

# Mary balow

[Life](#), [Death](#)



Mary Balow Soc 4101W 4/1/2013 The Media's Treatment of Physician-Assisted Suicide As with many legal issues that transcend religious, moral, and political beliefs, differences among opinion are expected and nearly unavoidable in the media. Physician-assisted suicide is one such issue where opinions are significantly polarized and, at times, dogmatic. Physician-assisted suicide is suicide facilitated by a physician through the administration of a prescribed lethal dose of medication. This debate has been a legal battle since 1997 when Oregon first allowed licensed physicians to give lethal doses of medications to terminally ill patients who choose death over intolerable suffering. Since then, Montana and Washington state have legalized physician-assisted suicide while Massachusetts, Florida, and many other eastern states have deemed the practice illegal. What is at stake with physician-assisted suicide in the media is certainly not static because of the wide range of publications. Some publications choose to focus on end-of-life care and how our nation should be putting forth efforts and investments to improve patients' lives rather than ending them. There is also an assortment of media outlets that invoke Marx's conflict theory and the fear of possible coercion of the terminally ill patients due to pressure of burdened family members and physicians. Lastly, various other media sources center their articles around the legal aspects facing the prosecution of physicians themselves. How the media mold their articles based on these separate themes undoubtedly sheds light on their philosophical positions and the audience they are attempting to target. News articles found in The New York Times, The Boston Globe, and The Daily Inter Lake from Northern Montana framed their writing around the implications of health care and end-of-life

care regarding physician-assisted suicide. Many of the arguments raised by state legislators and patients revolve around improving our end-of-life care rather than ending peoples' lives without another, possibly better, option. Kirk Johnson's article in The New York Times raises the issue that before giving people the option for physician-assisted suicide, everyone should have equal access to health care. In rural areas of Montana where hospitals are miles away, accessibility is a serious problem. One Democratic state legislator in Montana stated that, " It is not simply whether everyone has a right to choose; it's whether they are given all the choices" (2009, para. 23). Opponents argue that the State Constitution of Montana was written in 1972 during a " privacy-rights movement" which certainly resonates throughout the language of their constitution, and evidence of legal precedent taking action and having an effect on case rulings. The Montana Supreme Court tends to keep individual autonomy and dignity in the forefront of their minds when it comes to these debates. Physician-assisted suicide, however, is still seen as an issue that crosses many value systems because of its domestic nature. This argument is seen again in The Boston Globe as well as in The Daily Inter Lake. In The Boston Globe, a ballot initiative in Massachusetts is the focal point of a recent news article that had the potential to legalize physician-assisted suicide, but was rejected by a few votes. Rosanne Meade, chairwoman of Committee Against Assisted Suicide, says that the idea of physician-assisted suicide is a " flawed approach to end-of-life care" (2012, para. 3). The defeat of this proposed bill had others breathing a sigh of relief as well including a leader of the Roman Catholic Church in Massachusetts, Cardinal Sean O'Malley. His hope for the future is that our society is able to

give terminally ill patients more than just a way to end their lives. The opposing views to this argument are barely noted in this article as there is no mention of specific groups or people who are supporters of physician-assisted suicide, indicating strong evidence of unspoken biases favoring those against the practice. In *The Daily Inter Lake*, a smaller publication from Montana, an editorial presents the argument that health care costs are soaring which leads to doctors pushing for “ a few pills [instead of] expensive end-of-life care” (2013, para. 9). This opinion piece takes a stance against physician-assisted suicide and reiterated the statistic that suicide rates have increased by 35% since assisted suicide was legalized in Oregon. These smaller, local publications deeply analyze the moral implications of physician-assisted suicide instead of the ethical implications which are more prevalent in larger publications. Within this group of articles that focus on health care and end-of-life care, the differences among them is directly related to their target audience. Those reading *The New York Times* may receive a more well-rounded analysis of what is at stake for the legalization of physician-assisted suicide because as a nationally read newspaper, it does not exhibit partisan biases when covering a legal issue in another state. *The Boston Globe* and *The Daily Inter Lake*, on the other hand, are speaking from a local viewpoint. Because the issue hits closer to home, more biases and favoring will come naturally due to narrowcasting and honing in on their most probable audience. While the above articles had a focus on health care and the logistics of its’ place in physician-assisted suicide, there were many articles that emphasized Karl Marx’s conflict theory involving coercion. The argument is that towards the end of a person’s life, they feel like a burden

on others which puts them in a position to possibly be coerced by their family and their physician to take a prescribed dose of lethal medication. Valley News out of New Hampshire, a local online news source called OregonLive that features stories from the Oregonian, and The New York Times all attempt to focus the readers on this more domestic issue of coercion. Obviously, The New York Times is national publication, and as expected, includes many more points of view rather than a clear biased position. Coercion is described as an “invisible force” due to “looks of exhaustion in a loved one’s eyes or the way nurses and friends sigh in [their] presence while [they] are zoned out in a hospital bed” (2012, para. 10). To emphasize this point, the article uses an emotionally enthralling story about a man named Ben Mattlin and his struggle as a disabled individual. He is against physician-assisted suicide because of the power dichotomy between not only a physician and a patient, but an able bodied person and a disabled person. Not surprisingly, this editorial was featured in the opinion pages section of The New York Times. A reader would be hard-pressed to find such a poignant perspective on the front page of a national newspaper. Locally, OregonLive features a story of a man, Peter Goodwin, who had practiced family medicine for 50 years. After learning he had a debilitating brain disorder, he began to understand that difference as a patient and as a physician. He, too, saw how a doctor could pressure a patient to succumb to a fatal dose of medication. Goodwin does not, however, see this as a flaw in the law of physician-assisted suicide. He explains that this was a question of individuals and not something a federal or state law can improve upon. As a resident in Oregon, he has received a lethal amount of medication which he

plans to take on his own time. The moral issue of being of sound mind to legally take the dose of medication lies outside the realm of what an ethical law can justify, and Goodwin firmly believes the implications of this debate lie on an individual level rather than a more encompassing , ethical level. Valley News, another smaller publication from New Hampshire, focuses part of the article on legal precedent while keeping the coercion as the main argument. In Vermont, there were two versions of the Senate bill in regards to the Death With Dignity Act. The original bill had safeguards in place to ensure that patients were not being pressured or abused. The second bill, however, “ does not require any kind of open conversation between patient and doctor about assisted suicide” (2013, para. 12). Many support the first bill over the second bill simply for what is at stake with coercion. This article continually emphasizes the importance of the individuality of the issue. Joe Benning, a Republican State Senator in Vermont, explains that, “ the decision in the end should be between the patient and the doctor” (2013, para. 30). The implications of coercion prove to be a case-by-case issue, and these articles show how morality plays a role in physician-assisted suicide statues. Social science data is also an important component of the coercion argument, and is featured in each of these articles through anecdotes and testimonials. The last three articles, which all focus on the implications of physicians and the laws surrounding them, were found in The San Francisco Chronicle, Albany’s Times Union, and Great Falls Tribune representing Great Falls, Montana. The San Francisco Chronicle focuses on what is considered illegal versus what is considered legal with physician-assisted suicide. In 1999 when this article was published, Dr. Jack Kevorkian was imprisoned for

administering a lethal dose of medication to a terminally ill patient. He did not, however, allow the patient to take the medication on their own time. The article points out that the law must include a necessary stipulation that patients must administer the drug to themselves. Assemblywoman Audie Bloch declares that if this had been the law in Michigan when Dr. Kevorkian was first on trial, he would have been in jail long ago (1999, para. 15). There are many people who are used for testimonials in The San Francisco Chronicle. Assembly committee members, a director of a local Field Poll, a Los Angeles oncologist, and a history professor from San Francisco State University all explained their stance on the issue. The eclectic group of professionals interviewed for the article indicate a serious attempt at creating an equally balanced story on physician-assisted suicide. Larger publications are expected to have a variety of testimonials as opposed to smaller publications like Times Union and Great Falls Tribune. Times Union also lays out each stipulation for physicians when it comes to the practice. The requirements for legal use of physician-assisted suicide in a Vermont amended bill are that the patient, of sound mind, had to make the request three times for the lethal medication, and two doctors had to agree on a prognosis of less than six months. These safeguards constrain physicians to a limited number of cases making the practice seem far less ambiguous and possibly abusive. Nevertheless, these two articles both bring up the question of the vagueness of what terminally ill means, and, as Dr. Ana Gomez points out, “ by no means does terminal mean terminal, we still get it wrong” (2012, para. 9). Without clear safeguards to hold each doctor to the same standard, this practice can become messy. A difference in this article in

comparison to The San Francisco Chronicle is that only senators and the governor were used for testimonials in Times Union. This directly affects opinions of the public because if they are not exposed to each side of the argument, formulating their own opinions will be based exclusively on the expressed opinions of the media. The media is often regarded as the fourth branch of government, and are relied upon by society to provide an inside view of legal issues, If the media favors a certain position then ballot votes will certainly reflect that bias. Analyzing the focus points of this article and those they interview sheds light on the journalist's purpose for the story. The Great Falls Tribune's article uses a more emotionally riveting depiction of the implications of physicians. This article focuses on an existing Montana law which states that aiding or soliciting suicide is illegal. The newly amended bill is attempting to include physician-assisted suicide under the description of aiding or soliciting suicide. Much like the other two articles, the implications of physicians and the laws surrounding physicians are explicitly spelled out. In Montana, a physician would be imprisoned for 10 years or pay a \$50, 000 fine. The goal is to " keep doctors from practicing ' sloppy medicine' and work with patients' health challenges instead of doing the ' easy thing' and [recommend] physician assisted suicide" (2013, para. 6). It is quite noticeable that this article focuses on the physician's implications as the only testimonials used are by physicians themselves unlike the other two articles which featured senators and governors. Other than the main difference in types of social science data, all three articles saw the importance of this issue in the realm of physicians. Despite reporting on the same legal issue, the way news sources manipulate the content of their article has vast



implications on the public's perception. In the case of physician-assisted suicide, if a journalist chooses to focus on equal access to health care then the target public will view that as the main component of the debate. On the other hand, if a news outlet chooses to rely more on social science data, in this case coercion by physicians and family members, then that audience will perceive the issue as one based on moral values. The differences among society's perception of physician-assisted suicide creates social disturbance because without a clear distinction of what is right and wrong, our collective moral values remain somewhat ambiguous. Clearly, the media will always be society's avenue to receive information on legal issues, and the way they describe the issue is completely in their hands through the article's title, word choice, and focus of information. Daily Inter Lake. (2013, March 23). Slippery slope of assisted suicide. Daily Inter Lake. Retrieved from [http://www.dailyinterlake.com/opinion/editorials/article\\_25f14270-9373-11e2-9930-001a4bcf887a.html](http://www.dailyinterlake.com/opinion/editorials/article_25f14270-9373-11e2-9930-001a4bcf887a.html) Fleisher, Chris. (2013, March 10). Vt. Lawmakers, Doctors grapple with assisted-suicide issue. Valley News. Retrieved from <http://www.vnews.com/home/4560252-95/care-bill-suicide-assisted> Gram, Dave. (2013, February 13). Vermont Senate approves amended death bill. Times Union. Retrieved from <http://www.timesunion.com/default/article/Vermont-Senate-approves-amended-death-bill-4274113.php> Gunnison, Robert. (1999, April 21). Assembly panel OKs assisted-suicide bill/Field Poll says most state support practice. The San Francisco Chronicle. Retrieved from <http://www.sfgate.com/politics/article/Assembly-Panel-OKs-Assisted-Suicide-Bill-Field-2935252.php> Johnson, Kirk. (2009, August 31). Montana court rule on assisted suicide case. The New York Times. Retrieved

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