



The Rhetoric of the Physician-Assisted Suicide Movement: Choosing <Death> Over <Life>

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"You don't know what will happen when you get older," stated Jack Kevorkian in a 1998 interview with "60 Minutes." "I may end up terribly suffering. I want some colleague to be free to come and help me when I say the time has come. That's why I'm fighting, for me. And if it helps everybody else, so be it."¹

The Michigan physician, also known as Dr. Death, ignited a heated nationwide debate about physician-assisted suicide and a terminally ill patient's right to die once he started helping patients kill themselves. Between 1990 and 1998, Kevorkian said he assisted in the suicide of more than 130 people. In 1999, the seventy-year-old was convicted of second-degree murder and served eight years in prison for administering a lethal injection rather than letting the patient do it himself.²

In his various interviews, Kevorkian expressed his belief that any doctor who turns his or her back on a suffering patient is a coward.³ His main argument was that the primary role of any doctor is to relieve the suffering of his or her patient and heed his or her wishes. To him, physician-assisted suicide was an acceptable option. In 1997, the Detroit Free Press conducted an investigation into Kevorkian's patients. The investigation showed that "at least 60% of Kevorkian's suicide patients were not suffering from a terminal disease. At least 17 could have lived indefinitely and, in 13 cases, the people had no complaints of pain."⁴ Opponents of physician-assisted suicide used these findings to question when, and if, a physician has the right to help end another person's life. Kevorkian's actions thrust the right-to-die issue into the national spotlight and eventually onto the ballot.

The aim of this essay is to analyze the various ways in which the idea of life is defined by both sides of the physician-assisted suicide (PAS) debate. Due to the fact that neither side can agree on a concrete definition, the word "life" becomes <life> in the PAS debate, signifying that it is being used as an ideograph in that particular instance. Ideographs are ambiguous high-order abstractions that seek to achieve a particular goal or political reform. <Life> is an ideograph in the debate surrounding physician-assisted suicide because both sides construct different conceptions of what <life> entails. Opponents of physician-assisted suicide use <life> as an ideographic God term, meaning that it is regarded positively in public discourse.⁵ God terms carry universal positive connotations. To PAS opponents, <life> is being constructed as something

universally positive that needs to be sustained at all costs until a natural death occurs, because it is sacred and dignified. On the opposite side, physician-assisted suicide advocates are trying to reconstruct the idea of life and the characterizations surrounding it. In a counter-cultural manner, their rhetoric suggests that death is preferable to life in certain circumstances. Therefore, they use <life> as an ideograph that conveys <life> as a human-controlled element that can be ended before natural causes. They re-define the commonly accepted notion that life is better than death by suggesting that a manufactured death is acceptable when a high quality of life and an individual's capacity to live a dignified life are no longer possible.

The existing literature on the subject of physician-assisted suicide deals with the ideograph of <rights> most of the time. The issue is framed around the debate between an individual's right to die and his or her right to live. This analysis will branch out and explore the ideograph of <life> instead. Both sides of the PAS debate use <life> differently to try to answer the following questions: "Is life something that can be controlled by humans? When is life no longer worth living? Is death more dignified when a continued existence equates to prolonged suffering and pain?" The ideograph of <life> is an important analytical concept because this particular ideograph undeniably poses a large problem for advocates in obtaining popular and legal support for the practice of physician-assisted suicide. One can study whether or not advocates and opponents will be successful in promoting or preventing social change based on how successfully they convince their audiences to accept their respective conceptions of what <life> entails. This essay will help locate where the idea of life is being used as in ideograph (<life>) in the PAS debate and analyze how the very perception of <life> is being conceptualized differently from both sides.

Literature Review

The existing literature on physician-assisted suicide is varied in focus. Most works on PAS talk about the moral and ethical implications of the practice. One theme in the literature surrounding PAS is the sanctity of life. As stated by Back and Pearlman in an article for *The Lancet*, "Respect for autonomy of dying patients wanting relief of suffering is pitted against sanctity-of-life and slippery slope arguments about the inevitable abuse of legalized physician suicide."⁶ This breaches the topic of <life> as an ideograph and how it is sanctified and sacred. However, the authors do not investigate the varying ways that <life> is used as an ideograph; it is only mentioned briefly.

Other literature surrounding the issue mirrors the arguments made by the right-to-life movement. Black states that "The right-to-life movement argues from the ontological standpoint that all existence remains sanctified, and should therefore be protected."⁷ This statement furthers the argument made in Back and Pearlman's article about sanctity of life. Furthermore, their article looks at the right to life from an abortion standpoint and classifies the term <right> as an ideograph and a God term. This essay will take the ideographic

analysis of <right> in Back and Pearlman's article as a stepping stone to analyze <life> as an ideograph of the physician-assisted suicide movement. The issue of <life> is really the main controversial issue between opponents and advocates of physician-assisted suicide, and therefore, needs to be analyzed.

Past works of rhetorical criticism have explored ideological shifts within rhetoric over time. Black quotes Therborn by saying, "New and changed circumstances require new norms to be accepted."⁸ This is highly relevant to this particular essay because this theory explains how rhetoricians can reconstruct and redefine an ideograph in different circumstances.

Other bodies of literature surrounding physician-assisted suicide serve to normalize the issue. Once physician-assisted suicide was placed on the Oregon ballot in 1994, the issue became more normalized as it became a part of the political process.⁹ At first, physician-assisted suicide was automatically viewed as a shameful action, but once it became a political issue and discourse on the process emerged, it became more normalized. The very existence of PAS rhetoric helped to open people's minds to the idea. Pretty soon it became an acceptable conversation topic, and people started changing their minds on the issue. Rhetoric in and of itself helped to normalize the issue.

Overall, the new knowledge I wish to add to the rhetorical criticism field is how <life> is used as an ideograph in PAS rhetoric, and how advocates are trying to reconstruct the ideograph and the conceptions surrounding it compared to the opponents who are revivifying the already established conceptions of <life.> This is one important element of the physician-assisted suicide movement, and it has not been thoroughly explored as of yet.

The Current Debate over Ending One's Life

Polls show that the majority of Americans favor physician-assisted suicide. So why does legislation fail to reflect public opinion? The results from the latest NPR-Truven Health Analytics Health Poll in 2012 show that most Americans favor physician-assisted suicide for people with less than six months to live. Overall, fifty-five percent of respondents favored it, and forty-five percent were opposed. Those proportions were unchanged from July 2011, when Truven asked the same questions.¹⁰

One common reason physician-assisted suicide is such a controversial topic is for religious reasons. Many Christians base their objections on the biblical commandment "thou shalt not kill." Muslims believe that only Allah has the right to end life, and both Hindus and Buddhists have a strong reverence for life. It is their belief that physician-assisted suicide and euthanasia are interruptions of karma.¹¹ Opponents often describe the role of the physician in physician-assisted suicide as a human "playing God." Many opponents also use a slippery slope fallacy in their rhetoric to argue that if the law allows for physicians to help terminally ill patients die, soon the elderly and those with a mental and physical disability, or anyone who views that his or her life is no longer worth living, will be viewed as burdens and helped to take his or her own life. Advocates argue that every individual has the right to die with dignity, autono-

my, and respect. The rhetoric is based around the idea that living and dying are extremely personal, and sometimes the pain and suffering endured by a terminally ill patient outweigh the benefits of a prolonged life. When this is the case, advocates argue that a physician's main role is to help his or her patient die a peaceful death rather than a painful and prolonged one.

Consistent with these beliefs, the majority of Americans since 1986 believe that physician-assisted suicide should be allowed when a person has a terminal illness. Six in ten adults would consider physician-assisted suicide for themselves if they were on life support or in chronic pain. Fifty percent would consider it if they experienced a loss in mobility and independence, if they became a burden to others, and if they had a terminal illness.¹² Furthermore, three in ten adults would consider it if they were confined to a nursing home.¹³

Despite widespread support for physician-assisted suicide, only a few states have legalized the process. Today, only the states of Oregon, Washington, and Vermont have legalized it, and the state of Montana allows for it with permission of the courts.¹⁴ Oregon was the first state to legalize physician-assisted suicide under the Death with Dignity Act. The act was approved in 1994 but did not go into effect until 1998. A decade later in 2008, the voters of Washington followed suit. Vermont was the most recent state to pass a Death with Dignity law in 2013.¹⁵

By looking at three representational examples of anti-PAS rhetoric and three representational cases of pro-PAS rhetoric, we can learn how the two different sides of the physician-assisted suicide movement create different conceptions of the same ideograph (<life>) to frame their arguments. To analyze the rhetoric used by opponents of physician-assisted suicide, I have chosen to look at the websites of two different organizations that speak against physician-assisted suicide and an article on the Christian Post website. The first group is the Christian Medical and Dental Associations and the other is Alliance Defending Freedom, an organization that advocates for religious freedom. Both of these websites address the issue of physician-associated suicide. The Christian Post article was written by Ken Connor, the chairman of the Center for a Just Society, also the former president of the Family Research Council.

On the opposite side of the spectrum, I will look at the websites of the Death with Dignity National Center and the Final Exit Network, a national non-profit organization and a member of the World Federation of Right-to-Die Societies. I will also examine a controversial billboard campaign of the Final Exit Network that occurred in 2010. This organization was born from the Hemlock Society, a former leading advocate group for the legalization of euthanasia and physician-assisted suicide that dissolved in 2003. The billboard campaign led by the Final Exit Network was a series of billboards that read "My Life. My Death. My Choice. FinalExitNetwork.org."¹⁶ The billboards were placed on highways near senior communities in San Francisco, California, and Hillside, New Jersey.¹⁷ These billboards were a great point of contention for the opponents of physician-assisted suicide.

The rhetoric surrounding the physician-assisted suicide debate tends to be based around the same issues. The debate about what constitutes as <life> and

a “high quality <life>” is constantly being debated by opponents and advocates. This essay could delve into the rhetoric of literally thousands of websites, articles, and campaigns on physician-assisted suicide, but the same themes are present in most of the rhetoric. Therefore, this essay looks at just three examples from both sides to illustrate the different uses of ideology. This sample is representative of most other forms of PAS rhetoric.

Identifying <Life> as an Ideograph

An ideographic analysis is the most appropriate form of criticism for this particular kind of rhetoric because of the basic arguments that are made by opponents and advocates. Opponents frame their arguments on the idea of sanctity of life, and advocates talk about the quality of life and the circumstances in which death is preferred to life. The way each side shapes their rhetoric to define <life> can help to explain their worldviews and how they are shaping the rest of their arguments.

McGee has previously done rhetorical criticism on ideographs. He has looked at the diachronic and synchronic levels of ideographs.¹⁸ Analyzing an ideograph diachronically looks at how a single term is interpreted differently over time. Every time that term is used in an argument, the critic must look to the past to determine if it is still synonymous with past conceptions of the term. Synchronic levels occur every time an ideograph contracts or expands.¹⁹ The concept of an ideograph being conceptualized differently over time is a good foundational point for this essay’s analysis.

Analyzing ideographs is essential to discovering the impact of the rhetoric. This essay will look at the various times life is discussed in the discourse of both sides, and how <life> represents an ideograph in particular. When the ideograph is used by opponents of PAS, the rhetoric serves to reaffirm the already culturally-established belief that life should be revered. Their emphasis on the sanctity of life serves to resist any social change that welcomes anything but a natural death. On the other hand, a counter-cultural application of the ideograph used by advocates of PAS serves to introduce new characterizations and challenge existing ones. Much of the debate surrounding physician-assisted suicide is based not on actual policy and implementation, but rather upon the rhetoric in the other side’s arguments and how this, in turn, has the potential to affect policy through interpretation and conceptualization. The successful application of this ideographic analysis could have legal implications if widely accepted by lawmakers and the public.

What is <Life?>: Ideographic Analysis

What is life? This may seem like a straightforward question to many, but it is anything but simple to define in the context of physician-assisted suicide. While it may be sufficient to explain the difference between what is life and what is death based on when someone stops breathing and his or her heart stops beating, this is a very narrow view of what constitutes life and death. The

nature of physician-assisted suicide raises such questions as: does anyone have the right to help take away another person's life, and when, if ever, is life no longer worth living? Advocates and opponents of physician-assisted suicide conceptualize these aspects of life differently in their rhetoric. Therefore, <life> has become an ideograph that alludes to an abstract idea of what it means to live and die.

This analysis will look at the various definitions and conceptions of <life> that are presented by both sides of the physician-assisted suicide debate. The first big ideographical theme that will be analyzed is the sanctity-of-life argument of PAS opponents, who argue that <life> is sacred and should always be preserved until a natural death occurs. This is contested by the quality-of-life argument made by PAS supporters, who believe <life> is only worth living based on qualitative factors, which, in turn, makes opponents question the ethics of determining who is living a high-quality life. The visual rhetoric of both sides cannot be ignored either. By looking analytically at the use of billboards and images on websites, it can be observed how both sides use visuals rhetorically to enhance their sanctity- vs. quality-of-life arguments.

Another major theme in PAS rhetoric is the idea of dignity and the uncertainty as to whether an individual has the right to die with dignity. While advocates maintain that physician-assisted suicide is acceptable for an individual with a terminal illness who is living a low-quality life defined by pain and suffering, opponents argue that taking one's own life is never dignified. Clearly, <life> is conceptualized and qualified differently between both sides of the PAS debate. This essay will take a closer look at how both sides create contrasting views of <life> in their arguments.

The first prevalent theme of anti-PAS rhetoric is the sanctity of <life.> To opponents of physician-assisted suicide, <life> is something that needs to be protected, revered, and prolonged at all costs, no matter the circumstance. In many instances, anti-PAS rhetoric mirrors pro-life rhetoric of the abortion debate. In both cases, life is <life,> meaning that a living organism is alive as long as its heart is beating, and this is a sacred phenomenon that should not be ended prematurely. From conception to death, humans do not have the right to take away another person's life or their own under any circumstance. This take on <life> is encapsulated perfectly by the slogan listed at the top of the Alliance Defending Freedom web page: *Guarding the Sanctity of Life. All human life is sacred-from conception to natural death.*²⁰

This particular instance of rhetoric depicts <life> as sacred, not disposable. The main page of the website claims that the result of society's view of life as disposable leads to the termination of "countless precious lives," and, as a result, human life is cheapened.²¹ The idea that life can be cheapened suggests that it has a tangible value. This claim serves to take away the very ambiguity of the ideology behind <life> and bring it into the realm of the easily understood. This enforces the idea that life is <life>, and humans cannot devalue it by taking it away prematurely; it is sacred because PAS opponents believe it was a gift from God.

The theme of sacred life is prevalent in nearly all anti-PAS rhetoric. As

stated on the webpage for the Christian Medical and Dental Associations, human life is sacred because it bears God's image. Human life "has worth because Christ died to redeem it, and it has meaning because God has an eternal purpose for it."²² This framing equates <life> with God's will and purpose. It is sacred, it is holy, and every individual has an obligation to live out his or her life to its full duration. This view irrevocably links <life> with God and aims to make it impossible for Christians to deny God by supporting physician-assisted suicide.

A common theme in anti-PAS rhetoric is not only the belief that life is a sacred gift from God, but that only God has the right to take away life. PAS opponents maintain that physicians and patients who partake in physician-assisted suicide are "playing God." In response to this argument, pro-PAS advocates such as the Death with Dignity National Center conclude that when an individual chooses to hasten death, he or she makes that choice not as God, but as "a conscious, self-determined individual."²³ Furthermore, this decision is no more "playing God" than "to suggest one more procedure, one more pill, or one more feeding tube may preserve a life that is all but ended."²⁴ This argument challenges the belief held by PAS opponents that life is in the hands of God. Rather, advocates say humans have always been in control of other humans' lives through means of medication and technology. Their argument is that sustaining life with respirators and breathing tubes, as well as giving medication to the sick, are all intervening with God's will. This framing of the argument serves to point out the logical inconsistency of the "playing God" argument. If ending a life early is "playing God," then so too is prolonging it with medicine and/or technology. In so doing, advocates bring <life> into the earthly realm and attempt to lessen the religious appeal of sanctity of life arguments.

The presence of technology in today's medical world blurs the line between what constitutes death, in particular a "natural" death. If a person stays alive thanks to medical advances, is that really "natural"? When does life cease to be in the hands of God and in the hands of physicians? When is the benefit of using technology and treatments to sustain life no longer worth the pain that comes along with it? The uncertainty about the definition of <life> and a natural death poses further rhetorical challenges for both sides of the physician-assisted suicide debate as they attempt to persuade their audience that their definition of <life> is correct.

The Alliance Defending Freedom slogan advocates for the sanctity of human life "from conception to natural death."²⁵ The emphasis on "natural" implies that the only acceptable death is one that occurs from natural causes. Although supporters of physician-assisted suicide argue that life-sustaining technologies and medications are no more natural than physician-assisted suicide, anti-PAS rhetoric refers to a "natural" death only as one that is not intentionally hastened; medical and technological assistance are presumably considered "natural," according to their discourse. By definition, the way anti-PAS rhetoric conceptualizes "natural" denies physician-assisted suicide as a viable option. The Alliance Defending Freedom slogan does not even entertain the idea of anything but a natural death; anything else would not be sacred. The slogan

explicitly states that human life is sacred. Therefore, if <life> is to be defined as sacred in anti-PAS rhetoric and physician-assisted suicide is not accepted as sacred, PAS cannot possibly be an acceptable way to die because it defies the very definition of <life> that is being constructed. <Life> is only sacred insofar as it ends by natural means. If one commits physician-assisted suicide, the life he or she lived is no longer sacred.

In contrast to the sanctity of life argument, supporters of physician-assisted suicide argue that the *quality* of life is the most important factor surrounding the issue. PAS advocates argue that suffering terrible physical and emotional agony at the end of life does not constitute a high quality of life any longer. They believe that in the case of extreme suffering, life is no longer worth living. At this point, the patient's suffering outweighs the benefits of a continued existence, which would undoubtedly be full of pain and suffering. While PAS opponents argue that life is sacred, pro-PAS advocates such as the Death with Dignity National Center believe that suffering and agony are "neither humane nor divine."²⁶

Quality-of-life arguments made by PAS supporters cause their opponents to question the implications of this form of rhetoric. To PAS opponents, life is <life> insofar as the individual is still breathing and carrying out basic psychological functions. In this framing, quality has no place in the physician-assisted suicide debate in determining who lives and who dies. Life is <life>, and trying to determine whether an individual is living a life with an acceptable level of quality is defying life's sanctity by putting humans in control of one's death.

A common argument in anti-PAS rhetoric is that exchanging a sanctity-of-life ethic for a quality-of-life ethic will "put the weakest among us at great risk," as stated by an article in the *Christian Post*.²⁷ If society allows the terminally-ill to deny continued care and to welcome a "premature" death, then this opens the gate for individuals with other ailments to take their own lives as well. Opponents maintain that if the rhetoric of pro-PAS advocates is accepted, then the elderly, the depressed, and the physically and mentally disabled will be the next people taking their own lives with the help of physicians. One could argue that these individuals have a lower quality of life than other members of society if a low quality is measured by a loss of autonomy and an absence of physical and mental suffering.

Who has the right to define a high quality of life? Opponents maintain that only God has the right to do so, and advocates argue that each individual should be able to determine for himself or herself whether life is still worth living. The ways in which both sides frame <life> will determine how social change ensues. The final outcome of the physician-assisted suicide debate depends on whether the rhetors are successful in promoting <life> as sacred or as something qualitatively worth living.

Both sides of the debate use visual rhetoric to promote either sanctity of life or quality of life arguments. The Alliance Defending Freedom website has a banner that is placed at the top of the main webpage along with the aforementioned slogan about sanctity of life. In this banner, there appears to be a grandfather playing outside with his granddaughter. The juxtaposition of an

elderly man with the toddler reinforces the slogan that life is sacred from conception to natural death. The two figures serve as rhetorical representations of the two major social issues on which this organization focuses. The grandfather represents the physician-assisted suicide debate, and the child represents this organization's pro-life stance on abortion. Putting faces to the slogan personalizes the message and makes <life> even more tangible; the visitor to the website can see what <life> looks like in accordance with the worldview portrayed by Alliance Defending Freedom. In this picture, <life> is not just an abstract idea; it is a grandfather whose life is sacred and should not be "taken away." His happy demeanor and physical agility are apparent while he plays with his granddaughter. This photograph ignores the pain and suffering of the dying that is highlighted in the rhetoric of PAS advocates. In this rhetorical picture, <life> is happy, pure, and sacred.

An example of pro-PAS visual rhetoric is the billboard campaign that was launched by the Final Exit Network in 2010, a national right-to-die organization. These billboards that read "My Life. My Death. My Choice. FinalExitNetwork.org" were placed in strategic locations near senior communities to inform the elderly and terminally ill that they have a right to end their own life.²⁸ Final Exit spokespersons insist that physician-assisted suicide is the "ultimate civil liberty."²⁹ The purpose of the Oregon and Washington laws, according to PAS supporters, (Vermont had not yet passed a Death with Dignity Act) is to provide dying patients with the "control, predictability, and peace of mind that comes with knowing the how and when of death."³⁰ The billboards equate choosing how to die with the liberties awarded to American citizens during life, such as the right to free speech and the right to practice one's religion; the right to die is just one more right that every human possesses. However, this argument goes into the ideographic analysis of the word <right,> which is not the focus of this essay. It is important to note, however, that these rights are part of living a high quality life. When an individual becomes too sick to make decisions because of a loss of autonomy, he or she is no longer living a quality <life> as defined by PAS supporters.

Another major theme in the rhetoric of both sides of the physician-assisted suicide debate is dignity. However, both sides conceptualize and define dignity in radically different ways to frame their arguments. The opposing conceptions of dignity make it another ideograph that could be examined in PAS rhetoric. Although this essay focuses on the <life> ideograph, it is important to explore the conceptions of the word "dignity" as it pertains to human <life.>

The Christian Medical and Dental Associations advocate for "dignity of human life" through the use of alternatives to relieve pain and suffering and by providing human companionship, spiritual support and counseling.³¹ Opponents of PAS refer to dignity as having a relatively sound physical state, the ability to maintain human relations, and being in a robust and content spiritual state. Dignity is all about making life peaceful and content. The emphasis is on living, and the inevitable prospect of death is not dealt with in anti-PAS rhetoric. Death is never the focus; it is all about <life> and how to live it to the fullest. To opponents of physician-assisted suicide, dignity encompasses all self-

fulfilling things that make <life> worth living. In essence, <life> itself is dignified regardless of pain and loss of autonomy; in fact, there is no dignity in opting for a premature death.

In stark contrast to this take on <life,> pro-PAS rhetoric talks about death with dignity, as implied by title of the Death with Dignity Acts passed by Oregon, Washington, and Vermont. The very name of these acts functions rhetorically to imply that dignity pertains to death, rather than life in the case of terminally-ill patients. In America, it is expected that emergency personnel and medical staff will do everything in their power to save the life of a patient or someone who has been in a life-threatening accident unless a Do Not Resuscitate order is in place. Many Americans have been socialized to believe that life needs to be sustained at all costs. When a patient cannot be saved, one often feels as though the deceased has been cheated out of something that was promised to them in today's modern world. Due to a widespread reverence for life, the phrase "death with dignity" goes against the common cultural belief that a prolonged life is the only thing for which to strive.

"Death with dignity" implies that there comes a time when life is no longer dignified. Unlike what anti-PAS rhetors argue, the rhetorical phrase "death with dignity" denotes that life is undignified when an individual is in great pain, loses his or her sense of autonomy, and believes that death would be better than living in his or her current condition. It is important to note that the Death with Dignity Acts in all three states in which physician-assisted suicide is legal, makes the process available only to those individuals with a terminal illness and a doctor's diagnosis of having less than six months to live. Opponents of physician-assisted suicide point to a slippery slope argument in regards to defining who lives a dignified life, just as with the argument about who lives a quality life. The basis for their argument rests in the rhetoric of the "death with dignity" phrase itself, not the policy. By looking at the PAS legislation, it is clear that the option to take one's life this way is legally available only to those with a terminal illness, not the elderly, handicapped, or depressed. PAS opponents do not argue that these groups of individuals legally can take or are taking their lives through physician-assisted suicide, but they are arguing that it is possible in the future based on how society interprets the conception of dignity as it pertains to <life> in the rhetoric of the pro-PAS advocates. If one's life can be ended based on how dignified one feels, there are great legal and social implications in defining what constitutes as "dignified." Much of the debate surrounding physician-assisted suicide is based not on actual policy and implementation, but rather upon the rhetoric in the other side's arguments and how this, in turn, has the potential to affect policy through interpretation and conceptualization.

Dignity with death defies the idea that <life> is sanctified, dignified, and individuals have a God-given duty to protect and prolong it. Now the focus is on death and its precedence over <life.> This counter-cultural approach to death vs. life is what gives anti-PAS rhetors the basis for many of their arguments. Ken Connor from the *Christian Post* seeks to shame PAS supporters for encouraging terminally-ill patients to choose "self-destruction in the name of

dignity.”³² It is a constant battle over what defines dignity: is it placing the sanctity of life above human feelings and emotions to mean all life is dignified no matter what, or is it timing one’s death so that physical and emotional suffering is spared?

Advocates of physician-assisted suicide describe the lives led by most terminally-ill patients as inflicted with a torturous death. While medical advances have found ways to prolong life, they have, by the same token, inevitably prolonged painful deaths. How can we tell when the benefits of a long life no longer outweigh the consequences of a painful death? This is precisely the question for which both sides are trying to provide the more compelling answer. Advocates maintain that the greatest human freedom is “to live, and die, according to one’s own desires and beliefs,” as stated by the Death with Dignity National Center website.³³ Physician-assisted suicide, as argued by its supporters, gives patients the right to control their own death, something that is as natural as living. The Final Exit Network slogan is “Supporting the human right to a death with dignity.”³⁴ Not only is dying with dignity preferable; it is a right. It gives individuals the right to decide for themselves the proper time to be relieved from their suffering and how to avoid an inevitably torturous death due to their terminal illness. Dignity of death in this sense is not about *wanting* to die, but acknowledging its inevitability and managing the pain prior to death.

In fact, some pro-PAS rhetoric makes a point of saying physician-assisted suicide does not focus on death with dignity, but, rather, on life itself. The Death with Dignity National Center website says, “Providing dignity, control, and peace of mind during a patient’s final days with family and loved ones places much greater focus on the Gift of Life than on the often painful and agonizing process of dying.”³⁵ Here, <life> is portrayed as a gift. Although this seems to align with the sanctity-of-life argument made by the other side of the debate, it serves a different rhetorical function. Instead of saying that <life> needs to be prolonged at all costs, the rhetoric implies that painful deaths subtract from the joys of life. Throughout the entire PAS debate, both sides use the same ideographs to make their arguments. Sometimes, they define these ideographs in the same way, yet they find ways to manipulate their usage in order to support their own respective claims.

Death is taboo in American society. Nobody wants to talk about it because this means they must confront their own mortality. Perhaps this is why Americans want so badly to know that at the end of life medical personnel will do everything possible to prolong their life. What the debate on physician-assisted suicide brings to light is that what many people fear more than death itself is a painful death. The rhetoric of PAS supporters is intended not only to draw attention to the fact that death cannot be avoided, but also to illuminate the belief that physician-assisted suicide allows people to have the kind of death they desire. In this debate, death is just another aspect of life that requires an individual to make important choices. Death is natural and individuals with a terminal illness should have the option to manage their endings so as to avoid pain and suffering.

Opponents offset this use of rhetoric with their argument that producing death for the “relief of pain, suffering, or economic considerations, or even for the convenience of patient, family, or society,” should be opposed at all costs.³⁶ The rhetorical choice of the phrase “producing” death makes death seem unnatural, premature, and selfish. Death is the antithesis of <life> in all situations, at all times, and in all places.

The rhetoric of opponents suggests that, universally, <life> is better than death. Opponents use <life> as a God term, as defined by Richard Weaver in his book *The Ethics of Rhetoric*.³⁷ When opponents of physician-assisted suicide talk about <life,> they are referring to all things sacred, good, and desirable. In many cultures and contexts, <life> is synonymous with positive symbols such as light, goodness, innocence, and hope. In contrast, <death> evokes thoughts of darkness, evil, sin, and despair. By shaping their rhetoric to conceptualize <life> as an indisputable God term, anti-PAS spokespersons are reaffirming culturally established and accepted definitions of <life.>

Whereas physician-assisted suicide opponents make their arguments in order to vivify what the majority of the population already believes in regards to life being preferred to death, the PAS advocates must make certain rhetorical choices to reconstruct Americans’ perceptions of <life.> By doing this, they are reconstructing the ideograph of <life> itself and its power to persuade audience members into promoting social change. Advocates’ arguments are counter-cultural in nature, and those made by opponents to physician-assisted suicide are an example of culturetypal rhetoric. Culturetypal ideographs tend to be more successful in persuading audience members to agree with the argument at hand because society’s beliefs about <life> are confirmed and revived through the employed rhetoric. Counter-cultural ideographs are not as immediately successful in gaining approval simply because there is more work to be done in order to persuade an audience. First of all, the widespread conception of <life> as a God term is not only being questioned, but it is also being reconstructed to mean something entirely new. The counter-cultural approach to the <life> ideograph can be seen by the appeals to a dignified death in the rhetoric of pro-PAS arguments. The fact that death is the focus and is also portrayed as desirable in certain circumstances is a unique ideology shift that dominates the rhetoric of physician-assisted proponents.

The reason the debate surrounding physician-assisted suicide is so heated is because the rhetorical questions raised by the rhetoric of both sides are multi-fold and have no concrete answers. The rhetoric of this movement is abstract and leaves many unanswered questions. Both sides of the debate are successful in gaining followers because the rhetoric surrounding physician-assisted suicide allows for the audience to decide how they want to interpret various ideographs, such as <dignity,> <rights,> and <life.> The latter is perhaps the most prevalent in the debate because of its potential to be used as a universal God term or to be reconstructed to change people’s views on what makes for a good <life> and a peaceful death.

Implications and Conclusion

The analysis of this essay proves that opponents and supporters of physician-assisted suicide use the same <life> ideograph in different ways to support their respective arguments. Opponents of physician-assisted suicide use <life> in a culturetypal manner by finding ways to revivify and confirm the common conception that life is preferable to death. Their sanctity of life and right to life appeals coincide with the widespread belief in American culture that <life> must be revered and prolonged until the moment of “natural” death. Their use of the <life> ideograph simply reaffirms the cultural beliefs of their audience in stating that <life> is the ultimate gift or possession that humans are given. PAS opponents structure their arguments in such a way that the audience cannot disagree with them without challenging the conception of <life> the PAS opponents have constructed. In essence, the rhetoric of the opponents of physician-assisted suicide has made <life> not only an ideograph, but a God term as well. Universally, <life> is revered. If the audience buys into this claim, then it becomes impossible to support death over <life>.

In contrast, the rhetoric of PAS supporters can be summed up as using <life> in a counter-cultural manner. In their rhetoric, <life> is no longer a God term in the same way it is being used by PAS opponents. Rather, the focus is put on the dignity of death in the face of a torturous prolongation of life. Their fundamental argument surrounding the conception of <life> is that if <life> is defined by pain and suffering in the final months of one’s life, then does it remain a God term? Their answer is no. This counter-cultural application of the <life> ideograph serves to completely reconceptualize the way society looks at the idea of <life> in the face of a painful impending death. Advocates of PAS argue that <life> is only worth living in the case of a terminal illness when the quality of life is enough to outweigh the alternative of death. When the pain and suffering begin to outweigh the benefits of a continued existence, then <life> is no longer the <life> for which PAS opponents conceptualize and fight to protect. At that moment in time, death has become preferable over <life>, and <life> loses its sanctity.

Clearly, the physician-assisted suicide debate is heated. The reason for this has just as much to do with the rhetoric surrounding physician-assisted suicide as the process itself. When the two sides strive to define <life> differently and the conceptions surrounding it, there can be great implications for how the rhetoric is being used. If one side is successful in earning a large enough margin of support, then their viewpoints have the potential to be reflected in legal policies. To put this more clearly, if the supporters of physician-assisted suicide are successful in reconceptualizing the ideograph and idea of <life> in a counter-cultural manner, then, eventually, more states may adopt a Death with Dignity Act. This is only possible if the idea of <life> is no longer viewed as something sacred to be prolonged at all costs, in all situations, regardless of the amount of pain and suffering being endured. If the supporters of physician-assisted suicide can manage to shift society’s perceptions of <life>, then the effect of their use of the <life> ideograph will be mirrored in legislation. All of

this is only possible through a successful ideological shift of the conception of <life,> which takes time.

There have been many scholarly essays on physician-assisted suicide and the ideographs that are present in the rhetoric surrounding the political issue itself. However, most of these essays and articles analyze the ideograph of <right> as it pertains to right to die vs. right to live arguments. <Right> is a popular ideograph that is analyzed in various discourses because of its legal implications. This particular essay is unique in that it deals with another ideograph of the physician-assisted suicide debate that is prevalent in the rhetoric of both sides: <life.>

It is interesting that there is a lack of analysis on the <life> ideograph in this heated political issue among scholars, because the use of this ideograph arguably explains how both sides structure their arguments and make the rhetorical choices that they do. The ways in which a group conceptualizes what <life> means is indicative on how it feels about physician-assisted suicide. Furthermore, it affects the ways in which these groups go about persuading audiences to support their side of the issue based on how they manage to portray their conceptions of <life> in comparison to the culturally accepted conceptions that already exist.

Further studies could look into the ideograph of <dignity> that is present in physician-assisted suicide rhetoric. While this essay looks at the PAS debate as a whole from the two different sides, an ideographic analysis on the word <dignity> could reveal more about the Death with Dignity Acts themselves and how the conceptions of what it means to live a <dignified> life impact public opinion and legislation.

In sum, the ideographical choices made by both sides of the physician-assisted suicide debate are instrumental in either revivifying or constructing new conceptions of the <life> ideograph. This, in turn, has the potential to transfer over to the legal realm where conceptions of <life> can determine whether states pass future Death with Dignity Acts.

Kevorkian once pictured a world where physicians could legally help individuals end their own lives. He spent his adult life trying to change Americans' conceptions of what it means to be living a quality life, and his efforts caused the nation to debate the morality of physician-assisted suicide. Whether or not all individuals should be given the right to die will remain a controversial issue as long as there is disagreement about what constitutes <life> and whether or not there ever comes a time when it is no longer worth living

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