THE PENNSYLVANIA STATE UNIVERSITY
SCHREYER HONORS COLLEGE

SCHOOL OF PUBLIC AFFAIRS

PHYSICIAN-ASSISTED SUICIDE: THE DEVELOPMENT OF ASSISTED SUICIDE LAWS IN PENNSYLVANIA

KODIE BRUMBACH
SPRING 2016

A thesis
submitted in partial fulfillment
of the requirements
for a baccalaureate degree
in Public Policy
with honors in Public Policy

Reviewed and approved* by the following:

Anne S. Douds
Lecturer in Criminal Justice
Thesis Supervisor

Ronald Walker
Associate Professor of Mathematical Sciences
Honors Adviser

Matthew C. Woessner
Associate Professor of Political Science and Public Policy
Faculty Reader

* Signatures are on file in the Schreyer Honors College.
ABSTRACT

This study examines different forces in society and how they relate to the development of physician-assisted suicide (PAS) laws in Pennsylvania. It focuses on eight specific themes to determine how they relate to the passage/rejection of legislation in Pennsylvania. This study breaks down each theme into specific events that may have led to an increase in media coverage, which in turn may have influenced the current law. This study also determines the relationship of several factors of each theme, as well as how those factors may have led to the decision of Pennsylvania's law. The hope of this study is to determine which theme had the most influence over the current state of law, and what relationships have developed to help influence future law.
TABLE OF CONTENTS

LIST OF FIGURES .............................................................................................................. iii
LIST OF TABLES ................................................................................................................ iv
ACKNOWLEDGEMENTS ................................................................................................... v
Chapter 1 Introduction ..................................................................................................... 1
Chapter 2 Literature Review ............................................................................................ 1
Chapter 3 Methods .......................................................................................................... 23
Chapter 4 Results ............................................................................................................. 24
Chapter 5 Discussion ....................................................................................................... 27
Chapter 6 Conclusion ...................................................................................................... 42
BIBLIOGRAPHY ................................................................................................................ 44
LIST OF FIGURES

Figure 1: Articles published on the above factors between 1996 and 1998..........................27
Figure 2: Occurrence of social forces mentioned in articles..................................................31
Figure 3: Newspaper coverage in Pennsylvania ......................................................................34
Figure 4: Tones of articles ........................................................................................................41
LIST OF TABLES

Table 1: Media coverage of major PAS events by year

.................................................................25
ACKNOWLEDGEMENTS

I would like to express my appreciation to Dr. Douds, my thesis supervisor, for her guidance, encouragement, and continuous support throughout this process. I would also like to thank my faculty reader, Dr. Woessner, for his positivity, guidance, and endless support. Their time, dedication, and patience deserves to be recognized. I would also like to thank my family for their endless love and support throughout the course of my education.
Chapter 1
Introduction

PAS is a controversial subject. Major events have caused an increase in media coverage over this law. The recent decision that led 29 year old Brittany Maynard to move to Oregon to participate in Oregon's Death with Dignity Act (DWDA) provoked my interest in this law. This interest influenced my decision to conduct a study on major social forces in society and how they relate to the development of PAS laws in Pennsylvania. This study breaks each theme into specific events that may have led to an increase in media coverage, which in turn may have influenced current law in Pennsylvania. This study led me to believe that Patients and Interest Groups will be the most significant forces among the coverage of PAS in Pennsylvania.

Chapter 2
Literature Review

I. Introduction to Physician-assisted Suicide

It is difficult to determine which influences in society have led to five states legislatively providing for PAS, and why 41 states have statutes against it. Past research examines whether this practice is an issue of patient rights or medical limitations. Some literature suggests that it is a legal issue, while other literature argues it is a matter of ethics and morals (Snyder & Sulmasy 2001). PAS has become both a well-known and popular topic in end-of-life care for terminally ill patients, making it an important topic worth further research. Terminal illnesses, dementia, depression, or other diseases associated with physical pain may influence the public's opinions on PAS. Steck et al's (2013), argue that terminally ill patients with less than six months to live
deteriorate slowly and painfully. Steck et al's (2013) studies show that some medical interventions may prolong suffering, which results in patients wanting to hasten their death.

In order to have an informed discussion on the topic, it is important to define PAS. According to the journal of *Palliative Medicine*, PAS occurs when "a doctor intentionally helps a person to commit suicide by providing drugs for self-administration, at that person’s voluntary and competent request" (Materstvedt et al, 2003). This definition identifies the role of the physician and the patient.

Researchers for the *American Journal of Health-system Pharmacy*, Jennifer and Andrea Fass, found that in order to be eligible to receive PAS, a patient must be at least 18 years of age, a legal resident of the participating state, he or she must be capable of making and communicating health care decisions, and also must be diagnosed with a terminal illness with a life expectancy of six months or less (2011). After eligibility requirements are satisfied, the patient must make two oral requests to a physician, at least 15 days apart. Their study also stated that the patient must "provide a written request to an attending physician, the person with the primary responsibility for the patient’s care and treatment of the terminal illness; the request must be signed before two witnesses" (Fass & Fass 2011).

The physician must refer the patient to a consulting physician to confirm the diagnosis and determine whether he or she thinks the patient is capable of making such decisions. If there is any suspicion that the patient is incapable of making decisions, the patient is referred for a mental health evaluation to be evaluated for any mental disorders. Following those steps, the physician is required to notify the patient of any alternatives to PAS, as well as recommending the patient contact his or her next of kin before he or she continues with any PAS procedures (2011).
II. Treatment Options

There are two medical options to assist with death: euthanasia and PAS. However, euthanasia is illegal in the United States, nonetheless, it is important to understand how it works throughout the world. There is voluntary, non-voluntary, and involuntary euthanasia, as well as active and passive euthanasia.

According to the *Contemporary Readings in Law and Social Justice*, "euthanasia is the intentional killing committed to relieve the physical pains of a person suffering from an incurable disease and whose death is, therefore, inevitable" (Diaconescu 2012). While performing a euthanasia treatment, physicians administer the lethal medication themselves. As mentioned above, each case of euthanasia is distinguished in three forms: voluntary euthanasia, non-voluntary euthanasia, and involuntary euthanasia.

Voluntary euthanasia is when death is caused upon the request of a suffering person. Non-voluntary euthanasia is ending the life of a person who cannot choose himself between living and dying. Involuntary euthanasia is performed on a person who is able to provide informed consent, but does not because he or she was not asked (Diaconescu 2012). Active euthanasia is the intentional killing of a person suffering from an incurable disease by administering a lethal dose of medication to a patient (Diaconescu 2014). Whereas passive euthanasia is defined as death due to inaction, or stopping the treatment or technical medical assistance (Diaconescu 2012).

PAS differs from euthanasia because it allows a patient to request a prescription from his or her doctor for a self-administered lethal dose of medication to end his or her life. Jennifer and Andrea Fass researched the most common drugs issued for PAS and found that secobarbital is the medication most commonly prescribed for PAS, followed by pentobarbital being the second
most common medication prescribed (Fass & Fass 2011). Their research identified the lethal
dose of secobarbital is 9 grams in capsules, or 10 grams of pentobarbital liquid to be consumed at
one time. It is recommended that the patient takes juice with the medication to account for the
bitter taste (Fass & Fass 2011). The pharmacist or physician will usually recommend the patient
take the medication on an empty stomach to increase the medication's rate of absorption, as well
as taking an antiemetic about one hour before ingesting the lethal medication to prevent vomiting
(Fass & Fass 2011). These medications are administered to patients throughout each state with a
PAS law.

III. State Laws on PAS

Four states expressly allow PAS; Oregon, Washington, Vermont, and California. Montana currently does not
prohibit PAS, however, it protects doctors who write lethal medication prescriptions for terminally ill patients who request the medication. Forty-one states
have laws prohibiting PAS, and the remaining four do not have PAS laws.

Oregon

In November 1994, Oregon became the first state to legalize PAS, where it is commonly referred to as Oregon's DWDA. The act allows residents who are suffering from a terminal illness to receive prescriptions for self-administered lethal medications from their doctors, but
does not allow for euthanasia, where a doctor directly administers medication to a patient in
order to end his or her life (Cohen-Almagor & Hartman 2001). Implementation of the act was
banned for several years, but finally began on October 27, 1997.

DWDA passed in 1994, with 51% in favor of the law and 49% opposed to it (Cohen-Almagor & Hartman 2001). According to Cohen-Almagor and Hartman, in 1997 "Measure 51 (to overturn the Act) was rejected by an even greater margin (60% to 40%) than had originally
approved" (Cohen-Almagor & Hartman 2001). The citizens of Oregon took an active role in the legislation process by voting and reflecting their views on the legality of PAS. The Oregon Public Health Division reported that 155 prescriptions for lethal medications were issued in 2014, and 105 people died from ingesting the medication ("Oregon's Death" 2014). They also discovered a total of 1,327 people have had DWDA prescriptions written and 859 patients have died from ingesting the medications since 1997, with no patients regaining consciousness after ingesting the prescribed medication ("Oregon's Death" 2014). Every patient who received a prescription under the DWDA had to comply with four regulations: a terminal illness diagnosis, three requests, a 15 day waiting period, and a confirmation from a physician.

Under Oregon's DWDA, patients must be terminally ill adults with a life expectancy of six months or less to live. Two oral requests and one written request are required by the patient to be considered for lethal medication. Under the DWDA, there is a 15 day waiting period between the patient's first oral request for medication and the date when the patient may receive the prescription. Finally, the attending physician's diagnosis must be confirmed by a consulting physician, as well as both physicians determining whether or not the patient is capable of making decisions (Wineberg & Werth 2003).

According to Cohen-Almagor and Hartman (2001), individuals requesting PAS in Oregon are well-educated, well-insured, usually in hospice care, and often concerned about their loss of independence. Their research suggests the most common reasons for PAS were loss of autonomy (81% of patients in 1999), and being unable to participate in life's enjoyable activities (81% of patients in 1999). They found that financial worries played no role in the patient's decisions, and that there was no evidence to suggest that poor or uneducated individuals were
seeking PAS under the DWDA (Cohen-Almagor & Hartman 2001). Following Oregon's DWDA, Washington enacted its own PAS law.

Washington

Washington was the second state to legalize PAS. On June 26, 1997, the United States Supreme Court decided Washington's ban was unconstitutional" (Washington v. Glucksberg 1997). In Washington v. Glucksberg, a doctor named Harold Glucksberg, three other doctors, three terminally ill patients, and an organization called Compassion in Dying filed suit in federal district court for a declaration that Washington's PAS ban was unconstitutional as applied to terminally ill, mentally competent adults. The lower court found that Washington's ban on PAS was unconstitutional because it violated the Fourteenth Amendment's Due Process Clause (Washington v. Glucksberg 1997).

After being taken to the Supreme Court of the United States, the court found that Washington has an unqualified interest in the preservation of human life, and that the interest is symbolic and inspirational, as well as practical (Washington v. Glucksberg 1997). In other words, they found that Washington's ban was constitutional. However, in 2008 the State of Washington voted in favor of Initiative 1000, which made PAS a legal practice in Washington under the Washington DWDA.

Initiative 1000, similar to Oregon's DWDA, was passed on November 4, 2008 by a majority of 59% to 41% and did not take effect until March 5, 2009. Similar to Oregon's law, it allows physicians to prescribe a lethal dose of medication for mentally competent patients with six months or less to live (Dyer 2008). In order to receive the medication, patients must meet a set of requirements similar to Oregon's standards. In 2010, 68 physicians wrote lethal
prescriptions for 87 patients in Washington. Fifty-one of those patients died after taking the lethal medication (O'Reilly 2011).

**Vermont**

Vermont does not directly mention or prohibit PAS in its statutes. In Vermont's chapter on "Advance Directives," the state declares that "nothing in this chapter shall be interpreted to affect the statutory or common law in existence at the time of enactment applicable to death intentionally hastened through the use of prescription medication" (Wingfield & Hacker 2007). On May 20, 2013 a law empowering mentally competent and terminally ill patients to choose PAS took effect in Vermont. It is often referred to as the Patient Choice at the End of Life Act (PCEOL), and is very similar to Oregon's DWDA (Tucker 2014). Vermont legislators were the first to enact a statue that permits PAS while also protecting the physicians administering the medication.

To be eligible for PAS in Vermont, patients must be diagnosed with a terminal illness and be given six months or less to live. In phases I and II, eligibility is available to capable (ability to make and communicate healthcare decisions) patients only. Patients over the age of 18 are eligible to receive PAS care. Phase II of PAS requires for a treating relationship, or a bona fide physician patient relationship (Tucker 2014). Similar to Oregon, patients in Vermont must make two oral requests for PAS, separated by a period of at least 15 days. During Phase I, a patient makes one written request, witnessed by a minimum of two disinterested witnesses (Tucker 2014). Under Vermont's PAS law, physicians are required to follow certain procedures.

Physicians in Vermont are required to document all of the patient's requests, as well as advising the patient of the option to withdraw his or her request for PAS (Tucker 2014). They are also required to comply with informed consent provisions, such as advising the patient of
alternative options such as hospice care. Physicians are required to confirm the diagnosis, prognosis, and mental state of the patient he or she is treating. Vermont requires a physician wait at least 48 hours from any prerequisite events before writing a lethal prescription (Tucker 2014). Research also shows that doctors must make a referral for a second opinion and comply with extensive record keeping and reports (Tucker 2014). Each state that has PAS also has safe harbors\(^1\), including Vermont's PCEOL Act.

Vermont’s statute is similar to Oregon and Washington's PAS laws. Vermont modeled its law after Oregon and Washington to prevent slippery slopes from occurring while keeping the practice well within legal bounds. Oregon, Washington, and Vermont have seen much success with their PAS laws, while possibly influencing other states to enact PAS laws.

**California**

In Sacramento, California, assembly members Lloyd Levine, Patty Berg, and Speaker Fabian Nunez made an announcement that the California Association of Physicians Groups (CAPG), an organization representing health maintenance organizations, is supporting PAS. Prior to the passage of California's PAS law, the group publicly showed their support of legislation with intentions of bringing PAS to the millions of uninsured and underinsured Californians ("Fabian Nunez," 2007). The California Disability Alliance group stated their intentions to increase their fight against PAS and start a protest. Other disability rights organizations made statements that PAS would bring a low-cost alternative to providing quality

---

\(^1\) Safe harbors are clear statutes that ensures physicians feel safe when practicing assisted suicide. Vermont's safe harbor "provides clear statutory immunity from civil, criminal, and disciplinary sanctions for physicians providing aid in dying" (Tucker 2014). Therefore, physicians can practice assisted suicide without worrying about the legality of their actions.
medical care for people with chronic illnesses, terminal diseases, or disabilities ("Fabian Nunez," 2007).

On October 5, 2015, Governor Jerry Brown signed a measure that legalized PAS in California. Similar to other states, this statute allows physicians to prescribe lethal doses of medication to terminally ill patients who want to hasten their death. Although it is modeled after Oregon's DWDA, there is little research suggesting how this law came into effect due to its recent passage. It requires further research to identify what led to its passage in California.

IV. Social Forces and PAS

It is not clear what influenced the law, but there is literature that suggests Physicians, Patients, Families, Legislators, Lobbyists, Public Opinion, and Media may have influenced PAS laws. Although, members from each group have different perspectives on the legalization of PAS. Before any of this can be established, there must be literature to support the opinions of the above forces.

Physicians and PAS

The role of the physician is paramount to the discourse on PAS. Carter, a writer for the New York Times, explains the right to PAS does not force physicians to perform suicide, rather it gives assisting physicians the protection from prosecution (Carter 1996). One study suggests that physicians who support PAS emphasized the relief of suffering, individual autonomy, and the patient's right to be free from paternalistic state intrusion. They also argued that allowing a small number of PAS under carefully controlled and narrowly restricted conditions is more acceptable than acceding to secret and unregulated activity (Bachman et al, 1996).

Researchers Cohen, Fihn, Boyko, Jonsen, and Wood (1994) sent questionnaires to physicians in the State of Washington asking their position on PAS. Of the 1355 doctors who
received the survey, 938 responded to it. The researchers found that "fifty percent of the respondents agreed with the statement that PAS is ethically justified. Fifty-three percent thought PAS should be legal in some situations, but only 40% of physicians stated they would be willing to assist a patient in committing suicide" (Cohen et al, 1994). This study also found that hematologists and oncologists were most likely to oppose PAS, while psychiatrists were most likely to support it. The physicians who stated they believe PAS is ethical, noted that the practice is consistent with a physician's role in medicine, as well as believing that each patient has a right to self-determination, and that it should be respected by their doctor (Cohen et al, 1994).

Some physicians believe a patient's quality of life may justify the practice (Cohen et al, 1994). Physicians may support PAS if the patient is experiencing pain beyond control or have a life expectancy of less than six months. A study on United States' oncologists discovered more than 70% of patients using euthanasia or PAS have cancer. It also found that oncologists are likely to address the issue of euthanasia or PAS more often than other physicians. Of the 3,299 oncologists who responded to the survey, 22.5% supported PAS for a terminally ill patient with prostate cancer who had unremitting pain despite optimal pain management, and 15.6% of the respondents indicated that they would be willing to provide PAS to their patients. Interestingly, 62.9% of the physicians received requests for PAS (Emanuel et al, 2000).

A study in Oregon conducted a survey of physicians and their attitudes toward PAS. Researchers found that 66% of respondents felt PAS would be ethical in some cases, and 60% thought it should be legal in some cases. Forty-six percent of physicians who responded said they would be able to prescribe a lethal dose of medication to a terminally ill patient if it were legal. This study also found that religious affiliation affected a physician's support for PAS. Variables
such as sex, specialty, and whether or not a physician cared for a terminally ill patient in the past had no influence over their support or willingness to participate in PAS (Lee et al, 1996).

A national survey conducted by the Holistic Communications Department (HCD) asked physicians and the general public their views on PAS. The study found that over half of the physicians who responded to the survey believe that federal and state government should not be given the right to decide whether or not PAS should be legal (Kover 2005). A similar study found that physicians who support legislation noted patient autonomy as a factor in their decision to support PAS (Craig et al 2007).

A study done by Stevens (2006), a researcher for Issues in Law and Medicine, found that 47% of doctors in his survey felt uncomfortable after helping a patient receive PAS, 24% of physicians regretted performing PAS, and 16% of physicians reported that the emotional burden of performing PAS adversely affected their medical practice (2006). Stevens (2006) also concluded doctors felt uncomfortable writing prescriptions for lethal doses of medication. Physicians reported feelings of isolation and frustration, and worries about what their patients and colleagues would think about them (Stevens 2006). Another study done by William Breitbart argued that PAS was not an appropriate role for physicians because the appropriate role for a physician is to provide care to his or her patients, not taking an active role in ending their lives (Breitbart 2012).

The American College of Physicians, the nation's second largest medical organization, joined the American Medical Association (AMA) to oppose PAS. Dr. Daniel Sulmasy of the American College of Physicians, stated "we must solve the problems on inadequate care at the

2 The AMA strongly opposes PAS and argues that it is a physician's job to preserve lives, not take them away. The AMA works hard to keep PAS an illegal procedure, and they are often noted for their accomplishments with pro-suicide groups.
end of life, not avoid them through practices such as assisted-suicide” (2001). Dr. Sulmasy also stressed the importance of providing more and better care for patients who are suffering from pain, treating depression more aggressively, and increasing access to hospice care (Papadimos et al 2011).

**Patients and PAS**

According to the National Cancer Institute, "patients make requests for many different reasons that may arise from physical, psychological, social, or spiritual suffering, or practical concerns" (National Cancer Institute, n.d.). Surveys found that unrelieved mental suffering, including depression, is the most common reason for PAS (National Cancer Institute, n.d.). The National Cancer Institute also found that patients who fear future suffering, loss of control, indignity, or being a burden on family/friends may be major contributors for requests (National Cancer Institute, n.d.). However, the study found that pain alone was a motivator in three percent of requests for PAS, pain was one of several motivators in 46% of requests, and in the remaining 51% of requests, pain was not a contributing factor at all (National Cancer Institute, n.d.).

A study done on 155 oncology patients revealed that two-thirds of the patients found PAS acceptable for patients with unremitting pain. More than one quarter of oncology patients thought about PAS at one point during their treatment. The study also found that patients who felt depressed and had psychological distress were more likely to have discussed PAS with their providers (Emanuel et al, 1996).

In 2005, the *Journal of General Internal Medicine* conducted a study on patients and their attitudes on PAS. The researchers discovered the three most influential reasons for choosing PAS were illness related experiences, changes in a patient's sense of self, and fears about his/her future (Pearlman et al 2005). Patients who supported PAS often had symptoms that caused
suffering, which were expected to worsen and interfere with the patient's quality of life, and undermined the patient's self-identity (Pearlman et al. 2005). Some patients worried about the mind-altering effects of pain medication, including an excessive amount of medication that causes a patient to pass out.

The study mentioned above also found that two-thirds of their participants pursued PAS because they were concerned about losing their personality or identity (Pearlman et al. 2005). Patients stated that they did not want to be remembered as ill and frail, mostly because they did not want their friends and family to see them in that type of condition (Pearlman et al. 2005). Some patients were embarrassed to be seen in this physical and mental state, and turned to PAS as an alternative. Patients also reported that a constant need for attention and care made them feel less independent.

A terminally ill woman named Brittany Maynard, was suffering from terminal brain cancer at the age of 29. Maynard decided to move to Oregon so she could choose to end her life with dignity. Brittany Maynard expressed major concerns over her quality of life from the effects of her brain cancer and medication. Maynard found research that suggested she could develop potentially morphine-resistant pain, suffer personality changes, and motor loss of virtually any kind. Maynard was suffering from severe seizures, and head and neck pain that sometimes affected her ability to speak. She finally decided the best option for herself and her family was to receive PAS. Her main concern was how her health and state of living was going to be affected on a daily basis if she did not receive the lethal medication. However, her family was a contributing factor in her decision. Maynard is one of seven who has received PAS that was age 35 or younger (Maynard, 2013).
Wolf, researcher for *Clinics in Geriatric Medicine*, argues that patients are opposed to PAS because they fear the treatment would be subject to significant error and abuse. This is due to the disparities in health status, access to care, and quality of care (Wolf 2005). Error and abuse also includes misdiagnosis, as well as patients who are diagnosed with a terminally ill disease who later recover and become well again. Another concern among patients is that the practice is not necessary to provide humane care at the end of life. Many who are in favor of PAS argue the practice is needed to address pain. However, physicians can provide aggressive pain relief and palliative care, including sedation to unconsciousness if absolutely necessary (Wolf 2005). The literature above supports patients and their views on PAS, however, there is research to suggest that family perspectives are significant when discussing PAS laws.

**Family and PAS**

Families of patients referenced the loss of function as a main contributor towards their decision to support PAS. Loss of function can vary from the inability to read any form of print, unable to socialize with family or friends, or the inability to use the bathroom without assistance (Pearlman et al 2005). The *Journal of General Internal Medicine* surveyed a family who reported "he said that he doesn't want to just turn into this vegetable kind of person where you're not aware of what's going on, and that everybody around you is affected; everybody's having to take care of you, feed you, clean you, give your medication (2005)." This type of attitude influences families to support PAS. Overall, family positions are affected by the state and condition of their family member who is being treated for a terminal illness. Their concerns usually involve the attitude and feelings of the member of the family who was diagnosed.

A study done on cancer patients in Oregon found that families reported that patients needed moderate to a great deal of help at home. Families were accurate in rating the patient's
pain, suffering, and quality of life (Ganzini, Beer, & Brouns, 2006). Over half of the families surveyed supported the legalization of PAS and indicated that they would support their loved one's decision to receive PAS. In a survey conducted by the *Journal of Pain and Symptom Management*, respondents who were family members of terminally ill patients were asked how they would respond if the patient wanted PAS. Around 29% said they would oppose the patient's request, while 60% said they would support the patient's request (Ganzini, Beer, and Brouns, 2006).

Wolf, researcher for *Clinics in Geriatric Medicine*, argues that families are opposed to PAS because they fear the procedure would be subject to significant error and abuse (Wolf, 2005). Wolf's study found similar reasons suggesting why patients and families oppose PAS. For example, the study concluded that religious beliefs are found to play a significant role when families are making a decision regarding their positions on PAS (2005). For example, research suggests that liberal Protestants, Jews, and those with no religious affiliation are generally more supportive of PAS, while conservative Protestants and Catholics tend to exhibit the greatest opposition for PAS. (Burdette, Hill, & Moulton 2005). Those who oppose PAS are in favor of the absolute dominion of God in matters of life and death. This means they believe God holds exclusive authority over the transition from life to death, therefore, individuals should not have the right to control end-of-life care (Burdette, Hill, & Moulton 2005).

The above social forces have led legislatures and interest groups to take a position on PAS. Therefore, it is important to examine the role legislatures and interest groups have on the law and what their perspectives mean in terms of PAS laws.

**Legislatures, Interest Groups, and PAS**
Many courts recognize right-to-die legislation as an inherent right under the constitutional right to privacy, or as part of the liberty component of the Fourteenth Amendment (Gabel 1994). Research suggests that historical cases regarding PAS have led lawmakers to change their position on this law (Gabel 1994). For example, in 1971, the New Jersey Supreme Court held that there was no constitutional right-to-die. However, following the Karen Quinlan case, the court modified its position. The Kevorkian case also influenced many states and their lawmakers on their PAS decisions.

In years past, the Euthanasia Society of America formed in New York with hopes of pushing PAS legislation. Public interest groups promoted the right to PAS by placing initiatives on state ballots. For example, in 1980 the Hemlock Society began to promote a national campaign to legalize euthanasia. In 1988, through Americans Against Human Suffering, the Hemlock Society attempted to place an initiative on the California ballot, but failed to gather enough signatures (MacBride 1995).

In the United States, PAS is an area of policy where organized interests—including the Catholic Church, medical associations, and right-to-life groups have dominated (Strate, Zalman, & Hunter 2005). In another attempt to criminalize PAS, two weeks before Oregon's law became effective, a coalition of physicians, residential care providers, and terminally ill patients filed a complaint in federal court contending that the law violated their equal protection, due process, free exercise of religion, and their free association rights.

The Roman Catholic Church strongly opposes PAS. The sixth commandment \(^3\) influences the Roman Catholic Church members to oppose PAS. Members of the church strongly believe

---

\(^3\) The sixth commandment means "You shall not kill." It asserts that the prohibition of murder stems from man being created in God’s image.
that God gives life to humans, and that God should be the one to take life away. They also strongly believe no one should have the right to act like God for their own lives or the lives of other individuals. The main idea of the church is to preserve the life of everyone.

Frequently occurring, voters will reject legalization because they fear PAS will establish the predicate for coercion, abuse and possibly involuntary extermination of people based on a diagnosis of a terminal illness (Gabel 1994). In 1992, PAS proposals from Maine, Michigan, New Hampshire, and Iowa failed legislature considerations due to poor drafting. Many of the defeats result from successful campaigns convincing voters that proposals lack sufficient safeguards against abuse (Clark 1996).

In 1992, the Michigan legislature implemented a prohibition against PAS through Public Act 270. This statute recognized that PAS raises serious ethical issues and public health questions, established criminal penalties for PAS, and established a commission on Death and Dying (Werner 2000). The Commission considered factors such as Michigan's suicide rate, suicide causes, status of victims, laws in other states governing suicide, family attitudes, and how the law should treat individuals assisting with suicide (2000). This caused concern from the public, and the Commission faced many obstacles through Public Act 270. The result of this act demonstrates that the public has opinions worth discussing.

Public Opinion and PAS

Public opinion is important when determining policy content in morality situations because there is a vast difference in the population's moral and social values making it difficult to come to a consensus on policy. However, even with polls showing a majority of the public supporting PAS, this advantage has not been enough to persuade state policy makers (Strate, Zalman, & Hunter 2005). Many studies show that the public may support PAS when there is an
event or situation that leads citizens to reconsider policy. These events cause a nation to reconsider an issue, resulting in the government creating new laws. For example, certain cases regarding terminally ill patients in the United States have led the nation to reconsider PAS laws. The Karen Quinlan case is an example of an event that caused the United States to reconsider PAS.

In 1976, the Karen Quinlan case received national media attention. Quinlan was in a vegetative state when her parents sought the assistance of a judge to discontinue the use of a ventilator in their daughter. Their daughter's physicians refused the request because they feared they might be liable for her death. The New Jersey Supreme Court ruled that after a prognosis confirmed by the hospital ethics committee if there is no reasonable possibility of a patient returning to a cognitive, sapient state, then life-sustaining treatment can be removed. The court also ruled that anyone involved, including the physicians, can be held civilly or criminally responsible for the death of the patient (In re Quinlan 1976). This led to much publicity surrounding this issue, especially in New Jersey. It encouraged states to enact legislation that provided immunity to physicians who honored patient rights, as well as encouraging hospitals to establish ethics committees (Annas 2005).

Another example of a nation reconsidering a policy is the Terri Schiavo case. Terri Schiavo suffered a cardiac arrest resulting in massive brain damage due to lack of oxygen to her brain. After months passed with no improvement, her diagnosis changed to a persistent vegetative state. Her husband petitioned the court to discontinue her feeding tube. However, Terri’s parents objected to this request. After five physicians examined Terri, the court decided to remove her feeding tube, arguing that it was Terri’s right to make a decision regarding her end of life care. After Terri’s parents fought in court over the tube, it was reinserted several days later.
Finally, after many appeals, the federal court system upheld the original jurisdiction to remove the feeding tube. Hospice disconnected the feeding tube on March 18, 2005 and on March 31, 2005 Schiavo passed away (Annas 2005).

The United States recently experienced another similar reaction from the public in 2015. The legal case of Brittany Maynard, who was suffering from inoperable brain cancer, caused society to reconsider PAS laws. Her decision to move to Oregon to participate in Oregon's DWDA resulted in an increase of media coverage regarding PAS, and forced the public to think about laws regarding PAS.

Some research shows factors such as age, gender, experience, and religiosity affect the attitudes of the public. A study found that the public is more likely to vote for the legalization of PAS before physicians, but they do not show as much support as patients do. This study showed that younger individuals are more approving than older respondents, and that men are more approving of PAS than women. Religious associations among the public also contributed to their support or opposition for PAS. Those with the strongest religious commitment showed the most opposition for PAS, while those with little or no religious commitment showed the most support for PAS (Worthen & Yeatts 2001).

**Media and PAS**

Dr. Jack Kevorkian stands as one of the most recognizable names when discussing PAS. Dr. Kevorkian made major headlines, such as The Washington Post, The New York Times, and USA Today while trying to legalize PAS in the United States. The issue of PAS gained public attention in the 1990s through media coverage (Strate, Zalman, & Hunter 2005). Kevorkian assisted in the suicide of Janet Adkins, a woman suffering from Alzheimer's disease. Dr. Kevorkian built a contraption using an IV, that once activated by a patient, would administer a
lethal drug. He continued his practice after little response from the Michigan state legislature. As a result, the public began showing concerns for PAS.

With continuous concerns, the media began covering PAS from different perspectives. Language is especially important when reporting on PAS. For example, some news sources used words such as "killing" and "letting die" to describe PAS in a negative manner (Kamisar 2012). The use of certain words can influence an individual to think differently.

After thorough review of the literature, it is present that many articles written about PAS use a technique called "appeal to emotion." This is also known as a logical fallacy, where a writer tries to manipulate its reader's emotions in order to win an argument. Due to PAS being such a controversial subject, it is easy for writers to touch into the emotions of their readers. Many articles posted about PAS usually describe an individual who would be affected by PAS. The media then uses those stories with appealing headlines to attract readers.

V. PAS in Pennsylvania

PAS is illegal in Pennsylvania pursuant to Title 18 of the Pennsylvania Code, Chapter 25, Section 2505, Causing or Aiding Suicide. This statute, originally passed December 6, 1972, makes it unlawful for a physician or other medical provider to assist another person with the commission of a suicide. Specifically, the law provides that “(a) a person may be convicted of criminal homicide for causing another to commit suicide only if he intentionally causes such suicide by force, duress, or deception, (b) aiding or soliciting suicide as an independent offense: a person who intentionally aids or solicits another to commit suicide is guilty of a felony of the second degree if his conduct causes such suicide or an attempted suicide, and otherwise of a misdemeanor of the second degree ("Title 18" n.d.).
Additionally, Section 2506, Drug Delivery Resulting in Death, also prohibits assisted suicide in Pennsylvania, which provides that:

a person commits a felony of the first degree if the person intentionally administers, dispenses, delivers, gives, prescribes, sells or distributes any controlled substance or counterfeit controlled substance in violation of section 13(a)(14) or (30) of the act of April 14, 1972 (P.L.233, No.64), known as The Controlled Substance, Drug, Device and Cosmetic Act, and another person dies as a result of using the substance. An individual convicted under this subsection shall be sentenced to a term of imprisonment which shall be fixed by the court at not more than 40 years (“Title 18” n.d.).

An attempt to legalize PAS in Pennsylvania first occurred in 2007 under House Bill 1435. It was an act that would amend Title 20 (Decedents, Estates and Fiduciaries) of the Pennsylvania Consolidated Statutes. It would have provided "procedures regarding the request and dispensation of lethal medication to patients seeking to die in a dignified and humane manner for duties of attending physicians, for duties of consulting physicians, for insurance or annuity policies; imposing duties on the Department of Health; providing for immunities and for attorney fees; and imposing penalties" (“Bill Information - History” n.d.). An attempt to legalize PAS happened again in 2009, 2011, 2013, 2014 and most recently in 2015. Senator Daylin Leach sponsored Senate Bill 549. Its prime objective was to amend Title 20 of the Pennsylvania Consolidated Statutes. This bill would also provide "for procedures regarding the request and dispensation of lethal medication to patients seeking to die in a dignified and humane manner, for duties of attending physicians, for duties of consulting physicians, for insurance or annuity..."
policies; imposing duties on the Department of Health; providing for immunities and for attorney fees; and imposing penalties" ("Bill Information" n.d.).

Senator Daylin Leach is an advocate for PAS in Pennsylvania. Senator Leach is a Democrat currently serving part of Delaware and Montgomery county. He believes it is “simply crazy” that Pennsylvania has laws which force individuals to die in ways we would not choose. (Leach 2013) According to Senator Leach, "My bill would provide an option to those who have no quality of life, but only intractable misery heading towards death. Such people could, if they follow the protocols in the bill, legally acquire medicine that will quickly and painlessly end their lives" (Leach 2013). Senator Leach also made it clear that he believes the government has no legitimate interest in making decisions for patients, nor may it inflict pain and cruelty on the dying. These beliefs led him to sponsor Pennsylvania's DWDA.

None of the bills proposed by Senator Leach or others ever left the Judiciary Committee; therefore, they have never received a full vote from either the House or the Senate. Although it is not clear what social and legal factors have contributed to the original passage of this law and the multiple failures of efforts to repeal it, this study examines eight social forces that are hypothesized to have exerted influence over the history and evolution of PAS law in Pennsylvania. Those eight forces are: Patients, Policy, Interest Groups, Families, Doctors, Public, Dr. Kevorkian, and Religion.
Chapter 3

Methods

To begin analyzing what role, if any, media coverage played in the historical development of PAS laws in Pennsylvania, I collected all articles that mentioned assisted suicide from all Pennsylvania newspapers that were available through LEXIS. As an internationally recognized aggregator of legal and media information, LEXIS is the best search tool for locating the largest sample of newspaper articles on PAS in Pennsylvania (http://www.lexisnexis.com/en-us/about-us/about-us.page). Within LEXIS, I used the search phrase “assist! w/3 suicid! AND Pennsylvania OR PA” in order to capture all media coverage of any matters that used the word “assist,” or any variation thereof as well as the word “suicide,” or any variations thereof. I included the full state name and its abbreviation to limit my search to matters that occurred in or involved Pennsylvania. That initial search yielded 999 hits, and from that list I limited my search to only newspapers by clicking the “newspapers” tab. This new limitation on the search reduced my sample size to 877. I then searched through the list of the newspapers that are in the “newspapers” tab for ones in Pennsylvania. I located 200 hits for Philadelphia Inquirer; 32 for the Pittsburgh Gazette; 29 for the Lancaster Newspapers, Inc.; 17 for the York Dispatch; 14 for the Pittsburgh Tribune Review; 10 for the Lebanon Daily News; seven for the Philadelphia Daily News; six for the Hanover Evening Sun; and four in the Public Opinion Chambersburg. I downloaded all of these articles. Once I removed duplicates, I had a sample of 239 distinct incidences of newspaper coverage of stories that contained my search terms and arose in one or more major Pennsylvania newspapers. I then culled that sample to eliminate articles that did not relate to physician assisted suicide. My final sample consisted of 197 articles.
Next, using Microsoft Excel, I created a chart to sort each of the newspaper articles into separate categories. I created a column titled "Number," where each newspaper article was placed by the number it was assigned. Next, I created a column labeled "Year," where each article's publication year was recorded. Then I created a column called "News Source." This column was used to assign each article to its specific newspaper.

To begin to identify themes of articles, I created a column labeled "Tone: Pro or Con" in which I assessed the tone of each article. I found that some articles were neutral in terms of PAS, and that they stated facts not opinions. For those neutral articles, I coded them as Neutral.

In relation to Tone, I created a column labeled "Text." This column was used to record specific text from each article that I thought was relevant and that embodied the tone of the article. The remaining eight columns were labeled Doctors, Patients, Public, Family, Kevorkian, Religion, Interest Groups, and Policy to reflect each of the eight factors discussed above in the Literature Review and which I predicted would have some influence on the evolution of PAS law in Pennsylvania. Each article received a bivariate code for whether they referenced or related to each of these eight factors in relation to PAS. If a theme occurred, it was recorded as a 1, where 1=Yes, and as a 0, where 0=No.

Chapter 4
Results

As noted above, my study sample included 195 articles, 139 from The Philadelphia Inquirer, 14 from Lancaster Newspapers, 11 from the Pittsburgh Post-Gazette, 9 from York Dispatch, 7 from the Pittsburgh Tribune Review, 6 from Lebanon Daily News, 3 from the
Philadelphia Daily News, 2 from the Hanover Evening Sun, 1 from York Sunday News, 1 from the Gazette, 1 from the Charleston Gazette, and 1 from the Irish Times. Of the 195 news sources coded, I found that 84 of them were published before 2000.

With respect to the eight societal factors discussed above, I tallied the number of times each factor occurred in each article, and found that Patients occurred most often, with Interest Groups and Policy following closely behind in numbers. The final numbers showed that the Public was not a common theme in this study, and that Public Opinion was mentioned very little.

Finally, I re-read each article with the codes in mind to assess qualitatively the interconnectedness of the relationships among those factors, the articles’ tone, their timing, and the status of PAS law at the same chronological period as the articles. I discuss this assessment thematically below.

Finally, and perhaps most interestingly, the following table illustrates the timing of the articles in relation to major PAS events that occurred in the United States. The table was broken down by numerical order based on when the articles were published. PAS was not discussed in Pennsylvania until 1994; therefore, the table begins with the year 1994, and ends with the most recent article published on PAS in Pennsylvania.

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Media Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1994</td>
<td></td>
<td>6 Articles</td>
</tr>
<tr>
<td>1995</td>
<td></td>
<td>2 Articles</td>
</tr>
<tr>
<td>1996</td>
<td></td>
<td>18 Articles</td>
</tr>
<tr>
<td>1997</td>
<td>OR passes PAS law, Washington v. Glucksberg Case decided</td>
<td>30 Articles</td>
</tr>
<tr>
<td>Year</td>
<td>Event Description</td>
<td>Articles</td>
</tr>
<tr>
<td>------</td>
<td>-------------------</td>
<td>----------</td>
</tr>
<tr>
<td>1998</td>
<td>Terri Schiavo's husband petitions to have her feeding tube removed</td>
<td>17 Articles</td>
</tr>
<tr>
<td>1999</td>
<td>Kevorkian sentenced to prison</td>
<td>11 Articles</td>
</tr>
<tr>
<td>2000</td>
<td>0 Articles</td>
<td></td>
</tr>
<tr>
<td>2001</td>
<td>Terri Schiavo's feeding tube is removed for the first time, and reinstated a few days later</td>
<td>4 Articles</td>
</tr>
<tr>
<td>2002</td>
<td>3 Articles</td>
<td></td>
</tr>
<tr>
<td>2003</td>
<td>10 Articles</td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td>6 Articles</td>
<td></td>
</tr>
<tr>
<td>2005</td>
<td>Terri Schiavo's feeding tube is removed, Schiavo passes away almost two weeks later</td>
<td>25 Articles</td>
</tr>
<tr>
<td>2006</td>
<td>8 Articles</td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td>HB 1435</td>
<td>2 Articles</td>
</tr>
<tr>
<td>2008</td>
<td>WA passes PAS law</td>
<td>2 Articles</td>
</tr>
<tr>
<td>2009</td>
<td>SB 404</td>
<td>2 Articles</td>
</tr>
<tr>
<td>2010</td>
<td>1 Article</td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>SB 431</td>
<td>3 Articles</td>
</tr>
<tr>
<td>2012</td>
<td>0 Articles</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>SB 1032, VT passes PAS law</td>
<td>13 Articles</td>
</tr>
<tr>
<td>2014</td>
<td>HB 2548, Brittany Maynard participates in PAS</td>
<td>29 Articles</td>
</tr>
<tr>
<td>2015</td>
<td>HB 943, SB 549, CA passes PAS law</td>
<td>3 Articles</td>
</tr>
</tbody>
</table>

After careful review, I was able to link important events that related to PAS that resulted in a significant number of articles being published in Pennsylvania. These and all of the other results are discussed below.
Chapter 5
Discussion

I. Dates of Publication

Articles Published Between 1996-1998

Figure 1: Articles published on the above factors between 1996 and 1998

Oregon and PAS

Two major events occurred in the United States in 1997, both of which may offer an explanation for increased media coverage of PAS in Pennsylvania. First, Oregon passed the DWDA in 1997, and in that same year, Pennsylvania newspapers published 30 articles on PAS, as shown in Table 1. Oregon was the first state to allow terminally ill individuals the right to end their lives through the voluntary self-administration of lethal medications. I speculate that this major, novel legislative decision provoked interest among Pennsylvanians in Oregon's PAS law. As shown in Table 1, Pennsylvania reported heavily on Oregon's DWDA between 1996 and
1998. With Oregon's new law being a controversial matter, I was not surprised that Pennsylvania reported on the issue so frequently. Although none of the articles expressly stated a particular interest in legalizing PAS in Pennsylvania, the results of this study suggest that Pennsylvania actively participated in the discussion of PAS following Oregon's DWDA.

**Washington v. Glucksberg Case**

Also in 1997, the Supreme Court decided *Washington v. Glucksberg* and ruled that a right to assistance in committing suicide was not protected by the Due Process Clause of the Fourteenth Amendment of the United States Constitution (*Washington v. Glucksberg* 1997). In other words, PAS was not protected by the Constitution, and states were free to criminalize it. This decision corresponds with the 18 articles published in on the issue and the 30 articles published in 1997, the year the case was decided. In sum, this suggests that there was a significant amount of press covering the issue both while it was being considered by the Supreme Court and after the decision was announced. This high level of media coverage may suggest that the issue was debated heavily among the national public, not just in the states where it affected the law, which may have resulted in an increase of media coverage in Pennsylvania.

However, after a thorough analysis of the articles, I discovered that the specific case of *Washington v. Glucksberg* was only mentioned in 11% of the articles published between 1996 and 1998, as shown in Figure 1. However, 35% of the articles mentioned the United States Supreme Court making a decision on PAS, but neglected to describe the cases being argued in front of the court. Over half of the articles published during this time period mentioned Oregon's DWDA (Figure 1). This suggests that Pennsylvania was reporting on Oregon's PAS law before it was officially implemented in 1997. This increase in news coverage in Pennsylvania may have been a result of Oregon's passage of such a controversial law, and perhaps Oregon's PAS law
was the motivating factor behind Pennsylvania's media coverage of PAS between 1996 and 1998. This data provides evidence to support that this legislative decision provoked interest among Pennsylvanians in Oregon's PAS law.

**Terri Schiavo**

Within a little over a year after the passage of Oregon's DWDA and the *Washington v. Glucksberg* case, Terri Schiavo’s tragic case transfixed the Nation. Several years prior, Terri Schiavo suffered a cardiac event that left her in an irreversible, persistent vegetative state with major brain damage. Schiavo's husband, who was also her legal guardian, argued that Terri would not want life support without the prospect of recovery. After years of physical therapy without any improvement, Terri's husband petitioned to have her feeding tube removed in 1998.

My research reveals a notable amount of media coverage of PAS in 1998 (Table 1). Table 1 illustrates that there may be a relationship between the national coverage of the petition to remove Schiavo's feeding tube, and Pennsylvania news coverage. The coverage of the Schiavo case appears to be directly identified in the majority of the articles in this study. However, only three percent (n=2) of the articles published between 1996 and 1996 referenced Terri Schiavo (Figure 1). Thus, there is little to no evidence to support that Pennsylvania’s media coverage of the Terri Schiavo case impacted its coverage of PAS between 1996 and 1998.

This relationship gained further support when I considered media coverage from 2005. In that year, Terri Schiavo's feeding tube was removed for the second time, and she passed away two weeks later. In the 25 articles on PAS in 2005, the majority of them referenced Terri Schiavo (n =18). As described earlier in the study, a great deal of literature suggests that Schiavo was an important figure for PAS, and the number and nature of Pennsylvania media coverage of the case
reflects a strong connection between the two. In other words, this relationship suggests that Pennsylvania's increased media coverage in 2005 was not accidental.

**Brittany Maynard**

In the most recent high-profile case involving PAS, 29 articles about PAS were published in Pennsylvania newspapers in 2014. It appears that two major events may be responsible for the increase. First, HB 2548 was introduced in Pennsylvania for the fifth time in history. However, the articles coded in 2014 did not mention HB 2548 specifically. Instead, the articles referenced the case of Brittany Maynard. Therefore, I surmise that the introduction of the law (HB 2548) may have been the legal reason for increased attention to PAS within Pennsylvania, but increased media coverage was sparked by the sad and celebrated case of a terminally ill woman.

Brittany Maynard, a 29 year old newlywed woman with inoperable brain cancer, chose to move to Oregon to participate in Oregon's DWDA. She died in 2014 after taking a lethal medication with the assistance of a physician. It should be noted that careful analysis revealed a reoccurring theme between PAS and Brittany Maynard. This relationship provided evidence to support the conclusion that Pennsylvania reported on PAS after Brittany Maynard's condition and decision caused society to reconsider PAS laws.

**II. Social Forces and PAS**
Patients: Reoccurring Theme

In addition to looking at specific historical events that may have impacted the development of PAS law in Pennsylvania, I also reviewed the articles for themes relating to larger social forces of trends. As illustrated in Figure 2, I found that, of the eight social forces I considered, patients were mentioned most often in the articles. Within those articles, I noticed that the following factors were mentioned frequently throughout the articles: Terri Schiavo, Brittany Maynard, the physical condition of patients and/or personal autonomy, and the rights of patients.

As discussed above, Terri Schiavo was a prominent figure throughout the articles discussed on PAS. Her physical condition sparked an interest among society concerning PAS laws. Although Terri’s condition differs from current laws allowing PAS, it was one of the major events that got legislators interested in PAS. Terri’s battle, and the controversy between her
husband and parents, were widely covered by the national and Pennsylvania media. In other words, it is not surprising that Terri Schiavo's name was mentioned among many of the articles. Her legal battle is one of the most well-known cases concerning PAS.

Coverage of Brittany Maynard’s case also supports the conclusion that patients were the most influential figure in news coverage. Her terminal brain cancer did not resonate substantially with the media in California; however, her decision to move to Oregon to obtain legal PAS under their DWDA caused a notable uprising of concern among many. Maynard's controversial decision may explain why the media decided to report on her decision based on her condition. Her case marks the most recent event regarding PAS that has gained a significant amount of news coverage. More recently, California has passed their own DWDA, replicating Oregon's PAS law. It is too soon to tell if Maynard’s case inspired passage of this law in her home state or if, perhaps, California received much criticism following Maynard's decision, which may have pushed them to move forward with legislation.

More generally, patients’ well-being and personal autonomy also were frequently mentioned throughout the articles in this study. With respect to well-being, many mentioned the physical pain and suffering of patients who were suffering from terminal illnesses. The articles reported on specific symptoms, side effects of medications, and the patient's ability to tolerate pain. Some of the articles used patient's pain and physical suffering as grounds to support the legalization of PAS. Other articles suggested that physical suffering of a human was not morally right, finding that allowing such suffering was immoral and unethical. However, the articles against PAS suggested that pain was controllable and should not be used to promote PAS. This debate led the media to discuss whether patients have a right to PAS if they are suffering from physical pain.
With respect to patient autonomy, patient rights also were a major factor in the discussion of PAS law in the coverage in Pennsylvania. The media reported that many of the patients, families, doctors, and interest groups were arguing over patient rights. A common question occurred: Should patients have the right to choose when they die? This question sparked major controversy among many groups, which may suggest why the media reported on it so frequently throughout the articles. Among these articles, mostly every source suggested the patients strongly believe they should have the right to decide when and how they die. This analysis supports the conclusion that many of the articles discussing PAS took a positive position on PAS laws.

As illustrated in Figure 2, patients accounted for the majority of PAS news coverage. This intense coverage provides evidence that patients such as Terri Schiavo and Brittany Maynard may influence policy and legislatures to make changes to current law. It also provides evidence to suggest that personal autonomy and physical suffering of patients may have pushed policy to make certain criteria regarding patients seeking PAS and/or that patients' physical condition may be a major influence in the evolution of PAS law. I therefore speculate that, as the rights of patients continue to evolve, more states may follow that similar trend. Pennsylvania's increase in news coverage, and the media’s decision to follow patients, suggests that both patients and news coverage may be an important factor in the policy process in the United States.

It is also arguable that the major coverage of this event may have been responsible for all of the conclusions mentioned above. While the content within the articles may be an important factor that led to the passage of PAS laws, it appears that media coverage plays an important part in the process. For example, the media decides on what information is presented to the public, ultimately resulting in a bias over certain issues. Table 1 illustrates when Pennsylvania news
coverage was most active. It shows that the media covered PAS more often when a major event occurs. This provides evidence to suggest that the most influential social force may be the media rather than the patients or policy.

**Policy**

![Newspaper Coverage](image)

*Figure 3: Newspaper coverage in Pennsylvania*

State and federal policy also were mentioned frequently in the articles in this study. Whether the articles were supporting PAS, denouncing PAS, or neutral they frequently considered policy issues. A majority of the articles referenced law that has already been established. For example, Oregon's DWDA was mentioned frequently in the articles. The references to Oregon's PAS law led to the discussion of how current law could relate to future policy.

Of the 197 articles analyzed and coded, 128 of them mentioned policy in the United States. The collection of articles suggests that Oregon's DWDA was the top policy issue
mentioned. Most of the articles presented Oregon's law in a neutral position, stating facts rather than agreeing or disagreeing with the law. However, careful review revealed some articles used policy to suggest advantages and problems with the Act.

The data illustrated in Figure 3 also may reflect a hidden argument based on the location of the newspaper articles. Most of the articles in this study were collected from the Philadelphia Inquirer. At first, this seems to be a minor detail not worth discussion. However, Senator Daylin Leach, responsible for introducing bills to legalize PAS in Pennsylvania, serves Delaware and Montgomery Counties. Interestingly, these counties are located just outside of Philadelphia. This discrete revelation provides evidence to support a relationship between the number of articles published by the Philadelphia Inquirer, and where Senator Daylin Leach serves in Pennsylvania. This suggests that there may be a link between newspaper coverage in PA, and the location of who is introducing PAS legislation and where.

This interesting connection led me to believe that there is a relationship between the news coverage in Philadelphia and Senator Daylin Leach. In other words, research led me to conclude that the legislator's efforts to legalize PAS in Pennsylvania has prompted news coverage, especially in the Philadelphia area. Furthermore, after careful review, I found that much of the coverage was reported after Senator Leach introduced and discussed the bills. This led me to believe that his actions influenced the media to report on this issue.

Overall, policy proved to be a significant factor when analyzing PAS law in the United States. Examining past and present policy is arguably the most beneficial way to decide whether PAS law will work in another state. For example, after Oregon passed its PAS law, the following states replicated theirs to be similar to Oregon's law. This provides evidence that Oregon's law is working well enough for states to follow the same process. This could be beneficial when
looking at how PAS law developed, as well as examining the differences between the states that have passed this law and why Pennsylvania has yet to establish this practice.

Families

Families were mentioned in nearly half of the articles that were coded. This shows that, although families did not play a major role in the legal process, they did make a strong impact on the media coverage in Pennsylvania. Among the articles, families were mentioned most often in personal stories and situations where patients may have been a burden on their families. In one oft-cited case, Philadelphia nurse Barbara Mancini was charged with legally facilitating an illegal PAS for allegedly providing her 93-year-old father with a lethal dose of morphine. The nurse said she was only trying to ease her father's pain rather than watch him suffer. The group Compassion and Choices started a national letter-writing campaign to persuade Pennsylvania Attorney General Kathleen Kane to drop the case against Mancini (Dale, 2014). Eventually, the Attorney General dismissed the charges. The articles covering this event took a neutral position on PAS, suggesting that Pennsylvania’s media does not take a strong position for or against PAS. The coverage of Mancini also provides more evidence to suggest why Philadelphia reports on PAS more often than other major newspapers in Pennsylvania.

Most of the personal stories involving families advocated for PAS. As described by the media coverage, the families sought PAS because they could not handle seeing their loved ones in pain and could not endure their loved ones’ suffering. Many of the personal stories referenced the adverse impacts on their daily lives and that patients had to rely on their families to get through the day. Of the 80 articles involving family stories, it was common for families to be conflicted over whether PAS was the right decision because it meant they would lose a loved one.
These articles suggest that families play a significant role in the media coverage for PAS and how they could be possible influences for PAS law. It is possible that, with the recent decision involving Mancini, Pennsylvania may see more media outlets and others advocating for PAS. This controversial matter and the legal decision made may suggest that Pennsylvania is closer to PAS than some may have thought. The major news coverage on this event also suggests that Pennsylvania is more interested in PAS than in years past. However, families against PAS may be able to voice their experience with the situation and put a stop to any further legislation for PAS. It is hard to say how effective families are in the legalization of PAS, but it is possible they may be able to voice an opinion that could influence how legislatures view the procedure.

**Interest Groups**

My initial prediction was that interest groups would play the most significant role in this study. However, after careful review, interest groups were only mentioned in about half of the articles. Although being mentioned in half of the articles seems significant, it lacked the amount of influence it had over the policy in the states. Instead, the interest groups played a smaller role within policy and how it either supported patients seeking PAS or were against patients seeking PAS. Many interest groups were mentioned throughout this study, however only a few came up more frequently than others. The coverage of certain interest groups over others in Pennsylvania newspapers suggests that there are interest groups that play a larger role over the PAS process than other interest groups.

For example, the AMA was mentioned most often in articles that were against the passage of PAS. According to the AMA, "[i]nstead of participating in assisted suicide, physicians must aggressively respond to the needs of patients at the end of life. Patients should not be abandoned once it is determined that cure is impossible" (Opinion 2.211 - Physician-
Assisted Suicide, 1994). This could suggest that the AMA has a strong influence over Pennsylvania's initiative to take a strong position on the issue. It is possible that their efforts have strengthened Pennsylvania's position to keep PAS illegal and that there is validity in their arguments. Compassion and Choices, formerly the Hemlock Society, is the main interest group advocating for PAS. They were mentioned in 28 articles, suggesting a relatively low influence on PAS debate in Pennsylvania.

**Doctors**

Doctors do not appear to be an important factor in the coverage of PAS in Pennsylvania (Figure 2). After carefully analyzing each article, it appears that PAS is actually a matter of personal preference among doctors. Among the articles that mentioned physicians, there is evidence to suggest that doctors are split on their decision. However, articles described doctors who supported PAS but who would not personally participate in the procedure. It was not uncommon among the articles to find doctors that had participated in PAS and found themselves regretting being a part of the procedure. This finding suggests that physicians may not be the most influential advocates of PAS in Pennsylvania. This also provides evidence that reporting on physician's beliefs in Pennsylvania could be one of the factors keeping PAS legislation in Pennsylvania the same. This relatively small sample suggests that there is not enough evidence to provide any reliable explanations due to its size and limited media coverage.

**Dr. Kevorkian**

Although this research suggests that doctors, as a group, were not all that influential on PAS law in Pennsylvania, one doctor is a glaring exception. Dr. Jack Kevorkian arguably is the face of PAS. A Michigan physician fascinated with death, assisted in the suicide of more than 130 patients. Dr. Kevorkian increased the attention on the subject of hospice care and suicide,
nonetheless working towards right to die legislation. Dr. Kevorkian made national attention when he assisted in the suicide of Janet Adkins, a woman who was suffering from Alzheimer's Disease.

The references to Dr. Kevorkian in the Pennsylvania news coverage suggest that Dr. Kevorkian was an important figure in discussion of PAS in Pennsylvania. However, as shown in Figure 2, Dr. Kevorkian was not a significant topic in the discussion of PAS among the news coverage in Pennsylvania. This study suggests that Pennsylvania did not rank Dr. Kevorkian as an important influence when discussing PAS, and that his efforts were not highly relevant to news coverage.

Public

Pennsylvania newspaper coverage revealed that public opinion is inconsistent on PAS. In this study sample, it was undeterminable based on the news sources whether the public leans towards the legalization of PAS or if the public is against it. After analyzing the articles thematically and reviewing the coding, it appeared that the public does not play a significant role in how PAS law develops. This study suggests that the public does not rank high among the other factors. The public varied on their opinions especially in relation to personal stories that made national news. For example, there were mixed views among the public when Terri Schiavo's feeding tube was removed. Similarly, Brittany Maynard's decision to receive PAS received public support and criticism. The split decision among the public makes them an unreliable factor in the passage of PAS laws in Pennsylvania. It is difficult to use their perceptions to indicate how the law will move forward if one side is not stronger than the other. Therefore, this literature suggests that the public is not a strong influence nor indication of PAS laws in Pennsylvania.
Religion

Before this study was conducted, I identified literature to suggest that religion would play a prominent role in the development of PAS laws. However, in these articles, Catholicism was the only religion that was mentioned, noting that it was against any type of assisted suicide. According to the United States Conference of Catholic Bishops, "As responsible stewards of life, we must never directly intend to cause our own death or that of anyone else. Euthanasia and assisted suicide are always gravely wrong" ("Assisted Suicide: What is at Stake?" 2011). It was found that members of the Catholic Church are joining interest groups to stop the legalization of PAS. However, based on this study, it appears that the Catholic Church and their efforts within interest groups has not played a significant role in PAS coverage in PAS. This suggests that their little influence was not significant in the efforts to legalize PAS in Pennsylvania. Although there is literature that suggests their efforts may have kept Pennsylvania from passing this act, it is not strong enough to make such a claim. Therefore, Pennsylvania's lack of religious coverage suggests that it is not a significant indicator in determining how PAS laws developed in Pennsylvania.

Tone
Figure 4 shows that 34% of the articles were biased towards promoting PAS, 34% took a neutral position on PAS, and 32% of the articles had a negative tone. Based on these results, the tone of each article was distributed evenly within Pennsylvania. In other words, these articles did not lean towards one side over another. Therefore, Pennsylvania news coverage does not appear to take a position on PAS. After breaking down the numbers, it appeared that there were slightly more articles for PAS than articles against it. However, these numbers are not significantly different, and are too close to make a valid conclusion that Pennsylvania is either for or against PAS. Figure 4 illustrates that both Neutral and Pro articles accounted for 34% each. However, when analyzing the number of articles coded, Neutral articles occurred more frequently than articles that were coded Pro.

The above findings can be explained by the frequent mention of policy throughout the articles that were coded as Neutral. These articles frequently mentioned Oregon's DWDA, as
well as federal and state laws. This evidence suggests that Pennsylvania's media coverage was more interested in the policy of PAS rather than the ethical concerns raised over PAS. This conclusion also supports the idea that Pennsylvania did not take a side on PAS because it was concerned with the legality of PAS and other states' success with the law.

Chapter 6

Conclusion

The study above suggests that major events led to the number of news coverage in Pennsylvania. This is important in that it concludes that something significant needs to happen in society in order for Pennsylvania to report on it. This study also revealed that the location of the counties that Senator Daylin Leach represents is nearby where the majority of articles were published. This suggests that location is a prominent factor in the coverage of PAS, and that efforts to legalize it may increase the amount of news coverage in that particular area. This study also revealed that Patients and Policy were the most common social forces mentioned throughout the articles. This suggests that patients and policy are major concerns for PAS, and provide evidence that certain patients and policies may be responsible for the increased coverage in those areas. The significant events that occurred and influenced the media to report on PAS suggests that controversial and significant events are what triggers the attention to PAS. Therefore, it is acceptable to suggest that Pennsylvania PAS law will move forward if a significant event occurs to gather the attention of news companies.

A major limitation I faced with this study resulted from only looking at media coverage, exclusively major newspapers on PAS in Pennsylvania. This inherently led to bias conclusions
based on what the media revealed was most important. Therefore, the themes/tones/stories were out of my control throughout this study. Although some conclusions can be made based on this study, further research would strengthen the above arguments. In relation to the significance of patients providing an important role in the development of PAS laws, it would be beneficial to code the news sources more thoroughly and run statistical models in a statistical software program. This would provide reliable numbers that show the relationships among each of the forces and how significant they are to each other and the passage of PAS laws in Pennsylvania. Finally, further research on the development of PAS laws in Pennsylvania would provide lawmakers with more information on what influences states to pass PAS laws.
BIBLIOGRAPHY


Bill information. (n.d.). Retrieved March 24, 2016, from Pennsylvania General Assembly website:
http://www.legis.state.pa.us/cfdocs/billinfo/billinfo.cfm?syyear=2015&sind=0&body=S&type=B&bn=549

Bill information - history. (n.d.). Retrieved March 24, 2016, from Pennsylvania General Assembly website:
http://www.legis.state.pa.us/cfdocs/billinfo/bill_history.cfm?syyear=2007&sind=0&body=H&type=B&bn=1435


Fabian Nunez, Lloyd Levine and Patty Berg align with HMO lobbying group promoting assisted suicide in California; Kaiser, Sutter, and Sharp part of group promoting this dangerous attack affecting vulnerable people in California; "a quick hundred dollar lethal prescription is vastly cheaper than offering long term care.". (2007, Mar 22). *PR Newswire* Retrieved from http:

http://search.proquest.com.ezaccess.libraries.psu.edu/docview/447806829?accountid=13158


Leach, D. (2013, October 21). PA state senator Daylin Leach on assisted suicide and death with dignity. Retrieved April 11, 2016, from Ladybud website:


*Oregon's Death with Dignity Act--2014.* (n.d.). Retrieved April 11, 2016, from Public Health Division website:


ACADEMIC VITA

Kodie Brumbach
klb5920@psu.edu

EDUCATION
Bachelor of Science in Public Policy
Graduation: May 2016
The Pennsylvania State University, Capitol College, Middletown, PA 17057

INTERNSHIPS
Intern: Pennsylvania Office of Attorney General: Tobacco Enforcement Section
Harrisburg, PA
September 2014-December 2014

- Received group training on Case Logistix and practiced techniques to code documents
- Gained experience working with programs such as Westlaw and Case Logistix
- Assisted section in coding thousands of documents related to Tobacco enforcement
- Responsible for proofreading and reviewing documents given to me on a daily basis
- Completed daily tasks given to me in a timely but accurate manner
- Worked closely with attorneys to gain knowledge about Pennsylvania's Tobacco laws
- Identified and located missing information in legal documents to complete Excel templates

HONORS/AWARDS
- Schreyer Honors College of the Pennsylvania State University (Fall 2014-Present)
- The Honor Society of Phi Kappa Phi (Spring 2016)
- Kenneth W. Masters Prize in Public Policy (Spring 2016)
- Dean's List (Fall 2012-Fall 2015)