer convicted of second-degree murder.	First
Sept. 2004	Woman charged with aiding and abetting the suicide of her 36-year-old son.	Second
Nov. 2004	Woman acquitted of aiding and abetting the suicides of two women.	Second
June 2005	Bill C-407 (right to die with dignity [lower case in original]) was introduced.	Second
July 2005	Man charged with the attempted murder of his spouse.	Second
Oct. 2005	Bill C-407 died on the Order Paper.	Second
May/June 2016	Bill C-14 receives Royal Assent.	Third
2017 (All)	Legal medically assisted death in Canada.	Third
Jan.-Sept. 2018	Legal medically assisted death in Canada.	Third

Source: lop.parl.ca/Content/LOP/ResearchPublications/2015-139-e.html?cat=law#a16

By applying this sampling technique, I was able to reduce the number of articles in this project's scope from 19,000 to 250.

CBC.ca was added as a national source in response to a *Google News* alert I had set up to inform me of the latest assisted death stories in the Canadian press. This alert

was returning a disproportionately high number of articles from *CBC.ca* relative to the other sources initially selected for this thesis. Review of some of the *CBC.ca* articles revealed that this national source was publishing articles that appeared to be realigning the framing of MAiD in Canada, per Snow et al.'s (1986) frame alignment, to a larger degree than were the other sources through a number of techniques: 1) *CBC.ca* was not adhering to discursive catchphrase trends established in the other media sources, a pattern I will discuss in chapter 4 of this thesis. 2) *CBC.ca* was employing personal narratives of MAiD patients and their families in the majority of its articles, a reporting type that is of particular interest to this research as personal stories, according to Somerville (2014) are an effective way of capturing the attention of readers, while also conveying current and emergent frames. 3) *CBC.ca* was employing utterances for medically assisted death in Canada that are more consistent with those used by CAMAP and the Canadian Government (i.e., use of the acronym MAiD and the term "medical assistance in dying")⁵. And, 4) Whereas the local and national news sources I initially selected continued to write about news matters concerning MAiD (e.g. legislative challenges and access issues), and to serve as a procedural discourse guide for public on the eligibility criteria and/or safeguards for MAiD, the *CBC.ca* seldom addressed these concerns, focussing instead on the normative rationalization of MAiD in Canada. For these reasons, *CBC.ca* was added as an official source to this research. Between January and September 2018 *CBC.ca* published 33 stories concerning medically assisted death. All were included in this study and are included in the 250 sources in this project's scope.

⁵ CAMAP or Canadian Association of MAiD Assessors and Providers, a not-for-profit peer support, research and MAiD advocacy group comprised of physicians, "pharmacists, speech & language specialists, administrators, law makers, lawyers, social workers, counsellors, policy analysts and more" Source: <https://camapcanada.ca>

A list of current and emergent frames to be used for coding the news articles in this project's scope was initially collected from attending the 2nd Annual Medical Assistance in Dying Conference held in Ottawa in May 2018 (CAMAP 2018). Additional frames were compiled from careful reading and content analysis of articles concerning the framing of medically assisted death in Canada and other jurisdictions (Burlone and Richmond 2018; Karsoho, Fishman, et al. 2016; Karsoho, Wright, et al. 2016). Elizabeth Atwood-Gailey's book, *Write to Death* (2003) was also selected for the book's overall relevance and diligence in analyzing the medically assisted dying debate in the US media. A complete list of all frames from all sources was compiled, cross-referenced and analyzed for trends, the most significant of which are displayed below (see Table 3: The Framing of MAiD in Academia) and will be discussed at greater depth in the Assisted Death in the Media and Academia section of this paper's literature review. From this list of all frames, I was able to create a master list of seventeen to be considered when coding the articles selected for this thesis (see Table 4: Discourse Analysis Master Code List).

Table 3: The Framing of MAiD in Academia

Table 4: Discourse Analysis Master Code List

Subframes Identified from Research	Emergent Subframes	Catchphrases
MASTER FRAME: "Right to Die"	EF - Forced transfers	CP - Safeguards
1. Standard setting / Regulation	EF - Broadening eligibility	CP - "Death with Dignity"
2. Humanity / Dignity / Compassion	EF - Access Issues	CP - "Quality of Life"
3. Control / Autonomy / Independence	EF - Organ and tissue donation	CP - "Own Terms"
4. Suffering / Medicalization of death	EF - Oral prescriptions	CP - "Good Death"
5. Rational / Informed Choice	EF - advanced directives	CP - "Choosing Time and Place"
6. Slippery Slope / caution	EF - Final gift	CP - "Who Owns My Body?"
7. Law / Criminality / Rights	EF - Self-Care	CP - "Mercy Killing"
8. Sanctity of life / Morality	EF - Burdening Family	CP - "Intolerable Suffering or Pain"
9. Divine authority	EF - Spectrum of Care	CP - "Grievous and Irremediable"
10. Palliative care / Alternatives	EF - MAID House	CP - "Reasonably Foreseeable"
11. Liberating death	EF - Witnesses	CP - "Elbowgate"
12. MAID Does more harm	EF - VSED	CP - "Getting What Was Wanted"
13. Medicine out of control / Heroic measures	EF - Gratitude	CP - "Sanctity of Life"
14. Economic Frame	EF - Conscientious Objection	CP - "Protect the Vulnerable"
15. Docs Already doing	EF - Personal Narrative	
16. Canadian Values	EF - Physician Compensation	
17. Underground Euthanasia		
Language and Terms	Groups and People	
"Medical assistance or aid in Dying"	CAMAP	
MAID	Dying With Dignity Canada	
MAD (Medically Assisted Death or Dying)	Right to Die Society	
PAD (Physician Assisted Death or Dying)	Christian Dental and Medical Association	
PAS (Physician Assisted Suicide)	Sue Rodriguez	
PAT (Physician Assisted Termination)	Robert Latimer	
DAS (Doctor Assisted Suicide)	Erwin Krichahn	
DAD (Doctor Assisted Death or Dying)	John Hofsess	
MAS (Medically Assisted Suicide)		
"Assisted Suicide"		
"Assisted Death or Dying"		
"Kill himself or Herself"		
"Kill"		
"Murder"		
"Euthanasia"		
Attempted Suicide		

The May 2018 CAMAP conference provided me with exposure to the nation's leading MAiD academics, providers and assessors, current and future MAiD research, and the present and aspirational state (legal and procedural) of medically assisted death in Canada. At this conference, in the manner of a participant-observer, I attended three days of presentations, during which time I engaged in informal discussions with numerous participants concerning MAiD (after fully disclosing my research)⁶. At this conference, I made contact with a few assessors and providers who agreed to be consulted concerning future research questions. These individuals are sparingly referred to as "informants" in the following.

⁶ Ethics approval was secured for this project on March 22, 2018. Ethics Protocol Clearance ID: Project #108624.

Carleton University, MacOdrum Library Anthropology (Sylvie Lafortune) and Legal Studies (Sally Sax) subject specialists were contacted for assistance with identifying the origins of the discourse used in *Carter vs. Canada* and Bill C-14 and for identifying which databases to query to acquire data samples.

Microsoft Excel and Papers³ For Mac were used to assist with both qualitative and quantitative analysis and to assist with the categorization and visualization of results. Quantitative analysis was conducted for statistical analysis of words, word counts and phrases used.

Outline of Chapters

The thesis is structured into four chapters: Chapter one has provided an introduction and overview of medically assisted death in Canada, an overview of the theory used to make and support the central argument of this thesis, and a methods section. Chapter two provides an overview of the relevant literature on themes such as Canadian individualism and medicare, the sociability of death and dying, conceptions of suicide, the role of the media in society, and a summary of the assisted dying debate as presented in the media and academia. Chapters three and four contain the main discussion and findings supporting the central argument of this thesis. Chapter three addresses the 1993 and 1994 period when the initial frame or footing for MAiD was established in the Canadian press through the reporting on three prominent messengers (Sue Rodriguez, Robert Latimer and Erwin Krickhahn) at a time when the practice of medically assisted death not as well understood as it is today, and poorly differentiated from other modes of death. Chapter four addresses the two 21st Century periods of investigation for this thesis, 2004 and 2005, and 2016 to 2018. During these two periods the social consciousness and

understanding of medically assisted death were broadening, becoming more nuanced and legitimate as a mode of death in Canada; a breadth and depth which is reflected and refracted by the media who realigned and expanded how MAiD was reported and the language used to do so.

For each period, I address the popular frames for medically assisted death in the media, as well as the political and legal status of the practice and how the relationship between these three phenomena can influence the social consciousness of the practice in Canada.

Chapter 2: Literature Review

This literature review is structured into five sections that together, reveal the social context influencing how medically assisted death has come to be viewed in Canada: 1) Canadian individualism, rights and socialized medicare. 2) The sociability of death and dying in Canada, including modern constructs of ‘good,’ ‘bad,’ or ‘tamed’ death, notions of social and biological death, and how death can be constructed to suit the needs of the individual. 3) The transformed, essential role of palliative care as part of a spectrum of care expanding to include medically assisted dying in Canada. 4) Suicide, its ethics and stigma, and the discourse by which it is deliberated. 5) Medically assisted death in the public realm (mass media and academia) with a primary focus on Canadian-sourced publications.

Canadian Individualism, Rights and Medicare

The connection between individualism, the “right to life, liberty and security of person” afforded by the *Canadian Charter of Rights and Freedoms* and the legalization of MAiD in Canada has been discussed by academics and journalists alike (see Burlone and Richmond 2018; Fine and Stone 2016b; Gandsman 2017; Garrod 2010; Karsoho, Wright, et al. 2016; Schafer 2013; Somerville 2014). The link between individualism, medically assisted death and suicide in Canada and other jurisdictions has also been widely documented (see Burlone and Richmond 2018; Dowbiggin 2003; Garrod 2010; Judd and Seale 2011; Karsoho, Wright, et al. 2016; Schafer 2013; Thornton and Phillips 2009; Tierney 2010; Walter 1994).

No research concerning healthcare practices in Canada is complete without a brief discussion of the Canada Health Act, a provision which underpins Medicare, a program

that is a large part of Canada's social fabric (Brodie 2002; Dufresne, Jeram, and Pelletier 2014; Duckett and Peetoom 2013; Garrod 2010; Toope 2013). Medicare claims its roots in 1947 with a Tommy Douglas-led, Saskatchewan-based "hospital insurance scheme" designed to insulate farmers and their workers from financial ruin in the event of a farming accident (Garrod 2010). Medicare is an example of a collectivist scheme whereby the group is emphasized over the self in a nation whose citizens otherwise claim individualism as an underpinning social ideology (Brodie 2002; Dufresne, Jeram, and Pelletier 2014; Schafer 2013). The social individualist ideology, which emphasizes the self over the group, is indexed politically with Liberalism, the end of the political spectrum Canada has always occupied. At this end of the political spectrum, notions of self-determination and rights dominate the discourse, with competent, adult citizens considered capable of making rational, informed choices regarding matters that concern them and to take responsibility for said choices. Some academics (see Duckett and Peetoom 2013; Garrod 2010; Toope 2013) cite the provision of health services as being the sociocultural phenomenon by which Canadians most greatly distinguish themselves from Americans.

The notion of Rights afforded to all Canadians via the *Canadian Charter of Rights and Freedoms* was the foundation upon which the *Carter vs. Canada* Supreme Court of Canada challenge was built. Specifically, *Carter vs. Canada* challenged that the prohibition in section 14 of the *Criminal Code of Canada* which prevents physicians from assisting individuals in their deaths "infringed on Canadians' constitutional right to life, liberty and security" (Karsoho, Wright, et al. 2016, 46). If Canadians had the legal right to commit suicide (which the criminal code permits), then by extension they should

legally be allowed to seek the aid of a physician in doing so if they are incapacitated by disease or illness such that they cannot physically take their own life. The plaintiff in *Carter vs. Canada* successfully argued this case. The result was the amendment of section 14 of the *Criminal Code of Canada* with Bill C-14. Bill C-14 legally permits medically assisted death when specific eligibility criteria (which are arguably vague, contentious and subjective as we shall explore in this paper) are met, with safeguards in place to protect vulnerable Canadians from being coerced into an assisted death (Keown 2014; Oczkowski et al. 2017; Schafer 2013).

Eligibility criteria and safeguard discussions both play central roles in the assisted death discourse in the Canadian media, as does the language used in the *Canada vs. Carter* Supreme Court ruling. There was considerable debate concerning the addition of the words that death needed to be "reasonably foreseeable" to the "grievous and irremediable medical condition" definition of the Supreme Court's ruling by the Liberal government⁷. The Canadian Senate contested the addition of these few words, a debate that was heavily reported in the Canadian media, a phenomenon that will be discussed below and later in this paper.

According to Foucault (1978; 1995) governments have to be mindful of the relationship between their power and the suffering of citizens. Citizens in jails or hospitals cannot seem to be suffering at the hands of powerful governments and knowledgeable doctors, especially when, as with health care in Canada, few other options exist. A patient can choose to see a homeopath, naturopath, or any other specialist outside the medicare umbrella, but they do so at their own expense. Also, while private health

⁷ "Reasonably foreseeable" was added by the Trudeau government in Parliament and contested by the Canadian Senate. The term implies that one does not need to have a terminal illness (which suggests a three to six month life-expectancy) to be eligible for a medically assisted death. For this reason the word 'terminal' is used sparingly in this thesis. The official definition and timeline of 'reasonably foreseeable' is still being deliberated amongst Canadian lawmakers, academics and healthcare providers.

insurance, where available, will cover many health-related costs, they are often capped to prevent overuse. Canada is, therefore, a jurisdiction where the health and wellness of its citizens becomes a by-product of government funded and controlled institutions. To use an *economic* frame for MAiD advocacy is to risk associations to Social Darwinism and its related eugenics and euthanasia projects, an association no rights-based liberal democracy covets (Echlin, Gentles, and Arthurs 2015; Dowbiggin 2003; Karsoho, Wright, et al. 2016; Martin 2016; Warraich 2018). As an aside, my research suggests an *economic* frame is popular with oppositional voices that also frequently compare the practice of MAiD to Nazi euthanasia and female circumcision (Echlin et al. 2015; Mitchell 2007; Mwaria 1997; Smyth 1993).

As Provincial governments fund medicare, death in Canada can never be acceptably seen as associated with cost-savings or unburdening exercise for healthcare providers, medical facilities or provincial coffers. The power of medicare and its socialized nature render *economic* discussions and frames untenable and unpopular in Canadian academia and media reporting, a trend reflected in other jurisdictions also (Atwood-Gailey 1999).

According to the media analysis portion of this project, journalists used an *economic* frame in sixteen or 6.5% of all articles sampled (including *CBC.ca* in 2018). This ranking situates the *economic* frame in tenth place out of the seventeen frames for which I coded the media articles. However, this figure includes reference to economic themes beyond that of “euthanizing ill people saves the government lots of money” (of which there were only three instances). The other thirteen cases were coded with the *economic* frame through reference to a study published in 2017 that provides an

economic analysis of MAiD in Canada (see Trachtenberg and Manns 2017); articles concerning issues with physician fee schedules for providing MAiD services; articles concerning patients actively seeking MAiD for economic reasons (a final, unburdening gift for the state, families and caregivers); and articles which cite the use of the economic stance by oppositional voice in otherwise advocative pieces.

Sue Rodriguez, the movement's primary messenger in Canada in the 1990s, never tabled an *economic* argument as a rationalizing explanation for requesting a medically assisted death. However, another 1990s era messenger did, Erwin Krickhahn, and as I will demonstrate shortly, his decision to do so may have compromised his credible messenger status with Canadians and the press.

Official Government Discourse

The ability of utterances to reflect and refract social consciousness is the primary investigation of this thesis. Words, how they are used and by whom have a direct impact on how people experience and interpret events. Volosinov (1986) claims that words depict an ideology by representing something. By extension, when ideologies change, new utterances are needed to demark them from old ideologies because “thinking differently requires speaking differently” (Lakoff 2004 p.xv). The statements used by those in positions of power, such as governments, have a still more significant impact on interpretation and social consciousness. This power to speak and be heard is at the core of Norwood's (2009) interpretation of Foucault's theory of discourse and his rules concerning what is *sayable*. Per Foucault (1991), discourse is subject to change over time and place with five rules concerning what is said, when and by whom (sayable, conservation, memory, reactivation, appropriation). So how, as in the case of Canada,

does a liberally democratic government manage the process of transforming the discourse and social consciousness of a previously illegal and stigmatized process after it is legalized? How is the national frame for medically assisted death transformed through the utterances selected to describe a once maligned practice? These questions are at the root of this thesis and will be unpacked in the following pages.

When researching this thesis, I often visited the Canada.ca/Medical Assistance in Dying webpage for the most current official discourse concerning MAiD in Canada (Government of Canada 2017). On a visit to this site in early 2018, I noticed that the ‘Available options’ section of this page specified two types of medically assisted death in Canada, each referred to by multiple terms:

“There are two types of medical assistance in dying available to Canadians. They each must include a physician or nurse practitioner who:

- Directly administers a substance that causes death, such as an injection of a drug
 - This is *becoming known* [emphasis added] as clinician-administered medical assistance in dying
 - It was *previously known* [emphasis added] as voluntary euthanasia
- or
- Provides or prescribes a drug that the eligible person takes themselves, to bring about their own death
 - This is *becoming known* [emphasis added] as self-administered medical assistance in dying
 - It was *previously known* [emphasis added] as medically assisted suicide or assisted suicide.”

Source: canada.ca/en/health-canada/services/medical-assistance-dying.html

The *becoming known as* language reflects the emergent official Canadian government discourse concerning medically assisted death. These new definitions contain none of the stigmatizing language (e.g. ‘suicide’ or ‘euthanasia’) used to index assisted death in the 1990s. Further, the ‘becoming known as’ statements hint at a democratic “process of incorporation” (Williams 1977, 115) which requires an emergent phase for any new discourse or practice in non-totalitarian states. This period of incorporation

aligns with Foucault's reactivation, when utterances from other groups and jurisdictions are appropriated and transformed for local use. But from what group or jurisdiction was this discourse appropriated for use in the Canadian media?

The Canada.ca website itself offered no clues beyond a 'last updated' date. According to the *Library of Parliament (LOP)* webpage, "The adoption of the term "medical assistance in dying" was recommended for use in legislation by the Special Joint Committee" (Julia Nicol 2016) because the term "medical" reflected the reality that assisted death provision teams are not comprised solely of physicians (nurse practitioners, pharmacists and other health care workers are also involved). By extension, this means that the language used by the plaintiff in *Carter vs. Canada*, who was successful in a) generating a favourable verdict with the Supreme Court of Canada, and b) shifting the historic Euro-colonial death practice in Canada, has been reactivated and appropriated as the official MAiD discourse in Canada (Foucault 1972). This language and other discursive elements are now in the process of being distilled to the Canadian public in the manner of Williams' (1977) 'process of incorporation'. The term 'Medical Assistance in Dying' is widely, and my research shows, increasingly being used in the media to refer to the practice of medically assisted dying in Canada, and is frequently referred to by the acronym MAiD or MAID (pronounced 'made' in oral discourse).

The collective memory of, and language used by, the media to describe medically assisted death in the 1990s until the period of legalization now need to be invalidated and revalidated with new utterances and frames to account for the practice's new social consciousness. The conservation of these newly validated utterances, is in large part, a job for the mass media, with its ability to select, make salient, circulate, repeat, amplify

and effectively make legitimate the official discourse concerning the practice of medically assisted death (Entman 1993; Foucault 1972; Snow et al. 1986).

‘Grievous and Irremediable Medical Condition’

Foucault’s notion of discourse, used by Norwood (2009) refers to both utterances and procedure. The legalization of MAiD in Canada represents a practice that can only exist if safeguarded by rigid procedural discourse. Disputing and contending the official eligibility criteria for medical assistance in death in Canada is a topic that has dominated discussions in government and the media. As is often the case with utterances, sometimes the inclusion of specific words designed to clarify matters instead makes them more opaque and subjective.

The language which caused the greatest confusion and has subsequently left MAiD laws open to legal challenges on discriminatory and unconstitutional grounds was, ironically, added to the legislation to clear up the vagueness around the "grievous and irremediable medical condition" discourse. This additional language added by the Liberal government to further define grievous and irremediable was:

- “Natural death has become reasonably foreseeable.”
- “Unbearable physical or mental suffering.” (Supreme Court of Canada 2015)⁸

‘Reasonably foreseeable’ has no formal, legal definition, which can leave MAiD assessors and providers subject to legal prosecution if a coroner deems death was, in fact, not reasonably foreseeable. For instance, is one’s natural death reasonably foreseeable if a person previously denied a medically assisted death voluntarily stops eating and

⁸ The word “Unbearable” does not appear in the *Carter vs Canada* ruling.

drinking (VSED) triggering a physical decline that cannot be reversed (Marcoux, Mishara, and Durand 2007)?⁹ Similarly, "unbearable suffering," which is often referenced in the mainstream media, was known as "enduring" or "intolerable" suffering without qualification as mental or physical in the *Carter vs. Canada* ruling. Regardless of its designation, suffering is a completely subjective phenomenon, which puts MAiD assessors in a higher position of power relative to patients (Norwood 2009; Foucault 1972)¹⁰. Both these terms are popular catchphrases for the media and MAiD experts alike, which we will discuss in chapters three and four¹¹.

Slippery Slope and Conscientious Objection

Prior to the legalization of MAiD there was much medically assisted dying opposition established on the notion of a 'slippery slope' (see Landry et al. 2015; Martin 2016; Mwaria 1997; O'Neill et al. 2003; Seale 2000). Per this slope, vulnerable members of a society (e.g. the elderly, infirm, or those with mental health issues) would be coerced into assisted death for reasons of economically and socially unburdening the state and/or caregivers. The legalization of assisted death in Canada was enacted with the slippery slope argument being rejected by the trial judge in the *Carter vs. Canada* ruling, who felt robust eligibility criteria would act as safeguards to "protect vulnerable people from abuse and error," (Landry et al. 2015, 1497) as had been established in other legal jurisdictions. In the wake of *Canada vs. Carter* and the implementation of rigid eligibility safeguards, the oppositional assisted death voice in the mass media has quieted markedly. While those opposed to MAiD for moral, religious or ethical reasons, commonly known

⁹ The practice of VSED was cited in 7 media articles sampled for this paper.

¹⁰ The term "unbearable suffering" was cited in 54 sampled articles (including cbc.ca) or 22%. This is the third most popular catchphrase in the media after "reasonably foreseeable" and "grievous and irremediable" at 71 or 29% and 62 or 25% respectively.

¹¹ The vagueness of the language used in the law was noted in seventeen articles (7%) selected for this thesis explicitly using the term "vague."

as “conscientious objectors” (Ducharme 2016, vii) are accommodated in *Carter vs. Canada*, today their objections are enacted quietly, and most commonly through refusal. Medical professionals can legally refuse to participate in the service but must refer patients to other healthcare workers who will meet the patient’s needs.

The Sociability of Death and Dying

Good and Bad Death

Many anthropologists have written about death and dying across societies, its ritual, process and purpose, and have noted similarities and differences (see Ariès 1981, 1985; Bloch and Parry 1982; Boas 1917; Cátedra 2004; Gawande 2014a; Kaufman 2006; Kroeber 1927; Malinowski 2004; Menzfeld 2017; Palgi and Abramovitch 1984; Radcliffe-Brown 2004; Rosaldo 2004; Scheper-Hughes 2004). The ritualistic practices surrounding death and dying are not universal; they differ from place to place and fluctuate over time. What does not shift over time or across cultures is the notion of death related practices being a "social phenomenon" (Hertz 1960, 100), whereby social relations and bonds between the living and the deceased are "profoundly modified" (Radcliffe-Brown 2004) in death.

Social formations of death as ‘good’ or ‘bad’ and their implications for people and practice are culturally specified and shift temporally in response to social conditions (Ariès 1981; Gawande 2010; Green 2008; Kastenbaum 2007; Martin 2016; Palgi and Abramovitch 1984). From the Middle Ages until the eighteenth century, one role of the Church was to help dying patients achieve a ‘good death.’ In this setting, agony and distress were desired and rationalized as a test of one's faith in God through sharing in the suffering of Jesus and Job, both of whom agonized before their deaths (Ariès 1981;

Brandt 1975; Fernandes 2001; Green 2008; Kaufman and Morgan 2005). A 'good' death in this climate, per the *Ars moriendi* (a thirteenth-century Christian book detailing the 'art of dying'), was one where an individual suffered, but was able to reaffirm their faith through last rites and the repenting of sin, therefore dying ontologically unburdened (Ariès 1981; Bloch and Parry 1982; Gawande 2010; Green 2008; Palgi and Abramovitch 1984). Correspondingly, a 'bad' death (or "accursed" according to Ariès (1981, loc. 349)) in this atmosphere occurred when a person's death occurred suddenly such that sin-absolving last rites could not be performed, socially condemning them to an eternity in limbo or hell. According to Kears (1989), Karl Marx referred to the Church, and its ability to exert social control by replacing death fears with "transcendence hopes" (172), as "the opiate for the masses" (178) where religion acts as an anaesthetic in a time pre-dating modern analgesics.

Fast-forward five hundred years and one finds that modern Euro-colonial notions of what constitute 'good' and 'bad' deaths have shifted markedly. Modern notions of a 'good' death are now ideally devoid of all pain and suffering (Ariès 1981; Gawande 2014a; Kaufman 2006; Kaufman and Morgan 2005). Per Ariès (1981), today's prototypical 'good' death, where one dies in their sleep, unconscious and unaware is the very definition of a Middle Ages "accursed" death, not permitting painful awareness of or preparation for death. Similarly, modern notions of 'bad' death have also changed. While modern 'bad' death has retained the unfinished business aspects of its medieval counterpart (especially when young people are involved), it has come to be defined almost by the mechanism meant to tame death: modern medicine (Ariès 1981; Gawande 2014a; Kaufman 2006; Kaufman and Morgan 2005).

Today's default position for many physicians and the families of those at the end of life is to use any means available to save lives (heroic measures), even when unimaginable suffering results (Gawande 2014a; Kaufman 2006, 2015). Atwood-Gailey (2003) notes that, historically, this position was not always the case. Greek and Roman physicians had no moral (or legal) issue helping people die "as one lived: with honour and courage" (27), and expected to die the same way. She continues, the Hippocratic oath was a direct response to this generalized support for a Greek or Roman physician-assisted "good death." Physicians graduating from the Hippocratic school would not hasten death, but focused on curing illness, a philosophy and oath which dominates medicine today.

Social and Biological Death

Two notions of death are commonly cited in death and dying social sciences literature: Social and biological (Green 2008; Hertz 1960; Kastenbaum 2007; Kaufman and Morgan 2005; Lock 2002; Menzfeld 2017; Northcott and Wilson 2008; Norwood 2009; Palgi and Abramovitch 1984; Seale 1998; Walsh and McGoldrick 1991). Kastenbaum (2007) writes that social death occurs when a person "dies in the eyes of others" (56), or in their own eyes as the result of a series of illness-induced losses which he specifically labels "phenomenological death" (56). Kastenbaum further notes that with this type of death ill people are not just suffering social isolation, they are also suffering from an inability to recognize themselves in the body they now inhabit. Loss of independence, prestige, sexual capacity, loved ones, mobility and so forth, all combine to destroy the sociability of a person such that while they may be biologically alive, they are deceased from a social perspective (Brandt 1975; Norwood 2009). An example of social death is the first account of Norwood's (2009) ethnography, when she describes a scene

where a man points to his ill wife in bed and says, “That’s not my wife. My wife, she’s here,” (3) as he points to a picture of his smiling, vibrant wife on a mantle.

Similarly, Gandsman (2017), in his article concerning assisted death, notes patients themselves are not desirous to be remembered “that way” (17), which is code for ‘covered in tubes, connected to pumps,’ by those who survive them, as traumatic images of people in the final days of illness can have lasting impacts on families. Biological death or ‘*exitus*’ (Menzfeld 2017, 27) occurs when respiration and blood circulation cease. For many people, “death is preferable to life” (Brandt 1975) when illness losses are irremediable.

The term ‘social death’ was, according to Norwood (2009) originally coined by Erving Goffman as part of his research into mental asylum patients detailing how the rights and social relationships of patients disappear as their admissions lengthen. Norwood (2009), citing Glaser and Strauss (1965), notes how hospital staff treated patients on a spectrum of care tied to the patient's sociability: Alert, social patients were given better care than those too ill to communicate and thus “shunned” by staff, “essentially treated like a corpse” (Norwood 2009, 7). Menzfeld (2017) echoes this sentiment in his ethnography noting how “social embeddedness during lifetimes can influence the quality of dying” (10) with more socially alive individuals experiencing better deaths compared with those who are socially isolated.

The sociability of death implies that the death of a person does not impact merely the deceased. Webs of social relations are affected in many ways: The immediate families of ailing people, specifically those who assume caregiver roles can be impacted significantly by a prolonged, ‘bad’ natural death. Careers, family obligations, and

personal social networks can be impacted through the desire or obligation to care for a sick person. People are at risk of developing caregiver fatigue, which can occur when one's identity and sociability becomes limited to that of a caregiver (Gandsman 2017; Gawande 2014a; Kaufman 2006; Seale 1998). The control of one's sociability relative to kin and caregivers is a significant consideration for MAiD patients. As noted above and as the following will demonstrate, the notion of *self-care* and *final gift* largely consider both the construction and alignment of a person's social and biological death, with others in mind.

Scripts, Construction and Medicalized Death

Nothing has played a more significant role in the transformation of the practice of death in Canada than modern, socialized medicine (medicare). Undeniably, with the help of modern western medicine people are living longer lives; but they are not always better lives. In fact, some quality-of-life advocates go so far as to refer to modern medicine as a “curse” (Kearl 1989; Krakauer 2007; Leming and Dickinson 2017; Northcott and Wilson 2008). Death cannot be tamed, and often in modern medicine's push to extend life, suffering is created. The “vital lie” (Green 2008, 4) of medicine's ability to tame or master death, and “the fiction of a probable recovery” (Metcalf and Huntington 1991; Palgi and Abramovitch 1984) have been exposed in recent times.

As Philippe Ariès (1981) writes “the death of the patient in the hospital, covered with tubes, is becoming a popular image, more terrifying than the *transi* or skeleton of macabre rhetoric” (loc. 13186-13187). Death with the help of modern medicine has come to be feared much as it had in the Middle Ages (Aries 1981; Green 2008; Palgi and Abramovitch 1984). The far too often realized fear of dying connected to tubes and

pumps has generated a cultural movement or what Lock refers to as a 'rupture site,' or a space that "open[s] in time[s] of transition and conversion in social practices" (2000, 235). Put another way, the medicalization of illness and death has created "deathways" (Metcalf and Huntington 1991, 186) or "deathstyles" (Green 2008, 188) that are unbearable for some, warranting the pursuit of a legal, safe, non-violent way to die in a manner that does not leave one's social and biological death unaligned.

Death in Canada, until the legalization of medical assistance in dying, was characterized by opaqueness and uncertainty. The diagnosis of an illness with a trajectory towards death has given individuals the cause of their death, but without definite timelines or degrees of pain entailed (Glaser and Strauss 1968; Seale 1998). Until recently, doctors have often been more informed of a patient's health trajectory than the patient or their family, as physicians historically declined to share knowledge concerning expected healthcare outcomes (Gawande 2014a; Glaser and Strauss 1965; Kaufman 2006; Kübler-Ross 2011; Lock 2002; Palgi and Abramovitch 1984). In today's increasingly information-driven society patients and families have the right and are demanding better access to their private health information, including more honest end-of-life trajectories and health outcomes. However, the subjective nature of pain (physical and ontological) makes even estimates by the most experienced healthcare provider only an approximation at the end of the day. Life expectancies and symptoms can be estimated with a fair degree of accuracy for prevalent diseases, such as cancer in its various forms, but others, such as amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease), are less accurate (Bruera and Hui 2010; Norwood 2009; Trachtenberg and Manns 2017). It is for this reason (the ability to accurately predict death trajectories) that over 60% of MAiD

patients suffer cancer as an underlying condition, a disease for which patterns of decline are well-established in the medical community (Health Canada 2018; Norwood 2009).

Prior to the legalization of medically assisted death in Canada, ill people had three cultural scripts to follow when approaching the end of their life: 1) Continue medical intervention in the form of palliative care, where death is not hastened or prolonged, and physical (but not ontological) pain is managed until 'natural' death occurs. 2) Refuse treatment, food or water (VSED) and wait for 'natural' death to occur. 3) Commit suicide, which is an often violent, traumatic and stigmatized practice, and is only available to people physically capable of doing so unaided (the help of another person implicates the assistant in a crime).

The construction of death to align both the social and the biological is not just limited to questions of time. Place also factors into a person's decision. In many of the accounts I have read, the specifics of where and when people die, and who is with them is crucial (see Martin 2016; Norwood 2009; Porter 2017; Seale 1998; 2018a). Home, or what has become home for those who live in assisted living communities, or another special place is often preferred for one's death over a medical institution (Payne 2017). Clothing, ambiance, last meals and other details are often essential and well-planned decisions for those seeking a medically assisted death. Jackson (2002) writes that these things are capable of becoming critical aspects of self, such that one is not whole without them.

Conversely, informants have told me that patients sometimes choose to die in a hospital so their death does not become associated with the home where survivors will live. Death is sometimes planned to minimize the impact on family events and holidays

such that memorials of death and exitus itself do not displace annual celebrations. In these cases, the dying individual is accomplishing two goals at one time: taking care of the self while also providing a *final gift* for loved ones. This area represents an area where further anthropological investigation could be of value.

Palliative Care in Canada

One of the most profound rupture sites relative to the Euro-colonial sociability of death and dying is the notion of care, and who provides it to dying individuals. As noted above, Faith leaders and family were until recently intimately involved with the end-of-life care of ill people (see Ariès 1981, 1985; Gawande 2010; Kears 1989; Northcott and Wilson 2008). By the eighteenth century hospitals became the place for the management of acute conditions, not dying patients or chronic diseases, which were perceived as untreatable and "bad for business" (Northcott and Wilson 2008, 28). Hospitals were places for healing, not dying, and were ill-equipped to deal with the "special needs of dying patients" (Palgi and Abramovitch 1984, 402), who were left to the care of their families and the benevolence of their church (Ariès 1981; Krippner and Kasian 2009). During this time, death was familiar and close by, not the "modern curiosity" (Ariès 1981, 44) it was to become and remains today, where people can go their whole lives without seeing a dead body.

By the nineteenth century, the role of hospitals shifted to disease diagnosis, treatment and prevention, with palliative care for ill people still not appearing on the spectrum of medical practices (Kaufman 2015; Wright et al. 2015; Northcott and Wilson 2008; Proudfoot 2016b). During this time people were expected to die at home tended to by family. By the twentieth century, according to Northcott and Wilson (2008), dying

shifted from the home to the hospital as more opened in Canada. In 1953, three years before medicare in Canada, one-half of all deaths occurred in a hospital; by 1994 three-quarters of all deaths took place in a hospital (Northcott and Wilson 2008). Medical advancements and treatments extended the length of many illnesses, hospital stays and the dying process, effectively delaying death and prolonging suffering despite unbeatable disease (Northcott and Wilson 2008).

Reliable, often effective medical technology and physician skill, coupled with improved health awareness, "enabled the 'inevitability' of death to be redefined" (Metcalf and Huntington 1991, 204). People in North America came to expect that they would live long, healthy lives, and that modern medicine would cure all that ails them, or at the very least provide an analgesic for what it could not cure (Metcalf and Huntington 1991). The net effect of this was the harsh reality that many dying patients ended up being subject to the heroic interventions of doctors and families doing everything they can to save ill patients at the end of their lives, essentially "flogging" (Cassell 2008, 1023) the dying with futile care in an attempt to save them (Gandsman 2017; Gawande 2014b; Norwood 2009; Warraich 2018).

It was this futile care Kübler-Ross ([1969] 2011) identified in her famous book, *On Death and Dying*, where she documented that doctors were discourteous of patient wishes, refused to speak openly and honestly about health outcomes, and used coded language and avoidance techniques to mask the truth. Kübler-Ross's study is cited by many as the catalyst for the modern palliative care movement (Kaufman 2006; Palgi and Abramovitch 1984). She championed for a place patients can go when treatment options are no longer available or desirous (Krakauer 2007; Martin 2016; Vlasak 2017; Proudfoot

2017). Palliative care, also known as hospice care, consists of medical spaces dedicated to the practice of making dying people comfortable and restoring some of their illness-related losses. Palliative care, traditionally, does not hasten or delay death (Keown 2014; Martin 2016; Proudfoot 2017; Steck et al. 2013; van der Maas et al. 1991). Instead, it allows people to "live with dignity" (Leming and Dickinson 2017, 282) while actively dying.

The narrow margin of Sue Rodriguez's 1992 Supreme Court of Canada ruling began to bring into focus for Canadian healthcare providers and patients alike the need for more accessible, enhanced end-of-life palliative care in Canada (Martin 2016; Northcott and Wilson 2008). The closeness of Rodriguez's loss made it apparent that the legalization of medically assisted death in Canada was not a matter of 'if' but 'when.' Sandra Martin (2016) opens her book by noting, "that assisted death cannot replace the need for more and better palliative care. Curing is the ultimate goal of health care, but we need to get over the notion that it is always achievable. It isn't." (loc. 607) Martin's echoes a sentiment in a *Maclean's* article about a palliative care physician, Dr. Sandy Buchman, who noted that to be optimally effective palliative treatment options have to be initiated early, ideally right after illness diagnosis (Proudfoot 2017). Historically, this has not been the case in Canada, as many patients are not ontologically ready to participate in an end-of-life discussion immediately after an incurable diagnosis. Doctors, too, were reluctant to have frank conversations about death trajectories for two reasons: 1) Not wanting to further distress patients, and 2), not wanting to highlight their own inability to master death (Gawande 2010; Kübler-Ross 2011). Instead, suffering patients were "shuffled off" (Proudfoot 2017) to palliative care when their specialists exhausted all

other treatment options, with a “nothing I can do to help you” (Proudfoot 2017) attitude, which left patients and their families feeling caught off guard and deserted (Martin 2016).

The 2015 *Carter vs. Canada* ruling spurred Canadian healthcare authorities to improve palliative care services, information, and access. The Ontario provincial government allocated adult palliative beds an additional \$15,000 per bed in funding (paediatric beds received a \$22,400 per bed increase) (Reevely 2016). It also brought to the news-consuming public social consciousness the end-of-life options available to them, of which medically assisted death is but one. Consequently, a patient-centric derivative of the legalization of medically assisted death in Canada was the improved quality and availability of palliative care and information for patients who do not consider MAiD a tenable option. Ironically, from the perspective of the pro-palliative care / anti-assisted death faction, an unintended consequence of improved palliative care in Canada is that its improved funding and form made reasonable and possible the option of legalized medically assisted death in Canada. For as Norwood states, "safe euthanasia policy is only viable if it is truly just one option among many" (2009, 219).

The notion of a ‘spectrum of care’ in Canada, which addresses healthcare needs from birth to death, has been broadened at the end-of-life portion to include legal medically assisted death. The socialization of MAiD as a new mode of dying in Canada is now in progress. While many palliative care physicians were and remain conscientious objectors concerning MAiD, others are beginning to add this mode of death to their primary care practice as they are reluctant to refer their patients on to other physicians who will provide the service (Hubbard 1994; MacPhee 2018; Pitt 2018; Proudfoot 2016a, 2017).

Suicide

Emile Durkheim conducted the definitive sociological investigation into suicide in 1897, which he detailed in his book *Suicide*, cited in many of the readings consulted in preparation for this research (see Bloch and Parry 1982; Corr and Corr 2017; Davies 2000; La Fontaine 1975; Maris 1975; Metcalf and Huntington 1991). While Durkheim's correlation of suicide to an individual's sociability has historically been of value, the conditions of change surrounding the modern medicalization of illness move the discussion beyond a purely sociocultural realm. For this reason, his work is rarely cited in medically assisted dying literature beyond a general reference to the sociability of suicide (see Clarke 1999; Mishara and Weisstub 2013; Mwaria 1997; Norwood 2009; Wallace and Eser 1981). While I agree the medicalization of illness renders medically assisted death an issue beyond Durkheim's sociocultural considerations for suicide, the detail that MAiD is historically and discursively bound to suicide and its stigma makes a discussion of it justifiable here.

Durkheim ([1896] 2010) identified four suicide types:

Egoism – Lack of meaningful interaction in society.

Altruism – Excessive integration in society.

Anomie – Lack of normative regulation.

Fatalism – Excessive regulation.

Of these four types of suicide, Norwood (2009) notes that two, possibly three could be applied to the cases she observed for her ethnography (egoism, altruism and anomie): Individuals may be suffering from an ego (or social death), resulting from isolation after suffering loss after loss. A social death similar to Durkheim's egoistic type could also be considered a phenomenological death, discussed earlier, which occurs when an ill person has died in the mind of their surviving self (Kastenbaum 2007).

One could suffer an altruistic death if they are hoping to socially and economically unburden their family, state and caregivers, as with Gandsman's (2017) *final gift* theory. Individuals who commit altruistic-type suicide are often overly integrated into their societies, and cannot distinguish their needs and interests from those of society at large. Durkheim ([1896] 2010) notes these types of suicide are typically considered "obligatory" (loc. 7224) by those who enact them, as to not commit suicide would be to suffer degraded notions of self and personhood. This sentiment is supported by Norwood (2009), who notes that altruistic-type suicide can be tied to notions of self and honour, especially in the face of old age or illness (19). For these individuals, their sense of self and personhood is dependent upon and preserved by their altruistic suicide, which occurs before a social death or a loss of control. This type of suicide will be mentioned in a subsequent section of this paper when discussing the portrayal of *self-care* and *final gift* messengers in the media.

Anomic-type suicides involve individuals who lack normative regulation in their lives. Durkheim ([1896] 2010) notes these can occur during an economic crisis when fortunes are lost, in cases of divorce or widowhood, when social limits and regulations are insufficient to address the vulnerabilities of self. Norwood (2009) notes that anomic-type suicides may be veiled as assisted death by people who are trying to "work the system" (75). That is, a real medical condition conveniently masks a person's "private right [or desire] to die" (Foucault 1978, 139). As noted previously, MAiD was legalized in Canada with safeguards intended to prevent such misuse. Individuals who do not have an eligible underlying medical condition from which death is reasonably foreseeable will not qualify for medical assistance in death.

Lastly, fatalistic-type suicides, which were not discussed with great detail by Durkheim, are commonly associated with individuals who endure excessive control by the state or systems of power. This type of suicide is associated with oppressed individuals such as slaves and citizens of despotic, tyrannical governments (Dohrenwend 1959)¹². As such it is not applicable to this thesis.

Survivor's Stigma and Mourning

Before the legalization of MAiD in Canada, most suicides were private, often violent acts enacted autonomously by the victim (Martin 2016). Suicide, per Hanschmidt et al. (2016), while serving to relieve the suffering of an individual, can burden their family and friends with “survivor’s stigma” (1), which is marked by many of the same socially devaluing traits as suicide itself (“shame, blame and avoidance”). Stigma is a “social process that involves labelling, [and] stereotyping [...] to exert social control” (Hanschmidt et al. 2016, 2). Social control can impact individuals, and those close to them in a public and private manner, by “socially devaluing” (Hanschmidt et al. 2016, 2) people, marking them as being “not quite human” (Goffman 1963, 14) with “undesirable differentness” (Goffman 1963, 5), often leading to feelings of shame and social isolation. According to Goffman (1963) suicide falls under the umbrella category of “blemishes of individual character” (4), which also include imprisonment and addiction, conditions socially attributed to people who suffer from a lethal combination of having weak wills and intense passion.

¹² Another area where further anthropological research would be valuable concerns the relationship between the right to die with dignity and economic and racial privilege. According to a pre-conference research meeting I attended in conjunction with CAMAP 2018, MAiD users in Canada are predominantly white and upper-middle class. Further, marginalized populations generally have no knowledge of MAiD or its availability. These claims are from a presentation entitled *Perceptions and Experiences of Medical Assistance in Dying (MAiD) within Marginalized Populations* by Jessica Shaw from the University of Calgary, Faculty of Social Work. As well, while the government of Canada publishes annual interim reports concerning MAiD statistics in Canada, this report does not publish patient demographics and it does not include information for Yukon, Northwest Territories or Nunavut.

Goffman's social isolation through stigma impacts people in many ways, but for those suffering a loss, it has the added effect of "disordering mourning" (Scheper-Hughes 1993, 187), by leaving surviving friends and family of assisted death patients "without a place to voice their grief due to a fear of stigma" (2019a). Corr and Corr (2007), note a similar type of mourning they call 'disenfranchised,' which occurs when a person's grief is not "openly acknowledged, publicly mourned or socially supported" (139), which can occur if the stigma of suicide haunts the families of MAiD patients. Conversely, 'normal' mourning permits friends and family of the deceased to acknowledge, and modify their social bond with the dead, while simultaneously reaffirming and renewing social relations between the living free from stigma or socially devaluing shame (Radcliffe-Brown 2004, 152-153).

The ability for the stigma of suicide to transfer to the practice of MAiD requires that medically assisted death be considered a form of suicide. As this research will show, while some people consider medically assisted death a suicide in the Durkheimian sense, the mainstream media do not generally promote this idea. While the mass media may have initially used stigmatizing language and association to describe medically assisted death, the contemporary Canadian media and government use utterances that disassociate and reframe the modern, legal practice of MAiD from its illegal form in the 1990s.

Assisted Death in the Media and Academia

While the topics of death, dying, suicide and the medicalization of death could fill a library with academic and non-academic publications throughout history (see Albon 2007; Corr and Corr 2017; Leming and Dickinson 2017; Martin, Emanuel, and Singer 2000; Warraich 2018; Woodthorpe 2010), medically assisted death is reported on to a

much lesser degree from a social sciences viewpoint (Norwood 2009, 2017; Mwaria 1997), with the Canadian sociocultural perspective comprising a sliver of what is available (Gandsman 2017, 2018)¹³, and the use of Canadian stories and data being a still smaller piece of the pie (Gandsman and Burnier 2014). For this reason, some sources used in this thesis for Canadian attitudes and norms concerning MAiD have come from the media and non-academic sources, two of which (Echlin et al. 2015; Somerville 2014) provided oppositional voices, a perspective that is discreet in the mainstream press.

The periods temporal to the legalization of assisted death produced a large number of Canadian academic publications dealing with the legal, ethical, medical, operational or political challenges encountered in the offering of MAiD in Canada (Landry et al. 2015; Downie and Dembo 2016; Hendry et al. 2012; Oczkowski et al. 2017; Upshur 2016; Li et al. 2017). An area of research that proved to be popular with academics across many fields was the connection between the social consciousness of medically assisted death relative to how the practice is framed publically in the media, polls or debates (Joslyn and Haider-Markel 2006; Kalwinsky 1998; Karsoho, Wright, et al. 2016; Wright et al. 2015). Framing can occur via the language used and not used, which expert witnesses are conveying the message, what ethical, rational or moral perspective is used by the writers depending on the audience, and the desired social outcome of the article (Birenbaum-Carmeli, Banerjee, and Taylor 2006; Burlone and Richmond 2018; Gamliel 2013; Karsoho, Fishman, et al. 2016; Marcoux, Mishara, and Durand 2007; Schafer 2013; Pollock and Yulis 2004; Worthen and Yeatts 2016).

¹³ Although Gandsman is a faculty member in the department of Sociology and Anthropology at the University of Ottawa, his 2017 and 2018 articles refer to data and anecdotal evidence from Australia, New Zealand, the United Kingdom and the United States.

Of the publications noted above, the most valuable to my research are those by Gandsman (2017) and Norwood (2009) who offer a valuable anthropological lens concerning assisted death, and provide critical theoretical orientations which will enable me to participate academically in the assisted death discussion, 'final gift' and 'euthanasia talk', respectively. These authors' contributions have already been discussed in chapter one. The works of an American anthropologist (Atwood-Gailey 2003) and Canadian academics (Burlone 2018, Karsoho, Wright et al. 2016; Karsoho, Fishman et al. 2016, Wright 2015), which address the framing and construction by the media of social consciousness concerning assisted death are also of great importance to this research, and will be summarized in the following paragraphs.

Atwood-Gailey (2003), writing about the American news media, noted that discursive media frames occur at multiple levels: 'master frames,' 'frames' and 'subframes.' Master frames such as '*right-to-die*' are consistent in news reporting, are immune to temporality, and are often umbrella terms pointing back to other events. In this case, Atwood-Gailey notes *right-to-die* frames can find their origins in the civil rights social movements in the 1950s. 'Frames' for discussing assisted death within the context of her research are *medical, legal, religious, economic* and *social*, on both sides of the debate, with subframes falling beneath each proponent or oppositional category (see Table 5: Atwood-Gailey Assisted Death Frames).

Table 5: Atwood-Gailey Assisted Death Frames

Atwood-Gailey (2003)	MASTER FRAME	"Right to Die"	Subframes	
			PROPOSERS	OPPOSITION
			FRAME	Medical
"Death with dignity"	Medical alternatives exist			
"Quality of life"	Causes worse suffering			
Medicine out of control	Allows docs to play god (see divine authority)			
Medical Autonomy				
Criminalizes doctors				
MDs Already doing it				
Proceed with caution				
No government intrusion				
Standards needed				
Social	N/A	Slippery Slope		
Economic/Pragmatic	"Dead already"	N/A		
	Preserve human and ec. resources			
Legal	Right to Die (Master frame is legal)	Euthanasia is a crime		
	Undermines the Law	Legal safeguards are impossible		
	Criminalizes Families			
Religious	N/A	Sanctity of life		
		Divine authority		
		"Suffering is positive" = redemption		

Atwood-Gailey notes the media generally supports and promotes *legal* and *social* frames, but overall, a *medical* frame dominates. As my research will show in chapters three and four, this framing distribution is replicated in Canada.

Three journal articles concerning how assisted death is framed and constructed for the Canadian social consciousness, Burlone and Richmond (2018), and Karsoho et al. (2016) are all valuable for their framing insights. Burlone and Richmond (2018) investigated how public policy issues were framed in the media in the years before the legalization of assisted dying in Quebec in 2015¹⁴. They identified that the media adopted two overarching frames for debating assisted death: Moral and rational, which are both used by opponents and proponents, who consistently use the same language and subframes, such as *slippery slope*, *dignity* and concerns about the impacts to health services (see Table 6: Burlone and Richmond Assisted Death Frames). Further Burlone and Richmond argue that a firmly moral or rational debate will not drive change – both must be used to sway hearts (moral) and minds (rational).

¹⁴ The province of Québec legalized medically assisted death six months before the rest of Canada. The province does not appear in this discourse analysis for this reason. I have included Burlone and Richmond’s article because their frame analysis is relevant to my work, not their site.

Atwood-Gailey (2003)	MASTER FRAME	"Right to Die"	Subframes	
			PROponents	OPPOSITION
			FRAME	Medical
"Death with dignity"	Medical alternatives exist			
"Quality of life"	Causes worse suffering			
Medicine out of control	Allows docs to play god (see divine authority)			
Medical Autonomy				
Criminalizes doctors				
MDs Already doing it				
Proceed with caution				
No government intrusion				
Standards needed				
Social	N/A	Slippery Slope		
Economic/Pragmatic	"Dead already"	N/A		
	Preserve human and ec. resources			
Legal	Right to Die (Master frame is legal)	Euthanasia is a crime		
	Undermines the Law	Legal safeguards are impossible		
	Criminalizes Families			
Religious	N/A	Sanctity of life		
		Divine authority		
		"Suffering is positive" = redemption		

Atwood-Gailey notes the media generally supports and promotes *legal* and *social* frames, but overall, a *medical* frame dominates. As my research will show in chapters three and four, this framing distribution is replicated in Canada.

Three journal articles concerning how assisted death is framed and constructed for the Canadian social consciousness, Burlone and Richmond (2018), and Karsoho et al. (2016) are all valuable for their framing insights. Burlone and Richmond (2018) investigated how public policy issues were framed in the media in the years before the legalization of assisted dying in Quebec in 2015¹⁴. They identified that the media adopted two overarching frames for debating assisted death: Moral and rational, which are both used by opponents and proponents, who consistently use the same language and subframes, such as *slippery slope*, *dignity* and concerns about the impacts to health services (see Table 6: Burlone and Richmond Assisted Death Frames). Further Burlone and Richmond argue that a firmly moral or rational debate will not drive change – both must be used to sway hearts (moral) and minds (rational).

¹⁴ The province of Québec legalized medically assisted death six months before the rest of Canada. The province does not appear in this discourse analysis for this reason. I have included Burlone and Richmond’s article because their frame analysis is relevant to my work, not their site.

While the findings of this study corroborate at a high level with Burlone and Richmond's in the first two periods where a moral/rational subframe division appears, they do not in the third, when the top four frames in the Canadian media adopt a fully moral position, results I will discuss in chapter four of this thesis. Burlone and Richmond's model does not account for a *rights/legal*-based argument as a stand-alone subframe, one that dominates the Canadian discourse in all periods sampled for this research. In their research *rights* are included in the 'Moral 2: No Dignity' without Autonomy frame, as a component of the *dignity* subframe in my coding. The allocation of *rights*-based argument to the Moral 2 frame by Burlone and Richmond may account for the disparity between their findings and those of this study in the 2016-2018 period, when a rational framing disappeared from the top four frames.

Table 6: Burlone and Richmond Assisted Death Frames

			Subframes	
			PROPOSANTS	OPPOSITION
Burlone and Richmond (2018)	FRAME	Moral Framing #1: Legality is not Morality	N/A	Sanctity of life Dignity
		Moral Framing #2: No Dignity without Autonomy	Humanity/Compassion Dignity Individual autonomy	N/A
		Rational Framing #1: The Lucrative Pandora's Box	N/A	Slippery slope Decrease in health services
		Rational Framing #2: Liberating Death	Slippery slope Individual and social consequences Decrease in health services	N/A

Karsoho et al., in a pair of 2016 articles discuss how both proponents and opponents of medically assisted death use the same discourse and tropes to frame and construct their respective arguments and influence social consciousness. Proponents make substantial use of the suffering trope according to Karsoho et al., a finding corroborated by this thesis and evidenced by the pervasive use of the term 'intolerable suffering' by the media. This is an example of Entman's (1993) selection and salience coming into play, as the filtering and amplifying by the media of certain aspects of

collective knowledge can impact social outcomes. 'Suffering' per MAiD proponents occurs at the intersection of imperfect modern curative medicine, the limited ability of palliative care to alleviate all suffering, and physicians incapable of taming death (Karsoho, Fishman, et al. 2016). 'Suffering' per the oppositional voice Karsoho et al. refer to is manageable at all physical levels if the option of palliative or terminal sedation, where the patient is rendered unconscious until death, is considered.

Similarly, Snow et al. (1986) notes that a focus on suffering or injustice creates "magnetic-like linkages between intensely felt grievances and susceptibility to movement participation" (465). Put another way, depictions of suffering, grievances or injustice in the media create intersubjectivity, whereby people can see, or simulate per Miller (2004), their future in the suffering of others. These simulations, in turn, lead to changes in social consciousness, as people are provided with normative reasons to rationally justify frame transformations (Millar 2004). Interestingly, Snow et al.'s "intensely felt grievances" (1986, 465) is at the core of a discursive argument concerning the Canadian Liberal government's addition to Bill C-14 of the 'grievous and irremediable' clause.

In the other Karsoho, Wright et al. article (2016), it is argued that expert witnesses often use the same discourse, steered for their specific purposes to make their case: Proponents argue MAiD is the result of rational choice, performed by caring, skilled physicians in tightly regulated settings. Opponents argue MAiD is the result of suicidal and irrational choice, performed by uncaring, unskilled physicians in loosely regulated settings. Karsoho et al. note this pro-assisted death discourse is a "cultural script that renders [MAiD] culturally appropriate" (2016, 45) for Canada and its specific and temporal social consciousness. This research supports that the Canadian media almost

exclusively endorses a pro-MAiD voice in keeping with the discursive frames Karsoho et al. identify, that is choices are rational, healthcare providers are caring and skilled, and the practice is highly regulated, perhaps too regulated, as this thesis will explore.

In summary, the Atwood-Gailey (2003), Burlone and Richmond (2018), and both Karsoho et al. (2016) articles were used to derive 18 of the 20 frames and subframes for which my sampled data were coded. The two subframes I added independently, *Canadian Values* and *Underground Euthanasia*, proved to be amongst the least popular in the articles sampled for this research. The Atwood-Gailey (2003) findings that *medical*, *legal* and *social* frames are popular with the press, combine with Burlone and Richmond's (2018) findings that *rational* and *moral* frames need to be used in conjunction to drive social change will serve as benchmarks against which the findings of this research will be compared and contrasted, the results of which are presented in chapters three and four.

To conclude this chapter, the introduction of a legalized new mode of dying in Canada is a multi-dimensional undertaking from a sociocultural perspective. The cultural script for death has remained relatively stable in Canada for centuries. At the same time, the conditions of death have undergone significant transformations, which can be credited to the development of medical technologies, and the introduction of medicare in Canada. The result of this combination is that Canadians are living longer, but not always better lives. The increasingly common Canadian cultural script of a bad, medicalized death controlled by agents other than those who are ill, is seemingly at odds with the nation's rights and individualism-based ideology. This conundrum created the conditions for the

discussion of legalized MAiD to be necessary and tenable in Canada. This discussion involved a reconsideration of the sociability of death, as well as the realization that medicare, including palliative care, was not and could not meet the medical and ontological needs of all Canadians.

Chapter 3: Assisted Death in the Canadian Press: the 1990s

My original frame for medically assisted death, or what Goffman (1986) would refer to as my “footing” (177) was set in 1993 and 1994 through exposure via the Canadian media to two different euthanasia stories: One concerned Sue Rodriguez, a British Columbia woman, suffering from ALS (amyotrophic lateral sclerosis or Lou Gehrig's disease) an incurable neurodegenerative condition, who was arguing for the right to have a physician assist her with her death at some indeterminate time in the future. Rodriguez was advocating for active, voluntary euthanasia, and after a long legal fight that did not go in her favour, had her wish to die granted illegally by a never-named physician.

The second case involved Robert Latimer, a Saskatchewan father, husband, and father to four children, one of whom, Tracy, suffered a severe form of cerebral palsy. In what was referred to in the media as the act of a “loving parent” (Gualtieri 1994) to “mercy” (Mitchell 1994b) to “murder” (Jang 1994) and everything in between, Latimer ended his daughter's life by carbon monoxide poisoning in his truck. Latimer committed an act of active, non-voluntary euthanasia and was convicted of second-degree murder.

While these cases technically shared euthanasia in common, little else, aside from their contemporaneousness in Canada is the same. However, by the very fact that these events occurred in the same time (1993 and 1994) and place (Canada), and involved a seldom experienced and less understood practice (euthanasia), they are connected. Stories concerning these cases used the same, often ambiguous language and often cited each other's cases as examples, further confusing euthanasia and framing it alongside stigmatized notions of ‘child murder,’ ‘killing,’ and ‘suicide’. In light of the 2016

legislative act to legalize medically assisted death in Canada, this initial footing, where medically assisted death is conflated with other forms of euthanasia is, in hindsight, arguably a framing in need of realignment.

Volosinov (1986) writes that the understanding of a sign, be it an utterance or something else, is connected to the “situation in which the sign was implemented” (37). Similarly, Lakoff (2004) notes that human brains are prompted by language and that once the meaning of a word is framed in one context, it is challenging to change that original sociocultural context. Volosinov also notes, signs have a consciousness whereby they can mask “the realization of the inner effect, which is understanding” (11). The inner effect or consciousness of the words ‘killing,’ ‘murder,’ ‘suicide,’ ‘euthanasia,’ when used to refer to medically assisted death, point to the stigma, questionable morality, and ethics ascribed to the words historically. These words were used to discuss the illegal practices of Latimer and Rodriguez and thereby framed notions of legal medically assisted death in the stigmatized situational and conditional context of the 1990s. This paper argues that to continue to use the signs from the 1990s to refer to the legal form of assisted death available in Canada since 2016 is to associate this form of death with the social consciousness of a different time and different practices.

As noted in the Official Government Discourse section of this paper’s Literature Review, the Canadian government has changed the official utterances for describing medically assisted death, discursively disassociating the practice from both ‘suicide’ and ‘euthanasia’. While this seemingly innocuous discursive displacement may appear insignificant to most Canadians, it is my argument that the power of words to impact sociability render this change anthropologically relevant. In the following, I will show

how the mass media has gradually initiated the use of a new government-sanctioned discourse, as well as messengers and expert witnesses to socialize, rationalize and normalize the legal practice of medically assisted death in Canada.

Frame vs. Discourse

Before initiating this media analysis, I hypothesized that the frame for medically assisted death had shifted in Canada from the 1990s to the present. For example, I assumed the ‘murder,’ ‘kill,’ ‘suicide,’ ‘euthanasia’ discourse prevalent in the 1990s Canadian mass media would translate to dominant oppositional subframes such as *slippery slope* and *sanctity of life*, *social* and *religious* frames per Atwood-Gailey (2003). This assumption proved to be incorrect. While the specific language the media used to describe the practice of medically assisted death in the 1990s was often ambiguous, stigmatized, and associated with the social consciousness of other acts, the general framing was *supportive* of the practice. As I will demonstrate in the following pages, the use of stigmatizing language to communicate supportive frames for MAiD in the 1990s resulted from a lack of prior knowledge with medically assisted death and euthanasia. This lack of knowledge, and an appropriate discourse to convey it, resulted in the use of language to describe MAiD that was incorrect and may have impacted the initial sociability for the practice in Canada. Put another way, while the media of the 1990s was largely supportive of MAiD, it consistently used stigmatized language and associations to convey this support. The use of these inaccurate associations served to burden the fledging sociability of medically assisted death with the stigma of other modes of death.

The primary research associated with this thesis has revealed the top four frames for presenting MAiD by the Canadian press have remained largely consistent from the

1990s to the 21st Century (see Table 7: Top Four Media Subframes by Period). In all three periods, *rights* was the dominant frame. This notion aligns well with Canada's sense of individualism and liberal democracy. Notions of *control*, *dignity*, *suffering* and the *slippery slope* comprise the remaining subframes, many of which switch places in each period of investigation (frame re-alignment). The *Slippery Slope* subframe is the exception in this case, falling out of the top four in the final period of investigation. This phenomenon is attributed to the thoroughness of the safeguards established as part of the *Carter vs. Canada* ruling and from the fact that *slippery slope* fears were not being realized in other jurisdictions where MAiD was legal, discussions which will be elaborated on in greater detail in Chapter 4 of this thesis.

Table 7: Top Four Media Subframes by Period

Year	1	2	3	4
'93-'94	Rights	Dignity	Suffering	Slippery Slope/Control
'04-'05	Rights	Slippery Slope	Dignity/Suffering	Control
'16-'18	Rights	Suffering	Control	Dignity

In the remainder of this chapter I will describe the vague, ambiguous and problematic (in hindsight) beginnings of the 1990s discourse for MAiD in Canada. This non-specific discourse was used in vague and confusing situations and frames by the media to describe practices that may or may not have been medically assisted death, and employed messengers of questionable credibility. These factors combined to form an initial social consciousness for the practice of medically assisted death that was confusing, inaccurate, but also a product of its time, given the nascent understanding of the practice in the 1990s.

Stigmatizing Language

When I initiated this project, the notion of stigma and survivor's stigma resulting from MAiD were at the core of my research. My original research goal was to investigate how the friends and families of MAiD patients could support the end-of-life wishes of their loved ones without implicating themselves in survivors' stigma and all it encompasses. After a year and a half of research, this notion appears to be unfounded, at least from the perspective of the mainstream media, the opinion polls they frequently cite and the stories they publish. If the media is said to reflect and refract social consciousness, then from where were these feelings of stigma originating?

A version of this question was asked by an audience member at the May 2018 CAMAP meeting in Ottawa following a presentation by the founder of Bridge C-14, a local support group for people navigating MAiD. In this talk, the speaker described how stigma leaves the families of some fifty-percent of MAiD patients "sitting quietly in the shadows," "dealing with multiple levels of loss" and ultimately feeling responsible for the death of a loved one, yet unable to talk about it in their communities. In response to this talk, an audience member asked, "Are we overworking this idea of stigma?" He followed up, "Where does this stigma come from if there is a large percentage of support for the practice?" The audience member's notion of support no doubt stemmed from a series of 2004 investigations and polls which suggest that upwards of 60% of Canadians were in favour of legalized, regulated access to medical assistance in dying (Valpy 2004; Tam 2004; Watts 2004). He concluded by noting that he felt the speaker was working under the "presumption that it would be stigmatized, not that it already is."

These questions and comments resonated with me as they supported my preliminary research findings at the time that the stigma some people presume is attached

to medically assisted death is not a product of the modern media discourse concerning MAiD in Canada. It may, however, be a holdover by-product of the media in the 1990s and the mid-2000s when the practice was described with language very different from that used today.

In the 1990s, as noted earlier, stigmatizing and vague utterances were frequently used by journalists to describe voluntary, involuntary and non-voluntary euthanasia such as 'murder,' 'suicide,' 'kill' and 'euthanasia.' Many of these words fell out of mainstream usage to describe medically assisted death by the time the 2004 and 2005 court challenges were raised, reflecting and refracting the transforming social consciousness of the time. By the time *Carter vs. Canada* reached the Supreme Court in 2015, the language to describe MAiD in the media largely excluded all the stigmatizing words of the 1990s, including the umbrella term 'euthanasia' itself. The practice from the 2000s to 2018 was progressively de-stigmatized and referred to sequentially as "assisted suicide," then "assisted death or dying," followed by "medical assistance in dying" or "medically assisted death", and finally to the euphemism by which it is commonly referred to in academia and the press today, "MAiD."

1993 and 1994 - Footing and (Mis)Frame

As noted above, my initial footing or frame for medically assisted death was set in 1993 and 1994 when stories of Richard Latimer and Sue Rodriguez led the news¹⁵. The story of medically assisted death in Canada and its 1990s discourse, footing and frame did not begin there, however. The 1990s "knowledge schema" (Tannen and Wallat 1987, 205) by which to reference, compare and contemplate the new practice of medically

¹⁵ Sue Rodriguez initiated her fight for a medically assisted death in 1992, and the Right to Die Society of Canada was founded in 1991. Both events were covered in the contemporaneous news per a *Canadian Newsstream* search.

assisted death dates back to the early 1970s when suicide was decriminalized in Canada, and competent adults were granted the right to refuse medical treatment and die without the aid of heroic medical interventions (2015a). Tannen and Wallat (1987) distinguish frame from knowledge schema by noting that knowledge schemas are comprised of “patterns of prior knowledge” (207) and “experience in the world” (Snow et al. 1986, 207). Knowledge schemas are the intelligence required to interpret a situation or practice. One’s interpretation of the knowledge schema is the frame. To clarify their point, Tannen and Wallat cite Heidegger’s (1962) argument “that the word ‘hammer’ can have no meaning to someone who has never seen a hammer used.” (207) Similarly, the utterance “euthanasia” can have no meaning to a person without the schema to interpret it.

The best way to create understanding or schemas is “by filling in unstated information [...] known from prior experience in the world” (207). If you have never seen a ‘hammer,’ maybe you know what a ‘club’ or a ‘mallet’ is and can use that schema to plug your ‘hammer’ knowledge schema gap. If a person or group of people do not presently have the knowledge schema to understand ‘euthanasia’ then perhaps the utterances ‘suicide,’ ‘kill herself’ or ‘murder’ can quickly and easily fill the schema gap? While those terms do quickly fill a knowledge gap, they also linguistically cue people to a social consciousness that may not be intended or desired. The 1990s discourse concerning medically assisted death represents the footing for assisted death talk in Canada. In turn, this initial frame was the by-product of a knowledge schema cobbled together by the media and those with the power to speak from schemas familiar to Canadians since the 1970s, in the form of suicide and the right to refuse medical treatment.

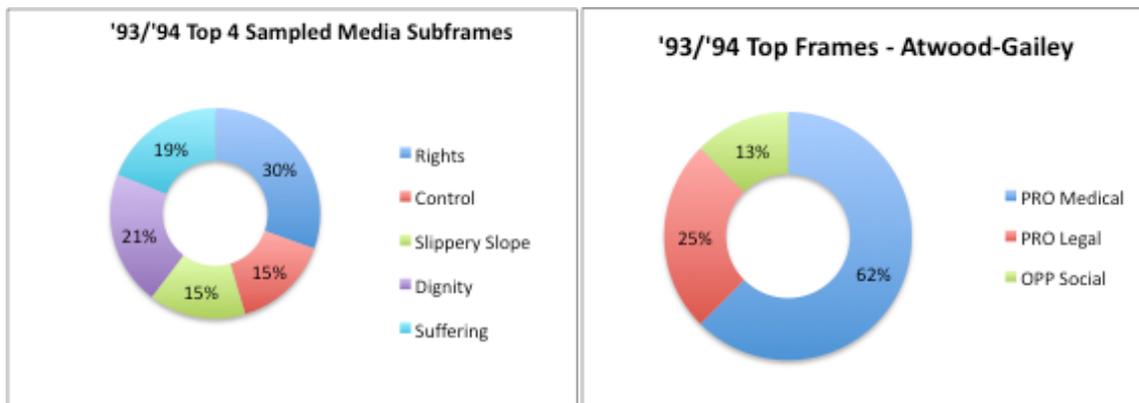
Both these knowledge schemas (suicide and the right to refuse treatment) at face value seem to be applicable: Rodriguez's request to take her own life was considered by many to be a variety of suicide, 'voluntary euthanasia' or 'physician-assisted suicide' in the official government discourse of the time, and a response to a medical condition which itself refused treatment (ALS is incurable). Latimer, on the other hand, did actively end his daughter's life (active non-voluntary euthanasia), which he claimed was an act of mercy and the by-product of the heroic medical interventions, such as surgeries and the medications, that were keeping Tracy alive. He was ultimately convicted of second-degree murder (Fennell et al. 1994).

Latimer's 1994 case, while not one of suicide, was often compared and contrasted to the Rodriguez case in the media (both stories being contemporaneous, with Rodriguez's commencing two years before Latimer's). Of the forty-eight articles from 1994 sampled for this paper, Rodriguez and Latimer are both mentioned in ten of them. In all of these, Latimer is the central character. In no article where Rodriguez is the central figure is Latimer mentioned. So whereas the media may have initially used the knowledge schemas of suicide and medical refusal to frame Rodriguez's medically assisted death, I argue they subsequently used the knowledge schema constructed through Rodriguez's reporting to convey to readers Latimer's act, thereby connecting the two cases in the minds of readers through Entman's "common understanding" (Entman 1993, 56).

Once established, frames cease to be considered. They are taken for granted as common sense, assume an inner effect or consciousness and are very difficult to change (Lakoff 2004; Volosinov 1986). These unconscious links between Latimer and Rodriguez

may have distorted the national social consciousness concerning medically assisted death in an unintentional direction, especially in hindsight. I write unintentional because the media, despite the use of utterances and associations that caused ambiguity, stigma and confusion, published stories that were disproportionately framed in favour of the pro-right-to-die side of the debate. This pro-right-to-die overall framing became apparent when I superimpose my findings back to Atwood-Gailey's frames, which I present in the form of a visual graphic (See Table 8: 1993 and 1994 Subframes with Atwood-Gailey's Frames).

Table 8: 1993 and 1994 Subframes with Atwood-Gailey's Frames



This graphic (Table 8) reveals that the media in 1993 and 1994 were largely supportive of medically assisted death, and voiced this support through the use of advocative medical and legal frames. Dissenting frames, which account for a much smaller percentage of the conversation, are largely of a social leaning, per Atwood-Gailey's framework, and are comprised primarily of *slippery slope* arguments. The findings of this thesis for this period align with those of Atwood-Gailey, who identified that advocative medical and legal frames dominate the medically assisted death discourse, with *slippery slope* frames (social) being popular with dissenting voices.

Despite being largely supportive of the practice, the mass media of the 1990s, perhaps in an attempt to be less biased or to prove how controversial and unsubstantiated the oppositional perspective was, would dedicate a paragraph or two to the oppositional argument in articles which otherwise support legalized assisted death. Many of these counterarguments are framed around the *slippery slope* and *economic* subframes, equating medically assisted death not to ‘mercy killing’ and suicide, but Social Darwinism, World War II Nazi euthanasia and abortion. While these quotes and the oppositional voices they represent do not occupy many print lines in the paper, they are memorable. They are memorable not only for the fear they monger but also for the affect and deliberative thinking they impart on readers. Some examples include:

“Once you allow a doctor to kill, ethics becomes elastic. Today, you allow killing at the request of a patient whose suffering is unbearable. Tomorrow, you kill even without a request. Then you kill not because the patient is suffering but because he looks so awful” (Wood 1994)

“Analogous to the abortion situation, patients with some illnesses would come under substantial pressure from other individuals to seek physician-assisted suicide” (Stewart 1994)

"Euthanasia opponents have said mercy killings might be seen as a cost-effective way of controlling soaring Medicare costs. Others have raised the spectre of Nazi Germany, where thousands of physically and mentally handicapped people were killed under the guise of mercy killings." (Smyth 1993)

“And the national debate that's expected to follow the assisted suicide of the Victoria mother who suffered from ALS will likely engage the country in a passionate discussion that will make the abortion issue seem tame.” (Chatelin 1994)

The complex relationship between discourse and frame, whereby the utterances one uses to convey meaning can be at odds with one’s intended frame returns me to my original claim that in the face of no suitable knowledge schemas to convey notions of medically assisted death, journalists cobbled one together from existing schemas. Subsequently, referring to Rodriguez’s case in Latimer’s reporting, with the intention of

providing a knowledge schema to interpret Latimer's act served to make more ambiguous the fledgling frame for medically assisted death. This association would have triggered in the minds of readers notions of Rodriguez's wish for a medically assisted death, and confounded them with Latimer's murder of his child. This association served to burden medically assisted death by an association of two stigmatized practices: suicide and child murder. From my research, below are a few examples detailing how the mass media conflated Latimer's act with a request for voluntary euthanasia and medically assisted suicide:

“Latimer's case tugs at our heart strings. So did Sue Rodriguez's decision to die by assisted suicide.” (Harvey 1994)

Headline: “‘Mercy killing' suspected in death of disabled girl. Investigating officer wanted coroner to be aware of possibility of euthanasia.” (Mitchell 1994b)

“The case had been described in court as a mercy killing, but the judge said the evidence indicated it was a homicide, not assisted suicide.” (Jang 1994)

Occasionally, journalists, advocating for legalized assisted death did so using comparisons to and knowledge frames of illegal abortion-gone-wrong to prove their point. These instances usually included notions of fear and the *slippery slope* as well, suggesting society would be worse off without legalized MAiD. The two quotations below are from a *Maclean's* magazine 1994 Special Report posthumously published concerning Sue Rodriguez. The article is unabashedly pro-medically assisted death, using bad death stories of underground euthanasia attempts gone wrong as a rational justification for legalized medically assisted death.

“Some deaths took extraordinarily long to complete – up to several days.” (Wood 1994)

"It is happening with no record, no discussion, no consultation, no consistency, no direction, no guidance and no comfort to the public that it is being done well or correctly." (Wood 1994)

"People are planning their deaths in a manner consistent with their choosing, and instead they are dying in conditions akin to those of a back-street abortionist." (Wood 1994)

The above article, by journalist Chris Wood, is memorable for the fear, intersubjectivity and deliberative thinking it inspires. Intersubjectivity is achieved through portraying Rodriguez's right-to-die with dignity at the time of her choosing, and through detailing her loss of control over her body and her life. Fear and deliberative thinking are conveyed to readers via the sense of one day being in the position of Sue Rodriguez, with no legal way to safely and non-violently end one's suffering, and die with dignity. This article serves as a prime example of Burlone and Richmond's (2018) finding that effective framing strategies combine both moral and rational aspects, as one frame alone is not effective at swaying social consciousness.

I question the overall effectiveness of Wood's in-your-face approach to building a case for legalized medically assisted death. Abortion, the *slippery slope* and fear (of *underground euthanasia* and a prolonged bad death) are not effective rational justifications or subframes to sway social consciousness. Research suggests (see Atwood-Gailey 1999; Burlone and Richmond 2018; Karsoho, Fishman, et al. 2016; Karsoho, Wright, et al. 2016) that positive subframes of *rights*, *dignity* and *control* are much more effective at driving social change than are negative ones. While Wood employed positive subframes as well, his use of explicitly negative language, metaphors and subframes, many of which are tied to the social consciousness of different practices, does not build an effective or compelling argument for an emergent practice that is both illegal and stigmatized.

Gamliel (2013), citing Tversky and Kahneman's Prospect Theory, noted that positive or negative frames had an impact on people's attitudes concerning medically assisted death. According to Gamliel, "The use of the terms 'to end life' or 'not prolonging life' was interpreted by participants as relating to 'killing' versus 'letting die,' respectively" (2013, 700). Lastly, per Lakoff (2004), such subframes and negative framing trigger readers' brains to different practices, and the illegality of the practice at hand, essentially refracting readers away from and perhaps doing a disservice to and misframing the practice being advocated. Wood's use of both positive and negative frames and non-specific language is confusing for readers and may shift the desired deliberative thinking off the intended target.

The main argument of this section is that journalists in the 1990s used the language, metaphor and social consciousness of other practices to frame the emergent practice of medically assisted death, effectively haunting one practice with the stigma of others. As the following will demonstrate, the 1990s Canadian sociocultural landscape was crowded with messengers and phenomena creating a problematic landscape for the emergent phase of any practice as contentious as medically assisted death. This assessment is made in hindsight, with the benefit of twenty-years of acclimatized social consciousness concerning MAiD, and a much more nuanced understanding of euthanasia in all its forms.

Religion - What was Sayable?

Viewing the 1990s assisted death talk with a discursive lens beyond knowledge schemas and frames, I now want to discuss the linguistic rules from Foucault's *Archaeology* perspective and assess if the media was in or out of alignment concerning

what was sayable at the time. Per Foucault, notions of what is or not deemed *sayable* are tied to and governed by institutions of power (Foucault 1972). For this discussion, the institutions I will consider as those with the power to control discourse are the Church and the Canadian government.

Many of the issues that support oppositional medically assisted death frames do so on religious grounds (*sanctity of life* and *divine authority*--i.e., "Only God can take a life"--which ranked sixth and fourteenth respectively, out of seventeen subframes coded for in this study). However, increasingly Canadians are identifying themselves as having 'no religious affiliation,' and this independence from religious power permits people to articulate positions, support practices and assume a social consciousness that would otherwise be sacrilegious. A consultation of the Canadian census from 1991, 2001, and 2011 reveals statistics concerning 'no religious affiliation' in Canada since 1971 (see Table 9: Percentage of 'No Religious Affiliation' in Canada).

Table 9: Percentage of 'No Religious Affiliation' in Canada

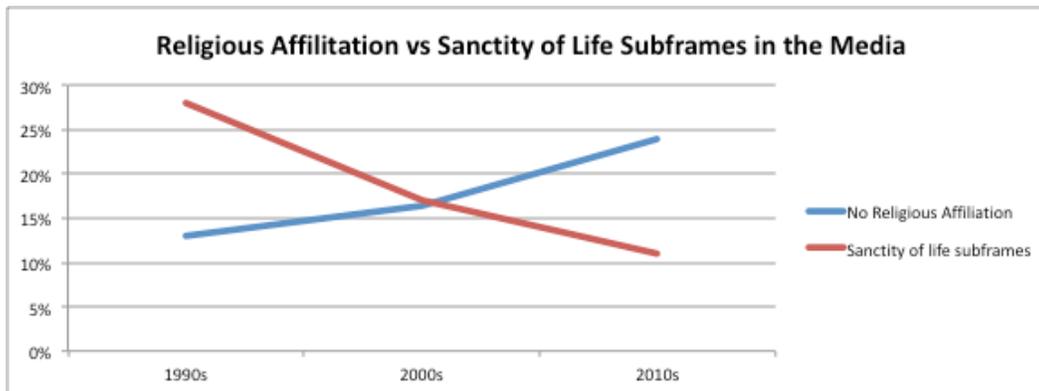
1971	1991	2001	2011
Less than 1%	13%	16.5%	23.9%

Source: (Statistics Canada 2009; Statistics Canada 2011)

This shift towards 'no religious affiliation' was reflected in my findings with the *sanctity of life* oppositional argument appearing in 28% of the articles sampled from the 1990s. This same oppositional argument appeared in only 11% of the articles sampled from 2016 to 2018. This ratio is almost the inverse of the 2011 Canadian census results concerning 'no religious affiliation,' suggesting a relationship between national social/religious consciousness and the media's framing of MAiD (see Table 10: Religious Affiliation vs. Sanctity of Life Subframes in the Canadian Media). The relationship

between religiosity and support for medically assisted death is a possible area for subsequent investigation.

Table 10: Religious Affiliation vs. Sanctity of Life Subframes in the Canadian Media



Regarding Foucault's (1991) rule for what is *sayable*, the media was well within its rights to use the language it did when referring to medically assisted death in the 1990s. The language and associations used, problematic in hindsight, were reasonable in the 1990s when the knowledge schema and frame or footing for assisted death were being established. They aligned with both religious tolerances and the law, as while suicide was legal, assisting someone with the act was not. As well, while the language used to describe the practice of assisted death was stigmatized, the media portrayed Rodriguez's request with a compassion and detail that ultimately framed it as a rational request to *control* an inevitable death, one ideally with *dignity* at a time of Rodriguez's choosing. This 1990s framing of the debate, was refracting and priming the national social consciousness towards the legalization of medically assisted death 20 years later, a portrayal I will address in the Messengers section, below.

The last thing to mention concerning the decline of religiosity in Canada as it pertains to this research is the relationship between the Church and knowledge dissemination. The church, along with other social groups, has traditionally been the

vehicle for the dissemination of cultural knowledge and social norms. From where are people to acquire this knowledge if they cease participating in these social gatherings? Mass and social media have become, for many, the vehicles by which we share knowledge and understanding in modern times, but these discussions are impersonal, seldom held face-to-face (Entman 1993; Korzinski 2018; Somerville 2014; Williams 2004).

Canada is a “media society” (Somerville 2014, 289), a label not uncommon for increasingly secular, postmodern nations. However, through their compelling use of multiple modes (print, image, video, radio) “events perceived through the mass media [...] are ‘more real’ and more credible than the same events in real life” (Somerville 2014, 289). Parallel to this credibility-building project, the media also filters and edits what it puts forth for public consumption, disclosing some aspects while repressing others, effectively gatekeeping what passes for reality. While social media did not exist in the 1990s, and *CBC.ca* was still a decade away from its inception, the media of the day was still adept at telling compelling stories and creating intersubjectivity. All that was required was the right messenger or expert witness, and in Sue Rodriguez one was found.

Official Government - What was Sayable?

Concerning what is *sayable* from a government stakeholder perspective, the official utterances for medically assisted dying in the 1990s were ‘voluntary euthanasia’ (drugs administered by a physician to bring about death) and “medically assisted suicide” or ‘assisted suicide’ (a physician prescribes a drug which a person ingests unaided to bring about death). Both these versions of medically assisted death were illegal until 2016. In the legal climate of the 1990s, suicide was decriminalized, while assisting

someone with his or her suicide was not. The language used by the mass media to describe medically assisted death in the 1990s, when the official terms for the practice were ‘euthanasia’ and ‘assisted suicide’, were sayable from a discourse perspective when these terms were used. However, they often were not, with the media opting instead to use ‘kill’ or ‘suicide’ without the ‘assisted’ qualifier.

When used the media appropriated the terms ‘euthanasia’ and ‘assisted suicide’ from the government, the official discourse for the practice in Canada in the 1990s. The Canadian government in turn likely appropriated the terms from Europe, the Netherlands in particular, where the medical community widely accepted the practices although technically illegal in the 1990s (Blanchfield 1993; Norwood 2009). This trend of citing European countries as “expert witnesses” (Karsoho, Wright, et al. 2016, 47) would increase in the subsequent periods examined for this research.

By repeating the official discourse of other jurisdictions, the mass media applied Foucault’s (1991) notion of conservation, appropriation and reactivation to the terms, effectively circulating the terms and ensuring their durability in the collective consciousness and memory. However, as we shall see, the conservation and reactivation of European discourse for the Canadian medically assisted death practice would not be permanent. The collective, national memory and social consciousness of these initial appropriated and reactivated terms would linger, however, because frames and utterances once established in people’s brains are hard to alter because they become common sense (Entman 1993; Lakoff 2004; Snow et al. 1986).

The use of appropriated, reactivated utterances from other jurisdictions; utterances which may reflect the sociability of those other jurisdictions, in the production of the

initial frame for a medically assisted death in Canada may be at the core of the practice's stigmatized emergence. Further, the mass media's attempt to build a knowledge schema to interpret the new utterances using stigmatized words ('kill,' 'murder,' 'suicide') and associations (comparing Latimer's case to Rodriguez's) added further ambiguity to the fledgling practice. "Linguistic cues signal frames" based on our "comprehension of a specific utterance" (Tannen and Wallat 1987, 208). While the term 'euthanasia' may be fairly benign and cue a benign frame, 'assisted suicide' is less so as the stigma of suicide taints it. 'Euthanasia' after all, is the practice many people associate with humanely putting a suffering pet out of misery. So, while still associated with death, the word is also tied to notions of humanity, kindness, and of doing what is right (at least for an animal). Further, the use of the words 'murder,' 'kill,' and 'commit suicide' by the media to establish the knowledge schema for the new utterances do not cue positive frames. In hindsight, ambiguous terms such as 'voluntary euthanasia' not qualified as, or indexed in conjunction to 'murder,' 'killing' or 'suicide,' while perhaps not as effective at creating accurate "common understanding," (Entman 1993, 56) might have cued a different social consciousness of the practice.

Conceptions of what passed as sayable in the 1990s, language indexing the sociability of different practices, is a phenomenon the media has been trying to undo in recent years, a process I will unpack shortly. Before doing so, I want to discuss the role of messengers and the media in framing practice, impacting social consciousness and telling stories with a small cast of characters.

Messengers, Storytelling and Subjectivity

If the media convey the meaning of social consciousness in our increasingly mediatized society, then the messengers or the public faces for a movement must be especially important. A central part of the argument of this thesis is that the media is using personal narratives and expert witnesses to convey knowledge and information, and sway social consciousness concerning medically assisted death in Canada. The social is at the root of social consciousness, so the media's dependency on people and their personal stories are critical to the forum and any movement therein.

This thesis is about the mass media, a platform considered by many to be objective, nonpartisan and impersonal, conveying facts without bias or ulterior motives. This is decidedly not the case. Media sources align with social consciousness at local and national levels. A population not inclined to read stories about medically assisted death will not find them in their local news media. The appearance of the topic in the media, therefore, indexes its value to a society (Pollock and Yulis 2004). The role of journalists in curating, filtering and amplifying the stories we are given access to, and how they are framed also cannot be overlooked (Birenbaum-Carmeli, Banerjee, and Taylor 2006; Entman 1993; Fernandes 2017).

The stories and people the media give us access to and how they are constructed, framed and made salient is not accidental. Information and stories are selected and structured jointly by journalists and the people central to the stories to be impactful and influential, dictating how issues are discussed and considered (Birenbaum-Carmeli, Banerjee, and Taylor 2006). Increasingly news is becoming a form of entertainment, where the "consumption of others" (Fernandes 2017) is central, with profit and ratings (or 'Likes') close behind (Iyengar and Kinder 1987; Pollock and Yulis 2004; Shoemaker

1996). While the use of multimodalities to allow for the consumption of others was not at its peak in the 1990s, the use of compelling messengers, willing to share their lives and stories of suffering to influence social and government policy was a known technique.

In the 1990s the Canadian right-to-die movement had two main messengers in the form of Sue Rodriguez and her contemporary, Erwin Krickhahn.¹⁶ One of them, Rodriguez, became a media darling, the movement's Ivan Ilyich, if you will, still cited in the media twenty years after her death. The other, Krickhahn, who also suffered from ALS, died four days before and claimed friendship with Rodriguez, but failed to become the face of the assisted dying social movement. Krickhahn used controversial stigmatized language, was antagonistic, failed to generate intersubjectivity or rationally justify his desire to die, and subsequently has become a blip on the medically assisted death timeline in Canada. Rodriguez, by comparison, is still used as an exemplar of motivating reason, and rational justification for legalized assisted death. She was an effective messenger, and her words live on in the memory of the nation. Krickhahn was not a good messenger, and his words, deemed unsayable by the media, advocates and the public did not survive. The following is a summary of why I consider this to be the case.

Sue Rodriguez

Few would debate that Sue Rodriguez was and remains the face for legalized medically assisted death in Canada. It was her name on the 1993 failed Supreme Court of Canada challenge (*Rodriguez v British Columbia*), and her voice and face in a pre-recorded message to the court asking the often cited question, "If I cannot give consent to

¹⁶ During this time others suffering from debilitating illnesses were mentioned in the media in support of legalized medically assisted death, but none have gained the notoriety of Rodriguez or Krickhahn.

my own death, whose body is this? Who owns my life?” (Chatelin 1994; Martin 2016; Rauhala 1994).

From my research, it is clear the Canadian media adored Sue Rodriguez. She was young (41 at diagnosis, 43 at the time of her death in 1994), articulate, dignified, thoughtful, and spoke softly and slowly. She was separated from her husband, with whom she reconciled after her diagnosis, and was the mother to a young son (aged nine at her death). While pictures of or with Rodriguez's husband are rare, she was frequently shown with her son, his face obscured, as she went about tending to him despite her body's declining ability.

Despite her declining health and repeated denials for an assisted death, Rodriguez never articulated anger in her interviews with the press or strayed from her rationalizing explanation, which she anchored on the frames of *rights*, *control*, *dignity* and *suffering*. Rodriguez did not want to die. She did not want to leave her son. However, she also did not want to become trapped in her body, suffering a social and phenomenological death well before her biological death. Rodriguez referred to the practice she pursued as “assisted suicide” (Wood 1994), a term the media itself had not widely adopted in 1994, but it was nonetheless the official government discourse. The media of the time, despite using the terms ‘kill herself’ and ‘commit suicide’ (Bindman 1993) to describe her request, were generally sympathetic toward Rodriguez, repeating her reasons and rationale often:

“When her condition becomes unbearable, Rodriguez will be unable to kill herself so she wants permission to allow a doctor to set up an intravenous tube filled with a lethal dose of medication.” (Southam News 1993)

“Rodriguez adjusts to a body that is failing her and a son who is expressing anger as he comes to understand that his time with his mother is strictly limited.” (*Maclean's* 1993)

“‘It has been worth it, far more than I ever anticipated,’ she said in brief, barely decipherable comments at a news conference. Sitting rigid and virtually immobile in her wheelchair, the gaunt mother of a nine-year-old son laboured to produce each word.” (Wilson and Fine 1993)

If intersubjectivity, sympathy and “personal understanding” (Millar 2004, 34) were the desired effects of Rodriguez’s portrayal in the news, then the construction of her narrative was successful. “Rodriguez’s serenity and evident personal courage put a sympathetic human face to the abstract moral dimensions of the debate,” wrote Wood (1994) in a *Maclean’s* article. What’s more, I argue Rodriguez encouraged simulations in Canadians, whereby they could see themselves in her situation in the future. It was Rodriguez’s case that pushed a shift in the social consciousness of medically assisted death in Canada. She was and remains the face of the movement as evidenced by a November 26, 2018, Google search for ‘Sue Rodriguez’. It returned 60,900,000 results.

Erwin Krickhahn

Erwin Krickhahn, like Sue Rodriguez, suffered from ALS, or Lou Gehrig’s disease. A German immigrant, twice divorced father to a 31-year-old daughter, he was 51 years old at the time of his death in 1994, four days before Rodriguez’s. Also like Rodriguez, he championed for the right for a medically assisted death, but took a very different tack from her: Whereas Rodriguez launched a legal battle but used non-inflammatory discourse to support her rationalizing action, Krickhahn launched a media battle and used language, subframes and actions that ultimately deterred from his battle, and cost him his credible expert witness status with the press, and his credible messenger status with Canadians. However, before discussing how Krickhahn failed to gain this

status, I need to step back and discuss another prominent actor in the 1990s medically assisted death social movement: John Hofsess.

John Hofsess was the founder of the Victoria-based Canadian Right to Die Society and was initially part of Sue Rodriguez's cohort of supporters (Fine 1993; *The Ottawa Citizen* 1994b). Hofsess and his organization were, by some accounts “suicide fanatic[s]” and “militant” (Jenish 1994, 26) in their tactics, illegally assisting in at least eight assisted deaths in the 1990s via their “underground death service” (2018c) and providing counselling to others still (2018d). Hofsess appeared to subscribe to the adage that there is no such thing as bad press and courted controversy frequently. He was dismissed from Rodriguez’s team in 1993 after he forged her signature on a letter he wrote to a Vancouver newspaper criticizing the BC ALS Society (Jenish 1994; *The Ottawa Citizen* 1994b). Hofsess was subsequently publicly accused of “exploiting a vulnerable woman for political ends” (1994b), a charge vehemently denied by Rodriguez, who could not afford to be portrayed as not having full agency in this matter. Hofsess, freed from his obligation to Rodriguez, and still keen to fight for legal medically assisted death, found a willing accomplice for his machinations, at least initially, in Erwin Krickhahn.

The media event for which Krickhahn, no doubt influenced by Hofsess, is best remembered was the invitation to his medically assisted death he sent to the media, police, his family and advocacy groups in October 1993 (Fine 1993; Jenish 1994; Mitchell 1994a; *The Ottawa Citizen* 1993c). No firm date was provided for the event as Hofsess had yet to secure a physician willing to participate in the affair, but Krickhahn, if needed, had a stash of sleeping pills he would take. The event intended to “prove it’s not

a horrible act,” (Fine 1993; *The Ottawa Citizen* 1993b) in Krickhahn’s words, who defied people to try to stop him, threatening assault charges against any who did. Hofsess, on the other hand, said that death via sleeping pills "might not be quick and painless" (Fine 1993), effectively inviting people to witness what had the potential to amount to an awful, violent spectacle; a contradiction of Krickhahn's intentions. Others generally felt the invitation was “an attempt to force assisted suicide onto the national political agenda” (Fine 1993). Not a single news outlet, or Krickhahn’s daughter, citing fear of criminal prosecution for not stopping the suicide, accepted the invitation (Fine 1993). The police got involved, reminding Hofsess that assisting in a suicide was a crime, then Krickhahn had a change of heart, ironically citing the resultant media circus as the reason (*The Ottawa Citizen* 1994a). He died in February 1994, naturally, of pneumonia, but not before some curtly worded, controversial comments that were picked up by news outlets:

"The last 100 days of my life have not been worth living: I have ended up costing Ontario taxpayers far more than can ever be justified for my useless health care” (*The Ottawa Citizen* 1994a)

"Years ago, when abortion was illegal, people were in the back alleys getting their abortions done. How much mistreatment was done and how much money was blown, and how many people got killed?" (Fine 1993)

“The way I see it, since it is the politicians who are making me suffer, I will make sure they know about the consequences of their actions. I will not leave this world without exposing the utter hypocrisy of the court's statement about "sanctity of life." (Krickhahn 1993)

“But I refuse to die in the closet, just another secret suicide by a terminally ill person.” (Krickhahn 1993)

As noted previously, the use of an *economic* subframe is not effective at swaying social consciousness. Moreover, while he usually referred to his wish to die as "taking my own life," a fairly benign utterance, he used the stigmatized term ‘suicide’ in an op-ed published by *The Globe and Mail* in 1993. He also compared the practice of euthanasia in

pets to the practice in humans, which are not fair or rational comparisons for many. Further, his obvious contempt for politicians and the Canadian health care system, emblems of our liberal democracy and central to the nation's identity, did not endear Krickhahn to the media or Canadians. Per Foucault (1991), he said the unsayable, and for this reason, his utterances were not conserved and were invalidated in the collective memory.

Krickhahn was loud and brash, wedging into the public social consciousness images and utterances that were stigmatized and problematic, ultimately doing the movement no good. Krickhahn and Hofsess used the media as a bullhorn to impart a flawed sociability, rational justification and normalizing reason on to the fledgling practice of medically assisted death. While Krickhahn spoke of *rights, dignity, control*, and loss, these utterances were drowned out by those of economics, back-alley abortions, euthanasia, crooked politicians, substandard healthcare, underlying anger, and his insistence on using a stockpile of sleeping pills to end his life.

It is this last point, the death by sleeping pills, which causes me to question the credibility of Krickhahn's and Hofsess' claim to be MAiD advocates. If Hofsess was unable to find a physician to assist with Krickhahn's death, and a cache of hoarded sleeping pills was to be used instead, are we even dealing with medically assisted death in the official canon? Technically, Krickhahn's act would have been self-administered active euthanasia. At some point in the past a physician would have presumably prescribed him the sleeping pills, but I am not sure putting these two possibly incongruous acts together technically qualifies as medically assisted death. Curious about this point, I asked an informant if Krickhahn's case would technically qualify as

medically assisted death, and was told that unless a physician advised Krickhahn to take the pills (one did not), it was not MAiD. Regardless, the mass media of the 1990s with its nascent social consciousness and understanding concerning the practice, as well as Krickhahn and Hofsess considered the case one of medically assisted death, even though it was not.

Krickhahn failed to provide a credible, consistent normative reason or rationally justify his request for an assisted death. Even if he had, his seemingly irrational invitation to the media to his death by ingesting 40 sleeping pills nullified any credibility or sympathy he may have had. After Krickhahn's death, it was noted in the press that in changing his mind to have an assisted death he committed a disservice against the right-to-die movement, sending the message that those requesting medically assisted death "don't really mean what they say" (Mitchell 1994a).

Krickhahn's unsayable, invalidated comments and actions could have set back the right-to-die movement, had the media engaged in conserving and appropriating his words, but it did not. His name never again appeared in any of the articles I sampled in subsequent periods. A Google search for 'Erwin Krickhahn' returns 6,460 results. Rodriguez became the icon of the right-to-die movement in Canada, her *sayable* words appropriated by activists and the media, conserved and validated to the national memory, where they live on more than 20 years later.

Role of Media

The media reporting of the cases of Krickhahn and Latimer, both contemporaneous to Rodriguez's, used similar utterances to describe all three cases. All three cases involved social practices unfamiliar to most Canadians and therefore relied on

the knowledge schemas of other practices (and each other) to enter into the conversation. I would argue it was this use of ambiguous and seemingly interchangeable language that led to the initial misframe and misfooting of MAiD in Canada; ascribing the stigma of other practices to one being newly socialized. While the media was not solely responsible for this misfooting, with questionable expert witnesses such as Hofsess and the timing of Latimer's act adding to the confusion and ambiguity, the media certainly did little to clarify or distinguish the different modes of dying. Granted, the social complexity of the practice was (and still is) being ironed out, but the close margin of Rodriguez's Supreme Court loss in 1993 (4 to 5) should have been a barometer for change, and perhaps a clearer distinction could have been made between Latimer's act and Rodriguez's request.

As mentioned, the mass media of the 1990s articulated a supportive stance for legalized medically assisted death. However, they used ambiguous, inappropriate linguistic cues to communicate their support, and because of the power of words to be ingrained in our brains in the situations in which they were first introduced, the sociability of the words used may have overpowered the intended supportive frames. The media repeatedly used the language of other stigmatized practices, like 'suicide,' 'child murder' and 'killing.' Krickhahn used many of these words too, whereas Rodriguez used the term 'assisted suicide' which itself is not perfect, bearing the stigma of the word 'suicide,' but was appropriate at the time. These utterances, in turn, unconsciously triggered the sociability of those other practices when considering medically assisted death.

In fairness, given the as yet unsubstantiated risk of the *slippery slope* in 1994, and the fact that only 13% of Canadians identified as non-religious, I am not sure referring to

medically assisted death by some other euphemism would have gained the practice broader public support. The sociability of the practice needed time to germinate in the national consciousness. This germination, however, did not need to be haunted by the stigma of other practices. Time is needed to socialize, rationalize and normalize a practice like MAiD, the gradual socialization of which also benefited from decreasing religiosity from the 1990s to the present.

The 1990s media, however, has to be credited with backing a compelling, credible, rational messenger in Sue Rodriguez. The difference in the quality and quantity of the reporting between Rodriguez and Krickhahn suggests the media knew it was backing the right horse. The media emphasized Rodriguez's normative reasons that her rights were being violated ("Who owns this body?") and that she was eventually going to become trapped and suffer in her deteriorating body, a condition palliative care could not relieve, to rationally justify her request for help dying (Millar 2004).

"But there is another good principle at issue in this case -- the right of everyone to live, and die, in freedom and with dignity. Sue Rodriguez, in her dreadful disability, has suffered a curtailment of that right." (*The Ottawa Citizen* 1993a)

"While palliative care could do many things, it could not prevent the loss of dignity or the emotional, spiritual, physical and psychological suffering that occurred." (Moore 1993)

"Rodriguez was no longer able to feed, dress, or clean herself. Her shoulders were dislocated, her legs were paralysed, her voice and breathing were impaired and she was living on a diet of "gruel." (Lee 1994)

These rational arguments would become pillars of the right-to-die movement and would be called upon again and again by the media in the future to justify medically assisted death rationally. These normalizing rationalizations were an attempt to trigger personal understanding, intersubjectivity, deliberative thinking and simulations in the

minds of Canadians, such that if they could not see themselves in Sue Rodriguez, they could at least understand her motivations.

Self-Care and Final Gift

Framing MAiD as a form of *self-care* was also in a fledgling stage in the 1990s, being leveraged seldom by messengers other than as ‘control in life and death’ or death on one’s ‘own terms.’ Surprisingly, the rhetoric of a ‘good death’, prevalent in academia (see Gandsman 2017; Gawande 2014a; Karsoho, Wright, et al. 2016; Kaufman 2006; Kleinman 1988; Norwood 2009; Seale 1998) did not dominate the Canadian discourse in the articles sampled for this thesis, the term being used only eight times in all periods. However, both Krickhahn and Rodriguez were acting on their own behalf in pursuing their deaths. They were working to fill a gap they perceived in the medical system. They were, per Foucault (1988), becoming their own doctors to achieve a happy state and thus were engaging in *self-care*. Their acts were just not explicitly described as such in the media of the time.

Krickhahn’s attempt to frame his assisted death as a gift for the public coffers, to unburden the state economically, aligns with Gandsman (2017) *final gift* theory. Krickhahn’s ‘gift’ however, violates the rules of decorum stating that discussions of economics in a socialized healthcare setting are not tolerable, and are scarcely permitted by those making medically assisted death requests, but even then they fail as normalizing rationalizations. *Final gifts* ideally unburden caregivers while also preserving the personhood of the deceased who do not have to endure a social death before *exitus*. Subframes of *self-care* and *final gift* in medically assisted death discourse become more dominant in subsequent periods.

Using the opening of a window in winter as a metaphor, the 1990s intersection of Rodriguez, Latimer and Krickhahn amounted to throwing open the medically assisted debate in Canada, quickly freezing out the room. Slowly opening a window is a better way to implement social policy in a liberal democracy, lest a slip into totalitarianism. The window to this debate was significantly lowered after 1994, allowing for re-acclimating, the benefit of which became evident in 2004 and 2005 when a frame alignment via the language used in the mass media becomes apparent.

The 1990s misframe of medically assisted death in the media formed the footing for a construction project that would last twenty years. While the original language was not perfect, it was the product of available knowledge schemas, reflecting the social consciousness of the time. The deliberative thinking triggered by this initial discourse enabled the media through its ability to reflect and refract social consciousness to move the assisted death debate forward, gradually opening the window to the debate.

The argument of this thesis and chapter is that the Canadian mass media, in hindsight, misframed or established a problematic footing for assisted death in the 1990s through the language and the initial messengers used as expert witnesses. I argue this misframe was unintentional and the result of an appropriate knowledge schema for discussing medically assisted death not being available, and one being assembled from other modes of dying. It was also the result of the media not knowing with certainty that Erwin Krickhahn would prove to not be a credible messenger for MAiD, not that the unbiased news would or should care. The initial request, orchestrated by Hofsess, was

newsworthy if unprecedented and it certainly attracted a lot of media attention; just the wrong kind, antithetical to the approach Rodriguez and her supporters were hoping for.

In the next chapter I will demonstrate how the discourse of MAiD was shifting, ten years after this initial period through the germination of the idea in the minds of Canadians, and an increasingly nuanced understanding of the practice. The media, through frame alignment and transformation, was broadening and refining the nation's understanding of the practice, initiating the rationalization and normalization of the practice of legal medically assisted death in Canada.

Chapter 4: Reframing Assisted Death in the Early 21st Century

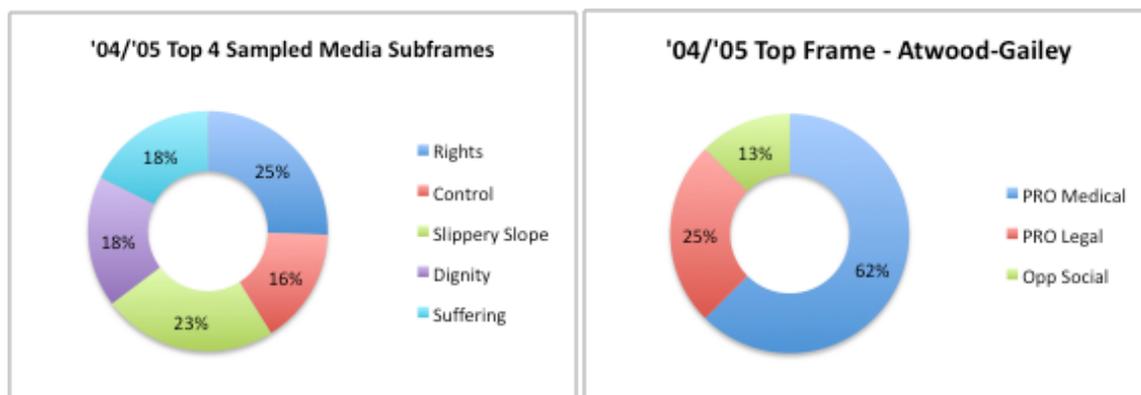
2004 and 2005 – Frame Alignment & Transformation

The period of 2004 and 2005 was selected for this study because it demonstrated an increase in relevant articles during a preliminary research phase. This spike aligned with renewed legislative activity for legalized medically assisted death in Canada, a number of reported cases of *underground euthanasia* in Canada, and lastly, stories that described the new practice of legal medically assisted death in other jurisdictions (see Table 2: Article Selection by Key Date). This period, despite revealing far fewer news articles than initially expected, nonetheless revealed interesting findings concerning a transforming and developing social consciousness concerning MAiD in Canada, which will be discussed in the following.

During this period, the public's general understanding of medically assisted death was being clarified through a more consistent, less ambiguous linguistic discourse in the media. The words 'kill' and 'murder' were used less to describe a practice, then officially known as 'assisted suicide' and 'voluntary euthanasia', with the press opting to use terms more aligned with the official discourse. Informed Canadians by 2004 and 2005 better understood what medically assisted death was, having been exposed to the practice for a decade, but the reporting of cases of voluntary euthanasia being assisted by non-medical professionals was still causing discursive confusion in the media. This confusion of what qualified as medically assisted death was leveraged into *slippery slope* subframe arguments on both sides of the debate. As well, this period was marked by the introduction of poll and study results suggesting the majority of Canadians were in support of medically assisted death, at least in private.

From a framing and subframing perspective, research results described herein suggest this period remained consistent with the frames from the 1990s, with the most significant adjustment occurring within the *slippery slope* subframe, which increased from 15% to 23% of the top four frames sampled. As with the previous period, the results of this period were cross-referenced with those of Atwood-Gailey (2003) to assess if the framing of MAiD in the Canadian press diverged at a high level from that of other jurisdictions. These results are presented in graphic form (see Table 11: 2004 and 2005 Subframes with Atwood-Gailey's Frames). Despite the peak in the *slippery slope* subframe in the Canadian press, the result of cross-referencing these findings with Atwood-Gailey's remained unchanged from the 1990s. The media at this time was still framing the debate mainly in favour of legalized medically assisted death, and using medical, legal and social frames to make their case.

Table 11: 2004 and 2005 Subframes with Atwood-Gailey's Frames



By the early 2000s, the practice of medically assisted death had been germinating in the national social consciousness for ten years. As well, the number of expert witnesses who could address local concerns, and provided testimony from actual lived experience had increased locally and globally. Understanding and knowledge of the practice were beginning to deepen from its original state in the 1990s. As the following discussion will

demonstrate, the articles sampled from this period evidenced this broadened understanding.

The general tone of the articles shifted from the 1990s to the 2000s from very fact-based, objective articles to more subjective, editorial style pieces. I attribute part of this tonal shift to the fact that requests for legal assisted death in the 1990s, when Sue Rodriguez made her failed request for a medically assisted death were, in fact, newsworthy. The practice in the 1990s was novel and therefore warranted extensive news coverage. By the mid-2000s however, the novelty of the practice and news reporting of the matter had somewhat ebbed. The practice, by this time, had been legalized or decriminalized in the Netherlands, Belgium and the state of Oregon (2018b). As well, other local requests for medically assisted death had been covered in the Canadian media for a decade. By 2004 many Canadians had a more nuanced, more in-depth understanding of medically assisted death, both practically and socially.

Additionally, I attribute this tonal shift in the quality of news reporting to the rise in popularity of the Internet in the early 2000s. *The Globe and Mail* launched its website in 2000 (Manza and Blenkinsop 2010). Before that *Yahoo News*, *CBC Newsworld* (launched in 1996) and a plethora of other news sites provided access to news articles from Canada and around the world. In this setting, news was easy to access in the form of 24/7 online news cycles and constantly streaming news alerts. Editorial style pieces were how a news organization and journalists could distinguish themselves from objective, unbiased, omnipresent news, and attract the eyes of readers.

This editorializing approach to journalism also permitted more intersubjectivity, especially via compelling stories from expert witnesses, be they fact-based or

hypothetical. Advocates on both sides of the debate, using similar if not the same language and themes, told stories of local and international expert witnesses. As Lakoff (2004) writes “when the same language is used by many people across the country to frame an issue, it comes to be accepted as normal because it has become part of people's brains” (Lakoff 2004, 107). By 2004, with so many people talking about medically assisted death for so long, the practice, merely by being spoken or thought about, was becoming a part of the nation’s social consciousness. But what if the language triggering people’s brains remains ambiguous and indexes the sociability of other practices?

2000s Language, Ambiguity and Confusion

“Framing is about getting language that fits your worldview. [...] The ideas are primary - and the language carr[ying] those ideas, evokes those ideas” (Lakoff 2004, 4). As noted earlier, the words deemed sayable in the 1990s to evoke the idea of medically assisted death were ascribed with broad strokes and used ambiguously for lack of an appropriate knowledge schema. The words ‘murder,’ ‘kill,’ ‘euthanasia,’ and ‘commit suicide’ were frequently used at that time to describe the acts of Rodriguez, Latimer, and Krickhahn. These terms were often woven together in the same article, sometimes uttered by the expert witnesses him or herself to confusing effect. The knowledge schema of the time and the newness of the practice of medically assisted death in Canada made these utterances sayable in the temporality of the 1990s. By the 2000s, after ten years of exposure to the practice and careful observation of expert witnesses in other jurisdictions, a new sociability for medically assisted death was being indexed in Canada. This was being accomplished through the language conserved, reactivated and instilled in the collective memory via the mass media.

The terms ‘assisted suicide’ followed by ‘euthanasia’ were the most frequently used, in the articles from the 2000s sampled for this research, to describe the practice of medically assisted death. ‘Physician-assisted suicide,’ ‘doctor-assisted suicide’ and ‘medically assisted suicide’ were also used. Per Foucault’s *Archaeology* (1991), ‘assisted suicide’ was a reactivation of Sue Rodriguez’s preferred utterance for the practice (which she may have appropriated from European advocates, who led the international charge on legalized medically assisted death). ‘Assisted suicide’ and ‘euthanasia’ also aligned with the official Canadian government discourse and that of expert witnesses in European jurisdictions who to this day describe the practice as ‘euthanasia.’ Most appearances of the word ‘euthanasia’ in the 2000s support a discussion of the legal practice in other jurisdictions, otherwise they occur in discussions concerning ‘underground euthanasia,’ where sick people and their families seek ways to hasten death outside of legal, medical channels. When families are intimately involved in this practice academics refer to it as ‘Family Assisted Suicide’ or FAS (O’Neill et al. 2003).

According to this research, the *underground euthanasia* subframe peaked in 2004; an occurrence that may have added further ambiguity to the notion of medically assisted death, as once again the stigma of one illegal practice was being associated with another. In particular, two cases of underground euthanasia contributed to the ambiguity of medically assisted death: One concerning a BC woman and member of The Right to Die Society of Canada (the organization John Hofsess founded in the 1990s) who helped two people die with helium-filled “exit” bags over their heads (an act for which she was acquitted) (Hume 2004; Watt 2004). The other case concerns a Montreal man with multiple sclerosis whose mother assisted him in taking a combination of drugs and

putting a bag over his head. She then lay with him as he died. She was convicted in 2006 and received three years of probation in her sentencing hearing (CBC News 2006). The media of the time seemed unsure of how to label these cases and used the terms ‘suicide’ and ‘assisted suicide’ almost interchangeably in their reporting, referring to the BC case as ‘assisted suicide’ and the Montreal one as ‘suicide’, contributing to the ambiguity of both practices.

Canadians, following the news in 2004 and 2005 may have been socialized to associate the words ‘euthanasia’ and ‘assisted suicide’ with illegal, underground assisted ‘mercy killings,’ such that their brains trigger these illicit associations when the words are uttered. As well, the biggest advocates of the underground euthanasia movement also used stigmatizing language to discuss their actions, which the media also repeated and circulated:

“But according to just about everyone involved in the issue of assisted suicide, there's an underground network in this country dedicated to helping people kill themselves.” (Watts 2004)

“Devotees to the cause have their own jargon. The plastic bags used by at least one of the two women Ms. Martens is accused of helping to commit suicide are known as "exit bags." Suicide is spoken of as 'self-deliverance.'” (Watts 2004)

The terms ‘kill’ and ‘murder,’ on the other hand, were deemed unsayable and invalid from a Foucauldian (1991) memory perspective, and were seldom used to describe the acts of ill people aided by physicians during this time. As noted above, when the word ‘kill’ was uttered in the 2000s it was often in the context of *mercy killing* and *underground euthanasia*. The unsayable nature of the certain words even comes across in the oppositional voices in the press, who sparingly used the words ‘kill’ and ‘murder,’ and instead uttered the new sayable terms even when trying to discredit the practice:

“Next step in the revolution: "euthanasia" on demand. (I use quotes because the word euthanasia is intentionally misused. It means a peaceful death, not killing a person quietly.) Here, too, our governing classes insist we must catch up with the lunatics in countries such as the Netherlands.” (Warren 2005)

“It's worth noting, too, that able-bodied people who do try to kill themselves often fail in the attempt. But assisted suicide by its nature is always successful.” (Stern 2004)

I view this usage of sayable words by oppositional voices as an attempt by them to cause further ambiguity by trying to trigger a different sensibility with the same words. Alternatively, it could be an attempt to fight fire-with-fire, whereby the opposition used the same utterances as the Death with Dignity advocates, a tactic that is seldom effective; as Lakoff (2004) notes you will never win an argument using the same language as opposing voices. This logic may explain the resulting stalemate and confused consciousness concerning the medically assisted death debate in Canada at the end of 2005. To win an argument, new words are needed. New utterances invoke new frames, ones that do not automatically trigger our brains to think of old social consciousness. To normalize medically assisted death in Canada, the practice has to be reframed as ‘not suicide’ and therefore not haunted by the stigma and problematic sociability of another practice.

As noted in the previous section, the media is adept at curating, filtering and refracting the news for local consumption, but only if the society is receptive to the inputs to begin with (Pollock and Yulis 2004). The presence of deliberative thinking-invoking articles in the mass media serves as an index to the general public’s immanent readiness for movement participation. Other indices of the readiness of Canadians to begin engaging more seriously in the death with dignity debate were three phenomena: 1) the increased prevalence and news reporting of *underground euthanasia*; 2) the court’s

lenient response to the practice as noted in the acquittals and soft sentences handed out to people accused of assisting others to die; and 3) the results of two independent polls which suggest the majority of Canadians support the legalization of the practice, discussed below.

Of the fifteen articles sampled for 2004, eight of them referred to *underground euthanasia*, where physicians or family members take action to hasten a suffering person's death, a practice I will discuss further shortly. Parallel to this 'it's already happening, so we are all better off legalizing and regulating the practice' reporting were articles disseminating the results of two 2004 reports revealing Canadian attitudes concerning legalized assisted death: One, a Canada-wide cancer study, the other a Gallup poll (Tam 2004; Valpy 2004; Watts 2004). The findings of these reports, the first of their kind in Canada, revealed that between 60% to 70% of Canadians (depending on the study) support the right to have the option of medically assisted death, but only 6% would use such a service.

The net effect of this reporting was to frame the medical assistance in dying debate as a practice that many Canadians had deliberated and supported. This reporting also supports the notion that the perceived stigma surrounding medically assisted death might be just that, perceived. This is the phenomenon the CAMAP audience member was alluding to when he asked if the idea of stigma was "overworked". If 70% of Canadians supported the practice in 2004 (a decade before it was legal) then from where are the notions of stigma originating? It is my feeling that some people feel a stigma that is tied to the social consciousness of the practice and the language used to index it in the 1990s, or these people comprise the 30% who do not support the practice to begin with.

Normative Rationalization, Frame Amplification and Extension

In this 2000s climate, the editorial, journalistic voice presented the death with dignity debate from both perspectives (for and against), but generally favoured the legalization of the practice, if only to regulate a practice that was already occurring. This reporting aligned with the views held by 70% of Canadians, and supports the notion that news reporting indexes the local social consciousness (Pollock and Yulis 2004). The news media made a point of reflecting the transforming social consciousness concerning MAiD back to Canadians. By focusing on shifting public attitudes concerning medically assisted death, the media was compelling "movement participation" (Snow et al. 1986, 465) by framing the practice as an increasing and inescapable phenomenon.

Snow et al. noted that nothing incites movement participation like the "magnetic-like" (465) portrayals of suffering and injustice. While the theme of injustice (under the subframe *rights/criminality/law*) dominated media framing in this period, portrayals of suffering reduced very slightly. I attribute this decrease to the fact that this period had no dominating, compelling messenger, such as Sue Rodriguez, to provide justifications and normalizing rationalizations that inspire the intersubjectivity necessary to incite a full-scale social movement. I argue the media of the time knew this too and emphasized other subframes via Snow et al.'s frame extension, transformation and amplification to drive movement participation to get people talking about death.

The framing of the practice as 'something docs are already doing' is an example of frame transformation as it "keys" (Snow et al. 1986, 474) people who might not otherwise weigh in on the debate. People who had not thought much about medically assisted death might have been pulled into the debate when the media broadened the frame to include *underground euthanasia* or *docs already doing it subframes*, or the

emergent theme of *organ donation*, which describes the nascent practice of MAiD patient also being organ donors. A person who would normally not consider medically assisted death might want to weigh in on the debate if they thought a member of their kin or social network was involved with *underground euthanasia* or if they had an interest in organ donation. By keying people to related and emergent practices involving MAiD the press broadens the general conversation and sociability concerning the practice.

For instance, academic sources consulted for this thesis made reference to the known practice of “turn[ing] up the morphine drip to hasten death” (Kaufman 2006, 199), an act which can be rationalized as ‘pain relief’ for those uneasy with the notion of MAiD, and which 80% of physicians in Belgium do not categorize as medically assisted death, even when it evidently is (Keown 2014; Magnusson 2004; Mishara and Weisstub 2013; Onwuteaka-Philipsen et al. 2003). This practice was coded for in this thesis with the *docs already doing* frame and it appeared eight times across all periods, peaking in 1994 with five instances, but appeared in two articles in the early 2000s. This frame did not appear in the final period of investigation.

“Most people, and most physicians, are also comfortable with the practice of giving large doses of morphine to terminally ill patients, even when it will almost certainly hasten death.” (McKnight 2004)

The window that Sue Rodriguez attempted but failed to open in 1994 was pried open further in the 2000s, but with a different type of normalizing rationalization. Whereas the media was able to use Rodriguez’s story and compelling likability to create intersubjectivity and personal understanding in the 1990s, no such messenger existed in Canada in 2004 and 2005. However, deliberative thinking and movement participation can be triggered by other phenomena too, one being *fear*. The fear of dying alone with a plastic ‘exit bag’ filled with helium over one’s head is not an example of anyone’s notion

of a 'good death.' The fear of the dreaded *slippery slope* too, and the possibility that a person when vulnerable and depressed, in the advanced stages of decline could be coerced into an illegal assisted death to unburden systems or caregivers is also terrifying. If leaving the discussion of *underground euthanasia* into the shadows, allows the practice to remain in the shadows, then does discussing it in the public sphere force its practice to the public sphere where it is legitimized and regulated?

I conclude that there were three subframes the media used in this period to rationally justify legalized medically assisted death in the face of there being no compelling local messengers: 1) 'It is happening regardless, often underground where it is illegal, dangerous and unregulated'; 2) 60% to 70% of Canadians are okay with the practice but only 6% would even ask for it, so the overall risk is low; and 3) It is legal in Oregon, Belgium and the Netherlands and they have experienced no *slippery slope* or increase in suicide rates. Oregon, in particular, was a popular example in the Canadian press, likely due to its proximity and the fact that the 1997 legalization of the practice in the State did not result in abuse of the service or a spike in suicide rates (2015b)¹⁷. In fact, the lack of abuse of the service in Oregon played a significant role in disarming the *slippery slope* argument against medically assisted death in Canada:

"Yet there's little evidence that suicides rise when assisted suicide is permitted. Oregon enacted its Death with Dignity Act (which allows for physician-assisted suicide) in 1997, yet through 2002, only 129 patients availed themselves of assisted deaths." (McKnight 2004)

"Oregon is the only jurisdiction in North America where suicide with the assistance of a physician is legal. The state passed its Death with Dignity Act seven years ago and by all accounts, it's functioning well." (Watts 2004)

¹⁷ In 1997 Oregon allowed doctors to prescribe drugs which ill patients self administer in the form of self-administered medical aid in dying in Canada.

Moreover, while these three subframes may trigger discussion, deliberative thinking, movement participation and rationally justify said participation, they are not normalizing rationalizations (Millar 2004). Medically assisted death will never be made legal in one jurisdiction because it is legal in another, or because a poll suggests a local social consciousness which might be ready for it. These subframes do not provide normalizing rationalization, but they are rational arguments, which make people think. Burlone and Richmond (2018) write that both moral and rational arguments are required to sway hearts and minds respectively. While the media may have launched a rational, deliberative thinking-inducing argument in the 2000s, it lacked the moral perspective required to change hearts. Real frame transformation, per Snow et al. (1986) occurs through depictions of suffering and injustice, which in turn fuel intersubjectivity and drive real social change.

The social consciousness concerning medically assisted death was disordered during the 2000s as the distinction and legality of assisted death facilitated by medical versus non-medical personnel was being ironed out in the national social consciousness. While the law said assisted death was illegal on paper, in practice cases of non-physician assisted death were being handed lenient sentences or acquittals altogether. This leniency suggests the poll results stating 60% to 70% support for the practice might have been accurate, and the national social consciousness was ready for the addition of a new legal mode of dying in Canada. If this period accomplished anything towards the resolution to the debate ten years hence, it was that it liberated assisted death talk, bringing “the clandestine practice into the open” (McKnight 2004) and making it ok to talk openly and honestly about death in terms of *control*, *dignity* and *rights*. As Westell notes, "At last,

the subject that dare not speak its name has been written about” (2004). For it is only through further discussion and debate that normative rationalization can be established and social consciousness changed.

2016–2018 – Continued Frame Alignment and Normalization

This final period of investigation includes May to July 2016, all of 2017 and 2018 through to September¹⁸. This represents the largest and the most prolonged period of investigation in this study, with more than twice as many articles as the 1993-1994 period. There are two reasons for this weighting: 1) From a research perspective this entire period is significant because it covers the when medical assistance in dying (MAiD) became widely available to all eligible Canadians beginning on June 6, 2016 (Fine and Stone 2016a; Supreme Court of Canada 2015)¹⁹. 2) *CBC.ca* was added as a 2018 source, contributing an additional 33 articles to the 2018 total. As noted in the Methods section, I added *CBC.ca* as a source because a *Google* alert I set up at the outset of this project was registering a higher number of hits from this source than the others and the articles were of a quality I felt warranted anthropological investigation. *CBC.ca* articles, many of which comprise personal narratives, remains focused on the task of providing normative rationalizations for Canadians, an area where other sources appear to have scaled back. As well the *CBC.ca*, to a far greater degree than the other sources, has taken the helm on informing the public on emergent themes concerning MAiD. This is the continued work of frame alignment – transformation, amplification and extension (Snow et al. 1986).

¹⁸ The sampling of media articles ceased in September 2018 to permit me to commence the writing of this thesis.

¹⁹ After striking down the ban on physician-assisted dying, the Supreme Court of Canada granted the government one-year to draft legislation before the ruling would come into effect. During this time the Harper Conservative government was replaced with Trudeau's Liberal one. The newly elected Liberal government requested a six-month extension to draft the rules and was granted four. The ruling came into effect on June 6, 2016.

The other sources sampled from this period, while also providing articles that provide normative rationalization, have played a more significant role in disseminating the procedural discourse of MAiD in Canada. This is accomplished through the Canadian version of Norwood's (2009) euthanasia talk, which I have called assisted death talk to align with local discursive norms. Assisted death talk involves Foucault's notion of what is sayable, in terms of which utterances are selected, omitted, organized and used in the form of the procedural discourse required to be approved for medical assistance in dying in Canada. Approval for MAiD is also predicated on a person meeting a variety of eligibility criteria and passing numerous safeguards, which are also often repeated in these media sources to a greater degree than on *CBC.ca*. The repetition of certain catchphrases and terms in the media is a form of frame amplification, aimed at clarifying discourse.

As with the other periods sampled as part of the thesis, a *rights*-based subframe dominated the media discussion in this period. The notion that qualifying Canadians, able-bodied or not, had the constitutional right to terminate their own lives, assisted if required, was central to the argument tabled by the plaintiff in *Carter vs. Canada*. However, also as noted before, a solely *rights*-based appeal for change does not provide the normative rationalization required to drive social transformation. Snow et al. (1986) says that frames of injustice and suffering and their "magnetic-like" (465) ability to inspire intersubjectivity and deliberative thinking, fuel social transformation and movement participation.

While my research includes notions of injustice under the *rights/criminality/law* subframe, I split *suffering* out into a subframe shared with the frame of *medicalization of*

death. This *suffering/medicalization of death* subframe was used to code accounts of people referring to physical or ontological suffering, qualified by many adjectives (i.e., intolerable, unbearable, grievous and irremediable), which modern medicine could not alleviate, worsened or prolonged. Moreover, while the *suffering/medicalization of death* subframe has been in the top-four frames in each period sampled for this research, in this most recent period the depictions of suffering are attributed to individual Canadians who serve as both messengers and expert witnesses. The increase in the number and quality of stories which depict suffering is an example of Snow et al.'s (1986) frame alignment via transformation, and extension whereby the intersubjectivity created through compelling messengers and their stories permit us to "identify with the drama of illness." (Somerville 2014, 292) This intersubjectivity, in turn, inspires deliberative thinking and movement participation, an alignment I will discuss in the upcoming Personal Narrative section.

While the 1990s had Sue Rodriguez as a credible witness and messenger for the medically assisted death debate, and the early 2000s had a number of messengers charged with crimes for which they were acquitted or given lenient sentences, the 2016-2018 period has a much broader pool of people willing to discuss their personal stories concerning medically assisted death. I tracked these stories with the code *personal narrative*, and while the mainstream press published and continues to publish these stories, the *CBC.ca* in 2018 included the voice of messengers in almost 50% of their 33 articles. Unlike in other periods, in this one the *CBC.ca* had a sufficient number of people willing to share their personal stories that actors rarely appeared in more than one article. By contrast, Sue Rodriguez was featured in 83% of all articles in '93/'94.

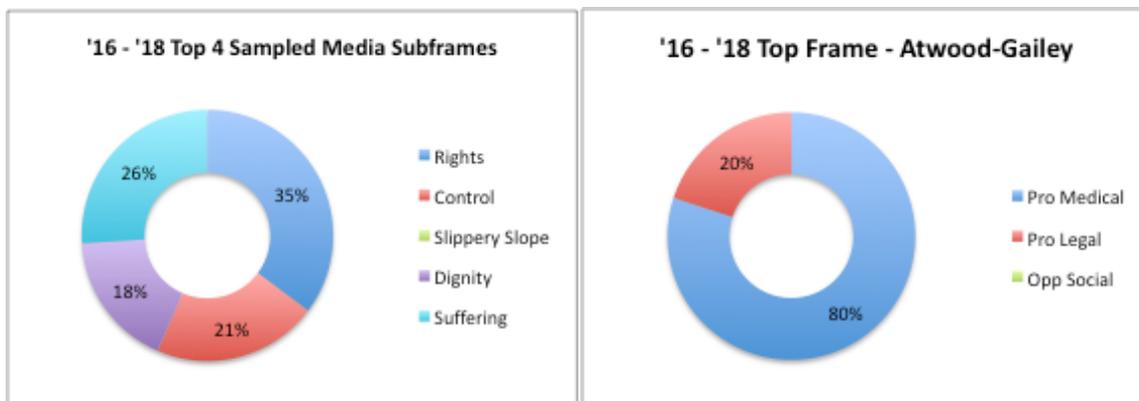
I argue these personal stories are continuing to provide the normative rationalizations and frame amplification through conceptions of *final gift* and *self-help*; conveyances that may provide the thought-provoking stories required to both align and maintain the public's support for the practice. As well, while these personal narratives frequently include subthemes of *dignity*, and *control* (in addition to *rights* and *suffering*), they also include details of emergent subthemes such as *organ donation*, *access issues* for people in remote communities, and *broadening eligibility* for medically assisted death. Thus, while the media is reflecting the current social consciousness of the now-legal practice, it is also refracting consciousness towards the future, through frame extension, while at the same time amplifying current issues. A final high-level comment concerning the results from this period's analysis is that the *slippery slope* subframe fell out of the top four for the first time, resulting in the frames of *rights*, *control*, *dignity* and *suffering* being dominant in the Canadian press. As the following discussion will argue, these four remaining frames are very effective at creating intersubjectivity, impacting social consciousness and driving social change.

As with the previous periods investigated, the results of this one were cross-referenced with those of Atwood-Gailey (2003) and presented in graphic form (see Table 12: 2016-2018 Subframes with Atwood-Gailey's Frames). The disappearance of the *slippery slope* from the top four media frames of this period completely removed any oppositional voices from the dominant media framing. Interestingly, during this period, reporting efforts were shifted on the emergent frame of *broadening eligibility*. Per this emergent frame, people ineligible for MAiD in its current legal form are arguing for their right to also qualify for the practice. These individuals often suffer from non-terminal

conditions, such as dementia, spinal stenosis, and mental health issues that render them ineligible for MAiD because they are not deemed mentally competent at the time of their assessment or procedure and/or because their death is not ‘reasonably foreseeable’.

Broadening eligibility was the number one emergent frame for this period.

Table 12: 2016-2018 Subframes with Atwood-Gailey's Frames



Assisted Death Talk in Canada

Norwood (2009) described her notion of euthanasia talk in the Netherlands as a phenomenon with discursive, social and ontological elements. Similarly, in Canada, 1) Discourse as euthanasia talk appears through the language and process used to discuss and be approved for an assisted death, which is frequently detailed in the Canadian press. 2) Social elements manifest through the narrative depiction of ill people being socially re-awakened merely through discussing end-of-life plans with healthcare providers, caregivers and families. This increased sociability is constructed and evidenced in the press through the anecdotes of families rallying around and supporting loved ones as they navigate their final months, weeks, days and hours of life. 3) Ontological benefits are detailed in the press through the phenomenon of experiencing relief by merely being approved for medically assisted death. People with a condition with a life-ending trajectory, as depicted by the press, find solace knowing they have a way out, with

MAiD, when and if their illness becomes unbearable. Not having to worry about and anticipate pain and suffering in the future, people are freed up to focus on the present, making the most of their time remaining. All three of these elements are corroborated in the Canadian landscape and depicted in the mass media, as the remainder of this chapter will demonstrate.

Language as a Barometer to Social Consciousness

As noted in the previous sections, the mass media use utterances that reflect and refract the current social consciousness. The language the media use to describe an issue index how it is currently socially situated. Part of the argument of this thesis is that the language and associations used by the media in the 1990s to describe medically assisted death, when the concept was new and lacked a knowledge schema, was in hindsight problematic. While the official terms for the practice in the 1990s were ‘assisted suicide’ and ‘euthanasia,’ the media used the terms ‘kill’, ‘murder’ and ‘suicide’ (not qualified as ‘assisted’), to describe the practice. As well, associations between Rodriguez, Latimer and Krickhahn by the media did not clarify matters.

If language can be an index to the sociability of practice, then the practice of ‘assisted suicide’ or ‘euthanasia’ as it was known in the 1990s was socially abnormal. It was also illegal, so using harsh, stigmatizing language to describe the practice was not unsayable in that climate. These stigmatizing words were also sayable from a religious perspective in the 1990s, when only 13% of Canadians identified as having no religious affiliation (a number that increased to almost 24% by 2016) (see Table 9: Percentage of ‘No Religious Affiliation’ in Canada). However, at the root of this thesis is the idea that utterances are forever wired in our brains in the manner in which they are first

introduced, and these connections or framing are nearly impossible to undo (Lakoff 2004; Volosinov 1986). The only way to transform the sociability of a practice is to refer to it by new utterances, as the original utterances will forever trigger notions of old frames.

Fast-forward twenty years and the practice of medically assisted death is now legal in Canada in two forms: clinician-administered or self-administered medical assistance in dying, which are increasingly just shortened to the acronym MAiD in the mass media and official government discourse. The words 'suicide' and 'euthanasia,' the official terms from the 1990s and 2000s are not officially used to index the practice in Canada in the 2016-2018 period. Increasingly the media is also abandoning these old utterances and by doing so is not triggering the minds of readers to illegal acts before the practice was legal, or historical associations with the words.

Within the current period of investigation, the term 'assisted suicide,' and all its derivatives have been gradually replaced by the 'assisted death and dying' discourse. For example, in 2016 'assisted dying' appeared four times more frequently in the press than did 'assisted suicide.' This ratio increased to eight times more in 2017 and forty-eight in 2018, by which time the term ('assisted suicide') had all but fallen out of use; not sayable, conserved or validated in the modern collective memory. Further, the media now distinguish between medically assisted death and suicide, especially in discussions concerning the emergent frame of *broadening eligibility*. In these stories, individuals who do not qualify for MAiD are forced to commit traditional suicide to alleviate their suffering because their death is not reasonably foreseeable. These cases include mental illness and spinal stenosis to name a few. This distinction suggests that medically assisted

death is a practice apart from suicide, and should, therefore, be subject to a different social consciousness.

Some journalists have taken steps to explain why the language used to index the practice of medically assisted death is so important. While outside any of the periods sampled for this thesis, Andre Picard of the *Globe and Mail*, in 2012 wrote an article entitled “The Importance of Picking a Vocabulary for Dying” (Picard 2012). In this article, Picard writes that both the words ‘suicide’ and ‘euthanasia’ are “rife with negative implications.” ‘Suicide’ because it indexes “an act of self-harm that is almost always a byproduct of mental illness” (Picard 2012). This portrayal aligns with Goffman’s description of suicide signposting stigmatizing “blemishes of individual character” (Goffman 1963, 4), which in turn can trigger feelings of shame and social isolation. Per Hanschmidt et al. (2016), this stigma, shame and social isolation can spill over to the family and friends of suicide patients, disordering mourning and the sociability it entails (Scheper-Hughes 2004). Using ‘suicide,’ qualified as ‘assisted’ or another term to describe medically assisted death, is to associate the stigmatizing social consciousness and violence of the former practice with the latter. Or as Picard puts it, “calling medically assisted dying suicide is a lot like calling surgery a knife attack” (Picard 2012). Similarly, Picard writes, the word “euthanasia” is also problematic as “the term was forever perverted by the Nazis who used euthanasia to describe some of their murderous atrocities.” This discursive shift is an example of Snow et al.’s (1986) frame amplification, whereby ambiguity is cleared up through the repeated use of the terms ‘MAiD’ and ‘medical assistance in dying.’ This repetition of certain sayable words and

omission of other words conveys to the public the socially acceptable utterances for the practice and distances the current frame from that of the past.

While most people do not want to be associated with stigmatizing practices, liberal democratic governments, especially those with socialized healthcare systems also do not want to be associated with legalizing practices associated with Social Darwinism or citizen-stigmatizing practices. So what is a government to do when the official language used to index a once illegal, now legal practice is haunted by a problematic discourse that triggers people's minds to old sociability? They change the words used to index the practice and thus change the practice's social consciousness. New words frame a new sociability (Lakoff 2004; Volosinov 1986).

Carter vs. Canada

The existence of Picard's 2012 article, suggests that the issues with the historic utterances and their associations concerning medically assisted death were known and that efforts were being made by advocates to frame the practice with a discourse not hampered by the social consciousness of other times. By the time medically assisted death was decriminalized in Canada in 2015 with *Carter vs. Canada*, the social consciousness of the nation had benefited from twenty years of deliberative thinking. This thinking would have inspired a more nuanced, more in-depth understanding of both the practice and the words through which it is indexed.

In the Canadian post-legal assisted death landscape the terms 'euthanasia' and 'suicide,' both valid and sayable terms in the 1990s and 2000s, were censored in the mainstream press. The utterances conserved (repeated and circulated) by the mainstream press and the Canadian Government in the 2015 to 2018 period were appropriated and

reactivated (transformed) from the plaintiff in *Carter vs. Canada*, who “sought a ‘physician-assisted death’ as opposed to a physician-assisted suicide” (Nicol 2015). According to *Carter vs. Canada*, ‘physician-assisted death or dying’ was an umbrella term used to convey what would become known as ‘clinical-administered’ and ‘self-administered medical assistance in dying.’ I write “become known as” because the *Carter vs. Canada* ruling used the terms ‘consensual physician-assisted death’ and ‘physician-assisted suicide’ to index these same practices, but the plaintiff used the umbrella term ‘physician-assisted death’ throughout the trial.

This usage by the plaintiff is significant from a Foucauldian *Archaeology* perspective concerning what is sayable. The plaintiff was not asking for an illegal, stigmatizing, irrational ‘assisted suicide’ “rife with negative implications” (Picard 2012). She was asking for a legal, rational ‘assisted death’. By not using the word ‘suicide’ to index this request, the plaintiff was effectively censoring the word, putting it out of circulation, and making new utterances valid in the social memory — words that frame the practice with a new social consciousness: Assisted death or dying.

The addition of the word ‘medical’ to the practice of assisted death in Canada also arose from *Carter vs. Canada*. As noted above, the plaintiff in *Carter* sought a “physician-assisted death,” but then suggested “a person acting under the general supervision of a medical practitioner” (Nicol 2015; Supreme Court of Canada 2015) could also assist with the procedure, such as nurse practitioners. The *Carter* trial judge deemed that a process labelled ‘physician-assisted death,’ must be assessed and provided by actual physicians so rejected the plaintiff’s definition of the term.

‘Medical assistance in dying’ was the term coined to reference the multi-disciplinary teams of healthcare providers who participate in the practice. The term made one appearance in the *Carter vs. Canada* judgment, in section 130, and has since been widely appropriated as the official term for the practice in Canada, by advocates and objectors alike. Further, this term is increasingly being used by the acronym ‘MAiD’ in official government literature, by advocacy groups, academics and the press. That said, not all objectors approve of this discourse (Brehl 2016). Writers such as Brehl claim the term and the acronym MAiD are vague euphemisms, masking the practice of ‘killing’ with words describing other acts (Brehl 2016).

What Brehl fails to appreciate is that the use of new language to discuss this once-stigmatizing practice is done for precisely the reasons he points out: to change the social consciousness of the practice by using new words and frames to index it. By using utterances not haunted by the memory of other people in other times, those with the power to do so can appropriate, reactivate and transform the meaning of words for local use. The mass media then reflect and refract these newly aligned utterances in a manner deemed palatable for social consumption. As noted before, the media will not publish stories concerning matters for which there is no local appetite. That the news continues to publish stories and use the terms ‘medical assistance in dying’ and ‘MAiD,’ suggests the Canadian social consciousness is accepting of these terms.

As discussed in the Literature Review section of this thesis, the *Carter* case also introduced to the Canadian social consciousness the terms ‘grievous and irremediable’ and ‘intolerable suffering,’ and contributed directly to the formation of the term ‘reasonably foreseeable.’ The media have appropriated all of these terms for

conservation, circulation and general education of the public as a form of assisted death talk. The use of assisted death talk in the Canadian press serves two purposes: 1) to normalize, rationalize and realign the frame of the illegal, stigmatized ‘assisted suicide’ of the 1990s with the new legal version; 2) to perform a public service in educating the public on the requisite assisted death talk or discourse (procedural and linguistic) required to request and be approved for a medically assisted death in Canada.

Assisted Death Talk – Discourse as Procedural Rules

Regarding the procedural process and the use of specific utterances to request and be approved for a MAiD procedure, while the Canadian government has defined the administrative process to be followed, Norwood notes that there are also “informal rules” (50) implicit to assisted death talk. To be successful with an assisted death request in the Netherlands one must follow these informal rules. Norwood (2009) writes that in the Netherlands, these rules include: 1) Not being demanding or rude when making a request; 2) Including one’s family in the request process; 3) Not exhibiting outwards signs of clinical depression, and 4) Not presenting with an ineligible medical condition such as old age or fibromyalgia (51).

In Canada, these informal rules are in the process of being defined. Interviews with MAiD assessors and providers would be required to confirm them (and would make another area where additional investigation is warranted), but evidence of what they might be can be gleaned from news articles. Specific utterances, for example, which are prominent in the personal narratives in the news media, play a significant role in successful MAiD requests. These include suggesting:

One does not want to die, and would not ask if they were healthy, but can go on no further due to suffering:

“In a perfect world, I'd get better. But in real life, there's a chance that my progress will continue to be as poor as it has been in the past three years.” (Leung 2016)

"He didn't want to die. But he didn't want to live with Huntington's more." (CBC Radio 2018b)

One’s intolerable or unbearable suffering is physical, not just ontological (and not merely depression) and medical treatments do not work:

“I've done everything that there is to do. I've tried eight or nine medications, I've done traditional Freudian psychotherapy, cognitive behavioural therapy, exposure-response prevention therapy, acceptance and commitment therapy.” (Leung 2016)

Death is reasonably foreseeable:

“When he was diagnosed with inoperable liver cancer last summer he knew what he wanted to do.” (CBC Radio 2018b)

“He passed out repeatedly; his daughter found him unconscious in the bathroom on the day of his 95th birthday. His heart was faltering. In the meantime, Mrs. Brickenden broke her hip in two places, and Mr. Brickenden was also in and out of the hospital with infections and a life-threatening bout of the flu.” (Grant 2018b)

Notions of control, dignity and loss:

“Parker will die on Nov. 1, at home in Halifax, holding her mother's hand — exactly the way she wants, albeit a little earlier than she would like.” (2018e)

“His cancer had spread to his brain, and he was starting to fall down and lose the ability to use the bathroom on his own. He had always been proud of being a source of strength to his family and couldn't bear what he felt was the loss of his dignity.” (Ireland 2017b)

“Existing rather than living is what I’m doing now and that’s what I don’t want to do.” (Egan 2017b)

In addition to the discursive rules of engagement, the mass media also provides a public service by providing details of the procedural requirements for MAiD, using the language of the legislation, reactivating, conserving and making valid the discourse in the collective memory. Excluding the *CBC.ca*, which provided more discursive education than procedural, during this final period, the three most popular catchphrases were

'reasonably foreseeable,' 'grievous and irremediable,' and 'intolerable suffering.' From a framing perspective, these repetitions, as with the MAiD discourse, serve to transform the 1990s and 2000s practice by clearing up any ambiguity concerning what terms are valid and sayable. These repetitions also serve to amplify the new framing as a now legal medical procedure. While the practice will not be rational or normal for all Canadians, the reality of the practice's legality requires it to be framed as a practice that is in the process of becoming rational and normal for many Canadians.

Personal Narratives

While citizenship in a liberal democracy permits conscientious objection at an individual and organizational level, social change at a more significant level still remains inevitable. The traditionally static modes of dying in Canada, and the sociability surrounding death are being transformed through legalized MAiD. The legality of MAiD in Canada is creating new rituals, and cultural scripts for death, mainly as eligible people can now choose the time and place of their death (Grant 2018a; Seale 1998). The new rituals and scripts for MAiD in Canada are still in the early days of development, and my purpose with this thesis is not to detail them, but rather to point out how the mass media is participating in the larger socialization project of the practice.

In the 1990s the Canadian media could call upon the personal stories of Sue Rodriguez and Erwin Krickhahn when writing compelling articles concerning MAiD. In the 2000s, there were a few more messengers, mostly in the form of medically assisted death advocates but these stories were often devoid of personal details and anecdotes. By 2018, over 2,000 people had used the newly legal service in Canada, and many of them were willing to share with the press the personal stories and details of their lives (Health

Canada 2018). Others applied for the service and were deemed ineligible, or were hampered in their attempt to apply for the service. The mass media was interested in all these people and their stories of suffering, loss and their rationalizations for desiring a medically assisted death. I have labelled these stories *personal narratives* for coding purposes and identified twenty-three in the mainstream articles sampled, and fifteen more in the *CBC.ca* articles.

As noted previously, journalists are trained to be effective communicators, adept at writing stories which are compelling, broadly appealing, and constructed to inspire deliberative thinking and drive intersubjectivity (Fernandes 2017; Jackson 2002; Karsoho, Wright, et al. 2016; Shoemaker 1996; Somerville 2014; Birenbaum-Carmeli, Banerjee, and Taylor 2006). Stories can be made even more personal and intersubjective when the actors of the story are part of the telling. Normative rationalizations can be made more normal and more rational when the people and families involved in the practice are telling their own story. Stories accompanied by multimodal depictions of the participants are also efficient at swaying social consciousness and providing normative rationalizations (Bezemer and Kress 2008; Iyengar 1994; Kress 2010; McCombs et al. 2011; Shoemaker 1996). With a rare exception, the *personal narratives* encountered in this period of investigation follow a similar construction, or co-construction between journalists and families evidenced by the participation of MAiD patients and families in these stories. This construction can be summarized through seven characteristics: 1) The articles are generally published after the MAiD procedure of the primary messenger; 2) They are accompanied by a combination of personal and professional images, depicting the ill person at various stages of age, wellness and illness; 3) They give voice to the aged

and the infirm, ill people whose voices are otherwise not amplified or permitted to speak over those in positions of power (Foucault 1972; Kalwinsky 1998). These people are given a platform to share their stories and their rationale for choosing to have a medically assisted death. The sharing of their rational justifications may also be of ontological value to the ill people because “in making and telling stories we rework reality in order to make it bearable.” (Jackson 2002, 16); 4) They seldom depict family objection, or when they do the conscientious objector does not participate in the article. Birenbaum (2006) labels this the “frame of consensual affirmation” (2159) and notes it occurs where the media emphasize support for MAiD but give little space to objecting voice; 5) The articles, those from the *CBC.ca* in particular, often engage in Snow et al.’s (1986) frame extension by broadening the social consciousness of who is eligible and ineligible through the telling of stories of people with a variety of illnesses (e.g., mental health issues, mature minors, advance directives, residents of religious healthcare institutions), and through the inclusion of *personal narratives* of people who rationally justify the practice on frames that have not been well socialized to-date, such as *organ donation*; 6) They depict assisted death talk within families as normal and rational (coded for in my research as *liberating death*), and as an essential part of achieving a good death on one’s own terms; and 7) The articles rationally normalize the request for MAiD as a form of *self-care* or *final gift*.

Assisted Death Talk - Social and Ontological

The second form of Norwood’s (2009) euthanasia talk which also appears in Canada is the phenomenon whereby ill people at the end of their life, as portrayed by the media, are socially reawakened merely through discussing death as caregivers, family

and friends rally around the patient. In other jurisdictions, ‘liberating death’ is the term used to discuss how the approval for a medically assisted death procedure may have a significant ontological impact on individuals who are experiencing anxiety over their trajectory towards death (Atwood-Gailey 1999; Burlone and Richmond 2018; Glaser and Strauss 1968). This term also refers to the phenomenon of being able to openly and honestly discuss death, a taboo subject in the Euro-colonial context since the Victorian era (Ariès 1981; Warraich 2018). For this research, the term *liberating death* was used to code sampled articles for instances of either discussing death frankly or the ontological variant.

For many incurably ill Canadians, the known progression to natural death usually includes a decreased quality of life, an increase in pain, loss in a variety of forms and often, social death. While modern medicine and palliative care may meet the physical and ontological needs for many ill people, it does not meet the all the needs of all ill people (Martin 2016; Proudfoot 2017). It is for these people, those who need more relief and are deemed eligible, that medically assisted death was legalized in Canada as an end-of-life option.

For these individuals, those who request a medically assisted death, per Norwood (2009), the mere initiation of the process can have social and ontological benefits: Socially, as the ill person can re-engage with family, caregivers and physicians merely through discussing their plans. Norwood (2009) writes, “dying is hard” (177), but sharing the burden of it through euthanasia talk can make it more manageable and provide people with the sense they are not going through the situation alone. While there is no requirement in the Canadian legislation that families be consulted concerning medically

assisted death requests (as is the case in the Netherlands), there is much evidence in the mass media to suggest families and friends rally around people navigating MAiD. This increased sociability, or “social embeddedness” per Menzfeld (2017, 10), often manifests through stories of people not dying alone. A few examples of the social aspect of assisted death talk presented by the media sampled for this thesis include:

“Darch told his three brothers that he didn't want them at his bedside for fear of becoming overly emotional. Instead, he made individual appointments with each of them for an hour to say goodbye.” (Duffy 2018)

“A family reunion was taking shape in anticipation of the Brickendens ‘flying away.’” (Grant 2018a)

“During the final 10 days, the couple had a house full of family and friends.” (Paetkau 2018b)

“Jo's last morning was spent educating and comforting staff, participating in activities with her family and private moments with each one, her favourite meal and a minute each with a long line of staff.” (Egan 2017a)

“He wanted these deep human connections... he was able to really connect with every person who came to say goodbye in the last month.” (CBC Radio 2018c)

These samples also align with Birenbaum’s (2006) ‘frame of consensual affirmation’ as they demonstrate the media’s inclination to disclose generally supportive arguments and voices while implying an emotionally rich social process. These media presentations of the sociability of medically assisted death also serve to rationalize the practice as something other than suicide. Unlike suicide and many natural deaths, MAiD deaths are marked by a sociability that set this mode of dying apart from others. These stories serve to transform the frame of death from a stigmatized solo to a normalized group activity.

Ontological benefits are presented by the media as being experienced for many ill patients merely through the process of initiating a MAiD request. The exercising of the

legal and constitutional right to control one's life and one's death, to control one's failing body, leads to a sense of relief for many. Norwood (2009) notes that in the Netherlands, even people who are deemed ineligible for the service at their initial request relax knowing that in the future they have initiated and can restart the process. The phenomenon of knowing they are eligible, approved for, or have the option for medically assisted death liberates ill people to live fully in the present rather than in dread of an unpredictable future (Atwood-Gailey 1999; Bradley 2018; Gandsman 2018; Gulli 2016; Ireland 2017a; Ore 2018; Paetkau 2018a; Porter 2017; Warraich 2018). Along this line, Catherine Porter for the *New York Times* wrote in an article concerning a Canadian man and his medically assisted death, "Just being approved for a medical death can be therapeutic. For some, the knowledge that they can control their exit translates into more peaceful final days" (2017).

The mass media articles sampled for this thesis includes many similarly constructed references, which serve to rationalize the practice through ontological aspects that present through subframes of *control* and *dignity*.

"She emerged from her doctor's office on June 18, 2016 looking like she'd just won a prize." (CBC Radio 2018a)

"The ability to do this enables people to end their life before they're desperate. That to me is amazing,' she said. 'Since my decision, I've had a degree of calmness I find surprising.'" (Stone 2017)

"It was like the weight of the world had been lifted off his shoulders. It gave him a sense of control, a sense of well-being." (Pitt 2018)

"One of the few remaining dignities at the end of life is some degree of control." (Egan 2017a)

"I realized it was that terrible for him, that he was absolutely so relieved to think that somebody would end his pain." (Proudfoot 2017)

Control is demonstrated through these quotes as they aspire to transform the 1990s frame of medicalized death where powerful, knowledgeable physicians make end-of-life-decisions on behalf of their passive, socially dead, unknowledgeable patients (Glaser and Strauss 1965; Kaufman 2006; Kübler-Ross 2011). To be able to make a competent request for medically assisted death, patients must have an awareness of both their health outcomes and trajectories, as well as knowledge of the procedural discourse of MAiD. The taking back of the reins for end-of-life decisions demonstrates a power, sociability and knowledge not generally associated with very ill people, demonstrated in the unapologetic, happy, burden-lifted quotes, above.

This notion of *control* and the ontological manifests in, amongst other ways, a discourse or framing popular in the media of ‘*choosing the time and place*’ of one’s death. This catchphrase was popular in all three periods of investigation for this thesis, and the *CBC.ca*, in particular, is fond of it, with the term or a close approximation appearing in almost 25% of their articles in 2018. My research suggests the *time and place* discourse was popular with Sue Rodriguez and might be an effective influencer of social consciousness in a liberal democracy where notions of *control* and agency are central ideological elements. The *Rodriguez vs. British Columbia* (Supreme Court of Canada 1993) ruling included the following passage in its opening pages:

She does not wish to die so long as she still has the capacity to enjoy life. However, by the time she no longer is able to enjoy life, she will be physically unable to terminate her life without assistance. Ms. Rodriguez seeks an order which will allow a qualified medical practitioner to set up technological means by which she might, by her own hand, at the time of her choosing, end her life. (Supreme Court of Canada 1993, 520)

In three sentences this quotation sums up Rodriguez’s ultimately failing argument for legalized assisted death. It articulates that her request is not one for suicide in the

Durkheimian (1897) sense, but rather a response to an illness which leaves her with two options: 1) To prematurely end her life while she still has both the capacity to enjoy and take her own life, or 2) to proceed to a point where she can no longer enjoy or take her own life, at which point she becomes locked in her body, utterly dependent on others for all sociability and care. The right to choose the time (and place), to control her imminent exitus or biological death before her social death was the goal of Sue Rodriguez.

Ultimately the framing of *control* through a discourse of ‘choosing the time and place of one’s death’ is an articulation of a desire for *self-care*, both physical and ontological, and in some cases a *final gift* for loved ones, concepts which will be explored in the next section.

Before moving on, I want to highlight a distinction between the subframing of *rights* vs. *control*, which is an important distinction, as they influence social consciousness in different manners. According to Burlone and Richmond’s (2018) frame analysis, just because something is legal does not make it moral or rational. Their analysis did not account for a strictly *rights* based stand-alone argument, but bound it with notions of *humanity*, *dignity*, *autonomy* and *compassion*. Burlone and Richmond’s notion of autonomy aligns with my subframe of *control*, and as such bears an affect-like quality that is bound with human feelings and emotions. While *rights* are pragmatic and bound with legality and frames we consider, *control* is bound with morality and affect, frames we feel. Rights-based arguments sway the mind. A control-based argument sways the heart.

The media, and the *CBC.ca* in particular, when reporting of those fighting to broaden the current eligibility for medically assisted death frequently employ the *control*

frame and the *choosing the time and place* discourse to argue their cases. In late 2018, the *CBC.ca* published a story of a Nova Scotia woman, Audrey Parker, who was arguing that one of the current safeguards in place, the requirement for mental competence at the time of a medically assisted death, was “unfair and extreme” (2018e). Parker, suffering from bone and brain cancer was disappointed that despite being approved for MAiD, she was required to have the procedure sooner than she would have ideally liked, as her mental capacity will likely be impacted by her cancer, rendering her ineligible for her procedure at the ‘time of her choosing’. Parker was ultimately advocating for the addition of the emerging theme of *advance directives* to the current legislation, whereby qualifying ill people can give consent for MAiD before the decline of mental capacity. Parker’s case highlights the value of both time and place to the *control* frame as it relates to the notions of the ontological and *self-care*. The *CBC.ca* concluded this article about Parker noting she died at home, holding her mother’s hand as she wished, but had to do so earlier than she had hoped.

Parker’s anecdote is included here because it expands upon and tests a few elements from the passage from the Rodriguez ruling cited above, while also serving to extend and realign the current frame, social consciousness and normative rationalizations of MAiD in Canada: 1) Parker chose to die by MAiD while she still had “the capacity to enjoy life”, a decision she felt she had to make lest her mental capacity declined before the time of her choosing. 2) Rodriguez's request did not specify place as a requirement for MAiD; her wish was to die at the time of her choosing. The 2015 *Carter vs. Canada* ruling also did not include the concept of place as a consideration for MAiD. The discourse of ‘choosing the time and place for one’s death’, according to the articles

sampled for this research is a post-*Carter vs. Canada* phenomenon, appearing for the first time in a June 2017 article (see *The Globe and Mail* 2017), then in subsequent personal narratives (see Duffy 2018; Grant 2018a). 3) Parker, while able to choose the place of her death, was not able to fully control the time, which for her would ideally have coincided with the loss of mental capacity but with a pre-approved MAiD having already been arranged.

Parker was providing a normative rationalization for the legalization of *advance directives*, a concept that likely was not on Rodriguez's radar, a decline of mental capacity not being a symptom for people living with ALS. The appearance of this article suggests the Canadian press is continuing to reflect and refract social consciousness towards the future as concerns medically assisted death. This article also highlights how the MAiD debate is becoming increasingly nuanced since the practice was legalized, and how continued effort is required to maintain and advance the practice.

As an aside, the articles sampled for this research do not attribute the *time and place* discourse or *control* framing to Erwin Krickhahn, whom I have already argued was not as compelling or effective a messenger for legalized medically assisted death. Krickhahn employed a *rights*-based argument, which may have won over people's minds had his campaign not become a media circus, but it lacked the moral affect of Rodriguez's fight. Perhaps had Krickhahn used a *control* frame as opposed to an *economic* one, his message would have provided a more compelling and legitimate normative rationalization?

Concluding this section, the discourse of choosing the time for one's death (but not place) was used by the successful appellant in *Carter vs. Canada* but was not

included in the official judgement. While the *control* frame may have affected the *Carter* ruling itself, it was not explicitly called out in the judgement, which assumed a legal, rational tone. The presence of the ‘choosing the time and place’ discourse in the media is another example of the social consciousness of the practice being refracted towards future possibilities, normative practices and cultural scripts, which permit qualifying ill people to *control* and choose the time *and* place of their death.

Self-Care and Final Gift

The *control* rationalization of medically assisted death, as suggested above, relates closely with both the subframes of *self-care* and *final gift*. According to my research, advocates and users of MAiD in Canada, to rationalize their positions on assisted death, are increasingly using both these subframes. The media, in reflecting and refracting the social consciousness of the nation, is also co-constructing personal narratives of people impacted by MAiD which heavily position *self-care* in the Foucauldian (1978, 1988, 1997) sense, and unburdening *final gifts* per Gandsman (2017), as normative rationalizations for the practice. While the original media sources sampled for this research (*The Globe and Mail*, *Maclean's* and *The Ottawa Citizen*) assumed a more procedural and linguistic discourse educator role following the legalization of MAiD in Canada, when these sources did publish dedicated personal narratives concerning MAiD patients, they were con-constructed towards frames of *self-care* and *final gift*. These affect-rich, normative rationalization, subjectivity-inducing frames were also used heavily by the *CBC.ca* in 2018.

Self Care

The *self-care* framing of medically assisted death bears a temporal quality that could not be better attuned to the current social consciousness in Canada. As I write this paragraph, in early 2019, the notion of *self-care* in the Foucauldian (1978) sense, whereby individuals privately attend to themselves and their happiness despite the presence of tremendous supervision and regulation, is prominent in the mainstream media, becoming something of a catchphrase in 2018. A search of *Canadian Newsstream* limited to newspapers only reveals over 1,500 articles referencing ‘self-care’ were published between 2015 and 2018, with over half of these instances occurring in 2018. This distribution suggests Canadians are currently attuned to the notion of *self-care* and subsequently, that the use of the term by advocates and the media alike is a frame extension per Snow et al. (1986). Extending the familiar frame of *self-care* promoted by the current mass media, a frame that stresses “self-awareness” and “health literacy” and the “optimal use of products and services” (Consumer Health Products Canada 2019) in its definition to include medically assisted death for those Canadians with a grievous and irremediable condition, for whom natural death is reasonably foreseeable, is not that great an ideological leap.

In the articles sampled for this article, those coded as *personal narratives* were likely also to be coded with the *self-care* or *final gift* labels. It is through these co-constructed stories of navigating MAiD that the notion of *self-care* and the subjectivity it affects most strongly comes through to readers in a way fact-based news reports cannot. These stories are also effective transmitters of the normative reasons that rationally justify and explain an individual’s decision to pursue MAiD, and the reasons for the consensual affirmation of their family and friends (Millar 2004). As the following quotes

will demonstrate, the normative rationalizations provided by the media and advocates of the practice for opting for MAiD are rooted in notions of *dignity*, *control* and *suffering*. Put another way, those who opt for MAiD are attempting to re-write the current Canadian cultural script of death by avoiding modern, medicalized bad death - a death where one dies connected to pumps and tubes in a hospital, or in palliative care, already having suffered social death, in a semi-conscious state.

"That made her even more adamant in her belief that she did not want to go like that,' Hill told Metro Morning. 'She told us regularly...she wanted to die with dignity — quickly, painlessly and in control of things when her time came.'" (CBC News 2018)

"I don't want to be a vegetable that has to be bathed and fed... I would hate for you to have to come and say hello to me and I wouldn't even know who you were." (CBC Radio 2018d)

"They agreed long before John got sick that neither one of them ever wanted to be a vegetable." (CBC Radio 2018b)

"From the time he was 16, Tim Regan knew he didn't want to suffer a long, drawn out death." (CBC Radio 2018c)

Fundamentally, these stories and anecdotes of *self-care* (with elements of *final gift* as well) are advocating for the re-writing of the local cultural script for death to include *control*, *dignity* and "one being the doctor of oneself" (Foucault 1988, 31) through the framing of assisted death as a rational practice which is in the process of becoming normalized as a new mode of death in Canada. These stories also suggest *self-care* through MAiD decisions are not arrived at lightly; they are reached after performing a health literacy-backed calculus (borrowing Foucault's (1978) "explicit calculations" aspect of bio-power (140-143)) factoring one's treatment outcomes, life expectancy, loss, and impacts to social and kin networks. Lastly, these quotations suggest that notions of

what is sayable in the Foucauldian (1991) sense, and by whom, have changed in the post-legalized MAiD Canadian social consciousness.

No longer are the powerful voices of doctors and lawyers, speaking on behalf of the ill with a scripted, impersonal and jargon-laden discourse, the only voices heard. The legalization of medical assistance in dying in Canada has reactivated the authentic voice of the ill and their families, making them hearable and eligible for dissemination to and archiving in the public memory through the mass media. As an example, no credible, ethical physician would describe a patient as a ‘vegetable,’ but the legalization of MAiD has made the use of this term by the ill sayable and effective and affective for rationally justifying MAiD as a form of *self-care* for the general public.

Lastly, the framing of MAiD as *self-care* has provided the ill with not only the opportunity and privilege of attending to oneself at the end of life but also with the ability to talk openly and honestly about the act of ending one’s life. Speaking of ending one’s life is now sayable, or is becoming so, in the context of legalized medically assisted death. That said, this research suggests that terms such as ‘murder,’ ‘kill,’ ‘suicide,’ and ‘euthanasia’ are used less and less in the contemporary period. Terms such as ‘medical assistance in dying,’ ‘medically assisted death’ and ‘assisted death or dying’ are now the most frequently used terms for the practice, but euphemisms for medically assisted death, as noted at the outset of this paper, remain in use. Phrases such as “flying away,” (Grant 2018a) “going out,” (CBC Radio 2018c) “good death,” (Duffy 2018) and the euphemism ‘MAiD’ are often used to describe the practice of medically assisted death in Canada by physicians, advocates and patients alike, suggesting some lingering stigma, perceived or real, of the practice in Canada for some. At the conference I attended in May 2018,

almost exclusively conference planners, attendees, presenters and physicians alike used the acronym MAiD (pronounced ‘made’) in place of any other term for the practice.

A discursive transformation is currently underway in Canada whereby ill people on a trajectory towards death planning for the practice can discuss medically assisted death with a reduced risk of such talk being associated with mental illness or the stigma of suicide. This transformation of the social consciousness will never be applied to all Canadians, as objectors will always remain, but MAiD and the discourse supporting it in Canada is in a state of transformation and becoming. Discussions of planning for MAiD with a *self-care* frame as co-constructed in the media rationally justify the practice, and are an attempt by the media and advocates of MAiD to normalize such talk and the practice.

Final Gift

Gandsman’s (2017) *final gift*, at first glance, flies somewhat counter to Foucault’s *self-care*, as the ‘act of care’ associated with the gift is for the benefit of others, not oneself. Gandsman writes that the discourse of autonomy and self-determination that frequently serve as rational justifications for MAiD (which, incidentally, are also central to Foucault’s *self-care* notion), are fictions masking an underlying unburdening exercise. Medically assisted death, per the *final gift* theory, is a selfless act intended to benefit networks of care, families and, in Canada’s socialized health care system, the public coffer, by being unburdened of the care of a ill person on a trajectory towards death.

After much time spent investigating and considering the notions of both Foucault and Gandsman, it is my conclusion that *final gift* may be a two-pronged notion, which Gandsman hints at, but does not explicitly call out. Both prongs prevent ill people from

reaching a stage where they die naturally 'that way,' a catchphrase commonly used in the Canadian press to describe those who endure a bad, medicalized death, connected to pumps and tubes per Aries (1981), but the beneficiaries of the prongs are different. Both prongs may be more closely related to Foucault's *self-care* than previously thought, as discussed below.

The first prong, which I will call *final gift for the self* refers to "a performance of dignity for others" (Gandsman 2017, 17). Through this prong, MAiD preserves the self and personhood of the ill person by ending their life before both social death and the dignity-eroding 'death rattle' associated with late-stage illness which is inevitably on a trajectory towards death (Gawande 2010, 2014a; Gandsman 2017; Kaufman 2006). This prong benefits the self and personhood of the qualifying ill person in their and the minds of others.

The second prong, which I will call *final gift for others*, which Gandsman mentions, but does not explicitly distinguish from the first prong, is a more altruistic *final gift* in the Durkheimian sense. This prong intends to protect others from the trauma of having to watch someone die a prolonged, bad death. This prong, while inadvertently preserving the personhood of the deceased, differs from the first in that it is not intended to preserve the self explicitly. This prong benefits the ill by fulfilling a *self-care* wish to hasten death before a social or bad death, while also preserving their self and personhood, but is anchored in a desire to not put loved ones through the trauma of witnessing and attending to a bad death.

Final gift for the self resonates of *self-care* in the Foucauldian vein of attending to oneself and through the private and individual "right-to-die" (1997, 130) associated with

the latter. The right and privilege to attend to oneself in this manner were afforded to eligible ill Canadians through *Carter vs. Canada*. *Final gift for the self* requires attending to and becoming the “doctor of oneself” (1988, 31) in the pursuit of death before one loses the capacity to be happy, pure and wise (Foucault's attribute of ‘perfect’ being long ago stripped by illness). These elements are all attributes of Foucault’s *self-care* in *Technologies of the Self* (1988).

Final gift for others can also be embedded with Foucault’s *self-care* in the form of the self-awareness to realize that one has arrived at the “complete achievement of life” (1988, 31) and that one has no unfinished business. Similarly, and this is a sentiment that is revealed in the quotations below, that to carry on could impact the ability of loved ones to attend to themselves. That is, the capacity of family and caregivers to attend to their *self-care* is restricted to attending to the needs of one who is on a trajectory towards death. Foucault (1997) notes that people need the help of others to fully attend to themselves, “even to the end of one’s life” (98). The qualifying ill need the help of MAiD assessors and providers and often the support of their families to attend to their *self-care* via medically assisted death. *Final gift for others* amounts to a complicated ‘help me help you’ social relationship similar to a closed loop where through helping an ill person attend to their *self-care* with MAiD, families and caregivers are also helping the ill person attend to them in turn.

Both the above prongs of *final gift* are reflected in the form of *self-care* being promoted in the modern press and on websites such as selfcare.ca (2019c). These sources advocate for forms of *self-care*, as noted above, which include self-awareness, health literacy and the “optimal use of products and services” of which medicare dollars and

caregiving are two examples. Evidence of these attributes appears in the following quotes from sources sampled for this research, which support my argument that one way the media is attempting to normalize and rationalize medically assisted death is by framing the emergent practice as a form of *final gift*.

“Huntington's was ravaging John's mind and body and all he wanted was to die with grace, without becoming a burden to those he loved.” (CBC Radio 2018b)

“I'd be suffocating. I'd be frantic, I'd be trying to breathe. I would be resistant, I'd possibly be tied down,' she said. ‘My family would have to witness it. Imagine witnessing somebody being drowned in a pool.’ And so, Ms. Campbell wanted to die.” (Stone 2017)

“The thought of being around yelling and shouting; I don't think I would want my children to see me in that situation.” (Egan 2017b)

“Regan saw his father-in-law ‘force-fed’ and put into ‘active care’ on the last day of his life, undergoing a major operation. ‘I believe they spent a million dollars on the last day.’ So when he was diagnosed with inoperable liver cancer last summer he knew what he wanted to do.” (CBC Radio 2018c)

Much as with the *self-care* quotes and stories, these for *final gift* frame a person's decision to opt for MAiD in familiar terms of *control*, *dignity* and as an approach to avoid the prolonged suffering associated with the medicalized, ‘bad death’ cultural script familiar in Canada. The *final gift* frame also includes notions of a health literacy-backed process, which serves to rationalize MAiD as a decision that is calculated and motivated by the desire for a good death. The motivating reason for those seeking a medically assisted death rationally justified with the *final gift* frame is a good death for oneself and those around them. The inclusion of the needs of others as a rational normalization is the aspect that sets the *final gift* frame apart from *self-care*. As with *self-care*, the frame alignment for *final gift for the self* consists of an extension of those already familiar in the national social consciousness: *Self-care* as it is popularly known in the contemporary

news media with its pillars of self-awareness and health literacy, as well as familiar frames of *dignity*, *suffering* and *control*. The *final gift for others* extends those of altruism, family values, and optimal resource management for the next generation--frames already familiar to Canadians.

Concerning what is sayable within the *final gift* frame; as with *self-care*, open and honest discussion of death and dying is permitted, sometimes with the use of euphemism, but more often than not the terms death and dying are used to refer to the practice. A *final gift for others* frame permits a discourse of altruism whereby family and caregivers are spared the horror and trauma of witnessing a bad death.

Further, as the last quote (above) supports, the use of an *economic* frame is sayable as a rational justification for those who are on a trajectory towards death, a framing physicians cannot use in Canada's socialized healthcare system. That said, an *economic* framing is seldom used, and when it is, I am not sure how useful it is as a normalizing rationalization. While an *economic* frame may serve as a matter-of-fact rational justification, pragmatics do not fuel the personal understanding and intersubjectivity required to trigger a normalizing rationalization (Millar 2004). Canada's socialized healthcare system renders the financial burden and subsequent intersubjectivity associated with exorbitant healthcare costs, such as those often encountered in the United States, unfamiliar to the average Canadian.

Returning to Burlone and Richmond (2018), moral and rational frames are both required to transform social consciousness. Frames of *control*, *dignity* and *suffering*, already popular and dominant in the Canadian press are all moral frames. The frames of *liberating death* (*self-care* and *final gift for self*) and *economics* (*final gift for others*) are

both rational frames, and they occupy a fraction of the print space allotted to the other frames. When news articles included *economic* and *liberating death* frames, they inspire the deliberative thinking Miller (2004) argues is required to arrive at normative rationalization. Moral subframes of *control*, *dignity* and *suffering* make one feel, but do not drive social change. Rational subframes of *liberating death* and *economics*, even if they only occupy a small part of the discussion, inspire the deliberative thinking that transforms social consciousness.

The effectiveness of *final gift* frames as conductors of social consciousness is an area where further anthropological research is required. The coding applied to the data sampled for this project was done before the two prongs of the frame had been discerned. I argue that the use of the *final gift for others* frame is increasingly used as a rational justification for MAiD in Canada, and the impacts of the ‘help me help you’ dynamic of this prong to social and familial networks need to be investigated. As well-intentioned as the *final gift for others* frame may be, it is likely a gift many loved ones do not want to be the recipients of.

The argument of this chapter is that the Canadian mass media in the 21st Century realigned its framing of MAiD from the 1990s to be less ambiguous in term of language used and more compelling for movement participation; a refinement which reflects and refracts an increasingly nuanced understanding of the practice in the nation’s social consciousness. The co-construction of compelling assisted death talk personal narratives in the media spurred movement participation in the medically assisted death debate by rationally justifying the process as *self-care* or *final gift*. Frames of *self-care* and *final gift*

broaden the framing for MAiD to included people and practices historically outside medically assisted death's scope, effectively re-writing the cultural script for death in Canada to include a legitimate new mode of dying.

Conclusion

The striking of the prohibition on medical professionals helping qualifying individuals hasten their deaths with medically assisted death in 2015, with *Carter vs. Canada*, was a sociocultural culmination resulting from twenty years of deliberative thinking. The initial 1993 Supreme Court challenge by Sue Rodriguez, requesting the legal right to be assisted by a physician in dying, put in motion an ongoing discourse concerning death in Canada, as this paper has evidenced. Rodriguez, and subsequent plaintiffs, argued that if able-bodied Canadians have the legal right to end their lives with suicide, then those qualifying individuals who lack the physical capacity to take their own lives should be able to solicit the help of a physician (without fear of reprisal) to help them. In 2016 *Bill C-14* lifted the prohibition on physicians and select other healthcare professionals hastening death in prescribed circumstances.

The normalizing justification for Rodriguez's request can trace its roots to the increasing medicalization of illness and death in Canada, a by-product of modern technology and socialized medicare, which result in people living longer, but not necessarily better lives. A by-product of the medicalization of illness in Canada was the prescribing of a cultural script for death that left people few options at the end of their lives: One could treat their illness until the bitter end, or opt to palliate when options were exhausted, often spending their final days connected to tubes and pumps in an increasingly dreaded bad death script. One could refuse treatment, food and/or water (VSED) and set themselves on a trajectory to death of unknown length and physical or ontological pain, even when palliated. Alternatively, one could commit suicide, an often violent, unsuccessful act, which would disorder mourning and leave survivors bearing a

stigma for which they were never the intended recipients. The legalization of MAiD changed this script.

The original premise of this thesis was that the 1990s media was unsupportive of MAiD and deliberately used stigmatizing language and associations to frame the practice as socially deviant; a frame that lingers in the social consciousness today haunting the practice in its current legal form. However, the thesis actually argues this original premise was not entirely correct. The framing of MAiD by the Canadian press has consistently been advocative of the practice, using notions of *rights*, *control*, *dignity*, *suffering* and the *slippery slope* to socialize the practice. The media did not misframe assisted death in the 1990s, but they voiced their support using language we now consider, with the benefit of hindsight, to be problematic, stigmatizing and burdened by the social consciousness of other practices. This combination of supportive frames and problematic language effectively sent mixed messages to Canadians concerning the fledgling practice of medically assisted death in the 1990s.

The Canadian mass media in the 1990s, when it began reporting matters of medically assisted death, did so in a discursive and knowledge schema vacuum, the practice of voluntary euthanasia and its sociability being nascent to most Canadians. This vacuum was exhibited in the language used, as well as the ambiguity and vagueness with which medically assisted death stories were reported, often likened to other forms of euthanasia, murder and suicide, many of which were occurring contemporaneously. It is this ambiguous use of language that I argue may have caused lingering issues concerning the sociability of MAiD in Canada.

As the nation's understanding of and acceptance for euthanasia in all its forms has grown more nuanced, so too has the discourse used to describe the practice become refined. The government has removed all stigmatizing language from its description of the two legal forms of medically assisted death. These discursive realignments have been adopted by the media, who have since the 2000s also been gradually broadening the sociability for the practice of MAiD in Canada through frame amplification and extension.

A series of poll results in the 2000s demonstrating that Canadians generally were accepting of medically assisted death in certain circumstances was an example the news media refracted back to Canadians as a form of frame amplification. The news media of the 2000s, and the current news media for that matter, are partial to constructing and publishing stories that compel movement participation and deliberative thinking concerning the national social consciousness. By amplifying and repeating the narrative that most Canadians were supportive of MAiD, the press compelled deliberative thinking of the practice in all who identify as Canadian. The courts of the 2000s also reflected this majority support for the practice of medically assisted death, by handing down lenient sentences to people accused of helping people hasten their deaths – stories the media was sure to repeat.

The media of the 2000s were refracting the social consciousness towards the eventual legalization of the practice ten years later. This was accomplished a few ways: Through the construction and publication of stories that not only conveyed their general support for MAiD, but also told of lenient sentences in Canadian courts for those involved with the practice; through stories of the safe and legal practice in other

jurisdictions, and through stories of *underground euthanasia* in Canada, these stories rationally justify MAiD as safe (when properly regulated), socially acceptable, and a viable alternative to a suicide that may implicate others, or a ‘bad’ medicalized death. The language used to describe medically assisted death in the 2000s was also beginning to reflect both the general support for, and a broadened understanding of the practice. The words ‘kill’ and ‘murder’ fell out of use, and ‘suicide’ was qualified as ‘assisted’, while ‘euthanasia’ remained a part of the official discourse for the practice and was still used by the press as well.

By 2016 to 2018, the final period of investigation for this thesis, the discourse for MAiD had been still further refined, officially by the government and by the media as well. The words ‘suicide’ and ‘euthanasia’ and their associated stigma were completely removed from the official canon, replaced by the terms ‘self-administered’ and ‘clinician-administered medical assistance in dying,’ utterances which bear none of the social consciousness of their predecessors, as new words convey new meanings. As well, during this time there was a shift in the nature of the news reporting concerning MAiD. Gone were the objective, fact-based news stories of the previous periods, and in their place were intersubjectivity, empathy and simulation-inducing personal narratives of ill people and their families detailing their navigations and rationalizations of medically assisted death. These stories appeal morally and rationally to readers and often engage a number of different subframes including *final gift* and *self-care*, broadening the debate to include people who otherwise may not have deliberated MAiD.

A final thought concerning the ability of language to index sociability: Elizabeth Wettlaufer, the Canadian nurse who in 2016 admitted to murdering eight patients with

what was technically involuntary active euthanasia, did not come up in a single keyword search I conducted as part of this research. I have no doubt, that similar to how Latimer's act was compared to Rodriguez's in the 1990s, the press of the past would have compared and contrasted Wettlaufer's case with one of medically assisted death. The press of the present, with its nuanced knowledge schema concerning euthanasia did not conflate Wettlaufer's act with MAiD, not even referring to it as 'euthanasia'. This discursive distancing was likely an attempt on the part of the media to not confuse the fledgling sociability of legal MAiD in its current form with the stigma of an illegal practice.

In conclusion, medical assistance in dying is in the midst of navigating the socially complex, and historically static landscape of dying in Canada, effectively rewriting the cultural script for death. Given the problematic origins of the practice and the words that indexed it in the 1990s, new words and a new social consciousness are required to index the legal practice of medically assisted death in the 21st Century. While the words themselves ('clinician-administered' or 'self-administered medical assistance in dying') were borrowed from the *Carter vs. Canada* legislation and made legitimate by the Canadian government, the social consciousness of these words is in the process of becoming normalized. The Canadian mass media is driving this normalization process with compelling personal narratives that depict and rationalize MAiD as an act of *self-care* or *final gift* that is the *right* of all qualifying Canadians.

Bibliography

- Abeysinghe, Sudeepa, and Kevin White. 2011. "The Avian Influenza Pandemic: Discourses of Risk, Contagion and Preparation in Australia." *Health, Risk & Society* 13 (4): 311–26.
- Albom, Mitch. 2007. *Tuesdays with Morrie*. Broadway Books.
- Alchin, Amanda Paige. 2017. "Medical Assistance in Dying (MAID) in Canada: Following Bill C-14 Through Parliament."
- Altheide, David L. 1987. "Ethnographic Content Analysis." *Qualitative Sociology* 10 (1): 65–77.
- 1997. "The News Media, the Problem Frame, and the Production of Fear." *The Sociological Quarterly* 38 (4): 647–68.
- Ariès, Philippe. 1981. *The Hour of Our Death*. Translated by Helen Weaver. Kindle. Vintage Books.
- 1985. *Images of Man and Death*. Translated by Janet Lloyd. Harvard University Press.
- Atwood-Gailey, Elizabeth. 1999. "Constructing a 'Good Death': News Media Framing of the Euthanasia Debate From 1975 to 1997."
- 2003. *Write to Death: News Framing of the Right to Die Conflict, From Quinlan's Coma to Kevorkian's Conviction*. Westport, Conn. : Praeger.
- Bauman, Richard, and Charles L Briggs. 2009. *Poetics and Performance as Critical Perspectives on Language and Social Life. The New Sociolinguistics Reader*. Vol. 16. London: Macmillan Education UK.
- Bezemer, Jeff, and Gunther Kress. 2008. "Writing in Multimodal Texts." *Written Communication* 25 (2): 166–95.
- Bindman, Stephen. 1993. "Rodriguez Loses Legal Fight to Die." *The Ottawa Citizen*, October 1.
- Birenbaum-Carmeli, Daphna, Albert Banerjee, and Steve Taylor. 2006. "All in the Family: Media Presentations of Family Assisted Suicide in Britain." *Social Science & Medicine* 63 (8): 2153–64.
- Blanchfield, Mike. 1993. "Euthanasia Could Be Used to Cut Costs, Doctor Warns." *The Ottawa Citizen*, November 7.
- Bloch, Maurice, and Jonathan Parry. 1982. *Death and the Regeneration of Life*. Cambridge University Press.
- Boas, Franz. 1917. "The Origin of Death." *The Journal of American Folklore* 30 (118). American Folklore Society: 486–91.
- Bradley, Susan. 2018. "Cape Breton Man Sets Time for Medically Assisted Death After Doctor Is Found." *Cbc.ca*. January 19.
<https://www.cbc.ca/news/canada/nova-scotia/cape-breton-man-death-medical-assistance-1.4494847>. (accessed September 9, 2018).
- Brandt, R B. 1975. "The Morality and Rationality of Suicide." In *A Handbook for the Study of Suicide*, edited by Seymour Perlin, 236. London: Oxford University Press, USA.
- Brehl, Robert. 2016. "Words Matter: Euphemisms and Assisted Suicide." *Catholicregister.org*. October 6.

- <https://www.catholicregister.org/opinion/columnists/item/23271-words-matter-euphemisms-and-assisted-suicide>.
- Brodie, Janine. 2002. "Citizenship and Solidarity: Reflections on the Canadian Way." *Citizenship Studies* 6 (4): 377–94.
- Bruera, Eduardo, and David Hui. 2010. "Integrating Supportive and Palliative Care in the Trajectory of Cancer: Establishing Goals and Models of Care." *Journal of Clinical Oncology* 28 (25): 4013–17.
- Burdette, Amy M, Terrence D Hill, and Benjamin E Moulton. 2005. "Religion and Attitudes Toward Physician-Assisted Suicide and Terminal Palliative Care." *Journal for the Scientific Study of Religion* 44 (1). Wiley: 79–93.
- Burlone, Nathalie, and Rebecca Grace Richmond. 2018. "Between Morality and Rationality: Framing End-of-Life Care Policy Through Narratives." *Policy Sciences* 51 (3). Springer US: 313–34.
- CAMAP. 2018. "MAiD 2018 Final Report_V01."
- Cassell, Joan. 2008. "... And a Time to Die: How American Hospitals Shape the End of Life, by Sharon R. Kaufman." *American Ethnologist* 35 (1): 1022–26.
- Cátedra, Maria. 2004. "Kinds of Death and the House." In *Death Mourning and Burial*, edited by Antonius C G M Robben, 77–90. Blackwell.
- CBC News. 2006. "No Jail Time for Woman Who Helped Son Commit Suicide." *Cbc.Ca*. January 27. <https://www.cbc.ca/news/canada/no-jail-time-for-woman-who-helped-son-commit-suicide-1.574076>. (accessed December 4, 2018).
- 2018. "Author Lawrence Hill Speaks Out About His Mother's Journey to Medically Assisted Death." *Cbc.Ca*. June 4. <https://www.cbc.ca/news/canada/toronto/author-lawrence-hill-speaks-out-about-his-mother-s-journey-to-medically-assisted-death-1.4691000>. (accessed September 9, 2018).
- CBC Radio. 2018a. "A Year After MAID, a Husband Talks About Being the Spouse Left Behind." *Cbc.Ca*. January 26. <https://www.cbc.ca/radio/whitecoat/a-year-after-maid-a-husband-talks-about-being-the-spouse-left-behind-1.4503481>. (accessed September 9, 2018).
- 2018b. "He Didn't Want to Die. but He Didn't Want to Live with Huntington'S More.'" *Cbc.Ca*. February 2. <https://www.cbc.ca/radio/outintheopen/freedom-ltd-1.4505386/he-didn-t-want-to-die-but-he-didn-t-want-to-live-with-huntington-s-more-1.4505650>. (accessed September 9, 2018).
- 2018c. "'Going Out with My Boots on': Tim Regan Used His Last Days to Lobby for a Clearer Path to Assisted Deat." *Cbc.Ca*. August 24. <https://www.cbc.ca/radio/whitecoat/going-out-with-my-boots-on-tim-regan-used-his-last-days-to-lobby-for-a-clearer-path-to-assisted-death-1.4493373>. (accessed September 9, 2018).
- 2018d. "Ontario Man with Dementia on Crusade to Plan His Own Death." *Cbc.Ca*. September 29. <https://www.cbc.ca/radio/thesundayedition/the-sunday-edition-september-30-2018-1.4841264/ontario-man-with-dementia-on-crusade-to-plan-his-own-death-1.4841267>. (accessed September 9, 2018).
- Chatelin, Ray. 1994. "CBC Stirs Euthanasia Debate with Rodriguez Documentary; Production Details Daily Struggle, Battle of Opinions." *The Ottawa Citizen*,

- February 21.
- Clarke, D M. 1999. "Autonomy, Rationality and the Wish to Die." *Journal of Medical Ethics* 25 (6). BMJ Publishing Group: 457–62.
- Consumer Health Products Canada. 2019. "Practice Self-Care - Self Care." *Selfcare.Ca.*. <http://selfcare.ca/practice-self-care/>. (accessed January 7, 2019)
- Corr, Charles A, and Donna M Corr. 2017. "Historical and Contemporary Perspective on Loss, Grief, and Mourning." In *Handbook of Thanatology*, edited by David Balk, 131–42.
- Davies, Douglas J. 2000. "Robert Hertz: the Social Triumph Over Death." *Mortality* 5 (1): 1–6.
- Dees, M K, M J Vernooij-Dassen, W J Dekkers, K C Vissers, and C van Weel. 2011. "Unbearable Suffering': a Qualitative Study on the Perspectives of Patients Who Request Assistance in Dying." *Journal of Medical Ethics* 37 (12): 727–34.
- 2010. "Unbearable Suffering of Patients with a Request for Euthanasia or Physician-Assisted Suicide: an Integrative Review." *Psycho-Oncology* 19 (4): 339–52.
- Dohrenwend, Bruce P. 1959. "Egoism, Altruism, Anomie, and Fatalism: a Conceptual Analysis of Durkheim's Types." *American Sociological Review* 24 (4): 466.
- Dowbiggin, Ian. 2003. *A Merciful End: the Euthanasia Movement in Modern America*.
- Downie, Jocelyn, and Justine Dembo. 2016. "Medical in Dying and Mental Illness Under the New Canadian Law." *Journal of Ethics in Mental Health*, 1–9.
- Ducharme, Martin. 2016. "Consultations on Physician-Assisted Dying."
- Duckett, Stephen, and Adrian Peetoom. 2013. *Canadian Medicare*. Montreal and Kingston: McGill-Queen's University Press.
- Duffy, Andrew. 2018. "The Good Death of Richard Darch; Ottawa Hairdresser and Artist Spent 30 Years Under the Dark Shadow of HIV/AIDS. When It Came to the End of His Life, He Wanted to Die on His Own Terms. and He Did, Writes Andrew Duffy." *The Ottawa Citizen*, May 12.
- Dufresne, Yannick, Sanjay Jeram, and Alexandre Pelletier. 2014. "The True North Strong and Free Healthcare? Nationalism and Attitudes Towards Private Healthcare Options in Canada." *Canadian Journal of Political Science* 47 (03): 569–95.
- Durkheim, Emile. 2014 [1893]. *The Division of Labour in Society*. Translated by W.D. Halls. Free Press. Toronto
- 2010 [1897]. *Suicide: a Study in Sociology*. Translated by John A Spaulding and George Simpson. Kindle. Free Press.
- Echlin, Jean, Ian Gentles, and Bjoern Arthurs. 2015. *It's Not That Simple: Euthanasia and Assisted Suicide Today*. Kindle. Toronto: The deVeber Institute for Bioethics and Social Research.
- Egan, Kelly. 2017a. "Control at the End of Life; When Caring Is Core Work, Assisted Death Is Difficult for Professionals." *The Ottawa Citizen*, August 26.
- 2017b. "I'M Ready": the Life and (Assisted) Death of Josephine Hopkins." *The Ottawa Citizen*, August 28. <http://ottawacitizen.com/feature/im-ready-the-life-and-assisted-death-of-josephine-hopkins>. (accessed October 4, 2017).
- Emanuel, Ezekiel J, Bregje D Onwuteaka-Philipsen, John W Urwin, and Joachim Cohen. 2016. "Attitudes and Practices of Euthanasia and Physician-Assisted

- Suicide in the United States, Canada, and Europe." *Jama* 316 (1): 79–12.
- Entman, Robert M. 1993. "Framing: Toward Clarification of a Fractured Paradigm." *Journal of Communication* 43 (4): 51–58.
- Farnsworth, Clyde H. 1994. "Woman Who Lost a Right-to-Die Case in Canada Commits Suicide." *The New York Times*, February 15.
- Fennell, Tom, Sharon Driedger, Luke Fisher, and Art Robinson. 1994. "What Would You Do?." *Maclean's* 107 (48). Toronto, Canada: 16–20.
- Fernandes, Ashley K. 2001. "Euthanasia, Assisted Suicide, and the Philosophical Anthropology of Karol Wojtyla." *Christian Bioethics: Non-Ecumenical Studies in Medical Morality* 7 (3): 379–402.
- Fernandes, Sujatha. 2017. *Curated Stories*. New York: Oxford University Press.
- Fine, Sean. 1993. "Reporters Asked to Watch as Dying Man Takes Life 'I Want to Prove That It's Not a Horrible Act, What I'm Doing,' Says Lou Gehrig's Victim Who Hoped for Assisted Suicide." *The Globe and Mail*, October 30.
- Fine, Sean, and Laura Stone. 2016a. "Second Ruling Challenges Right-to-Die Bill." *The Globe and Mail*, May 31.
- 2016b. "Woman Challenges Assisted-Dying Law." *The Globe and Mail*, June 28.
- Foucault, M. 1988. *Technologies of the Self: a Seminar with Michel Foucault*. Edited by Luther H Martin, Huck Gutman, and Patrick H Hutton. Amherst : University of Massachusetts Press.
- 1972. *The Archaeology of Knowledge*. Translated by A M Sheridan Smith. New York: Pantheon Books.
- 1978. *The History of Sexuality, Volume 1*. Translated by Robert Hurley. New York: Pantheon Books.
- 1991. *The Foucault Effect*. Edited by Graham Burchell, Colin Gordon, and Peter Miller. University of Chicago Press.
- 1995. *Discipline & Punish*. Translated by Alan Sheridan. New York: Vintage Books.
- 1997. *Ethics: Subjectivity and Truth, Volume 1*. Edited by Paul Rabinow, Translated by Robert Hurley. New York: The New Press.
- Gamliel, Eyal. 2013. "To End Life or Not to Prolong Life: the Effect of Message Framing on Attitudes Toward Euthanasia." *Journal of Health Psychology* 18 (5): 693–703.
- Gandsman, Ari. 2017. "The Paradox of Choice and the Illusion of Autonomy: the Construction of Ethical Subjects in Right to Die Activism." *Death Studies*, December, 1–19.
- 2018. "'Old Age Is Cruel': the Right to Die as an Ethics for Living." *The Australian Journal of Anthropology* 31 (6): 643–13.
- Gandsman, Ari, and Daniel Burnier. 2014. "'Can't You at Least Die with a Little Dignity?' the Right to Die Debates and Normative Dignity." *Bioethique Online*, August, 1–13.
- Garrod, J.Z. 2010. "Shared Destiney: Understanding the Relationship Between National Identity and Canadian Medicare." Edited by Karl Froschauer and Gary Teeple. Library and Archives Canada.
- Gawande, Atul. 2010. "Letting Go." *The New Yorker*. August 2.

- http://www.newyorker.com/reporting/2010/08/02/100802fa_fact_gawande?printable=true. (accessed August 2, 2017).
- 2014a. *Being Mortal*. Kindle. Doubleday Canada.
- 2014b. "What Doctors Don't Learn About Death and Dying." *Ideas.Ted.com*. October 31. <https://ideas.ted.com/death-and-the-missing-piece-of-medical-school/>. (accessed September 9, 2017).
- Gillespie, Alex, and Flora Cornish. 2014. "Sensitizing Questions: a Method to Facilitate Analyzing the Meaning of an Utterance." *Integrative Psychological and Behavioral Science* 48 (4): 435–52.
- Glaser, Barney G, and Anselm Leonard Strauss. 1965. *Awareness of Dying*. Chicago: Aldine Publishing Company.
- 1968. *Time for Dying*. Chicago: Aldine Publishing Company.
- Goffman, Erving. 1963. *Stigma*. Simon & Schuster.
- 1986. *Frame Analysis : an Essay on the Organization of Experience*. Boston : Northeastern University Press.
- Goodson, Ivor. 2013. *Developing Narrative Theory*. Routledge.
- Government of Canada. 2017. "Medical Assistance in Dying." www.canada.ca/en/health-canada/services/medical-assistance-dying.html. (accessed November 15, 2018).
- n.d. "Medical Assistance in Dying." <https://www.canada.ca/en/health-canada/services/medical-assistance-dying.html>. (accessed April 2, 2018).
- Grant, Kelly. 2018a. "Medically Assisted Death Allows Couple Married Almost 73 Years to Die Together." *The Globe and Mail*, April 1. <https://www.theglobeandmail.com/canada/article-medically-assisted-death-allows-couple-married-almost-73-years-to-die/>. (accessed April 2, 2018).
- 2018b. "Assisted Death Allows Couple of 73 Years to Die Together." *The Globe and Mail*, April 2.
- Green, James W. 2008. *Beyond the Good Death*. Philadelphia: University of Pennsylvania Press.
- Gualtieri, Antonio R. 1994. "Latimer Case: Loving Parent Made Right Choice for Child." *The Ottawa Citizen*, November 24.
- Gulli, Cathy. 2016. "The New Pro-Choice: When Does Life--and a Doctor's Duty--Begin and End? Assisted Dying Is Dredging Up the Big Questions of the Abortion Debate, for Better or Worse." *Macleans.Ca*. June 6.
- Haider-Markel, Donald P, and Mark R Joslyn. 2004. "Just How Important Is the Messenger Versus the Message? the Case of Framing physician-Assisted Suicide." *Death Studies* 28 (3): 243–62.
- Hanschmidt, Franz, Franziska Lehnig, Steffi G Riedel-Heller, and Anette Kersting. 2016. "The Stigma of Suicide Survivorship and Related Consequences—a Systematic Review." Edited by Jacobus van Wouwe. *Plos One* 11 (9). Public Library of Science: 1–16.
- Harvey, Bob. 1994. "Latimer Case Affects All of Us." *The Ottawa Citizen*, November 19.
- Health Canada. 2018. "Third Interim Report on MEDICAL ASSISTANCE in DYING in CANADA."
- Hendry, Maggie, Diana Pasterfield, Ruth Lewis, Ben Carter, Daniel Hodgson, and

- Clare Wilkinson. 2012. "Why Do We Want the Right to Die? a Systematic Review of the International Literature on the Views of Patients, Caregivers and the Public on Assisted Dying." *Palliative Medicine* 27 (1): 13–26.
- Hertz, Robert. 1960. *Death and the Right Hand*. Translated by Claudia Needham Rodney Needham. Glencoe: Cohen & West.
- Hubbard, Bede Martin. 1994. "Bishops' Stand." *The Ottawa Citizen*, February 19.
- Ireland, Nicole. 2017a. "1,300 Canadians Have Died with Medical Assistance Since Legalization — Here's One Man's Story | CBC News." *Cbc.Ca*. April 20. <https://www.cbc.ca/news/health/medically-assisted-dying-canadians-rob-rollins-1.4056700>. (accessed February 11, 2018)
- . 2017b. "One Year After Canada's Medically Assisted Dying Law, Patients Face Uneven Access | CBC News." *Cbc.Ca*. June 18. <https://www.cbc.ca/news/health/medically-assisted-dying-access-one-year-later-1.4165936> (accessed February 11, 2018)
- Iyengar, Shanto. 1994. *Is Anyone Responsible?* University of Chicago Press.
- Iyengar, Shanto, and Donald R Kinder. 1987. *News That Matters*. University of Chicago Press.
- Jackson, Michael. 2002. *The Politics of Storytelling*. Copenhagen: Museum Tusulanum Press.
- Jang, Brent. 1994. "Murder, Not Mercy Killing; Jury Finds Father Guilty of Murdering Severely Disabled Daughter, 12." *The Ottawa Citizen*, November 17.
- Jenish, D Arcy. 1994. "Live and Let Die." *Maclean's*, February 28.
- Joslyn, Mark R, and Donald P Haider-Markel. 2006. "Should We Really 'Kill' the Messenger? Framing Physician-Assisted Suicide and the Role of Messengers." *Political Communication* 23 (1): 85–103.
- Judd, Marion, and Clive Seale. 2011. "Joining a Right-to-Die Society: Motivation, Beliefs and Experiences." *Mortality* 16 (3): 223–41.
- Julia Nicol, Marlisa Tiedemann. 2015. "Euthanasia and Assisted Suicide in Canada." *Lop.Parl.Ca*. March 26.
- . 2016. "Legislative Summary of Bill C-14: an Act to Amend the Criminal Code and to Make Related Amendments to Other Acts (Medical Assistance in Dying)." *Lop.Parl.Ca*. April 21. https://lop.parl.ca/sites/PublicWebsite/default/en_CA/ResearchPublications/LegislativeSummaries/421C14E. (access March 22, 2018)
- Kalwinsky, Robert K. 1998. "Framing Life and Death: Physician-Assisted Suicide and the New York Times From 1991 to 1996." *Journal of Communication Inquiry* 22 (1): 93–112.
- Karsoho, Hadi, David Kenneth Wright, Mary Ellen Macdonald, and Jennifer R Fishman. 2016. "Constructing Physician-Assisted Dying: the Politics of Evidence From Permissive Jurisdictions in Carter v. Canada." *Mortality*, December. Routledge, 45–59.
- Karsoho, Hadi, Jennifer R Fishman, David Kenneth Wright, and Mary Ellen Macdonald. 2016. "Suffering and Medicalization at the End of Life: the Case of Physician-Assisted Dying." *Social Science & Medicine* 170 (C). Elsevier Ltd: 188–96.
- Kastenbaum, Robert J. 2007. *Death, Society, and Human Experience*. Ninth. Toronto:

- Pearson Education Inc.
- Kaufman, Sharon R. 2006. *...And a Time to Die*. Chicago: University of Chicago Press.
- 2015. *Ordinary Medicine*. Duke University Press Books.
- Kaufman, Sharon R, and Lynn M Morgan. 2005. "The Anthropology of the Beginnings and Ends of Life." *Annual Review of Anthropology* 34 (January). Annual Reviews: 317–41.
- Kearl, Michael C. 1989. *Endings*. New York: Oxford University Press.
- Keown, John. 2014. "A Right to Voluntary Euthanasia? Confusion in Canada in Carter." *Notre Dame Journal of Law, Ethics Public Policy* 28. Cambridge University Press.
- Kleinman, A, and J Kleinman. 1991. "Suffering and Its Professional Transformation: Toward an Ethnography of Interpersonal Experience.." *Culture, Medicine and Psychiatry* 15 (3): 275–301.
- 1996. "The Appeal of Experience; the Dismay of Images: Cultural Appropriations of Suffering in Our Times." *Daedalus* 125 (1): 1–24.
- Kleinman, Arthur. 1988. *The Illness Narratives*. New York: Basic Books, Inc.
- Korzinski, David. 2018. "A Spectrum of Spirituality: Canadians Keep the Faith to Varying Degrees, but Few Reject It Entirely." *Angusreid.org*. April 30. <http://angusreid.org/religion-in-canada-150/>. (accessed October 17, 2018)
- Krakauer, Eric L. 2007. "'To Be Freed From the Infirmities of (the) Age': Subjectivity, Life-Sustaining Treatment, and Palliative Medicine." In *Subjectivity*, edited by João Biehl, Byron Good, and Arthur Kleinman, 1–12. Berkley.
- Kress, Gunther. 2010. *Multimodality*. London and New York: Routledge.
- Krickhahn, Erwin. 1993. "Euthanasia 'I Am Now Forced to Take My Life in the Next Few Weeks' I Refuse to Die in the Closet, Just Another Secret Suicide by a Terminally Ill Person Whose Death - Because it is Covert - Changes Nothing and Is Quickly Forgotten." *The Globe and Mail*, October 9.
- Krippner, Stanley, and Stephan J Kasian. 2009. "Cross-Cultural Perspectives on Euthanasia and Physician-Assisted Suicide." In *So What Now What the Anthropology of Consciousness Responds to a World in Crisis*, edited by M C Bronson and T R Fields, 136–63. Cambridge.
- Kroeber, A L. 1927. "Disposal of the Dead." *American Anthropologist* 29 (3). Blackwell Publishing Ltd: 308–15.
- Kübler-Ross, Elisabeth. 2011. *On Death and Dying*. Kindle. Scribner.
- La Fontaine, Jean. 1975. "Anthropology." In *A Handbook for the Study of Suicide*, edited by Seymour Perlin, 1–38. London.
- Lakoff, George. 2004. *Don't Think of an Elephant: Know Your Values and Frame the Debate*. White River Junction: Chelsea Green Publishing.
- Landry, Joshua T, Thomas Foreman, and Michael Kekewich. 2015. "Ethical Considerations in the Regulation of Euthanasia and Physician-Assisted Death in Canada." *Health Policy* 119 (11). Elsevier Ireland Ltd: 1490–98.
- Lee, Robert Mason. 1994. "Right-to-Die Activist Had Heldp in Suicide; Police Say MP Subject of Probe." *The Ottawa Citizen*, February 14.
- Leming, Michael R, and George E Dickinson. 2017. *Understanding Dying, Death, and Bereavement*. Sixth. Canada: Thomson Wadsworth.
- Leung, Wendy. 2016. "I Think This World Is Beautiful, but This Amount of Pain Is

- Intolerable.'” *The Globe and Mail*, May 9.
- Li, Madeline, Sarah Watt, Marnie Escaf, Michael Gardam, Ann Heesters, Gerald O’Leary, and Gary Rodin. 2017. “Medical Assistance in Dying — Implementing a Hospital-Based Program in Canada.” Edited by Debra Malina. *New England Journal of Medicine* 376 (21): 2082–88.
- Lock, Margaret. 1996. “Displacing Suffering: the Reconstruction of Death in North America and Japan.” *Daedalus*.
- 2000. “On Dying Twice: Culture, Technology and He Determination of Death.” In *Living and Working with the New Medical Technologies*, edited by Margaret Lock, Allan Young, and Alberto Cambrosio, 233–62. Intersections of Inquiry. Cambridge: doi.org.
- 2002. *Twice Dead*. Berkeley: University of California Press.
- MacPhee, Norma Jean. 2018. “Weldon Bona Had to Delay Dying — and His Friends Vow No One Else Will Have to Wait.” *Cbc.Ca*. April 27.
<https://www.cbc.ca/news/canada/nova-scotia/maid-weldon-bona-medical-assistance-death-1.4637904>. (accessed September 9, 2018).
- Magnusson, R S. 2004. “Euthanasia: Above Ground, Below Ground.” *Journal of Medical Ethics* 30 (5): 441–46. d
- Malinowski, Bronislaw. 2004. “Magic, Science and Religion.” In *Death Mourning and Burial*, edited by Antonius C G M Robben, 19–22. Malden: Blackwell.
- Manza, Chris, and Laura Blenkinsop. 2010. “10 Years of Globeandmail.com.” *Theglobeandmail.com*.
<https://web.archive.org/web/20110119213842/http://www.theglobeandmail.com/pages/ten-years-of-globeandmail/>. (accessed January 13, 2019).
- Marcoux, Isabelle, Brian L Mishara, and Claire Durand. 2007. “Confusion Between Euthanasia and Other End-of-Life Decisions: Influences on Public Opinion Poll Results.” *Canadian Journal of Public Health = Revue Canadienne De Sante Publique* 98 (3): 235–39.
- Marx, Karl. 1970 [1859]. *A Contribution to the Critique of Political Economy*. International Publishers Company, Incorporated. New York.
- Maris, Ronald. 1975. “Sociology.” In *A Handbook for the Study of Suicide*, edited by Seymour Perlin, 1–38. London.
- Martin, Douglas K, Linda L Emanuel, and Peter A Singer. 2000. “Planning for the End of Life.” *The Lancet* 356 (9242): 1672–76.
- Martin, Sandra. 2016. *A Good Death*. Kindle. Patrick Crean Editions.
- McCombs, Maxwell, Lance Holbert, Spiro Kiouisis, and Wayne Wanta. 2011. *The News and Public Opinion*. Polity.
- McKnight, Peter. 2004. “A Matter of Personal Choice: We Should Let the Terminally Ill Choose How and When to Die.” *The Ottawa Citizen*, October 5.
- Menzfeld, Mira. 2017. *Anthropology of Dying*. Springer VS.
- Metcalf, Peter, and Richard Huntington. 1991. *Celebrations of Death*. Cambridge: Cambridge University Press.
- Millar, Alan. 2004. *Understanding People*. Clarendon Press.
- Mishara, Brian L, and David N Weisstub. 2013. “Premises and Evidence in the Rhetoric of Assisted Suicide and Euthanasia.” *International Journal of Law and Psychiatry* 36 (5-6). Elsevier Ltd: 427–35.

- Mitchell, Alanna. 1994a. "OBITUARY / Erwin Krickhahn Dying Man Fought for Assisted Suicide." *The Globe and Mail*, March 10.
- 1994b. "'Mercy Killing' Suspected in Death of Disabled Girl Investigating Officer Wanted Coroner to Be Aware of Possibility of Euthanasia." *The Globe and Mail*, November 9.
- Mitchell, John B. 2007. *Understanding Assisted Suicide: Nine Issues to Consider*. University of Michigan Press.
- Moore, John Lawrence. 1993. "The Rodriguez Decision." *The Globe and Mail*, October 14.
- Mwaria, Cheryl. 1997. "Physician-Assisted Suicide: an Anthropological Perspective.." *The Fordham Urban Law Journal* 24 (4): 859–68.
- Northcott, Herbert C, and Donna M Wilson. 2008. *Dying and Death in Canada*. Peterborough: Broadview Press.
- Norwood, Frances. 2009. *The Maintenance of Life*. Durham: Carolina Academic Press.
- 2017. "A Window Into Dutch Life and Death: Euthanasia and End-of-Life in the Public-Private Space of Home." In *Transitions and Transformations*, edited by Caitrin Lynch and Jason Danely, 92–106.
- O'Neill, C, D Feenan, C Hughes, and D A McAlister. 2003. "Physician and Family Assisted Suicide: Results From a Study of Public Attitudes in Britain." *Social Science & Medicine* 57 (4): 721–31.
- Oczkowski, Simon J W, Ian Ball, Carol Saleh, Gaelen Kalles, Anatoli Chkaroubo, Mike Kekewich, Paul Miller, Marianne Dees, and Andrea Frolic. 2017. "The Provision of Medical Assistance in Dying: Protocol for a Scoping Review.." *BMJ Open* 7 (8). British Medical Journal Publishing Group: e017888–5.
- Onwuteaka-Philipsen, Bregje D, A nes van der Heide, Dirk Koper, Ingeborg Keij-Deerenberg, Judith AC Rietjens, Mette L Rurup, Astrid M Vrakking, et al. 2003. "Euthanasia and Other End-of-Life Decisions in the Netherlands in 1990, 1995, and 2001." *The Lancet* 362 (9381): 395–99.
- Ore, Jonathan. 2018. "'There Was No Hesitation': Why a Couple Married 73 Years Chose Doctor-Assisted Death Together." *Cbc.Ca*. May 1. <https://www.cbc.ca/radio/thecurrent/the-current-for-may-1-2018-1.4642084/there-was-no-hesitation-why-a-couple-married-73-years-chose-doctor-assisted-death-together-1.4639681>. (accessed September 9, 2018).
- Paetkau, Jean. 2018a. "A Good Goodbye: B.C. Has Highest Rate of Medically Assisted Death in Canada." *Cbc.Ca*. January 29. <https://www.cbc.ca/news/canada/british-columbia/good-bye-medical-assistance-in-dying-stefanie-green-jonathan-reggler-fred-salmon-1.4483123>. (accessed September 9, 2018).
- 2018b. "A Good Goodbye: 'Taking Control of Your Destiny:' B.C. Man Shares Story of Wife's Assisted Death." *Cbc.Ca*. January 31. <https://www.cbc.ca/news/canada/british-columbia/dave-miller-storm-medical-assistance-in-dying-physician-assisted-death-good-good-bye-1.4475736>. (accessed September 9, 2018).
- Palgi, Phyllis, and Henry Abramovitch. 1984. "Death: a Cross-Cultural Perspective." *Annual Review of Anthropology* 13 (1): 385–417.
- Payne, Elizabeth. 2017. "More Patients Asking to Die at Home." *The Ottawa Citizen*,

- April 8.
- Picard, André. 2012. "The Importance of Picking a Vocabulary for Dying." *Theglobeandmail.com*. June 18.
<https://www.theglobeandmail.com/news/politics/the-importance-of-picking-a-vocabulary-for-dying/article4338418/>. (accessed April 30, 2018).
- Pitt, Sally. 2018. "P.E.I. Doctor Calls His Role in Medically Assisted Death a 'Profound Experience'." *Cbc.Ca*. February 27. <https://www.cbc.ca/news/canada/prince-edward-island/pei-medical-assistance-in-dying-kutcher-celiars-brittain-maid-1.4498684>. (accessed September 9, 2018).
- Pollock, John C, and Spiro G Yulis. 2004. "Nationwide Newspaper Coverage of Physician-Assisted Suicide: a Community Structure Approach." *Journal of Health Communication* 9 (4): 281–307.
- Porter, Catherine. 2017. "At His Own Wake, Celebrating Life and the Gift of Death." *The New York Times*, May 28.
<https://www.nytimes.com/2017/05/25/world/canada/euthanasia-bill-john-shields-death.html>. (accessed June 5, 2017).
- Proudfoot, Shannon. 2016a. "Death'S Last Dignity: Canada'S Leading Assisted-Death Counsellor on the Questions He Most Often Faces." *Macleans.Ca*. May 2.
- 2016b. "Q&A: Stefanie Green on Helping Doctors Navigate Assisted Dying." *Macleans's*. November 25. <http://www.macleans.ca/news/canada/qa-stefanie-green-on-helping-doctors-navigate-assisted-dying/>. (accessed September 17, 2017).
- 2016c. "'This Is No Way to Live': Desperate Families Are Still Travelling to Switzerland, Even in the Wake of New Legislation on Assisted Death Yjsy Has Left Some Families in a Desperate Catch-22." *Macleans.Ca*. November 28.
- 2017. "The Doctor Who Took on Death - Macleans.Ca." *Macleans's*, August 15. <http://www.macleans.ca/society/the-doctor-who-took-on-death/>. (accessed September 27, 2017).
- Radcliffe-Brown, A R. 2004. "The Andaman Islanders." In *Death Mourning and Burial*, edited by Antonius C G M Robben, 115–55. Malden: Blackwell.
- Rauhala, Ann. 1994. "Ask Yourself, Whose Life Is This?." *The Globe and Mail*, February 21.
- Reevelly, David. 2016. "Funding Increase for Hospices a Good Idea; Ontario Commitment to Palliative Care Meets Real and Growing Needs." *The Ottawa Citizen*, June 11.
- Richards, Naomi. 2017. "Assisted Suicide as a Remedy for Suffering? the End-of-Life Preferences of British 'Suicide Tourists'." *Medical Anthropology* 36 (4). Routledge: 348–62.
- Rorty, Richard. 1992. *The Linguistic Turn*. University of Chicago Press.
- Rosaldo, Renato. 2004. "Grief and a Headhunter's Rage." In *Death Mourning and Burial*, edited by Antonius C G M Robben, 167–78. Malden.
- Sahlins, Marshall. 1985. *Islands of History*. Chicago and London: University of Chicago Press.
- Schafer, Arthur. 2013. "Physician Assisted Suicide: the Great Canadian Euthanasia Debate." *International Journal of Law and Psychiatry* 36 (5-6). Elsevier Ltd: 522–31.

- Scheper-Hughes, Nancy. 1993. *Death Without Weeping*. Univ of California Press.
- 2004. "Death Without Weeping." In *Death Mourning and Burial*, edited by Antonius C G M Robben, 179–93. Malden: Blackwell.
- Seale, Clive. 1998. *Constructing Death*. Cambridge: Cambridge University Press.
- 2000. "Changing Patterns of Death and Dying." *Social Science & Medicine* 51 (6): 917–30.
- Shoemaker, Pamela J. 1996. *Mediating the Message*. Longman Trade/Caroline House.
- Shore, Randy. 2017. "Circle of Life: Former Victoria Maternity Doctor Now Helps Terminally Ill End Their Suffering." *Vancouver Sun*, February 17.
- Smyth, Michael. 1993. "Supreme Court Set to Rule on Right to Die." *The Ottawa Citizen*, September 28.
- Snow, David A, E Burke Rochford, Steven K Worden, and Robert D Benford. 1986. "Frame Alignment Processes, Micromobilization, and Movement Participation." *American Sociological Review* 51 (4): 464.
- Somerville, Margaret. 2014. *Death Talk: the Case Against Euthanasia and Physician-Assisted Suicide*.
- A. 2000. *The Ethical Canary*. Viking Canada.
- Southam News. 1993. "Rodriguez Awaits Supreme Court Ruling." *The Ottawa Citizen*, September 8.
- Statistics Canada. 2009. "1991 Census Highlights."
- 2011. "Canadian Demographics at a Glance." <https://www150.statcan.gc.ca/n1/pub/91-003-x/2014001/section03/33-eng.htm>. (accessed December 15, 2018).
- Steck, Nicole, Matthias Egger, Maud Maessen, Thomas Reisch, and Marcel Zwahlen. 2013. "Euthanasia and Assisted Suicide in Selected European Countries and US States: Systematic Literature Review." *Medical Care* 51 (10): 938–44.
- Stern, Leonard. 2004. "We Can't Condone Assisted Suicide." *The Ottawa Citizen*, October 3.
- Stewart, David J. 1994. "Physician Concerns." *The Ottawa Citizen*, February 19.
- Stoler, Ann Laura. 2002. "Colonial Archives and the Arts of Governance." *Archival Science* 2 (1-2). Kluwer Academic Publishers: 87–109.
- Stone, Laura. 2017. "Why Is Society Allowed to Slowly Strangle Me?." *The Globe and Mail*, January 21.
- Supreme Court of Canada. 1993. *Rodriguez v. British Columbia (Attorney General)*. Edited by Antonio Lamer, Gérard V La Forest, Claire LHeureux-Dubé, John Sopinka, Charles Doherty Gonthier, Peter deCarteret Cory, Beverley McLachlin, Frank Iacobucci, and John C Major 1–114.
- 2015. *Carter v. Canada (Attorney General)*. Edited by Beverley McLachlin, Louis LeBel, Rosalie Silberman Abella, Marshall Rothstein, Thomas Albert Cromwell, Michael J Moldaver, Andromache Karakatsanis, Richard Wagner, and Clément Gascon.
- Tam, Pauline. 2004. "Sick Patients Want the Right to Die, Yet Most Wouldn't Ask to Be Killed:." *The Ottawa Citizen*, September 12.
- Tannen, Deborah, and Cynthia Wallat. 1987. "Interactive Frames and Knowledge Schemas in Interaction: Examples From a Medical Examination/Interview." *Social Psychology Quarterly* 50 (2): 205.

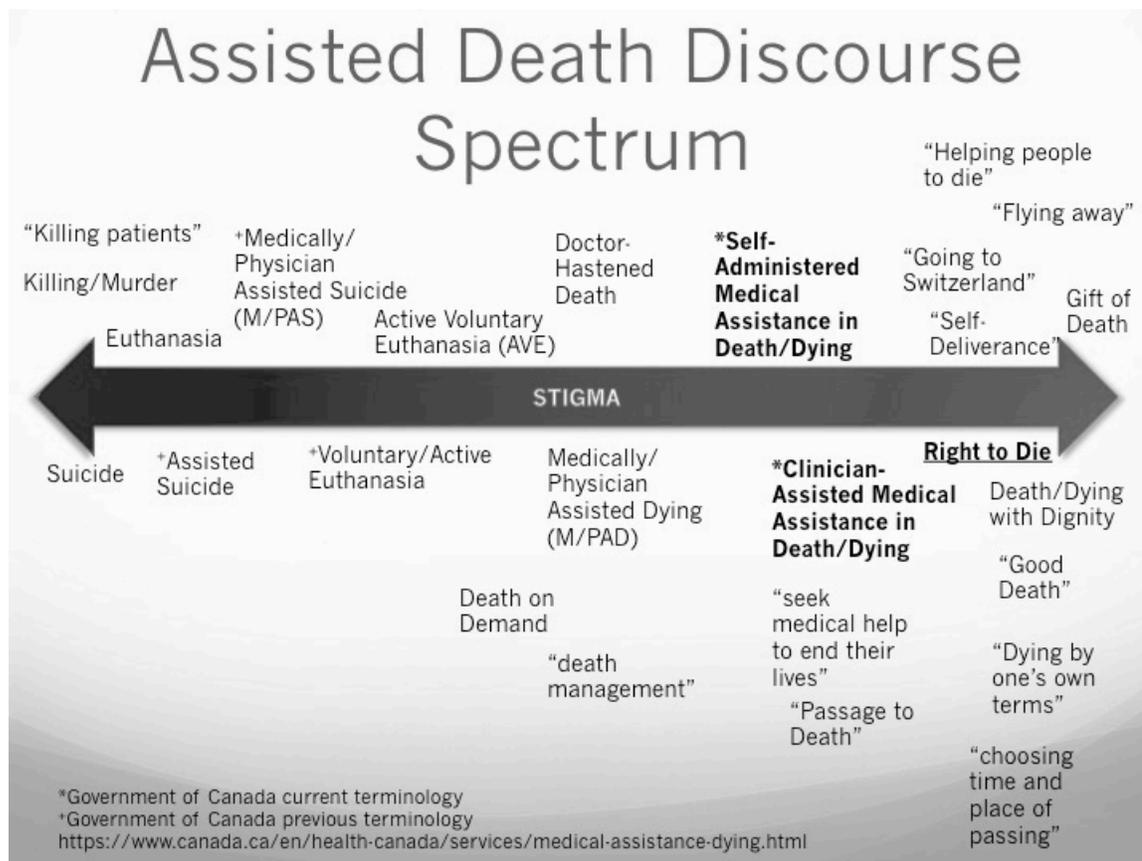
- Thompson, Jerry. 1994. *Rodriguez Chooses Suicide. Witness*. Vol. 2.
<http://www.cbc.ca/archives/entry/rodriguez-chooses-suicide>. (accessed December 9, 2017).
- Thornton, K, and C B Phillips. 2009. "Performing the Good Death: the Medieval Ars Moriendi and Contemporary Doctors." *Medical Humanities* 35 (2): 94–97.
- Tierney, Thomas F. 2010. "The Governmentality of Suicide: Peuchet, Marx, Durkheim, and Foucault." *Journal of Classical Sociology* 10 (4): 357–89.
- Tolstoy, Leo. 2013. *The Death of Ivan Ilyich*. Translated by Louise Maude and Aylmer Maude. Kindle. Harper Collins Canada.
- Toope, Stephen J. 2013. "Of Hockey, Medicare and Canadian Dreams." *Canadian Issues* Summer: 1–5.
- Trachtenberg, Aaron J, and Braden Manns. 2017. "Cost Analysis of Medical Assistance in Dying in Canada." *Canadian Medical Association Journal* 189 (3): E101–5.
- Upshur, Ross. 2016. "Unresolved Issues in Canada's Law on Physician-Assisted Dying." *The Lancet* 388 (10044). Elsevier Ltd: 545–47.
- Valpy, Michael. 2004. "Assisted Suicide Debate Muted, Academics Say." *The Globe and Mail*, September 29.
- van der Maas, P J, J J Van Delden, L Pijnenborg, and C W Looman. 1991. "Euthanasia and Other Medical Decisions Concerning the End of Life." *The Lancet* 338 (8768): 669–74.
- Vlasak, George J. 2017. "Medical Sociology." In *A Handbook for the Study of Suicide*, edited by Seymour Perlin, 1–38. London.
- Volosinov, V N. 1986. *Marxism and the Philosophy of Language*. Harvard University Press.
- Wallace, Samuel E, and Albin Eser, eds. 1981. *Suicide and Euthanasia*. Knoxville: The University of Tennessee Press.
- Walsh, Froma, and Monica McGoldrick. 1991. "Loss and Family." In *Living Beyond Loss*, edited by Froma Walsh and Monica McGoldrick, 1–29. A Systemic Perspective. New York.
- Walter, Tony. 1994. *The Revival of Death*. New York: Routledge.
- Warraich, Haider. 2018. *Modern Death*. Gerald Duckworth & Co.
- Warren, David. 2005. "By the Numbers." *The Ottawa Citizen*, July 3.
- Watts, Richard. 2004. "The Secret Network That Deals Death to the Suffering:." *The Ottawa Citizen*, November 7.
- Westell, Anthony. 2004. "It's My Right to Die When I Want to." *The Globe and Mail*, November 27.
- Williams, Raymond. 1977. *Marxism and Literature*. Oxford.
 ——— 2004. *Television*. London and New York: Routledge Classics.
- Wilson, Deborah, and Sean Fine. 1993. "Rodriguez Faces Final Weeks 'It'S Been Worth It,' Dying Woman Says After Court Denies Assisted Suicide." *The Globe and Mail*, October 1.
- Woo, Andrea. 2016. "Family of First Canadian Case Calls Bill C-14 'Dysfunctional'." *The Globe and Mail*, June 7.
- Wood, Chris. 1994. "The Legacy of Sue Rodriguez." *Maclean's*, February 28.
- Woodthorpe, Kate. 2010. "Public Dying: Death in the Media and Jade Goody."

- Sociology Compass* 4 (5): 283–94.
- Worthen, Laura T, and Dale E Yeatts. 2016. "Assisted Suicide: Factors Affecting Public Attitudes." *Omega* 42 (2): 115–35.
- Wright, D K, J R Fishman, H Karsoho, S Sandham, and M E Macdonald. 2015. "Physicians and Euthanasia: a Canadian Print-Media Discourse Analysis of Physician Perspectives." *CMAJ Open* 3 (2): E134–39.
1993. "Sue Rodriguez Loses One More Option in Her Fight for Medical Help in Committing Suicide." *Maclean's*, March 22.
- 1993a. "Protecting Life." *The Ottawa Citizen*, October 1.
- 1993b. "Dying Man Wants to Pick Up Where Rodriguez Left Off." *The Ottawa Citizen*, October 31.
- 1993c. "No Headline." *The Ottawa Citizen*, November 3.
- 1994a. *Who Owns My Life? the Sue Rodriguez Story. Witness*. Vol. 50.
<http://www.cbc.ca/player/play/2690150429>. (accessed September 15, 2018).
- 1994a. "ALS Claims Activist Who Wanted Right to Die." *The Ottawa Citizen*, February 10.
- 1994b. "Police Investigate Sue Rodriguez's Death." *The Ottawa Citizen*, February 13.
- 1994b. "Patient Fought to Die on Her Terms OBITUARY / Sue Rodriguez Was the First Canadian to Take the Issue of Assisted Suicide and Euthanasia to the Supreme Court. Despite Her Legal Defeat, There Were Some Modest Victories," February, A4.
1994. "Two Drugs Killed Sue Rodriguez, Coroner Says." *The Vancouver Sun*, March 15.
1996. "Newsworld Online Delivers Breaking News." *Cbc.Ca*. July 3.
https://www.cbc.ca/10th/timelineContent/19960703_breaking.html. (accessed January 21, 2019).
2004. "Woman Found Not Guilty in Assisted Suicide Case | CBC News," November.
<https://www.cbc.ca/news/canada/woman-found-not-guilty-in-assisted-suicide-case-1.515746>. (accessed December 4, 2018).
- 2015a. "Timeline: Assisted Suicide in Canada | CBC News." February 5.
<https://www.cbc.ca/news/health/timeline-assisted-suicide-in-canada-1.2946485>. (accessed November 21, 2018).
- 2015b. "A Timeline of Key Dates in Canada's Doctor-Assisted Death Debate | CTV News." *Ctvnews.com*. February 6. <https://www.ctvnews.ca/canada/canada-s-right-to-die-debate-a-chronology-of-major-events-1.2223937>. (accessed November 29, 2018).
2017. "Who Gets to Die Next?." *The Globe and Mail*, June 17.
- 2018a. "Jewish Care Home Accuses Doctor of 'Sneaking in and Killing Someone' | Vancouver Sun." January 6.
- 2018b. "Timeline: Assisted Suicide in Canada." March 21.
<http://www.cbc.ca/news/health/timeline-assisted-suicide-in-canada-1.2946485>. (accessed January 15, 2019).
- 2018c. "Exit Interview: John Hofsess Documentary Explores Assisted Death | CBC News." August 11. <https://www.cbc.ca/news/canada/british-columbia/exit-interview-john-hofsess-documentary-explores-assisted-death-1.4781190>. (accessed September 30, 2018).

- 2018d. "Exit Interview: John Hofsess" 43:26 (August).
<https://watch.cbc.ca/media/media/absolutely-canadian/exit-interview-john-hofsess/38e815a-00f2a1a484b>. (accessed September 30, 2018).
- 2018e. "N.S. Woman Choosing to Die Earlier Than She Wants Due to 'Extreme' Assisted-Dying Law | CBC News." September 19.
<https://www.cbc.ca/news/canada/medical-assistance-in-dying-legislation-1.4829100>. (accessed September 9, 2018).
- 2019a. "Bridge C-14." <https://www.bridgec14.org>. (accessed February 20, 2019).
- 2019b. *Camapcanada.Ca*. <https://camapcanada.ca>. (accessed February 19, 2019).
- 2019c. *Selfcare.Ca*. <http://selfcare.ca>. (accessed January 7, 2019)

Appendices

Appendix 1: Assisted Death Discourse Spectrum



Appendix 2: *Maclean's* Magazine Articles Sampled

- Bethune, Brian. 2005. "SOCIETY: TERRI SCHIAVO'S CRUEL DEATH the Way She Died Makes a Case for Assisted Suicide." *Maclean's*, April 11.
- Chisholm, Patricia. 1993. "The Supreme Court Rejects a Dying B.C. Woman's Appeal for Medical Help in Taking Her Life." *Maclean's*, October 11.
- Chisholm, Patricia. 1994. "A Blunt Instrument'." *Maclean's*, November 28.
- Corelli, Rae, and Frann Harris. 1994. "Mercy on Trial." *Maclean's*, November 21.
- Fennell, Tom, Sharon Driedger, Luke Fisher, and Art Robinson. 1994. "What Would You Do?." *Maclean's* 107 (48). Toronto, Canada: 16–20.
- Gulli, Cathy. 2016. "The New Pro-Choice: When Does Life--and a Doctor's Duty--Begin and End? Assisted Dying Is Dredging Up the Big Questions of the Abortion Debate, for Better or Worse." *Macleans.Ca*. June 6.
<https://www.macleans.ca/society/health/assisted-death-is-the-new-pro-choice/>
- Jenish, D Arcy. 1994. "Live and Let Die." *Maclean's*, February 28.

- Kingston, Anne. 2017. "The Rise of the Impatient Patient." *Maclean's*. December.
<https://www.macleans.ca/society/health/how-the-new-impatient-patient-is-disrupting-medicine/>.
- Proudford, Shannon. 2016a. "Death's Last Dignity: Canada's Leading Assisted-Death Counsellor on the Questions He Most Often Faces." *Macleans*.Ca. May 2.
http://link.galegroup.com/apps/doc/A451634797/CPI?u=ocul_carleton&sid=CPI&xid=d2622859.
- Proudford, Shannon. 2016b. "While We Still Can." *Macleans*.Ca. June 13.
http://link.galegroup.com/apps/doc/A454485672/CPI?u=ocul_carleton&sid=CPI&xid=bbff994c.
- Proudford, Shannon. 2016c. "What We're Not Saying: Amid the Heated Debate Over Assisted Death, Suicide Rates Remain a Taboo Topic." *Macleans*.Ca. July 4.
http://link.galegroup.com/apps/doc/A457828566/CPI?u=ocul_carleton&sid=CPI&xid=0b741c9b.
- Proudford, Shannon. 2016d. "'This Is No Way to Live': Desperate Families Are Still Travelling to Switzerland, Even in the Wake of New Legislation on Assisted Death Yjsy Has Left Some Families in a Desperate Catch-22." *Macleans*.Ca. November 28.
http://link.galegroup.com/apps/doc/A472371709/CPI?u=ocul_carleton&sid=CPI&xid=f5765aa9.
- Solomon, Evan. 2016. "The Complex State of Church and State." *Maclean's*, March 7.
http://link.galegroup.com/apps/doc/A445491798/CPI?u=ocul_carleton&sid=CPI&xid=deeecc7.
- Wood, Chris. 1994. "The Legacy of Sue Rodriguez." *Maclean's*, February 28.
1993. "Sue Rodriguez Loses One More Option in Her Fight for Medical Help in Committing Suicide." *Maclean's*, March 22.
1994. "An Honor to Have Known Her'." *Maclean's*, November 28.
2005. "On Dying: the Sad Schiavo Case." *Maclean's*, April 4.
2016. "The Editorial." *Maclean's*, June 20.
2017. "The Doctor Who Took on Death - *Macleans*.Ca," August, 1-10.
<http://www.macleans.ca/society/the-doctor-who-took-on-death/>.

Appendix 3: *The Globe and Mail* Articles Sampled

- Bryden, Joan. 2016a. "Wilson-Raybould's Warnings Against Legal Void Don't Tell Full Story, Lawyer Says." *The Globe and Mail*, June 6.
- Bryden, Joan. 2016b. "C-14 Needn't Comply with Ruling: Minister." *The Globe and Mail*, June 14.
- Bryden, Joan. 2016c. "Indigenous Culture Played Role in Debate on Assisted Dying." *The Globe and Mail*, July 4.
- Bryden, Joan. 2017a. "Critic of Assisted Dying Made Chair of Advance- Request Board." *The Globe and Mail*, April 29.
- Bryden, Joan. 2017b. "Self-Administered Assisted Deaths May Rise with Drug's Availability." *The Globe and Mail*, November 18.
- Campion, Bridget. 1993. "Taking the Final Steps to a 'Good Death' EUTHANASIA" Most Health Care Aims at Curing, and Death Is Viewed as

- Failure. So How Do We Look After Patients Who Are Dying?." *The Globe and Mail*, November 19.
- Cernetig, Miro. 1994. "BACKGROUND ASSISTED SUICIDE B.C. Crown Must Consider Public Interest." *The Globe and Mail*, February 15.
- Chiose, Simona. 2017. "Suicide Raises Assisted-Dying Concerns." *The Globe and Mail*, April 17.
- Clark, Campbell. 2016. "Ground Shifts with This Week's Red Chamber Rebellion." *The Globe and Mail*, June 11.
- Coyne, Andrew. 1994. "The Slippery Slope That Leads to Death." *The Globe and Mail*, November 21.
- Cruikshank, John. 1993. "Paper Making." *The Globe and Mail*, November 6.
- Davidson, Andrew. 2004. "Cotler Reignites Debate on Assisted Suicide." *The Globe and Mail*, November 18.
- Fine, Sean. 1993. "Reporters Asked to Watch as Dying Man Takes Life 'I Want to Prove That It's Not a Horrible Act, What I'm Doing,' Says Lou Gehrig's Victim Who Hoped for Assisted Suicide." *The Globe and Mail*, October 30.
- Fine, Sean. 2016a. "Christian Doctors Challenge Assisted-Death Referral Requirement." *The Globe and Mail*.
- Fine, Sean. 2016b. "House of Commons Incident Could Delay Assisted-Death Law." *The Globe and Mail*, May 20.
- Fine, Sean. 2016c. "Alberta Rules Out Prosecutions for Assisted Death Medical Teams." *The Globe and Mail*, June 8.
- Fine, Sean. 2016d. "More Provinces Act on Assisted-Dying Clarity." *The Globe and Mail*, June 9.
- Fine, Sean. 2016e. "Court's Permission Necessary for Assisted Dying: Ontario Ruling." *The Globe and Mail*, June 16.
- Fine, Sean. 2018. "Ontario Court Rules Doctors Who Oppose Assisted Death Must Refer Patients." *The Globe and Mail*, February 1.
- Fine, Sean, and Laura Stone. 2016a. "Second Ruling Challenges Right-to-Die Bill." *The Globe and Mail*, May 31.
- Fine, Sean, and Laura Stone. 2016b. "Doctor-Assisted Death Enters Murky Era." *The Globe and Mail*, June 7.
- Fine, Sean, and Laura Stone. 2016c. "Woman Challenges Assisted-Dying Law." *The Globe and Mail*, June 28.
- Forbes, Cindy. 2016. "The Need to Move Quickly on Bill C-14 Is Real." *The Globe and Mail*, June 1.
- Frederick, George L. 1993. "An Easy Alternative to Assisted Suicide FASTING" Simply Ceasing to Eat Is a Dignified Way to Die, the Author Argues. It Requires No Help, and Passing of Dangerous Legislation." *The Globe and Mail*, September 23.
- Gagnon, Lysiane. 2004. "Dying for Assisted Suicide." *The Globe and Mail*, November 29.
- Gherson, Giles. 1994. "A Death That Turns a Complex and Emotional Issue Over to Parliament." *The Globe and Mail*, February 18.
- Grant, Kelly. 2017a. "Assisted Death Could Alleviate, Not Increase, Costs: Report." *The Globe and Mail*, January 24.

- Grant, Kelly. 2017b. "How Do You Price Medical Aid in Dying?." *The Globe and Mail*, February 2.
- Grant, Kelly. 2017c. "Health-Care Providers Decry Ontario's Assisted-Death Process." *The Globe and Mail*, April 3.
- Grant, Kelly. 2017d. "When Is Death 'Reasonably Foreseeable'?" *The Globe and Mail*, June 3.
- Grant, Kelly. 2017e. "Doctors Turning Away From Assisted Dying." *The Globe and Mail*, July 4.
- Grant, Kelly. 2017f. "Issues Plague Ontario's Assisted-Dying Law." *The Globe and Mail*, July 6.
- Grant, Kelly. 2017g. "Lending a Name to Assisted Deaths." *The Globe and Mail*, August 19.
- Grant, Kelly. 2018a. "Assisted Deaths Up by 30 Per Cent in 2017: Study." *The Globe and Mail*.
- Grant, Kelly. 2018b. "When Assisted Dying Clashes with Religious Freedom." *The Globe and Mail*, January 8.
- Grant, Kelly. 2018c. "Patient's Botched Transfer Renews Calls for Assisted Dying in All Publicly Funded Health-Care Facilities." *The Globe and Mail*, January 9.
- Grant, Kelly. 2018d. "Faith-Based Care Poses Challenge to Assisted Death." *The Globe and Mail*, January 12.
- Grant, Kelly. 2018e. "Group Hopes to Open Space for Physician-Assisted Dying." *The Globe and Mail*, March 17.
- Grant, Kelly. 2018f. "B.C. Doctor Cleared for Providing Assisted Death to Woman Who Starved Herself." *The Globe and Mail*, March 24.
- Grant, Kelly. 2018g. "Medically Assisted Death Allows Couple Married Almost 73 Years to Die Together." *The Globe and Mail*, April 1.
<https://www.theglobeandmail.com/canada/article-medically-assisted-death-allows-couple-married-almost-73-years-to-die/>.
- Grant, Kelly. 2018h. "Assisted Death Allows Couple of 73 Years to Die Together." *The Globe and Mail*, April 2.
- Grant, Kelly. 2018i. "B.C. Raises Fees for Doctors Who Provide Assistance in Dying." *The Globe and Mail*, May 18.
- Ha, Tu Thanh. 1994. "BACKGROUND Ending Life Death of Disabled Girl Is Unlike Earlier Cases." *The Globe and Mail*, November 17.
- Ha, Tu Thanh. 2017a. "Civil Suit Launched Over Assisted-Dying Restrictions." *The Globe and Mail*.
- Ha, Tu Thanh. 2017b. "Judge Rules Woman Fits Criterion for Assisted Death." *The Globe and Mail*, June 20.
- Hume, Mark. 2004. "Assisted-Suicide Verdict Reopens Debate." *The Globe and Mail*, November 6.
- Koch, Tom. 2018a. "Assisted Death Should Be the Final Option." *The Globe and Mail*.
- Koch, Tom. 2018b. "Dying to Live: Why Age Shouldn't Be Considered a Terminal Condition." *The Globe and Mail*, April 9.
- Krickhahn, Erwin. 1993. "EUTHANASIA 'I Am Now Forced to Take My Life in the Next Few Weeks' I REFUSE to DIE in the CLOSET, JUST ANOTHER SECRET SUICIDE by a TERMINALLY ILL PERSON WHOSE DEATH - BECAUSE IT IS

- COVERT - CHANGES NOTHING and IS QUICKLY FORGOTTEN." *The Globe and Mail*, October 9.
- Leung, Wendy. 2016a. "I Think This World Is Beautiful, but This Amount of Pain Is Intolerable.'" *The Globe and Mail*, May 9.
- Leung, Wendy. 2016b. "It Feels Like We'd Be Giving Up on Them.'" *The Globe and Mail*, May 9.
- Leung, Wendy. 2016c. "Bill C-14." *The Globe and Mail*, May 9.
- Mckenna, Ryan. 2018. "Saskatoon Man Calls for Expansion to Assisted- Dying Law." *The Globe and Mail*, June 9.
- Meissner, Dirk. 2004. "Daughter of Accused Testifies at Assisted Suicide Trial." *The Globe and Mail*, October 28.
- Mitchell, Alanna. 1994a. "OBITUARY / Erwin Krickhahn Dying Man Fought for Assisted Suicide." *The Globe and Mail*, March 10.
- Mitchell, Alanna. 1994b. "'Mercy Killing' Suspected in Death of Disabled Girl Investigating Officer Wanted Coroner to Be Aware of Possibility of Euthanasia." *The Globe and Mail*, November 9.
- Moore, John Lawrence. 1993. "The Rodriguez Decision." *The Globe and Mail*, October 14.
- Omand, Geordon. 2017. "Ottawa Can Re-Argue Facts in Assisted-Dying Case, Court Rules." *The Globe and Mail*, October 12.
- Picard, André. 2016. "Assisted-Dying Laws Are Only the Beginning of the Debate." *The Globe and Mail*, July 5.
- Picard, André. 2017. "Poll of Doctors Finds Rising Support for Medically Assisted Death." *The Globe and Mail*, August 24.
- Rauhala, Ann. 1994. "Ask Yourself, Whose Life Is This?." *The Globe and Mail*, February 21.
- Schafer, Arthur. 2018. "Why Robert Latimer Deserves a Pardon." *The Globe and Mail*, July 21.
- Singer, Peter A. 1994. "Make the Punishment Fit the Crime JUSTICE / Canada's Criminal Law Was Not Created to Capture the Moral Complexities of the Euthanasia Debate, as the Latimer Case Reminds Us." *The Globe and Mail*, November 18.
- Somerville, Margaret. 2016. "Why Judges Should Have the Final Word." *The Globe and Mail*, May 4.
- Stone, Laura. 2016a. "Assisted-Death Bill Back in Senate's Court." *The Globe and Mail*.
- Stone, Laura. 2016b. "Assisted-Dying Bill Unlikely to Meet June 6 Deadline." *The Globe and Mail*, May 1.
- Stone, Laura. 2016c. "Liberal Motion Forces Quick Assisted-Dying Decision." *The Globe and Mail*, May 5.
- Stone, Laura. 2016d. "Assisted-Dying Bill Mired in Debate Ahead of Deadline." *The Globe and Mail*, May 18.
- Stone, Laura. 2016e. "Ministers Grilled Over Assisted-Dying Legislation." *The Globe and Mail*, June 2.
- Stone, Laura. 2016f. "Assisted-Dying Bill to Miss Supreme Court Deadline." *The Globe and Mail*, June 4.

- Stone, Laura. 2016g. "Senators Vote to Broaden Assisted-Dying Bill." *The Globe and Mail*, June 9.
- Stone, Laura. 2016h. "Senators Vote Against Broadening Bill C-14." *The Globe and Mail*, June 14.
- Stone, Laura. 2017. "'Why Is Society Allowed to Slowly Strangle Me?'" *The Globe and Mail*, January 21.
- Valpy, Michael. 2004. "Assisted Suicide Debate Muted, Academics Say." *The Globe and Mail*, September 29.
- Westell, Anthony. 2004. "It's My Right to Die When I Want to." *The Globe and Mail*, November 27.
- Wilson, Deborah. 1993. "Senator Backs Suicide-Law Study." *The Globe and Mail*, October 19.
- Wilson, Deborah, and Donn Downey. 1994. "Patient Fought to Die on Her Terms
OBITUARY / Sue Rodriguez Was the First Canadian to Take the Issue of Assisted Suicide and Euthanasia to the Supreme Court. Despite Her Legal Defeat, There Were Some Modest Victories." *The Globe and Mail*, February 14.
- Wilson, Deborah, and Sean Fine. 1993. "Rodriguez Faces Final Weeks 'It's Been Worth It,' Dying Woman Says After Court Denies Assisted Suicide." *The Globe and Mail*, October 1.
- Woo, Andrea. 2016. "Family of First Canadian Case Calls Bill C-14 'Dysfunctional'." *The Globe and Mail*, June 7.
- Yakabuski, Konrad. 2016. "A Lesson From the Past: Go Slow on Assisted Dying." *The Globe and Mail*, June 13.
- 1993a. "CANADA WATCH Rodriguez Ruling Expected Sept. 30." *The Globe and Mail*, September 8.
- 1993b. "A Matter of Life and Death the Dissent: You Can't Deny Equality on Such Speculative Grounds JUST WHAT WAS SAID " the Supreme Court of Canada Has Upheld the Federal Law Prohibiting Assisted Suicides. in Their Dissents, Four of the Nine Judges Say the Law Is an Unacceptable Infringement of the Equality Provisions in the Charter of Rights and Freedoms. in the Majority Ruling, the Court Finds the Law Goes No Further Than Necessary." *The Globe and Mail*, October 1.
- 1994a. "FIRST COLUMN Krickhahn Dies of Natural Causes." *The Globe and Mail*, February 10.
- 1994b. "JUST WHAT WAS SAID / a Coda From Erwin Krickhahn for 'Honesty in Dying'." *The Globe and Mail*, February 11.
- 1994c. "Chronology of a Long Struggle." *The Globe and Mail*, February 14.
- 1994d. "In Need of Assistance on Euthanasia." *The Globe and Mail*, February 15.
- 1994e. "THE PROVINCES Getting Parliament to Act on Suicide." *The Globe and Mail*, February 16.
- 1994f. "FIRST COLUMN Senate to Study Assisted Suicide." *The Globe and Mail*, February 24.
- 1994g. "NEWS BRIEFING Father Had No Choice, Murder Trial Told." *The Globe and Mail*, November 16.
- 1994h. "Robert Latimer's Mistaken Choice." *The Globe and Mail*, November 18.
- 2004a. "Mr. Fariala's Suicide." *The Globe and Mail*, September 29.

- 2004b. "Assisted-Suicide Trial Wraps Up in B.C.." *The Globe and Mail*, November 2.
- 2004c. "Suicide, with an Assist." *The Globe and Mail*, November 22.
- 2005a. "For Assisted Suicide." *The Globe and Mail*, July 12.
- 2005b. "Parliament's Assisted-Suicide Debate Expected to Split Parties." *The Globe and Mail*, October 14.
- 2016a. "The Fatal Flaw in the Right-to-Die Bill." *The Globe and Mail*, May 25.
- 2016b. "Alberta Releases Draft of Assisted-Dying Rules." *The Globe and Mail*, June 1.
- 2016c. "The Government's Legal Gamble." *The Globe and Mail*, June 2.
- 2016d. "Senate Should Back Down on Bill C-14." *The Globe and Mail*, June 17.
- 2016e. "The Right Challenge." *The Globe and Mail*, June 29.
- 2017a. "Who Gets to Die Next?." *The Globe and Mail*, June 17.
- 2017b. "Assisting Assisted Dying." *The Globe and Mail*, December 27.
2018. "The Data on Assisted Death." *The Globe and Mail*, August 17.

Appendix 4: *The Ottawa Citizen* Articles Sampled

- Berthiaume, Lee. 2016a. "Death Bill Limbo Creates Issues for Physicians; Experts Predict Rush in Demand if No Law in Place." *The Ottawa Citizen*, May 21.
- Berthiaume, Lee. 2016b. "PM Warns of 'Uneven Access' to Euthanasia; MPs to Vote on Bill C-14 This Week." *The Ottawa Citizen*, May 30.
- Bindman, Stephen. 1993. "Rodriguez Loses Legal Fight to Die." *The Ottawa Citizen*, October 1.
- Blanchfield, Mike. 1993. "Euthanasia Could Be Used to Cut Costs, Doctor Warns." *The Ottawa Citizen*, November 7.
- Bohslawsky, Maria. 1994. "Debate Touches on Complex Legal and Ethical Issues." *The Ottawa Citizen*, February 15.
- Brean, Joseph. 2018. "Denied 'Assisted Life, 'Ontario Mani Suffered Death: Suit; Suicidal Man Claims Hospital Offered." *The Ottawa Citizen*, March 17.
- Bryden, Joan. 1994a. "Emotional Robinson Urges Change in Euthanasia Law; Justice Minister Calls for Open Vote." *The Ottawa Citizen*, February 15.
- Bryden, Joan. 1994b. "Justice Minister Promises Urgency in Resolving Assisted-Suicide Issue." *The Ottawa Citizen*, February 16.
- Bryden, Joan. 1994c. "Euthanasia Referendum 'Revoltin' Idea, PM Says." *The Ottawa Citizen*, February 17.
- Bryden, Joan. 1994d. "Canadians Agonize Over Case of Disabled Girl Killed by Father." *The Ottawa Citizen*, November 18.
- Bulka, Reuven. 2016. "Assisted Dying Hurts Everyone's Values; This Bill Will Erode Confidence in Health System, Says Rabbi Reuven Bulka." *The Ottawa Citizen*, May 5.
- Chatelin, Ray. 1994. "CBC Stirs Euthanasia Debate with Rodriguez Documentary; Production Details Daily Struggle, Battle of Opinions." *The Ottawa Citizen*, February 21.
- Cobb, Chris. 1994. "Reporting of Rodriguez Case Missed Complexity of Assisted-Suicide Issue." *The Ottawa Citizen*, February 18.
- Coyne, Andrew. 2016a. "Supreme Court Could Change Its Mind, Again; Assisted Death Debates Aren't Done Just Yet." *The Ottawa Citizen*, May 17.

- Coyne, Andrew. 2016b. "Nature of Consent Must Be Debated." *The Ottawa Citizen*, June 2.
- Coyne, Andrew. 2016c. "Is This the Senate of the Last Word?; Red Chamber Reaching Above Its Station." *The Ottawa Citizen*, June 18.
- Crawford, Trish. 1994. "Parents of Disabled Fear Shifting Public Attitudes Case of Father Who Killed Child Spawns Anger." *The Ottawa Citizen*, November 21.
- Denley, Randall. 2016. "Personal Choice Should Guide Laws on Tricky Moral Questions; Assisted Death, Safe Injection Sites Demand Politicians Open Their Minds." *The Ottawa Citizen*, May 26.
- Duffy, Andrew. 2018. "The Good Death of Richard Darch; Ottawa Hairdresser and Artist Spent 30 Years Under the Dark Shadow of HIV/AIDS. When It Came to the End of His Life, He Wanted to Die on His Own Terms. and He Did, Writes Andrew Duffy." *The Ottawa Citizen*, May 12.
- Egan, Kelly. 2017a. "'It's a Great Adventure'." *The Ottawa Citizen*, August 26.
- Egan, Kelly. 2017b. "A Life Well Lived That She Ended on Her Own Terms; I Wanted Her to Live. Jo Hopkins Was Made of Braver Stuff." *The Ottawa Citizen*, August 26.
- Egan, Kelly. 2017c. "Control at the End of Life; When Caring Is Core Work, Assisted Death Is Difficult for Professionals." *The Ottawa Citizen*, August 26.
- Egan, Kelly. 2017d. "'I'M Ready': the Life and (Assisted) Death of Josephine Hopkins." *The Ottawa Citizen*, August 28.
<http://ottawacitizen.com/feature/im-ready-the-life-and-assisted-death-of-josephine-hopkins>.
- Gualtieri, Antonio R. 1994. "LATIMER CASE: Loving Parent Made Right Choice for Child." *The Ottawa Citizen*, November 24.
- Harvey, Bob. 1994. "Latimer Case Affects All of Us." *The Ottawa Citizen*, November 19.
- Hubbard, Bede Martin. 1994. "Bishops' Stand." *The Ottawa Citizen*, February 19.
- Jang, Brent. 1994. "Murder, Not Mercy Killing; Jury Finds Father Guilty of Murdering Severely Disabled Daughter, 12." *The Ottawa Citizen*, November 17.
- Katz, Helena. 1994. "Questioning the Value of Life; Terminal Patients Always Deserve Option of Emotional and Physical Support." *The Ottawa Citizen*, February 22.
- Kirkey, Sharon. 2016a. "Doctors in Limbo Over Bill C-14." *The Ottawa Citizen*, May 30.
- Kirkey, Sharon. 2016b. "Ontario Hospitals Able to Opt Out of Assisted Dying; Patients Must Be Referred to Other Institutions." *The Ottawa Citizen*, June 11.
- Kirkey, Sharon. 2017a. "Euthanasia May Save 139M, Study Says; Health System Argues Savings Dwarf Costs of Assisted Death." *The Ottawa Citizen*, January 24.
- Kirkey, Sharon. 2017b. "'Take My Name Off the List'; Some Doctors Are Backing Out of Assisted Death, Saying the Emotional Toll and Fear of Legal Repercussions Is Just Too Much." *The Ottawa Citizen*, February 27.
- Kirkey, Sharon. 2017c. "Ethicists Wary of Harvesting Organs After Euthanasia." *The Ottawa Citizen*, March 21.
- Kirkey, Sharon. 2017d. "Assisted Dying Statistics; Five Things to Know About Assisted Dying." *The Ottawa Citizen*, April 28.

- Laucius, Joanne. 2016. "Coroner to Take Assisted Death Reports." *The Ottawa Citizen*, June 24.
- Laucius, Joanne. 2017a. "Hospital Eyes Lead Role in Assisted Dying." *The Ottawa Citizen*, August 14.
- Laucius, Joanne. 2017b. "Bruyère Walks Assisted Dying 'Tightrope'." *The Ottawa Citizen*, August 15.
- Lee, Robert Mason. 1994. "Right-to-Die Activist Had Helped in Suicide; Police Say MP Subject of Probe." *The Ottawa Citizen*, February 14.
- Lynch, Charles. 1994. "Emotions Cloud Key Questions on Euthanasia." *The Ottawa Citizen*, February 20.
- Macleod, Ian. 2016a. "Lawyer Slams Dying Bill; Assisted Death; Proposed Draft Flies in Face of 'Carter' Ruling." *The Ottawa Citizen*, May 6.
- Macleod, Ian. 2016b. "Bill C-14 Debate Continues, but No Law in Place; Assisted Dying Rules Currently in Legal Limbo." *The Ottawa Citizen*, June 7.
- Macleod, Ian. 2016c. "Crucial Days Ahead in Assisted Dying Battle; Senate Expected to Continue Amending Bill." *The Ottawa Citizen*, June 13.
- Macleod, Ian. 2016d. "Senate Revision Extends Assisted-Dying Eligibility; Non-Terminal Patients Would Be Included." *The Ottawa Citizen*, June 16.
- Macleod, Ian. 2016e. "Assisted Dying Bill Faces Early Challenge; Woman Ineligible." *The Ottawa Citizen*, June 28.
- MacQueen, Ken. 1993. "Law Dealing with Suicide Is Clouded by Hypocrisy and Moral Ambiguity." *The Ottawa Citizen*, October 3.
- Malhotra, Ravi, and Caroline Lieffers. 2016. "We Need Assisted Living, Too; Here's How to Help Disabled, Write Ravi Malhotra and Caroline Lieffers." *The Ottawa Citizen*, May 5.
- McGuinty, Dylan. 2018. "Palliative Care Needs Much More; Dylan McGuinty Fears Assisted Death Will Dominate Our Discourse on End-of-Life." *The Ottawa Citizen*, July 17.
- McKnight, Peter. 2004. "A Matter of Personal Choice: We Should Let the Terminally Ill Choose How and When to Die." *The Ottawa Citizen*, October 5.
- Macleod, Ian. 2016. "Protect Objectors: Assisted Dying Panel; Committee Hears From 72 Expert Witnesses." *The Ottawa Citizen*, May 13.
- Morris, Wanda. 2018a. "Protections Needed for Those Who Choose Assisted Death." *The Ottawa Citizen*, February 20.
- Morris, Wanda. 2018b. "Prohibiting Assisted Dying Does More Harm Than Good; Traditional Beliefs That Prefer Sending Patients to Hospices Can Cause Undue Pain." *The Ottawa Citizen*, July 3.
- Morris, Wanda. 2018c. "Prohibiting Assisted Dying Does More Harm Than Good; Traditional Beliefs That Prefer Sending Patients to Hospices Can Cause Undue Pain." *The Ottawa Citizen*, October 1.
- Payne, Elizabeth. 2017a. "Assisted Death a Hospital Issue; Few of the 18 Who Chose to Die in Ottawa Have Done So at Home." *The Ottawa Citizen*, January 11.
- Payne, Elizabeth. 2017b. "More Patients Asking to Die at Home." *The Ottawa Citizen*, April 8.
- Payne, Elizabeth. 2017c. "Nurse Practitioners Can Now Provide Medical Assistance in Death; Changes to College of Nurses of Ontario Regulations Allow for

- Prescribing Controlled Drugs, Substances." *The Ottawa Citizen*, April 20.
- Payne, Elizabeth. 2018. "Court Upholds Policy for Doctors on Assisted Death." *The Ottawa Citizen*, February 1.
- Reevelly, David. 2016. "Funding Increase for Hospices a Good Idea; Ontario Commitment to Palliative Care Meets Real and Growing Needs." *The Ottawa Citizen*, June 11.
- Sikka, Tina. 2016. "How Gender Could Affect Decisions on Physician- Assisted Dying; More Debate Is Needed on Implications of Biases That Favour Men in Health Care, Writes Tina Sikka." *The Ottawa Citizen*, May 9.
- Smith, Marie-Danielle. 2016a. "Senator Optimistic Bill C-14 Will Pass; Assisted Dying Bill Should Reach Senate Tuesday." *The Ottawa Citizen*, May 25.
- Smith, Marie-Danielle. 2016b. "Deadlock Looming for Assisted Dying Bill; 'Stick to Our Guns'." *The Ottawa Citizen*, June 17.
- Smyth, Michael. 1993. "Supreme Court Set to Rule on Right to Die." *The Ottawa Citizen*, September 28.
- Smyth, Michael. 1994. "Friends Hail Rodriguez as Hero; Struggle Gave Personal Focus to Right-to-Die Debate." *The Ottawa Citizen*, February 14.
- Southam News. 1993. "Rodriguez Awaits Supreme Court Ruling." *The Ottawa Citizen*, September 8.
- Stern, Leonard. 2004. "We Can't Condone Assisted Suicide." *The Ottawa Citizen*, October 3.
- Stewart, David J. 1994. "Physician Concerns." *The Ottawa Citizen*, February 19.
- Tam, Pauline. 2004. "Sick Patients Want the Right to Die, Yet Most Wouldn't Ask to Be Killed:." *The Ottawa Citizen*, September 12.
- Tandt, Den, Michael. 2016a. "Liberals Face Woe on Every Front; Too Many Files Turning Into a Clumsy Mess." *The Ottawa Citizen*, June 1.
- Tandt, Den, Michael. 2016b. "Liberals Elbow Way to Major Win; Assisted-Dying Law Passes with Collective Yawn." *The Ottawa Citizen*, June 20.
- Tibbetts, Janice. 2004. "Minister Wants Debate on Mercy Killings:." *The Ottawa Citizen*, November 18.
- Warren, David. 2005. "By the Numbers." *The Ottawa Citizen*, July 3.
- Watts, Richard. 2004a. "Deliberations Begin in Assisted Suicide Trial." *The Ottawa Citizen*, November 4.
- Watts, Richard. 2004b. "The Secret Network That Deals Death to the Suffering:." *The Ottawa Citizen*, November 7.
- Wilson, John. 2018. "Assisted Death Should Be There for Mentally Ill; Some Treatments Just Don't Work, John Wilson Says." *The Ottawa Citizen*, May 28.
- 1993a. "Protecting Life." *The Ottawa Citizen*, October 1.
- 1993b. "SUPREME COURT: Dying Need Lifelines Not Nooses, Group Says." *The Ottawa Citizen*, October 1.
- 1993c. "THE RODRIGUEZ DECISION: Majority Says Ban on Assisted Suicide Doesn't Violate Charter." *The Ottawa Citizen*, October 1.
- 1993d. "Dying Man Wants to Pick Up Where Rodriguez Left Off." *The Ottawa Citizen*, October 31.
- 1993e. "No Headline." *The Ottawa Citizen*, November 3.
- 1994a. "ALS Claims Activist Who Wanted Right to Die." *The Ottawa Citizen*, February

- 10.
- 1994b. "Police Investigate Sue Rodriguez's Death." *The Ottawa Citizen*, February 13.
- 1994c. "Life and Death." *The Ottawa Citizen*, February 15.
- 1994d. "MPs Promise to Reconsider Law Forbidding Suicide Aid." *The Ottawa Citizen*, February 15.
- 1994e. "ASSISTED-SUICIDE DEBATE: MD Denies Rodriguez in Pain Before Suicide." *The Ottawa Citizen*, February 16.
- 1994f. "The Battle Lives on; Sue Rodriguez's Death Forces MPs to Deal with Question of Assisted Suicide." *The Ottawa Citizen*, February 17.
- 1994g. "The Final Dignity." *The Ottawa Citizen*, February 18.
- 1994h. "Father Had No Option Except to Kill Disabled Daughter, Says Defence." *The Ottawa Citizen*, November 16.
2005. "Trial to Put Right-to-Die Issue in Spotlight." *The Ottawa Citizen*, October 6.
- 2016a. "C-14 Needs an Assist." *The Ottawa Citizen*, May 21.
- 2016b. "Legal Assisted Dying Days Away, but Will Doctors Balk?." *The Ottawa Citizen*, May 30.
- 2016c. "The Senate Overreaches." *The Ottawa Citizen*, June 17.
- 2016d. "Assisted Dying Law Challenged." *The Ottawa Citizen*, June 28.

Appendix 5: CBC.ca Articles Sampled

- As It Happens. 2018. "Doctor Accused of 'Sneaking in and Killing Someone' at Jewish Nursing Home Says She Did Nothing Wrong." *CBC.ca*. January 9. <https://www.cbc.ca/radio/asithappens/as-it-happens-monday-edition-1.4477708/doctor-accused-of-sneaking-in-and-killing-someone-at-jewish-nursing-home-says-she-did-nothing-wrong-1.4477714>. (accessed September 9, 2018).
- Bradley, Susan. 2018. "Cape Breton Man Sets Time for Medically Assisted Death After Doctor Is Found." *CBC.ca*. January 19. <https://www.cbc.ca/news/canada/nova-scotia/cape-breton-man-death-medical-assistance-1.4494847>. (accessed September 9, 2018).
- CBC News. 2018. "Author Lawrence Hill Speaks Out About His Mother's Journey to Medically Assisted Death." *CBC.ca*. June 4. <https://www.cbc.ca/news/canada/toronto/author-lawrence-hill-speaks-out-about-his-mother-s-journey-to-medically-assisted-death-1.4691000>.
- CBC Radio. 2018a. "Should Catholic Hospitals Have to Provide Access to Medically Assisted Dying?." *CBC.ca*. January 11. (accessed September 9, 2018). <https://www.cbc.ca/radio/thecurrent/the-current-for-january-11-2018-1.4481312/should-catholic-hospitals-have-to-provide-access-to-medically-assisted-dying-1.4482372>. (accessed September 9, 2018).
- CBC Radio. 2018b. "A Year After MAiD, a Husband Talks About Being the Spouse Left Behind." *CBC.ca*. January 26. <https://www.cbc.ca/radio/whitecoat/a-year-after-maid-a-husband-talks-about-being-the-spouse-left-behind-1.4503481>. (accessed September 9, 2018).
- CBC Radio. 2018c. "The Benefits and Perils of Organ Donation After Assisted Death." *CBC.ca*. January 26. <https://www.cbc.ca/radio/thesundayedition/the-sunday->

- edition-january-28-2018-1.4505238/the-benefits-and-perils-of-organ-donation-after-assisted-death-1.4505251. (accessed September 9, 2018).
- CBC Radio. 2018d. "Going Out with My Boots on': Tim Regan Used His Last Days to Lobby for a Clearer Path to Assisted Death." *CBC.ca*. August 24. <https://www.cbc.ca/radio/whitecoat/going-out-with-my-boots-on-tim-regan-used-his-last-days-to-lobby-for-a-clearer-path-to-assisted-death-1.4493373>. (accessed September 9, 2018).
- CBC Radio. 2018e. "Ontario Man with Dementia on Crusade to Plan His Own Death." *CBC.ca*. September 29. <https://www.cbc.ca/radio/thesundayedition/the-sunday-edition-september-30-2018-1.4841264/ontario-man-with-dementia-on-crusade-to-plan-his-own-death-1.4841267>. (accessed September 9, 2018).
- Gemmill, Angela. 2018. "Formal Network of Docs Offering Medical Assistance in Dying Is in the Works for Northeastern Ontario." *CBC.ca*. March 15. <https://www.cbc.ca/news/canada/sudbury/referral-network-maid-northeast-1.4576368>. (accessed September 9, 2018).
- Harris, Kathleen. 2018a. "Watchdog Calls for 'Compassionate' Parole as Prison System Adopts New Assisted Death Policy." *CBC.ca*. February 26. <https://www.cbc.ca/news/politics/terminally-ill-inmates-csc-zinger-maid-1.4546773>. (accessed September 9, 2018).
- Harris, Kathleen. 2018b. "Number of Canadians Choosing Medically Assisted Death Jumps 30%." *CBC.ca*. June 21. <https://www.cbc.ca/news/politics/maid-assisted-death-increase-1.4715944>. (accessed September 9, 2018).
- Hounsell, Kayla. 2018. "N.S. Woman Choosing to Die Earlier Than She Wants Due to 'Extreme' Assisted-Dying Law." *CBC.ca*. September 19. <https://www.cbc.ca/news/canada/medical-assistance-in-dying-legislation-1.4829100>. (accessed September 9, 2018).
- Laskowski, Chelsea. 2018. "Husband in Legal Limbo After Watching Wife Who Was Denied Medically Assisted Death Kill Herself." *CBC.ca*. June 4. <https://www.cbc.ca/news/canada/saskatoon/saskatoons-suicide-medical-assistance-denied-1.4690171>. (accessed September 9, 2018).
- Lindsay, Bethany. 2018. "Emails Reveal Hurdles for Patients Seeking Assisted Deaths at Faith-Based Facilities." *CBC.ca*. January 28. <https://www.cbc.ca/news/canada/british-columbia/assisted-death-faith-based-facilities-1.4495859>. (accessed September 9, 2018).
- MacPhee, Norma Jean. 2018a. "N.S. Man Ready for Medically Assisted Death — but There's No One to Help Him Die." *CBC.ca*. January 18. <https://www.cbc.ca/news/canada/nova-scotia/terminal-ill-man-medical-assisted-death-no-service-available-1.4492407>. (accessed September 9, 2018).
- MacPhee, Norma Jean. 2018b. "Weldon Bona Had to Delay Dying — and His Friends Vow No One Else Will Have to Wait." *CBC.ca*. April 27. <https://www.cbc.ca/news/canada/nova-scotia/maid-weldon-bona-medical-assistance-death-1.4637904>. (accessed September 9, 2018).
- McElroy, Justin. 2018. "B.C. Brings Doctor Fees for Assisted Dying in Line with Rest of Canada." *CBC.ca*. May 18. <https://www.cbc.ca/news/canada/british-columbia/assisted-dying-maid-fees-bc-2018-1.4668383>. (accessed September 9, 2018).

- Mckenna, Ryan. 2018. "Saskatoon Man Calls for Changes to Assisted-Dying Law After Wife's Death." *CBC.ca*. June 9.
<https://www.cbc.ca/news/canada/saskatchewan/saskatoon-man-calls-for-changes-to-assisted-dying-law-after-wife-s-death-1.4699586>. (accessed September 9, 2018).
- Moran, Padraig, *The Current*. 2018. "A Compromised Life Is Worth Living": Why Ing Wong-Ward Won't Choose Medically Assisted Death." *CBC.ca*. May 3.
<https://www.cbc.ca/radio/thecurrent/the-current-for-may-3-2018-1.4645398/a-compromised-life-is-worth-living-why-ing-wong-ward-won-t-choose-medically-assisted-death-1.4645437>. (accessed September 9, 2018).
- Nair, Roshini. 2018. "BCCLA Argues for Speedier Trial in Assisted Dying Law Challenge." *CBC.ca*. May 30. <https://www.cbc.ca/news/canada/british-columbia/bccla-argues-for-speedier-trial-in-assisted-dying-law-challenge-1.4683278>. (accessed September 9, 2018).
- Ore, Jonathan. 2018. "'There Was No Hesitation': Why a Couple Married 73 Years Chose Doctor-Assisted Death Together." *CBC.ca*. May 1.
<https://www.cbc.ca/radio/thecurrent/the-current-for-may-1-2018-1.4642084/there-was-no-hesitation-why-a-couple-married-73-years-chose-doctor-assisted-death-together-1.4639681>. (accessed September 9, 2018).
- Out in the Open. 2018. "He Didn't Want to Die. but He Didn't Want to Live with Huntington's More'." *CBC.ca*. February 2.
<https://www.cbc.ca/radio/outintheopen/freedom-ltd-1.4505386/he-didn-t-want-to-die-but-he-didn-t-want-to-live-with-huntington-s-more-1.4505650>. (accessed September 9, 2018).
- Paetkau, Jean. 2018a. "A Good Goodbye: B.C. Has Highest Rate of Medically Assisted Death in Canada." *CBC.ca*. January 29.
<https://www.cbc.ca/news/canada/british-columbia/good-bye-medical-assistance-in-dying-stefanie-green-jonathan-reggler-fred-salmon-1.4483123>. (accessed September 9, 2018).
- Paetkau, Jean. 2018b. "A Good Goodbye: B.C. Woman Says She Wants to Go Out with Her Boots on." *CBC.ca*. January 29. <https://www.cbc.ca/news/canada/british-columbia/diane-stringfellow-medical-assistance-in-dying-physician-assisted-death-good-bye-royston-1.4475252>. (accessed September 9, 2018).
- Paetkau, Jean. 2018c. "A Good Goodbye: Rules Requiring 2 Independent Witnesses Create Roadblocks to Assisted Death." *CBC.ca*. January 30.
<https://www.cbc.ca/news/canada/british-columbia/rules-requiring-2-independent-witnesses-create-roadblocks-to-assisted-death-1.4481033>. (accessed September 9, 2018).
- Paetkau, Jean. 2018d. "A Good Goodbye: 'Taking Control of Your Destiny:' B.C. Man Shares Story of Wife's Assisted Death." *CBC.ca*. January 31.
<https://www.cbc.ca/news/canada/british-columbia/dave-miller-storm-medical-assistance-in-dying-physician-assisted-death-good-good-bye-1.4475736>. (accessed September 9, 2018).
- Pauls, Karen. 2018. "Organ Donation Changes Dying for Those Getting Medically Assisted Death." *CBC.ca*. January 4.
<https://www.cbc.ca/news/canada/manitoba/dying-organ-donation-benefits->

- 1.4405020. (accessed September 9, 2018).
- Pitt, Sally. 2018. "P.E.I. Doctor Calls His Role in Medically Assisted Death a 'Profound Experience'." *CBC.ca*. February 27. <https://www.cbc.ca/news/canada/prince-edward-island/pei-medical-assistance-in-dying-kutcher-celliers-brittain-maid-1.4498684>. (accessed September 9, 2018).
- Rieger, Sarah. 2018. "Stigma, Access Still Barriers to Medically Assisted Death in Alberta 2 Years After Law Passed, Advocates Say." *CBC.ca*. June 2. (accessed September 9, 2018).
- Roberts, Terry. 2018. "Why Are There Fewer Doctor-Assisted Deaths in N.L.? It Might Have to Do with Religion." *CBC.ca*. May 6. <https://www.cbc.ca/news/canada/newfoundland-labrador/medical-assistance-death-1.4634927>. (accessed September 9, 2018).
- Sciarpelletti, Laura. 2018. "Exit Interview: John Hofsess Documentary Explores Assisted Death." *CBC.ca*. August 11. <https://www.cbc.ca/news/canada/british-columbia/exit-interview-john-hofsess-documentary-explores-assisted-death-1.4781190>. (accessed September 9, 2018).
- The Canadian Press. 2018. "Doctors Who Object to Assisted Dying and Other Treatments on Moral Grounds Must Give Referrals, Court Says." *CBC.ca*. January 31. <https://www.cbc.ca/news/health/ontario-assisted-dying-court-challenge-1.4512815>. (accessed September 9, 2018).
2018. "B.C. Doctor Predicts Ban on Assisted Death in Faith-Based Institutions Will Go to Court | CBC News," February. <https://www.cbc.ca/news/canada/british-columbia/jonathan-reggler-goo-bye-medical-assistance-dying-assisted-death-providence-health-fred-salmon-1.4483910>. (accessed September 9, 2018).

While the findings of this study corroborate at a high level with Burlone and Richmond's in the first two periods where a moral/rational subframe division appears, they do not in the third, when the top four frames in the Canadian media adopt a fully moral position, results I will discuss in chapter four of this thesis. Burlone and Richmond's model does not account for a *rights/legal*-based argument as a stand-alone subframe, one that dominates the Canadian discourse in all periods sampled for this research. In their research *rights* are included in the 'Moral 2: No Dignity' without Autonomy frame, as a component of the *dignity* subframe in my coding. The allocation of *rights*-based argument to the Moral 2 frame by Burlone and Richmond may account for the disparity between their findings and those of this study in the 2016-2018 period, when a rational framing disappeared from the top four frames.

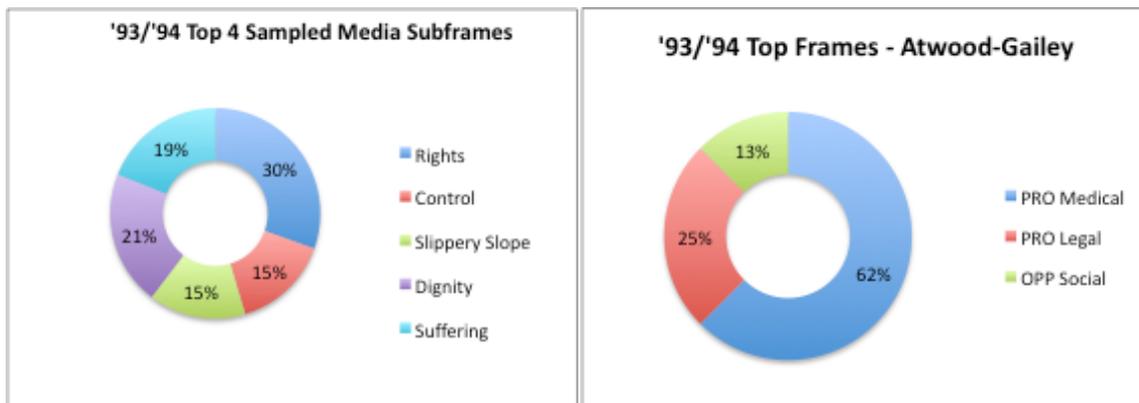
Table 6: Burlone and Richmond Assisted Death Frames

			Subframes	
			PROPOSANTS	OPPOSITION
Burlone and Richmond (2018)	FRAME	Moral Framing #1: Legality is not Morality	N/A	Sanctity of life Dignity
		Moral Framing #2: No Dignity without Autonomy	Humanity/Compassion	N/A
			Dignity	
			Individual autonomy	
		Rational Framing #1: The Lucrative Pandora's Box	N/A	Slippery slope Decrease in health services
			Rational Framing #2: Liberating Death	Slippery slope
		Individual and social consequences		
		Decrease in health services		

Karsoho et al., in a pair of 2016 articles discuss how both proponents and opponents of medically assisted death use the same discourse and tropes to frame and construct their respective arguments and influence social consciousness. Proponents make substantial use of the suffering trope according to Karsoho et al., a finding corroborated by this thesis and evidenced by the pervasive use of the term 'intolerable suffering' by the media. This is an example of Entman's (1993) selection and salience coming into play, as the filtering and amplifying by the media of certain aspects of

may have distorted the national social consciousness concerning medically assisted death in an unintentional direction, especially in hindsight. I write unintentional because the media, despite the use of utterances and associations that caused ambiguity, stigma and confusion, published stories that were disproportionately framed in favour of the pro-right-to-die side of the debate. This pro-right-to-die overall framing became apparent when I superimpose my findings back to Atwood-Gailey's frames, which I present in the form of a visual graphic (See Table 8: 1993 and 1994 Subframes with Atwood-Gailey's Frames).

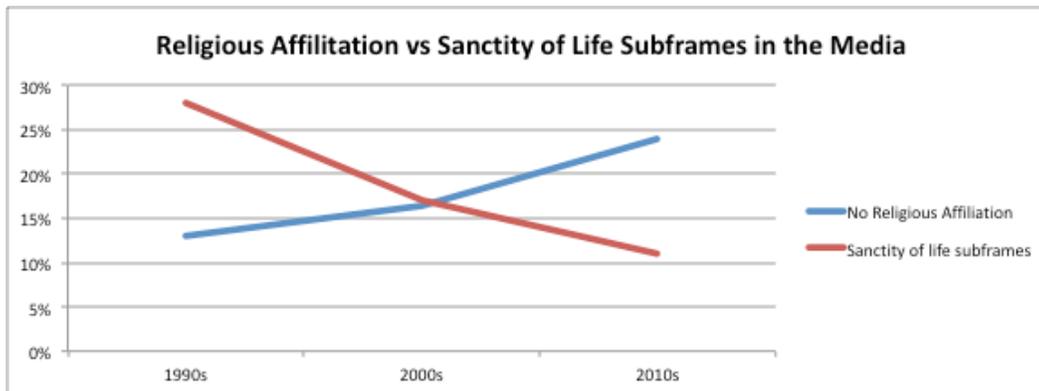
Table 8: 1993 and 1994 Subframes with Atwood-Gailey's Frames



This graphic (Table 8) reveals that the media in 1993 and 1994 were largely supportive of medically assisted death, and voiced this support through the use of advocative medical and legal frames. Dissenting frames, which account for a much smaller percentage of the conversation, are largely of a social leaning, per Atwood-Gailey's framework, and are comprised primarily of *slippery slope* arguments. The findings of this thesis for this period align with those of Atwood-Gailey, who identified that advocative medical and legal frames dominate the medically assisted death discourse, with *slippery slope* frames (social) being popular with dissenting voices.

between religiosity and support for medically assisted death is a possible area for subsequent investigation.

Table 10: Religious Affiliation vs. Sanctity of Life Subframes in the Canadian Media

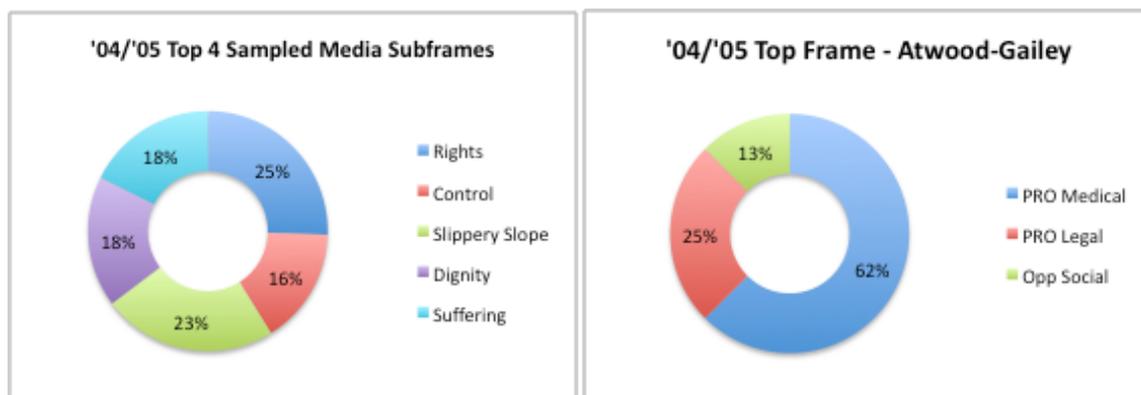


Regarding Foucault's (1991) rule for what is *sayable*, the media was well within its rights to use the language it did when referring to medically assisted death in the 1990s. The language and associations used, problematic in hindsight, were reasonable in the 1990s when the knowledge schema and frame or footing for assisted death were being established. They aligned with both religious tolerances and the law, as while suicide was legal, assisting someone with the act was not. As well, while the language used to describe the practice of assisted death was stigmatized, the media portrayed Rodriguez's request with a compassion and detail that ultimately framed it as a rational request to *control* an inevitable death, one ideally with *dignity* at a time of Rodriguez's choosing. This 1990s framing of the debate, was refracting and priming the national social consciousness towards the legalization of medically assisted death 20 years later, a portrayal I will address in the Messengers section, below.

The last thing to mention concerning the decline of religiosity in Canada as it pertains to this research is the relationship between the Church and knowledge dissemination. The church, along with other social groups, has traditionally been the

From a framing and subframing perspective, research results described herein suggest this period remained consistent with the frames from the 1990s, with the most significant adjustment occurring within the *slippery slope* subframe, which increased from 15% to 23% of the top four frames sampled. As with the previous period, the results of this period were cross-referenced with those of Atwood-Gailey (2003) to assess if the framing of MAiD in the Canadian press diverged at a high level from that of other jurisdictions. These results are presented in graphic form (see Table 11: 2004 and 2005 Subframes with Atwood-Gailey's Frames). Despite the peak in the *slippery slope* subframe in the Canadian press, the result of cross-referencing these findings with Atwood-Gailey's remained unchanged from the 1990s. The media at this time was still framing the debate mainly in favour of legalized medically assisted death, and using medical, legal and social frames to make their case.

Table 11: 2004 and 2005 Subframes with Atwood-Gailey's Frames

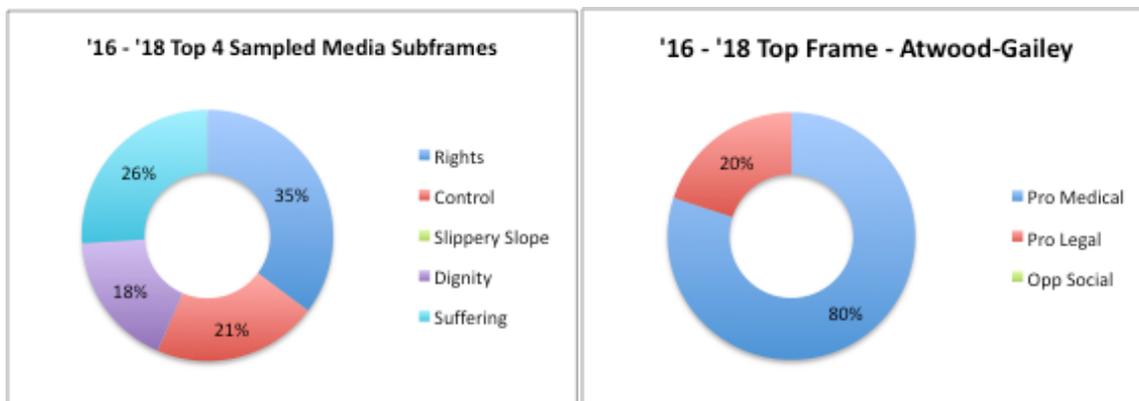


By the early 2000s, the practice of medically assisted death had been germinating in the national social consciousness for ten years. As well, the number of expert witnesses who could address local concerns, and provided testimony from actual lived experience had increased locally and globally. Understanding and knowledge of the practice were beginning to deepen from its original state in the 1990s. As the following discussion will

conditions, such as dementia, spinal stenosis, and mental health issues that render them ineligible for MAiD because they are not deemed mentally competent at the time of their assessment or procedure and/or because their death is not ‘reasonably foreseeable’.

Broadening eligibility was the number one emergent frame for this period.

Table 12: 2016-2018 Subframes with Atwood-Gailey's Frames

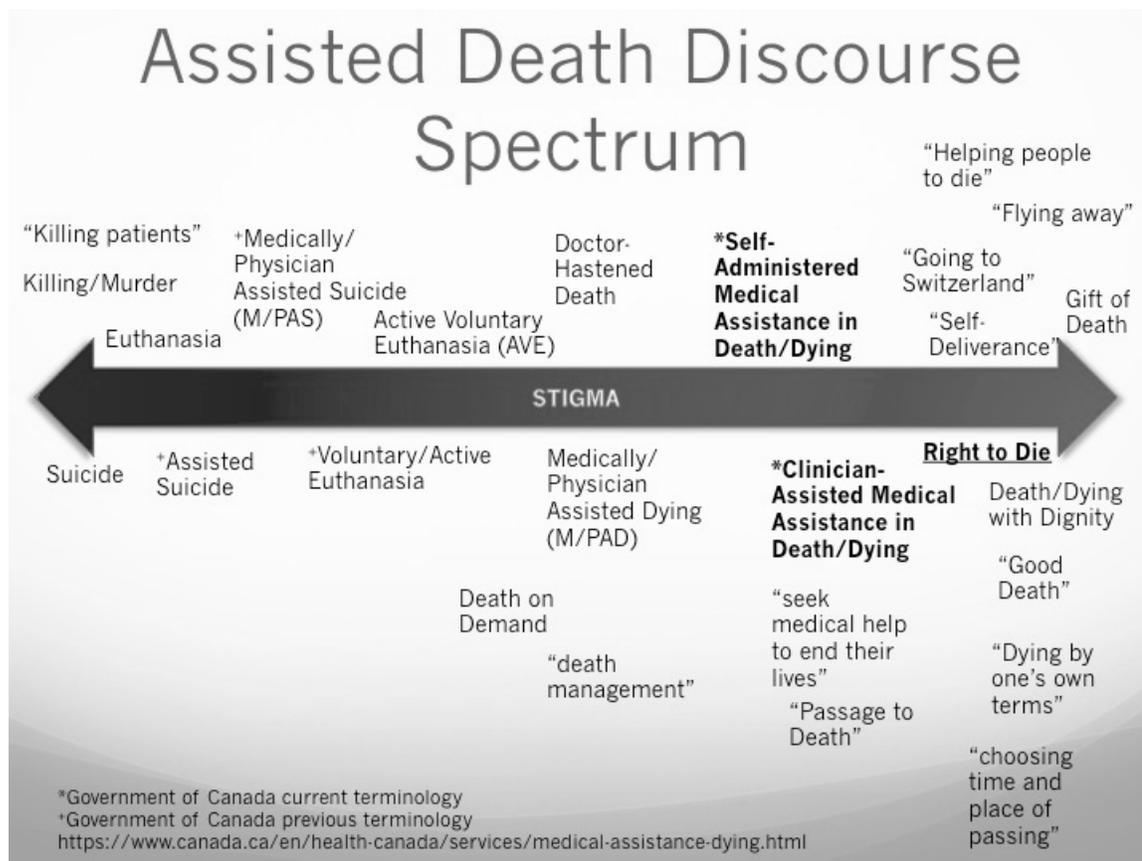


Assisted Death Talk in Canada

Norwood (2009) described her notion of euthanasia talk in the Netherlands as a phenomenon with discursive, social and ontological elements. Similarly, in Canada, 1) Discourse as euthanasia talk appears through the language and process used to discuss and be approved for an assisted death, which is frequently detailed in the Canadian press. 2) Social elements manifest through the narrative depiction of ill people being socially re-awakened merely through discussing end-of-life plans with healthcare providers, caregivers and families. This increased sociability is constructed and evidenced in the press through the anecdotes of families rallying around and supporting loved ones as they navigate their final months, weeks, days and hours of life. 3) Ontological benefits are detailed in the press through the phenomenon of experiencing relief by merely being approved for medically assisted death. People with a condition with a life-ending trajectory, as depicted by the press, find solace knowing they have a way out, with

Appendices

Appendix 1: Assisted Death Discourse Spectrum



Appendix 2: *Maclean's* Magazine Articles Sampled

- Bethune, Brian. 2005. "SOCIETY: TERRI SCHIAVO'S CRUEL DEATH the Way She Died Makes a Case for Assisted Suicide." *Maclean's*, April 11.
- Chisholm, Patricia. 1993. "The Supreme Court Rejects a Dying B.C. Woman's Appeal for Medical Help in Taking Her Life." *Maclean's*, October 11.
- Chisholm, Patricia. 1994. "A Blunt Instrument'." *Maclean's*, November 28.
- Corelli, Rae, and Frann Harris. 1994. "Mercy on Trial." *Maclean's*, November 21.
- Fennell, Tom, Sharon Driedger, Luke Fisher, and Art Robinson. 1994. "What Would You Do?." *Maclean's* 107 (48). Toronto, Canada: 16–20.
- Gulli, Cathy. 2016. "The New Pro-Choice: When Does Life--and a Doctor's Duty--Begin and End? Assisted Dying Is Dredging Up the Big Questions of the Abortion Debate, for Better or Worse." *Macleans.Ca*. June 6.
<https://www.macleans.ca/society/health/assisted-death-is-the-new-pro-choice/>
- Jenish, D Arcy. 1994. "Live and Let Die." *Maclean's*, February 28.