

Conduit or Contributor? The Role of Media in the California End-of-  
Life Option Act Policy Process

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## **Conduit or Contributor?**

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#### **ABSTRACT**

Whether media plays a contributory or a conduit role in the policy process has been a salient focus among policy scholars. If media plays a contributory role in the policy process, it not only shares similar policy core beliefs with advocacy coalitions, but also drafts and disseminates stories including policy core beliefs that shape policy outcomes. On the contrary, if media serves a conduit role, media transmits information, including the divergent policy core beliefs of multiple participants in policy debates. This research aims to provide empirical evidence to determine the role of media in the policy process. This research looks at the California End-of-Life Option Act case and content analyzes news articles from two media outlets with opposing ideologies, the liberal “Sacramento Bee” and the conservative “Orange County Register” using Narrative Policy Framework (NPF).

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## Introduction

In studying public policy, scholars have framed policy process analyses around a number of key policy actors. The range of policy actors has expanded over time. For example, in policy studies conducted in the 1970s the focus was on the so-called “iron-triangle,” comprised of administrative agencies, legislative committees and interest groups at a single level. Scholars later expanded the scope of their analysis to include policy analysts, election-related actors, citizens, and interest groups to more clearly understand the intricate policy process in modern society (Sabatier and Jenkins-Smith, 1993; Kingdon, 2003; Baumgartner and Jones, 1991).

Policy scholars have also come to study the media as an important policy actor. Whether media plays a contributory or a conduit role in the policy process, in fact, has been a salient focus among policy scholars for more than two decades (Sabatier and Jenkins-Smith, 1993; Kingdon, 2003; Baumgartner and Jones, 1991; Shanahan *et al.*, 2011). If media plays a contributory role in the policy process, it not only shares similar policy core beliefs with advocacy coalitions<sup>1</sup> but also drafts and disseminates stories including policy core beliefs that shape policy outcomes (Shanahan *et al.*, 2008). However, if media serves a conduit role, media outlets simply reflect policy arguments unfolding in the policy area (Baumgartner and Jones, 1993). As a conduit, media impartially transmits information, including the divergent policy core beliefs of multiple policy participants in policy debates, to the public and/or decision makers (Shanahan *et al.*, 2008).

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<sup>1</sup> ACF explains that if policy participants as legislators, agency officials, interest group leaders, judges, researchers and intellectuals from multiple levels of government share the similar policy core beliefs with their allies and coordinate with them in nontrivial degree, they create an advocacy coalition (Sabatier and Jenkins-Smith, 1993)



Major policy process theories present different perspectives on the role of media. The Multiple Streams Framework (MS Framework) (Kingdon, 2003) and Punctuated Equilibrium Theory (PET) (Baumgartner and Jones, 1993) consider the role of media as a conduit. MS framework and PET state that media reflects ongoing arguments in the policy area (Baumgartner and Jones, 1993, p. 103-104) and simply shows what is going on rather than “having an independent effect on governmental agendas” (Kingdon, 2003, p.57-60; Baumgartner and Jones, 1993, p.103-104). The Advocacy Coalition Framework (Sabatier and Jenkins-Smith, 1993, p.227) identifies the role of media as a conduit in their early manifestations; however, they also state that media often plays a contributory role to advocacy coalitions in their later articulations (Sabatier and Jenkins-Smith, 1994, p.180). The Narrative Policy Framework (Shanahan *et al.*, 2011, p.540) also considers media as a member of competing advocacy coalitions and therefore as a player that assumes a contributory role.

Efforts to define the role of media in the policy process have yet to provide sufficient evidence to definitely prove their case (Shanahan *et al.*, 2008). More empirical research is required to systematically assess the role of media in the policy process to determine whether the media plays a contributory role or serves as a conduit for other policy participants. Therefore, this research aims to provide empirical evidence to determine the role of media in the policy process. This research looks at the California End-of-Life Option Act as a case study to address the research goal.

California End-of-Life Option Act allows terminally ill patients to end their lives through the voluntary self-administration of lethal medications prescribed by a physician (Chin *et al.*, 1998). California passed this act in 2015; it will go into effect on June 9, 2016. There are two major coalitions in this policy area: the “right to die” and the “right to life” coalitions. The “right to

die” coalition is often associated with political liberalism which emphasizes individual freedom, while the “right to life’ coalition is commonly associated with political conservatism, which argues that physician-assisted suicide is morally, religiously and culturally wrong. This study will test whether liberal and conservative media outlets contribute to competing advocacy coalitions or simply serve as conduits in debates over the California End-of-Life Option Act.

Given that there is insufficient research on the role of media in the policy process, how to test the role of media has been a challenge among policy scholars. Shanahan *et al.* (2008) use policy beliefs and narrative framing strategies. They assume that local and national media outlets exhibit different policy beliefs and define the policy problem differently in the Greater Yellowstone policy area. My research posits new strategies to measure and assess the role of media in the policy process. This research applies the Narrative Policy Framework (NPF) to test the role of media in policy debates. NPF centrally locates policy narratives in the policy process to understand the nature of the debate and the issues at stake (Shanahan *et al.*, 2011). According to NPF, policy narratives are “generated by a broad set of actors, such as elected officials, interest groups and the media” who coalesce into advocacy coalitions (Shanahan *et al.*, 2011). These coalitions share “a set of normative and causal beliefs” often referred to as policy core beliefs (Sabatier, 1988). NPF contends that coalitions produce different policy narratives based on their policy core beliefs and use their narratives to compete with other coalitions.

As is true in all narrative storytelling, policy narratives include a setting, a plot and a cast of characters (Shanahan *et al.*, 2011). However, the actual content of narrative elements depends on the coalitions’ policy core beliefs. The policy solutions (moral of story) are generally presented in the narratives and usually directly tied to the coalitions’ (and thus the media’s) policy core beliefs.

NPF maintains that coalitions strategically use policy narratives to advance preferred policy outcomes (McBeth *et al.*, 2014). Scope of conflict, causal mechanisms and devil/angel strategies are the focus in NPF studies, although researchers are also open to the possibility of the use of additional strategies (McBeth *et al.*, 2014). One major strategy identified in the NPF is the use of causal mechanisms, which has received scarce attention in NPF research. Causal mechanisms show “how coalitions strategically order narrative elements to assign responsibility and blame for the policy problem” (McBeth *et al.*, 2014). As Sabatier mentions (1988), competing coalitions share different causal beliefs; therefore, we can expect that competing coalitions use different causal mechanisms. These mechanisms, in turn, show how coalitions perceive the problem.

Based on NPF assumptions, this research will hypothesize liberal and conservative media outlets are contributors to the competing “right to die” and “right to life” advocacy coalitions. If media outlets play a contributory role, liberal and conservative media outlets would share the same policy core beliefs of the coalitions they are writing about. Therefore, we would see variations in policy core beliefs, narrative elements and causal mechanisms between them. However, if media outlets serve a conduit role, liberal and conservative media outlets impartially reflect the prevailing policy arguments; if media are acting as a conduit we would expect no meaningful variation in policy core beliefs, narrative elements and causal mechanisms.

The following research questions will be addressed:

*Research Question 1. Are there variations in narrative elements between liberal and conservative media outlets in California physician-assisted suicide policy area?*

*Research Question 2. Are there variations in policy core beliefs between liberal and conservative media outlets in California physician-assisted suicide policy area?*

*Research Question 3. Are there variations in causal mechanisms (narrative strategies) between liberal and conservative media outlets in California physician-assisted suicide policy area?*

Relevant hypotheses are tested for each research question in terms of the NPF. Two media outlets with opposing ideologies are chosen and analyzed: the liberal “Sacramento Bee” and conservative “Orange County Register”. Several statistical tools are used to test the relevant hypotheses. This research expects to contribute to the debate on the role of media within the policy process.

## The role of media in the policy process

Sabatier and Jenkins-Smith (1993) argue that policy processes could be more clearly understood in modern societies if scholars broaden the conceptions of policy subsystems from traditional notions of iron triangles- administrative agencies, legislative committees and interest groups at a single level- to include actors from various levels of government. Following the argument, policy scholars have considered additional policy actors such as analysts, election-related actors including political parties and campaigners and citizens and their roles in policy process (Sabatier and Jenkins-Smith, 1993; Kingdon, 2003, Baumgartner and Jones, 1991). Policy scholars have also studied the media as an important policy actor. Media are generally defined as “any form of communication that simultaneously reaches large numbers of people” (Winner and Dominick, 2013).

While political science and communication literature (Stromberg, 2004; Graber, 2002; Soroka, 2003; Collins *et al.*, 2006) focus on how media affect public opinion, whether media plays a

contributor or a conduit role in the policy process has been a salient focus among policy scholars (Sabatier and Jenkins-Smith, 1993; Kingdon, 2003; Baumgartner and Jones, 1991; Shanahan *et al.*, 2011). If media is a contributor in the policy process, media shares similar policy core beliefs with relevant advocacy coalitions and supply policy stories including their policy core beliefs which shape policy outcomes (Shanahan *et al.*, 2008). However, if media is a conduit, media outlets simply reflect policy arguments in the policy area (Baumgartner and Jones, 1993). As a conduit, media impartially transmits information including the divergent policy core beliefs of multiple policy participants in policy debates to the public or decision makers (Shanahan *et al.*, 2008). Using these terms, conduit and contributor, in the following section this research reviews how the major policy change theories, Punctuated Equilibrium theory (PET), Multiple Streams Framework (MS) and Advocacy Coalitions Framework (ACF), regard the role of media in the policy process.

The Multiple Streams Framework (Kingdon, 2003) identifies the media as a conduit. Kingdon (2003) portrays media as “powerful agenda setter”; media affect public opinion or legislators’ attention. He explains three major roles of media in order to affect agendas. Media act as a communicator within policy communities including inside and outside policy actors<sup>2</sup> (Cohen, 1963). Media do not tend to create new movements in society but they magnify movements that have already started by other participants. Last, he points out the indirect effect of media. According to this argument, media do not have direct impact on the policy making process. However, media have impacts on public opinion which affect some participants’ behavior in the policy process.

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<sup>2</sup> Kingdon (2003) categorizes policy actors into two groups; inside and outside actors. He mentions that this category is partly artificial but he uses this way to organize the discussion. According to his book, inside policy actors include administration, civil servants and members of congress, while outside policy actors include interest groups, academics, media and public opinion.

Baumgartner and Jones (1993; 2014) also consider the media as a conduit for policy entrepreneurs. In PET, policy entrepreneurs seek to change existing policy images for their preferred policy outcome. Baumgartner and Jones (1991) mention that policy entrepreneurs use the media to break down policy monopolies; media transmit policy entrepreneurs' issue definitions that mobilize groups and citizens, changing the monopolized policy situation of their opponents.

Sabatier and Jenkins-Smith (1993) in their earlier ACF research identify the role of the media as a conduit; media is a resource for multiple policy actors to influence policy outcomes. However, they also consider the media as a contributor, a member of advocacy coalitions. In their work, *evaluating the Advocacy Coalition Framework* (1994), Sabatier and Jenkins-Smith identify media as one of the members of economic efficiency coalitions in the United States automotive air pollution issue area. Weible *et al.* (2009) also mention that media is one of the major subsystem actors which ACF focuses on. Sato (1999) in his empirical research using ACF concludes that media are a major member of the coalitions in Japan's smoking control policy area.

Narrative Policy Framework, which focuses on the role of policy narratives in the policy process, also identifies media as a member of advocacy coalitions. McBeth *et al.* (2014) specifically mention that advocacy coalitions construct policy narratives that express shared policy beliefs and these coalitions could be comprised of interest groups, individual citizens, elected officials and the media. NPF scholars, Shanahan *et al.* (2008), empirically examine policy change in the Greater Yellowstone Area (GYA) policy subsystem to determine whether media plays a contributor role within advocacy coalitions. The authors analyze local and national media to examine whether media construct policy stories aligned with GYA coalitions. Shanahan *et al.*

(2008) posit that if local and national media in their case play a contributing role to coalitions, then local and national media would show differences in policy beliefs and narrative framing strategies in their policy stories. The authors find that the media's role is more of a contributor to the competing advocacy coalition than a conduit in the policy process.

## The role of Media and Narrative Policy Framework

Despite efforts to theorize the role of media in the policy process, there has been insufficient evidence to definitively state the role of media in policy process. More empirical research is required to systematically examine the role of media. Therefore, this research primarily aims to determine the role of media in the policy process; whether they are contributors to the competing advocacy coalitions. Thus, this research applies the Narrative Policy Framework (NPF) which offers the theoretical and methodological tools to examine the role of media. This section provides an overview of NPF and why this research applies this framework to answer the three stated research questions.

We can easily find examples of the power of storytelling within the right to die/live policy debate; for example, the Death with Dignity National Center mentions in their website that “most people join our movement because of a heartbreaking personal experience”<sup>3</sup>. They insist that patients' stories who long for physician-assisted suicide have motivated people to actively contribute to the legalization of physician-assisted suicide in several States such as Oregon, Washington, Vermont and California. Therefore, they keep collecting stories of people who want physician-assisted suicide and disseminating those stories. This example illustrates the power of storytelling and illuminates the possibility that policy actors can exploit narratives for their policy goals.

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<sup>3</sup> Death with Dignity National Center <https://www.deathwithdignity.org/>

As a framework to explain the policy process, the NPF focuses on the role of narratives and explains that coalitions generate policy narratives and use them strategically to win policy competitions (Shanahan *et al.*, 2011). NPF has a close relationship with the Advocacy Coalition Framework (Shanahan *et al.*, 2011).

The Advocacy Coalition Framework (Sabatier and Jenkin-Smith, 1993; Jenkins-Smith *et al.*, 2014) explains the policy change process by focusing on policy actors at various levels of government such as interest groups, journalists, researchers and policy analysts. The ACF assumes that policy change happens within policy subsystems and this is driven by advocacy coalitions consisting of policy actors. Holding this assumption, the ACF focuses on the dynamics of coalitions, their policy core beliefs, and policy learning (Shanahan *et al.*, 2011).

The Narrative Policy Framework is highly compatible with ACF especially at the subsystem level (Shanahan *et al.*, 2011). Meanwhile, the major difference between the two is that the NPF considers policy narratives a critical variable in the policy process. Policy narratives are composed of policy beliefs, narrative elements and narrative strategies (Shanahan *et al.*, 2011). According to NPF, policy narratives are generated by broad sets of actors such as elected officials, interest groups and the media who coalesce into advocacy coalitions based on their policy core beliefs (Shanahan *et al.*, 2011).

The NPF assumes three levels of analysis: micro, meso and macro level.<sup>4</sup> Each level has different units of analysis. While the micro level focuses on the individual and how individuals are informed by policy narratives, the meso level focuses on the policy subsystem and how groups or coalitions exploit policy narratives for their preferred policy outcome (McBeth *et al.*, 2014). This

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<sup>4</sup> The main focuses of macro level analysis are how policy narratives are embedded in culture and institutions and how they shape public policy. While many scholars have conducted micro and meso level of analyses, there are no current macro level NPF analyses (McBeth, Jones and Shanahan, 2014).



study focuses on the role of media within advocacy coalitions. Therefore, meso level analysis of NPF will be conducted.

### *Narrative Elements*

According to NPF, policy narratives include core elements: setting, plot, characters and the moral of the story (McBeth *et al.*, 2014). To be a policy narrative, at least one character and some reference to a policy preference should be included (McBeth *et al.*, 2014). While policy narratives include these narrative elements, the contents of narrative elements are different based on coalitions' policy core beliefs (Shanahan *et al.*, 2011).

One of the core elements of policy narrative is setting where policy narratives are situated in specific policy contexts. This specific policy context can be understood as legal and constitutional parameters, geography, scientific evidence, economic conditions, public opinion and agreed norms etc. These elements of the setting can be used as evidence to support their arguments.

Policy narratives must have at least one character among villains who do the harm, heroes who save the victim from the villains and victims who are harmed by the villains (McBeth *et al.*, 2014). Jones (2010) finds that the use of the hero as a narrative character has more positive affective responses with surveyed respondents regarding climate change. This study shows that the use of heroes can determine the power of policy stories. This research seeks to examine the characters media outlets use to describe physician-assisted suicide and relevant individual or groups regarding the California End-of-Life Option Act.

Within the NPF, plots situate characters within the policy setting. Plots can be understood as the story line which explains how the story goes. Stone (1997) explains two prominent story lines:

stories of decline and stories of control. In stories of decline, narratives tend to argue that there would be possibility of future crisis. Therefore, they contend that some actions or steps are needed to prevent the crisis. Meanwhile, in stories of power, narratives emphasize control. They contend that less control can threaten our own life and fundamental freedom (Stone, 1997). Besides Stone's (1997) story lines, this research also focuses on character intention; specifically, this research focuses on whether or not villains intentional harm victims. Lastly, policy narratives commonly suggest a policy solution based on coalitions' policy core beliefs (McBeth *et al.*, 2014).

### *Policy core beliefs*

At the meso level, advocacy coalitions compete with each other for their desired policy outcomes through their policy narratives within policy subsystems. These advocacy coalitions include various policy actors such as interest groups, citizens, elected officials and the media that form coalitions based on t shared policy core beliefs (McBeth *et al.*, 2014). Sabatier and Jenkins-Smith (1993) mention that policy core beliefs are the glue that bind advocacy coalitions. This policy belief system shapes the composition of coalitions.

For NPF research, the policy core belief system is selected by the researcher but not in an arbitrary way. The NPF emphasizes that this policy core belief system should draw upon “preexisting and robust deductive theories” (Shanahan *et al.*, 2011). For example, Jones (2010) adopts Cultural Theory and Shanahan *et al.* (2008) exploit federalism to examine the power of policy stories. This research focuses on political ideology; specifically, liberalism and conservatism are leveraged to examine the policy beliefs media outlets hold. This research assumes that different political ideology leads individuals and groups to coalesce into “right to die” and “right to life’ coalitions. Meanwhile, Shanahan *et al.*, (2011) hypothesize that there is an

association between the preferred policy outcomes and the policy core beliefs in coalition's policy narratives; when the policy belief systems are stable over time, the policy belief itself and the cohesions of policy beliefs across the members of the coalition are stronger in their policy narratives, the coalition is more likely to influence the policy outcome. Policy beliefs can be operationalized by the use of narrative elements such as characters (McBeth *et al.*, 2014).

### *Narrative strategy*

NPF explains that coalitions strategically use policy narratives for preferred policy outcomes (McBeth *et al.*, 2014). Scope of conflict, causal mechanisms and devil/angel shift are strategies focused on in NPF studies, although NPF scholars leave open the possibility of operationalizing additional strategies in future research (McBeth *et al.*, 2014).

According to McBeth *et al.* (2014), NPF literature (McBeth *et al.*, 2007; McBeth *et al.*, 2010; Shanahan *et al.*, 2013) empirically studies how coalitions expand or contain the scope of conflict which is the size and extent of a conflict (Nice and Fredrickson, 1995). Coalitions attempt to control the scope of conflict through their policy narratives use of costs and benefits. When the coalitions perceive themselves as a winning coalition, they try to maintain the status quo by diffusing benefits and concentrating costs. Meanwhile, when they perceive themselves as a losing coalition, they try to show that the benefits are concentrated to certain groups of people and costs are diffused by their use of policy narratives (Shanahan *et al.*, 2011).<sup>5</sup>

Devil shift is another strategy that coalitions can exploit through their policy narratives.

According to Jenkins-Smith *et al.* (2014), "policy actors exaggerate the power and maliciousness of their opponents when the devil shift occurs" (Sabatier, Hunter and McLaughlin, 1987).

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<sup>5</sup> Shanahan *et al.* (2011) and McBeth, Jones and Shanahan (2014) mention that the previous NPF studies such as McBeth *et al.* (2007), McBeth, Shanahan *et al.* (2010) show this tendency.

Sabatier, Hunter and McLaughlin (1987) explain that policy actors suspect their opponents' motives and reasonableness. They perceive their opponents to be more powerful and their behaviors to be more malicious. Meanwhile Shanahan *et al.* (2013) introduce the opposite concept, angel shift. While devil shift employs more villains than heroes in their narrative to blame their opponents, Shanahan *et al.* (2013) find that when the angel shift occurs coalitions focus more on their side than the opponents and describe themselves as a hero who can save the victims.

Lastly, causal mechanism explains how coalitions “strategically order narrative elements to assign responsibility and blame for the policy problem” (McBeth *et al.*, 2014). Initially, NPF scholars identified causal mechanism as a narrative element. However, McBeth *et al.* (2014) have considered causal mechanism as a narrative strategy since “causal mechanisms arise out of strategic use of narrative elements, particularly by the villain” (McBeth *et al.*, 2014). Causal mechanism in NPF has been discussed based on Stone's (2012) causal mechanism theories. Stone (2012) explains four causal mechanism theories: accidental, intentional, inadvertent and mechanical. According to Stone (2012), accidental causal mechanisms explain policy problems as caused by bad luck. Natural disasters such as floods or earth quakes are examples of accidental causes; no body created these problems, they happen because of bad luck. Intentional causal mechanisms blame somebody. They consider that the problem happens because somebody intentionally, willfully causes harm. Meanwhile, mechanical causal mechanisms argue that policy problems happen because of designed, programmed or trained systems. Lastly, inadvertent causal mechanisms define problems as unintended side effects. Shanahan *et al.* (2013) examine causal mechanism based on Stone's (2012) categories. They conclude that competing coalitions use different causal mechanisms and the winning coalition is more

associated with the use of the inadvertent causal mechanism. Meanwhile, Crow and Berggren (2014) simply use one of the characters, villains and their intentionality to define causal mechanisms. Their definition simply asks whether villains harm victims intentionally or not. To examine the causal mechanisms, Crow and Berggren (2014) in their environmental policy making case in Colorado, code “placing blame” when the narratives include purposeful action and intended outcomes. They conclude that there are statistically significant associations between higher levels of use of the blame narrative and policy winners (Crow and Berggren, 2014).

According to Sabatier (1988), competing coalitions often have different causal beliefs. Previous meso-level NPF research also (Shanahan *et al.*, 2013; Crow and Berggren, 2014) shows that competing coalitions have variations in their use of causal mechanisms. Therefore, this research expects to see variation in the use of causal mechanisms as a narrative policy between liberal and conservative media outlets.

In short, NPF argues that (1) policy actors coalesce into advocacy coalitions based on similar policy core beliefs which shape policy outcomes, (2) competing coalitions develop policy narratives “that reflect a shared policy preference” (McBeth *et al.*, 2014) and (3) policy core beliefs, narrative elements and narrative strategy, core components of policy narratives, are different across competing advocacy coalitions. Holding the assumptions of NPF, this research hypothesizes that there are variations in policy core beliefs, narrative elements and causal mechanisms between liberal and conservative media outlets, if these media outlets play a contributor role in California End-of-Life Option Act policy area.

## California End-of-Life Option Act

This research uses the California End-of-Life Option Act as a case study. There is a reason to use End-of-Life Option Act case to examine whether media play a contributor or a conduit role in the policy process. Related policy actors, such as patients who long for physician-assisted suicide or religious groups used their stories to convince the public and legislatures. In fact, according to Death with Dignity National Center, people are motivated to support physician-assisted suicide after reading or listening heartbreaking stories of patients and their family. Opponents also created narratives such as press releases against physician-assisted suicide. Under this circumstance, media outlets were considered as a major medium to disseminate coalition's narratives. If media plays a conduit role, then we should see media outlets simply transmitting information in an impartial way. However, if media outlets are contributors to competing coalitions, then we will see media outlets supplying policy stories including the policy core beliefs of the liberal and conservative advocacy coalitions.

California passed the End-of-Life Option Act which legalizes physician-assisted suicide in 2015 and the bill will go into effect on June 9, 2016. California is the 4<sup>th</sup> State to grant the individual the "right to die," following Oregon (1997), Washington (2008) and Vermont (2013). Oregon, Washington, and Vermont have different names for this Act: Oregon Death with Dignity Act, Washington Death with Dignity Act, Vermont Patient Choice and Control at the End-of-Life Act and the California End-of-Life Option Act. However, the content of the Acts are similar.

Washington, Vermont and California Acts are based on the Oregon Model (Ganzini and Back, 2016). In 1994, Oregon became the first state in the US to legalize physician-assisted suicide through a ballot initiative where 51% of Oregon's population favored the bill (Kant Patel, 2004). This Act allows terminally ill people who are competent adults to obtain and use prescriptions

from their physicians for self-administered, lethal medications (Ganzini, 2016). However, California has some modifications (DWD National center, 2016).<sup>6</sup> Despite the modifications, these Acts (including California End-of-Life Option Act) basically allow terminally ill patients to ask their physicians for self-administered, lethal medications as Oregon Death with Dignity Act does (Chin *et al.*, 1998). Besides those States, in 2009, Montana’s Supreme Court ruled that there were no provisions of the State law which banned a physician-assisted suicide (Ganzini, 2016).<sup>7</sup>

To legalize physician-assisted suicide, many policy actors coalesced and tried to affect the policy process of End-of-Life Option Act for more than 10 years. However, there is no previous study defining the major coalitions in the California case. Therefore, this research examined archives from relevant newspapers and to identify major actors. Two major coalitions were defined, “right to die” and “right to life’ based on their assertions.<sup>8</sup>

Table 1. Advocacy coalitions in California End-of-Life Option Act

Right to Life	Right to Die
Coalition includes Senior Against Suicide, Disability Right Advocate, Catholic Bishop and conservative politicians	Coalition includes Compassion and Choice, Death with Dignity National Center, Unitarian Universalist Association, Terminally-ill patients, their family and liberal politicians

<sup>6</sup> According to DWD National center (2016), some modifications from Oregon Death with Dignity Act were adopted; 1. Non-English speakers can use an interpreter 2. Physicians should discuss the request for medications only with the patients and 3. They should stay with the patients within 48 hours prior to taking the medications 4. Unused medications must be disposed 5. Forms for physicians are codified in the statute, not like Oregon Health Authority through separate administrative rules created the form in Oregon Death with Dignity Act and 6. This Act expires on January 1, 2026 although Oregon Act is permanent (California End-of-Life Option Act, ABX2-15).

<sup>7</sup> Morris v Brandenburg, No D-202-CV 2012-02909 (NM 2d Jud Dist Jan 13, 2014); Baxter v Montana, 2009 MT 449 (Mont, 2009).

<sup>8</sup> These coalitions will be more clearly defined in the result section of this research.

The “right to life” coalition, including Seniors against Suicide, Disability Rights Advocates, Catholic Bishop, and Republicans, argues that the U.S tradition demands that as a responsible steward of life one must never directly intend to cause one’s own death (United States Conference of Catholic Bishops, 1991). Meanwhile, the “right to die” coalition, including Compassion and Choice, Death with Dignity National Center, Unitarian Universalist Association, patients and liberal politicians, believe that people should be allowed to make the choices necessary to procure a death with dignity (Allmark, 2002). They strongly argue that it is terminally ill people who should make their end-of-life decisions (DWD National Center, 2016). This study focuses on the political ideology of the advocacy coalitions as it relates to the passage of physician-assisted suicide in California.

### *Policy core beliefs*

Additional factors related to physician-assisted suicide may affect the coalitions’ policy core beliefs such as culture, religion and self-interest. Advocacy coalitions are formed based on their policy core beliefs (Sabatier and Jenkins-Smith, 1993). Policy core beliefs could vary along many prospective dimensions including ethical, religious, political or cultural beliefs. To examine the policy core beliefs of coalitions, “preexisting and robust deductive theories” should be applied (Shanahan *et al.*, 2011). Therefore, this research focuses on political ideology to examine coalitions’ policy core beliefs. Generally, political ideology can be defined as “an interrelated set of attitudes and values about the proper goals of society and how they should be achieved” (Jost, 2006). Jost (2006) mentions that political ideology helps to explain why people do what they do because ideology organizes their values and beliefs which lead to political



behavior. In the United States, most of time, political ideology is divided between liberalism and conservatism. Liberalism and conservatism have different perspectives on various policy issues.

There is evidence that political ideology is critical to construct policy core beliefs in the physician-assisted suicide policy area; individuals or groups having different political ideology show different perceptions or preferences on physician-assisted suicide.

First, several previous studies show that political ideology affects the preference of the legalization of physician-assisted suicide. Lachenmeier *et al.* (1999) and Fino *et al.* (1997) find that people who consider themselves as liberals are more favorable to physician-assisted suicide. Similarly, Dore (2011) and Strate *et al.* (2001) conclude that conservative people are more likely to be against physician-assisted suicide.

Second, all politicians in California who made efforts to pass End-of-Life Option Act are Democratic, which is generally seen as the liberal party in the United States.<sup>9</sup> This can be also considered evidence that political ideology affects the perspectives on physician-assisted suicide.

Lastly, only liberal States - Oregon, Washington, Vermont and California -legalized physician-assisted suicide.<sup>10</sup> This research tested whether there was significant associations between legalizing physician-assisted suicide and the political stance of States with the data from the status of physician-assisted suicide legalization in each state<sup>11</sup> and state political affiliation.<sup>12</sup>

The result shows that there are statistically significant difference on the status of the legalization

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<sup>9</sup> Senator Bill Monning, Lois Wolk, Susan Talamantes Eggman, Mark Stone

<sup>10</sup> Jones (2009) calculates state's party identification index and it shows that Oregon, California, Washington and Vermont are democratic leaning states (Democratic leaning index of Oregon, California, Washington and Vermont are 52, 52.2, 50.9, and 58.9 respectively).

<sup>11</sup> Death with Dignity National Center Website (2016) shows the status of legalizing physician-assisted suicide in each state. The status includes "State with Death with Dignity law" "State with death with dignity legal by court decision" "State considering death with dignity this year" and "State with no legislative activity this year"

<sup>12</sup> This test used three proxies of political affiliation of the each state; political affiliation of the governor, State senate and House Representative.

of the physician-assisted suicide by the political ideology of states at a 95% confidence level.<sup>13</sup> This demonstrates that liberal states are more likely to legalize physician-assisted suicide than conservative states.

Thus it can be concluded that both the existing literature and the limited evidence available support that political ideology plays a prominent role in the legalization of physician-assisted suicide. Therefore, this research examines the policy core beliefs of coalitions by focusing on different political ideologies.

### *Political Ideology*

Lakoff (2014) explains the basic assumptions on how conservatism and liberalism see the world. According to his book *The All New Don't Think of an Elephant: Know Your Values and Frame the Debate*, conservatism basically assumes that world is dangerous. People are bad by nature and they are psychologically limited and dependent (Heywood, 2012). Therefore, they cannot decide what is right or wrong. Contrastively, liberalism considers people to be good and sincere by nature. People are rational and can improve themselves through “the acquisition of knowledge and the abandonment of prejudice and superstition” (Heywood, 2012). Therefore, the world can always be better, although the current situation is typically not good enough.

Paternalism is one of the major conservative values. Paternalism generally argues that individual liberty of action should sometimes be restricted because interference on a person’s liberty is for

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<sup>13</sup> This test used three proxies of political affiliation of the each state; political affiliation of the governor, State senate and House Representative. The values of Fisher’s exact each proxy were 0.023, 0.023 and 0.092 respectively. It shows the statistical significance at 95% (90% for House Representative) confidence level. According to descriptive statistics, 12 liberal states out of 19 already legalized the physician-assisted suicide or consider the legislative actions in 2016. It means that 70% of the liberal States consider the legalization of physician-assisted suicide. However, 62.5% conservative states do not have any plan on legalization of physician-assisted suicide in 2016. None of the conservative States have a legal physician-assisted suicide and only 37.5% of States plan to simply discuss physician-assisted suicide in legislative policy revenue. Moreover, Fisher’s exact test shows that this result is statistically significant.

their own good (Buchanan, 1978). Lakoff (2014) explains the paternalistic value with the strict father model. In conservatism, the father is the head of the family. According to the pessimistic perspective on human nature of conservatism, people are rationally unreliable. Therefore, the father should teach his children what is right and wrong and guide them toward a better choice. Given this situation, the father is supposed to protect his children from the wrong values and he can even use punishment, if needed. By being punished, they contend that the people will develop internal discipline, which will allow them to pursue self-interest that leads to individual prosperity. Lakoff (2014) observes that paternal conservatism is clearly in line with capitalism, where pursuing self-interest results in the betterment of society and the economy.

Liberalism also argues that raising children is the responsibility of the father; however, he should also empathize with his children (Lakoff, 2014). However, given the liberal's optimistic perspective on human nature—as sincere and rational human beings—the liberal father does not necessarily decide what is wrong. Liberalism is more likely to value the government intervention in society. However, liberalism also emphasizes that self-determination should be protected, if individual liberty activities do not harm any members of society (Heywood, 2012). Therefore, in physician-assisted suicide policy issue, liberalism argues that people define “the good” for themselves. Although the liberal father does not determine the universal good, several liberal values are considered: freedom, opportunity, prosperity, fairness, open two-way communication, cooperation, and honesty. Most of time, liberalism emphasizes one or more of the values above. Lakoff (2014) mentions that civil liberty is the most important and this is “the traditional progressive value in American politics” (p.40).

In the physician-assisted suicide policy area, individuals and groups coalesce into “right to die” and “right to life” coalitions based on different political ideologies, liberalism and conservatism.

And they have different perspectives on the main issues in physician-assisted suicide debates based on their political ideology: personal autonomy and the role of physicians (Strate *et al.*, 2005; Purvis, 2012).

### *Personal autonomy*

“Right to life”, which is based on conservatism, argues that physician-assisted suicide is morally, culturally, and religiously unacceptable and wrong. They contend that “no action that helps someone to die is regarded as a virtuous action” (Doering, 2011). From this perspective, if people are completely rational, they would not choose to kill themselves under any circumstance. The “right to life” coalition argues that terminally-ill patients are incapable of making the right decision; patients are not reliable because of the pain and depression derived from their situation (Strate *et al.*, 2005). Moreover, “right to life” argues that “the practice might become harmfully extended to vulnerable adults” and their choice could be coercively forced (Schafer, 2013). Under this circumstance, “right to life” contends that there are possibilities of slippery slope. Therefore, “right to life” argues that the government should ban physician-assisted suicide to protect the public from making the morally, culturally and religiously wrong decision.

“Right to die,” which is rooted to liberalism, is also aware that there would be the danger of a slippery slope. However, they fundamentally believe in a patient’s own self-determination and that these individuals are able to judge what the best is for themselves. “Right to die” argues that the slippery slope only happens in a permissive, unregulated system (Schafer, 2013). If the proper safe guard provisions are included in an act legalizing physician-assisted suicide, patients can be protected (Strate *et al.*, 2005). Therefore, the government should legalize physician-assisted suicide providing proper safeguards, so people suffering from hopeless diseases or conditions can have the option to commit suicide with a physicians’ help.

### *The role of physicians*

Based on Hippocratic Oath “Right to life’ argues that physicians should never be involved in causing death and that helping people kill themselves is absolutely wrong in any case (Churchill, 1994). “Right to life’ contends that the role of “healer”-physicians- involves not only healing patients but also providing patients with hope and renewed aspirations (Churchill, 1994). According to their assertion, physicians have a duty to uphold the sacred healing space, not helping people kill themselves (Suicide, P.A, 2013; Saunders, 2000). Therefore, “right to life’ argues that physicians are bound by their professionalism and that they should cure patients and protect them, even when patients are making a wrong decision. This argument is based on the perspective that physicians know more and better than patients. Under this argument, “right to life” contends that physician-assisted suicide is not the right choice. Rather, they tend to suggest other options; there should be efforts to improve and promote comfort and dignity in life closure through hospice or palliative care (NHPCO, 2005).

Meanwhile, “right to die” asserts that physicians should not interfere with a patients’ freedom that longs for physician-assisted suicide. The “right to die” position asserts that patients know what is best for themselves. Therefore, physicians should respect a patient’s refusal of treatment, to relieve pain and suffering, and to provide palliative care (Suicide, P.A, 2013; Churchill, 1994). If liberal media are contributors to the “right to die” coalition, then they would describe physicians who are willing to execute physician-assisted suicide as heroes. These debates in fact affect physicians’ attitudes toward assisted suicide. Several studies (Lee *et al.*, 1996; Meie *et al.*, 1998; Bachman *et al.*, 1996) show that physicians interpret their role based on different perspectives and that these interpretations affects the physicians’ actual participation in physician-assisted suicide. Table 2 details the various components of the NPF and shows the

examples right to life and right to die coalitions may use in California End-of-Life Option Act policy area.

Concept	Description	Example
<i>Narrative elements</i>		

Table 2. California End-of-Life Option Act and NPF

<b>Hero</b>	The entity who fixes or is able to fix the specified problem	“Physicians will help terminally ill patients from endless pain”
<b>Villain</b>	The entity who does the harm to the victims	“Insurance company will force socially disadvantaged class to choose physician-assisted suicide”
<b>Victim</b>	Individual or entity who is hurt or will be hurt by a specified problem	“Patients may be in high risk to be chosen physician-assisted suicide without their clear understanding or will”
<b>Setting (Evidence)</b>	Policy context emphasized by the narrative to support the way of demonstrating a problem; constitutional parameters, geography, scientific evidence, economic condition, agreed norms, source cue	“Right to live is constitutional right in the United States”
right to die	Individual or entity who supports the physician-assisted suicide	“Compassion and Choice disseminates the heart breaking stories of terminally ill patients and their families to convince the public”
Right to life	Individual or entity who is against the physician-assisted suicide	“ Catholic Bishop strongly argues that helping people kill themselves is absolutely wrong culturally and religiously”
<b>Plot</b>	Villains intentionally or unintentionally harmed victims?	“health insurance company may force patients to choose physician-assisted suicide because of the cost concerns”
<b>Moral of Story</b>	Policy solution offered by policy narrative to solve the specified problem	“ End-of-Life Option Act should be legalized to improve individual right”
<b><i>Narrative strategy (Causal mechanism)</i></b>		
<b>Intentionally harmed victim</b>	Victims who are intentionally harmed by intentional villains	“ socially disadvantaged class may be forced to choose physician-assisted suicide because of financial concerns”
<b>Intentional villain</b>	Villains intentionally and knowingly harm the victims (Crow and Berggren, 2014).	“Health insurance company will force disadvantaged class to choose physician-assisted suicide”

## Research Design

Using NPF, this research systematically assesses the role of media in the California End-of-Life Option Act policy debate to determine whether the media plays a contributory role or serves as a

conduit for competing advocacy coalitions. NPF posits that narrative elements, causal mechanisms, and policy narrative content differ based on coalitions' policy core beliefs.

If there is variation in policy core beliefs, narrative elements and narrative strategy between liberal media outlets and conservative media outlets, then we can conclude that media has played a contributory role to competing advocacy coalitions. However, if the media serves as a conduit, liberal and conservative media outlets simply report the policy arguments. As a conduit then there should be no significant variation in policy narratives between liberal and conservative media outlets. Three research questions will be addressed to determine the role of media.

**1. Policy Narrative Element:** *Are there variations in narrative elements between liberal and conservative media outlets in the California physician-assisted suicide policy area?*

**2. Policy Core Belief:** *Are there variations in policy core beliefs between liberal and conservative media outlets in the California physician-assisted suicide policy area?*

**3. Policy Narrative Strategy:** *Are there variations in causal mechanisms (narrative strategy) between liberal and conservative media outlets in the California physician-assisted suicide policy area?*

### Research Question 1: Variation in Narrative Element

Policy narratives, by their very nature, include a setting, a plot and a cast of characters (Shanahan et al., 2011). They also commonly suggest policy solutions (in a sense, this is the moral of the story). Depending on the policy core beliefs of the advocacy coalitions, the content of these



narrative elements may differ (Shanahan *et al.*, 2011). Therefore, this research hypothesizes that, when examining the debate over California's End-of-Life Option Act, variation will be found in the narrative elements between liberal and conservative media outlets. Based upon the review of the policy process literature and the NPF specifically, it then follows that if media outlets are contributors, liberal and conservative media would display differences in the content of the narrative elements based on their policy core beliefs in the physician-assisted suicide policy area.

**H1: There are variations in narrative elements between the liberal and conservative media outlets**

*H1a (Character): Liberal media is more likely to use right to die context characters, while conservative media is more likely to use right to life context characters.*

*H1b (Setting, source cue): Liberal media outlet is more likely to use right to die source cues, while conservative media outlet is more likely to use right to life source cues.*

*H1c (Moral of Story): There is variation in the use of the moral of story (policy solution) between liberal and conservative media outlets.*

*H1d (Plot): There is variation in the story lines (plots) between liberal and conservative media outlets.*

**Research Question 2: Variation in Policy Core belief**

Sabatier and Jenkins-Smith (1993) argue that policy actors coalesce into advocacy coalitions based on their policy core beliefs. According to their argument, policy core beliefs are the “glue” that bind coalitions. If liberal and conservative media outlets are contributors to “right to die”

and “right to life’ respectively, each media outlet should show different policy core beliefs across their narratives. In contrast, if they serve as conduits, media outlets show the divergent policy core beliefs that both right to die and right to life coalitions share across their narratives—i.e., the measured belief patterns should be similar.

**H2: There are variations in policy core beliefs between liberal and conservative media outlets**

*H2a: There is variation in personal autonomy scores between liberal and conservative media outlets*

*H2b: There is variation in the role of physician scores between liberal and conservative media outlets*

NPF studies have relied on narrative elements such as characters or settings (evidence) to examine policy core beliefs (Shanahan *et al.*, 2008; Shanahan *et al.*, 2011; McBeth *et al.*, 2005; McBeth *et al.*, 2010). Drawing on these studies, this research will use characters to measure policy core beliefs in liberal and conservative media outlets.

**Personal Autonomy**

Right to life is concerned that patients are not competent to make a right/rational decision if physician-assisted suicide is legalized. Right to life contends that patients may be forced to choose physician-assisted suicide because of depression, financial difficulties or family issues. However, right to die argues that patients are suffering under the situation that they do not have options to make their own decision, although they are able to choose the right decision for themselves. Right to life considers patients as a victim when there are possibilities that patients are forced to choose physician-assisted suicide, while right to die regards patients as a victim

when they cannot make a decision for themselves. By calculating the difference between right to die context patient victims and right to life patient context victims, this research intends to examine the policy core belief of personal autonomy for each coalition. The personal autonomy score is calculated as follows:

$$(Right\ to\ die\ patient\ victim - Right\ to\ life\ patient\ victim) / total\ patient\ victim$$

The score range is from -1 (conservative perspective on personal autonomy) to +1 (liberal perspective on personal autonomy).

### **The role of physicians**

Right to die contends that physicians should respect patients' decisions and perform physician-assisted suicide when patients require. Therefore, right to die considers physicians who are willing to help patients killing themselves as a hero. However, right to life argues that physicians should never harm patients. Physicians are supposed to ease patients' pain and help them overcome their physical and mental difficulties. By calculating the difference between right to life context physician hero and right to die context physician hero, this research intends to examine the policy core belief on the role of physicians of right to die and right to life coalition.

The role of physician score is calculated as follows:

$$(Right\ to\ die\ physician\ hero - Right\ to\ life\ physician\ hero) / total\ physician\ hero$$

The score range is from -1 (conservative perspective on the role of physicians) to +1 (liberal perspective on personal autonomy).

### Research Question 3: Variation in Narrative Strategy

According to Sabatier (1988), competing advocacy coalitions share different policy core beliefs composed of normative and causal beliefs. Therefore, if media are contributors to competing advocacy coalitions, they would show different causal mechanisms in policy narratives. This research hypothesizes that causal mechanisms vary between liberal and conservative media outlets.

This research applies Crow and Berggren's (2014) causal mechanism approach to examine whether villains intentionally and knowingly harm victims. In their empirical research, Crow and Berggren focus on the consequences of character's actions by examining policy narratives used in four specific cases of environmental policy making in Colorado. They code documents as "placing blame" if they observe within the documents purposeful action by villains that have intended consequences. Documents are coded in a binary variable: "1" if policy narratives include villains who intentionally harm victim; "0" if there are no villains seeking to harm the victim. Further, this research uses two specific types of characters to parse out the causal link: "intentional villains" who try to intentionally harm people and "intentionally harmed victims" who are forced to do or not to do against their will.

The "right to life" coalition argues that a patient's family may force a patient to choose physician-assisted suicide intentionally for any number of reasons, ranging from emotional, to economic, to exhaustion. Meanwhile, the "right to die" coalition contends that patients are competent enough to make the right decision for themselves without any coercion. Also, safeguards in the act or law would protect patients from any "slippery slope" toward the abuse of patients. Based on these arguments, this research hypothesizes the following:

**H3: There is variation in causal mechanisms used by liberal and conservative media outlets**

*H3a: Conservative media outlet is more likely to site intentional characters (intentional villains and intentionally harmed victims) than liberal media outlet.*

## Data, and Method

Two major media outlets (*Sacramento Bee* viewed as a liberal media outlet and *Orange County Register* characterized as a conservative media outlet) were selected and content analyzed for this research. Relevant hypotheses are tested using chi-square tests and t-tests to examine statistical significance.

Several factors drove me to select these two media outlets. First, each has the largest average daily circulation in their region<sup>14</sup>. Second, each reflects the political orientation of the region in which they are located. According to Gentzkow and Shapiro (2010), the political stance of a media outlet is usually related to the prevailing ideology of their readership. “Newspapers,” they note, “adopt a more right-wing slant in more Republican markets – and a more left-wing slant in Democratic markets”. Third, Gentzkow and Shapiro (2005) also measure the political stance of newspaper outlets in the United States, and their research shows that the *Sacramento Bee* is liberal leaning (political stance index 0.420) and the *Orange County Register* is conservative leaning (0.49).<sup>15</sup>

The sample includes news articles written by newspaper staff and editorials. Syndicated articles, guest columns and letters-to-the-editor are excluded. Theoretically a paper’s editorial positions should have no impact on news coverage because the editorial and news departments are separated from each other (Druckman and Parkin, 2005). However, Druckman and Parkin (2005)

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<sup>14</sup> Arvai & Mascarenhas (2001) and Cassels et. al. (2003) used the largest circulation as a reason to select media outlets for their research. The *Sacramento Bee* is ranked 4<sup>th</sup>) and the *Orange County Register* is ranked 5<sup>th</sup> in circulation among all daily California newspapers (Cision, 2010).

<sup>15</sup> The slant?? of average newspapers is 0.4734 where the standard error is 0.0020. The larger number is more associated with conservatism (Gentzkow and Shapiro, 2010).

conclude editorial stances may influence news coverage, both intentionally and unintentionally (Rowse, 1597). Empirical research shows that editorial endorsements significantly affect the number, tone and intensity of criticisms published about an issue (Kahan and Kenny, 2002). Since the central research question of this study focuses on whether the media serves as a contributor with its own set of core policy beliefs, analyzing both the news articles and editorials will provide the necessary evidence for answering this question.

The timeframe of this study is January 1, 1992 to October 4, 2015. The California Death with Dignity Act (Proposition 161) first appeared on the ballot in 1992. Extensive policy discussions related to physician-assisted suicide occurred in California from 1992 until Governor Brown signed California End-of-Life Option Act on October 5<sup>th</sup>, 2015.

Several key words were used to obtain the relevant articles; “right to die” “death with dignity” “assisted-suicide” “aid in dying” and “proposition 161”.<sup>16</sup> Some articles that included these key words were removed because they were not related to the context of California physician-assisted suicide.<sup>17</sup> The data was collected through NEWSLIBRARY.<sup>18</sup> For a broad outline of the data, see Table 3.

Table 3. Data collection

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<sup>16</sup> This research chose these key words because they are generally used as synonyms for each other in previous studies (Ganzini, 2016; Ganzini, 2008; Ganzini et al., 2000; Chin et al., 1999; Dugan, 2015; Allmark, 2002; Cohen-Almagor and Hartman, 2001; Mulholland, 1991; Mayo, 1990; Tucker and Burman, 1994). “End-of-Life option”, the actual California Act name, was also used but not in non-editorial news articles.

<sup>17</sup> For example, among articles including the key word “right to die”, some of them were about death penalty issue.

<sup>18</sup> NewsLibrary; <http://nl.newsbank.com/>

Policy narratives from two news media outlets are content analyzed based on NPF variables including narrative elements, narrative strategies (causal mechanisms), and policy core beliefs.

	<b>The Orange County Register</b>	<b>Sacramento Bee</b>
<b>Aid in Dying</b>	3%(1)	9%(6)
<b>Assisted Suicide</b>	43%(16)	57%(34)
<b>Death with Dignity</b>	22%(8)	12%(8)
<b>Proposition 161</b>	14%(5)	0
<b>Right to Die</b>	19%(7)	26%(17)
<b>Total</b>	100%(37)	100%(65)

These variables are described in Table 2. Previous NPF research simply codes characters as hero, villain and victim. However, this research expands these three characters into six: right to die victim, right to die hero, right to die villain and right to life victim, right to life hero and right to life villain. This nuanced modification is necessary because each media outlet uses the same characters in their policy narratives. For instance, both right to die and right to life coalitions may consider the patients as a victim; however, the right to die coalition argues that patients are victims because they are not allowed to make a right decision for themselves, while right to life states that patients are victims because they may be forced to choose physician-assisted suicide by an external force.

Table 4. Characters in different context

<b>Right to Die characters</b>	
Right to die villain	Somebody against physician-assisted suicide, somebody who disregards the patients' choice to commit assisted suicide

Right to die hero	Somebody who tries to help committing assisted suicide or legalizing physician-assisted suicide
Right to die victim	Somebody who is suffering from not being able to commit physician-assisted suicide.
<b>Right to Life characters</b>	
Right to life villain	Somebody who helps or forces others to commit assisted suicide as well as tries to legalize physician-assisted suicide
Right to life hero	Somebody who can ease the pain of the suffering or help in not allowing physician-assisted suicide
Right to life victim	Somebody who is forced or will be forced to commit assisted suicide

This research focuses on source cue to measure setting. Source cues are the source of citation, entity or individual media outlets use as “the purveyor of information” (Shanahan et al., 2008). Previous NPF research examines source cue to examine the narrative framing strategies between media outlets. However, under the definition of setting within the NPF –“support offered with the intention of demonstrating a problem, usually pertaining to real world fixtures in the problem environment” (Shanahan et al., 2013), this research considers the source cue as one possible factor of setting in policy narratives.

This research codes entities or individuals who are identified as supporters or opponents of physician-assisted suicide as “right to die” and “right to life” respectively. Plots are the story line which connects characters to setting. In this research, plots are measured the same as causal mechanisms (see table 2). Causal mechanism is measured by counting how many times policy narratives mentions “intentional characters”, such as intentional villains and intentionally harmed victims (Crows and Berggren, 2014).



The variables are counted multiple times in each document except source cue. Each source cue is counted only once, even if it is mentioned multiple times in the same document. Policy core beliefs are measured by assessing the types of characters liberal and conservative media outlets use in their policy narratives. To measure personal autonomy, the media's use of right to die victims and right to life victims (see table 2 for the calculation) are used. The score ranges from -1 (conservative perspective on personal autonomy) to +1 (liberal perspective on personal autonomy). For the role of physicians, this research focuses on how policy narratives describe physicians: whether physicians are heroes in right to die or right to life context (see table 2 for the calculation). The score ranges from -1 (conservative perspective on the role of physicians) to +1 (liberal perspective on the role of physicians).

Table 5. Policy Narrative Variables and coding schema

Variable Category	Coding Schema
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<b>Narrative Elements</b>	
Characters	
Heroes	Total number of each following category <ol style="list-style-type: none"> <li>1. Right to die hero</li> <li>2. Right to life hero</li> </ol>
Villains	Total number of each following category <ol style="list-style-type: none"> <li>1. Right to die villains</li> <li>2. Right to life villains</li> </ol>
Victims	Total number of each following category <ol style="list-style-type: none"> <li>1. Right to die victims</li> <li>2. Right to life victims</li> </ol>
Plot	Total number of each following category <ol style="list-style-type: none"> <li>1. Intentional villains</li> <li>2. Intentionally harmed victims</li> </ol>
Setting	Total number of each following category <ol style="list-style-type: none"> <li>1. Right to life*</li> <li>2. Right to die**</li> </ol> <p>* Individual or entity who against the physician-assisted suicide            ** Individual or entity who support the physician-assisted suicide</p>
Moral of Story	Yes/No
<b>Narrative Strategy</b>	
Causal Mechanism	Total number of intentional villains + total number of intentionally harmed victims
<b>Policy Beliefs</b>	
Personal Autonomy	$(\text{Right to die patient victim} - \text{Right to life patient victim}) / \text{total patient victim}$
The role of Physicians	$(\text{Right to die physician hero} - \text{Right to life physician hero}) / \text{total physician villain} + \text{total physician hero}$

## Results

This research seeks to examine the role media played in the passage of physician-assisted suicide in California using the Narrative Policy Framework. The main question asks whether media outlets act as contributors to competing coalitions or serve as a conduit. NPF argues that competing advocacy coalitions show variation in the use of policy narratives. If media outlets are contributors to competing coalitions, there will be variations in narrative elements, narrative strategies and policy core beliefs.

Table 6. Policy narratives in liberal and conservative media outlets

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		Media outlets	
		Orange County Register	Sacramento Bee
<i>Characters</i>			
<b>Hero</b>	Right to die context	0.7 (26/37)	1.2 (78/65)
		Chi2= 3.8545	Pr=.570
	Right to life context*	0.5 (19/37)	0.2 (13/65)
		chi2 = 7.3561	Pr= .061
<b>Villain</b>	Right to die context	0.2 (8/37)	0.4 (26/65)
		chi2 = 4.0554	Pr= .256
	Right to life context	1.9 (71/37)	1.2 (78/65)
		chi2 = 6.7808	Pr= .452
<b>Victim</b>	Right to die context	1.2 (45/37)	1.6 (104/65)
		chi2 = 4.6735	Pr= .700
	Right to life context**	2.1 (78/37)	1.2 (78/65)
		chi2 = 19.3302	Pr = .013
<i>Setting (Source cue)</i>			
<b>Right to die*</b>		2.03 (76/37)	2.69 (175/65)
		chi2 = 15.2039	Pr= .085
<b>Right to life</b>		2.08 (77/37)	2.13 (139/65)
		chi2 = 11.4921	Pr= .320
<i>Moral of story</i>			
<b>Policy solution</b>		0.35 (13/37)	0.22 (15/65)
		chi2 = 2.2395	Pr=.135
<i>Causal mechanism/Plot</i>			
<b>Intentional characters **</b> (intentional villain+ intentionally harmed victim)		3.35 (124/37)	2.38 (155/65)
		chi2 = 18.8464	Pr= .042
<i>Policy core beliefs</i>			
<b>Personal autonomy</b> (Right to die patient victim – Right to life patient victim) / total patient victim		-.21	.018
		t= -2.6056 (df=74)	Pr(T > t)=0.9945
		Mean score of personal autonomy	
<b>Role of physician</b> (Right to die physician hero – Right to life physician hero) / total physician hero		.05	.14
		t= -.6981 (df=49)	Pr(T >t) = .7558
		Mean score of role of physician	

Mean use of each variable (Total count of each variable coded / total sample size in each media outlet)

\*p<.1 \*\*p<.05 \*\*\*p<.001

## Characters

As discussed before, this research found that media outlets used the same characters in different contexts. For instance, physicians are considered villains in both newspapers. The liberal media

outlet describes physicians as villains when they fail to help patients hasten death, even if the patients are eager to end the terminal pain by committing suicide. However, the conservative media outlet describes physicians as villains when they are willing to perform physician-assisted suicide. The following quotes from each media outlet serve as an example of this differentiation.

*"During that time, official figures revealed that many patients were euthanized without their consent."(Orange County Register "Investigations Assisted-suicide suspect released"  
10/23/2002)*

*"My quality of life meant I did not want to be reminded twice a day that I had a disease and suffer the side effects, all when I had not had any of the illnesses from the disease...he said. "I was only suffering from the stuff preventing the disease." (Sacramento Bee "Dying man makes push for euthanasia Gregg Gour lobbies for assisted suicide bill before taking a final trip"  
01/25/2006)*

To ensure a more accurate analysis, therefore, this research uses six characters rather than three: right to die villain, right to die hero, right to die victim and right to life villain, right to life hero and right to life victim (see Table. 4).

This research hypothesizes that the liberal media outlet is more likely to use right to die context characters, while conservative media outlet is more likely to use right to life context characters. As we can see on descriptive statistics and the quotes stated above, liberal and conservative media outlets show the variations in the use of characters through their stories: liberal media outlet uses more right-to-die characters, while conservative media outlet uses more right-to-life characters. However, among this study's six characters, only the use of two characters shows statistically significant results. The conservative Orange County Register uses the right to life

context here an average of 0.5 times per each article. However, the liberal Sacramento Bee uses it an average of 0.2 times per each article. This result is statistically significant at 90% of confidence level. Additionally, the Orange County Register uses more right to life context victim than the Sacramento Bee. The Orange County Register uses right to life context victims an average of 2.1 times per article, while the Sacramento Bee uses an average of only 1.2 times per article. This result is statistically significant at 95% of confidence level. Besides these two characters, the rest do not display statistically significant results.

### Setting

This research focuses on the source cue to examine setting in policy narratives. The source cue is the source of citation, entity or individual, media outlets use as “the purveyor of information” (Shanahan *et al.*, 2008). If the media outlets are contributors to competing coalitions in the physician-assisted suicide policy area, they will use different source cues or at least mention more entities or individuals on their side. The benefit of examining source cues in this research is not only the ability to test the role of media but also the ability to define the competing coalitions. Since no previous research has defined the coalitions in California End-of-Life Option Act policy area, this work contributes to future research that focuses on the dynamics of advocacy coalitions in this policy area.

Table 7 shows the entities or individuals that are defined as supporters or opponents of physician-assisted suicide in California.

Table 7. Right to die and right to life coalition

Right to die	Right to life
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Hemlock Society, Californians Against Human Suffering, Unitarian-Universalist Church, AIDS patients groups, Cancer Patients groups, Americans for Death with Dignity, United Church of Christ, California Association of Homes and Services for the Aging, California Senior Legislature, U.S District Judge Robert Jones, Democratic assembly members (Patty Berg, Lloyd Levine), Assembly speaker Fabian Nunez, State Senates (Lois Wolk, Bill Monning), Compassion and Choice

American Medical Association, California Medical Association, Catholic bishops, Catholic Hospital Association, Catholic Conference, No on 161, Hospice and palliative care professionals, Roman Catholic Church, Attorney General John Ashcroft, Advocates for People with Disabilities, 70<sup>th</sup> District Assembly man Chuck Devore, Oncology Association, Cancer Pain Services at LA County-USC Medical Center

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This research hypothesizes that liberal media outlet is more likely to use right to die source cues, While conservative media outlet is more likely to use right to life source cues. The results show that the liberal media outlet uses more right to die source cues in their narratives than the conservative media outlet. The Sacramento Bee uses an average of 2.69 right to die source cues per article, while Orange County Register uses an average of 2.03 per article; this difference is statistically significant at the 90% confidence level. Meanwhile, contrary to the hypothesis, the liberal media outlet also uses more right to life source cues than the conservative media outlet. The Sacramento Bee uses the right to life source cue an average of 2.13 times per article, while the Orange County Register only used it an average 2.08 times per each article. However, this result is not statistically significant.

### Moral of story

Policy narratives generally suggest a policy solution (Shanahan *et al.*, 2011). In the physician-assisted suicide policy area, opponents of the policy mainly argue that the solution to help

suffering patients is to make improvements to the existing health care system, such as hospice and palliative care, not legalize physician-assisted suicide.

*“Better hospice care was the answer, not suicide....No one wants to see a dying patient stripped of dignity but ... with modern pain supplement drugs people don't have to suffer unbearable pain,” (Orange County Register “you shouldn’t need permission to die The debate over Oregon’s assisted-suicide law misses the point” 10/10/2005)*

This research hypothesizes that there is variation in the use of the moral of the story (policy solution) between liberal and conservative media outlets. Descriptive statistics show that the Orange County Register more frequently uses the policy solution. Their mean use of policy solution is .35 per article, while the Sacramento Bee’s use is an average of .22 per article. However, this difference is not statistically significant.

### Policy core belief

Policy core beliefs are the glue that bind advocacy coalitions together; therefore, coalitions share similar policy core beliefs (Sabatier and Jenkins-Smith, 1993). If the media outlet is a contributor to competing coalitions, they will share similar beliefs in their policy narratives. As the previous literature indicated, there are two main themes in the physician-assisted suicide policy area: personal autonomy and the role of physicians. Each coalition (right to die and right to life) has different perceptions of these themes related to their policy core beliefs of liberalism or conservatism, respectively. Based on the use of characters, one of the core elements of narratives, scores for personal autonomy and the role of physician are calculated with a range of -1 to +1.



This research hypothesizes that there is variation in personal autonomy scores between liberal and conservative media outlets because the right to life coalition is more concerned with the personal autonomy issue as stated earlier. Right to life coalition argues that people are incompetent to make a rational choice. This concern is found in many articles, particularly in the conservative media outlet, the Orange County Register. This media outlet points out that there is a high risk of forcing patients to choose physician-assisted suicide.

*“They question their ability to deal with the emotional, spiritual, or even financial issues facing them” (Orange County Register “Death with dignity hospices offer alternative to assisted suicide”, 10/11/1992)*

*“If you can't afford to fight it, you just die.” (Orange County Register “O.C. life ends in assisted suicide Suicide: Woman with breast cancer gets help from an associate of Dr. Jack Kevorkian’s” 12/13/1997)*

The quotes above from both media outlets show the different perspectives on personal autonomy and its alignment with right to die and right to life perspectives. Descriptive statistics (Table.6) also shows that the liberal media outlet has a higher mean score of personal autonomy than the conservative media outlet on personal autonomy (.018, -.21 respectively). However, this result does not display statistical significance.

This research also hypothesizes that there is variation in the role of physician scores between liberal and conservative media outlets. The Right to life coalition argues that physicians are not supposed to harm patients under any circumstance, while the right to die coalition contends that physicians should respect patients’ decision and help end their pain. The quotes below show these argument of right to die and right to life coalitions.

*"They believe that taking a deadly drug is nonviolent and peaceful. In my opinion, this is absurd. To deliberately take one's life is suicide." (Orange County Register "Is there a time to end life?"*

*03/01/2015)*

*"Decades spent working with the elderly had convinced her that people needed more options at the end of their lives ....it was very much a private issue and that a physician's role was always to help patients and guide patients," (Sacramento Bee "Likable legislator ready for battle- Popular Eureka Democrat prepares to ruffle feathers with assisted suicide bill" 03/27/2006)*

The result shows that the average score for the Sacramento Bee is .05 per article, while the average score for the Orange County Register is .14 per article. This result is in line with right to die and right to life arguments but does not show statistical significance.

In short, liberal and conservative media outlets do not share similar policy core beliefs with the competing advocacy coalitions in California's physician-assisted suicide policy area.

### [Narrative strategy](#)

Competing coalitions hold different beliefs when explaining a policy problem's origin.

Therefore, if the media outlets are contributors to competing coalitions in the physician-assisted suicide policy area, there would be variation in the causal mechanism. As mentioned earlier, this research uses the same method to measure causal mechanism and plot, one of narrative elements in NPF. The plot situates the characters within the policy setting.

This research follows Crows and Berggren's (2014) approach. Crows and Berggren (2014) focus on the intention of the villain; is the villain intentionally harming the victims? This research expanded the idea of characters' intention. A differentiation is made between intentional villains

and intentionally harmed victims. The quote below shows the example of intentional character, especially intentionally harmed victims, in narratives.

*"There are a lot of people in Leisure World whose sons and daughters see their parents' apartments as their inheritance...if such a law passes, a lot of those people are going to die with dignity a lot sooner than they expected." (Orange County Register "Ethics Seniors are divided on right to die Initiative's supporters, foes are passionate" 02/11/1992)*

Patients, socially disadvantaged classes, the public, and physicians are mainly considered intentionally-harmed victims. These actors are intentionally harmed by intentional villains including government, physicians, family, the healthcare industry and others. As discussed earlier, the right to die coalition tends to concern itself with the slippery slope. They assume human beings are inherently bad; therefore, patients are in danger of being forced to choose physician-assisted suicide against their will. Furthering this argument, this research hypothesizes conservative media outlet is more likely to site intentional characters (intentional villains and intentionally harmed victims) than liberal media outlet. The results show that there is statistically significant difference between liberal and conservative media outlets; the conservative media outlet, the Orange County Register, uses the intentional character an average of 3.35 times per article, while the Sacramento Bee, the liberal media outlet, uses the intentional character only 2.38 times per article. This result is not only lined with the hypothesis but also statistically significant at 95% of confidence level.

In short, liberal and conservative media outlets show statistically significant variation in the use of causal mechanisms, and, by definition, so too the plot.

In sum, the descriptive results indicate that liberal and conservative media outlets show the substantial differences in narrative elements, policy core beliefs and narrative strategy (except the use of right-to-life source cue). The quotes stated in this research support the difference between liberal and conservative media outlets. However, only several variables display statistically significant differences between the liberal and conservative media outlets: causal mechanisms and plot, right-to-life context hero, right-to-life context victim and right-to-die source cue. Right-to-life context victim, right-to-die source cue and causal mechanism as well as plot are statistically significant at 95% of confidence level, while right-to-life context hero is weakly significant at 90% of confidence level. The other variables examined in this research do not show statistically significant differences: Right-to-life context villain, right-to-die context hero, victim, villain, right-to-life source cue, moral of story and policy core beliefs.

## Discussion and Conclusion

This research intended to provide empirical evidence on the role of media in the California End-of-Life Option Act policy area. If the media plays a contributory role in the policy process, it shares similar policy core beliefs with coalitions and disseminates stories including policy core beliefs that shape policy outcomes (Shanahan *et al.*, 2008). Therefore, variation in policy narratives between two competing media outlets would be expected. However, if the media serves a conduit role, media outlets simply reflect policy arguments unfolding in the policy area (Baumgartner and Jones, 1993). As a conduit, media simply transmits information to the public and/or decision makers, including the divergent policy core beliefs of multiple policy participants in policy debates (Shanahan *et al.*, 2008). Therefore, there should be no significant variation in policy narratives between competing media outlets.

The results from the previous statistical analysis show that (1) liberal and conservative media outlets do not share the similar policy core beliefs with competing coalitions, right-to-die and right-to-life in California End of Life Option Act policy process and (2) Liberal and conservative media outlets show a bit of statistically significant variations in the use of narrative elements and narrative strategy. However, (3) more than half of the variables (67%) do not show the statistical significance between liberal and conservative media outlet. Given these outcomes, this research may conclude that media outlets serve as a conduit role in California End-of-Life Option Act based on the assumptions of this research: media outlets simply transmitted information including the divergent policy core beliefs of multiple policy actors in this policy area.

However, rather than making a categorical conclusion, this research prefers to state that the role of media in California End-of-Life Option Act policy process is vague; there is evidence not only that media outlets partially serve as a conduit by inferential statistics but also that media outlets play as a contributor to competing coalitions in this policy area. The statistical significance tests indicate that media outlets do not share the similar policy core beliefs with competing coalitions, accordingly, most of the variables do not show the statistically significant variations between liberal and conservative media outlet. However, there is also substantial evidence indicating that media play as a contributor to competing coalitions. The variations in descriptive statistics and their alignment with hypotheses as well as quotes stated in this research support that media outlets actually play as a contributory role to competing coalitions in this policy area. In fact, the Orange County Register editorial board officially announced that their editorial page opposed the physician-assisted suicide (Orange County Register "INVESTIGATIONS // Assisted-suicide suspect released" 10/23/2002). Given these result, this research concludes that media outlets

partially play as both a contributor and a conduit for competing coalitions in California End-of-Life Option Act policy process.

There are several reasons why we should be careful drawing the conclusion that media serves as a conduit. This research include two limitations. First, this research analyzes only 37 articles from the conservative media outlet and 65 articles from the liberal media outlet. This low number of observations could lower the t-statistics and likelihood of significance. Moreover, to obtain the reliability of qualitative research, research projects often require more than one coder and compare the results. However, the data of this research was coded by only one coder. Therefore, this research suggests further efforts include more liberal and conservative media outlets to increase the sample size and coders to improve the results.

This research contributes to the policy sciences literature in three ways. First, it provides empirical evidence of the role of media in the policy process. As Shanahan *et al.*, (2008) point out, there has been insufficient empirical research to examine the role of media in spite of the related theoretical argument on the media's role in policy. Using NPF and the California End-of-Life Option Act as a case study, this research contributes to the debate on the role of media within the policy process. Second, it provides further discussion on how to code characters in NPF research. Previous NPF research generally focuses on the use of policy narratives between competing advocacy coalitions, and simple characters, villain, hero and victim are used to examine the policy narratives. However, this research suggests that researchers should consider the context which casts the same characters to competing policy actors. Lastly, as mentioned earlier, there has been no previous research on defining advocacy coalitions in California's physician-assisted suicide policy area. This research defined supporters and opponents of

physician-assisted suicide and could be used as a reference for future scholarship intended to research the dynamics of advocacy coalitions in this specific policy area.

## Reference

- Allmark, P. (2002). Death with dignity. *Journal of medical ethics*, 28(4), 255-257.
- Bachman, J. G., Alcsér, K. H., Doukas, D. J., Lichtenstein, R. L., Corning, A. D., & Brody, H. (1996). Attitudes of Michigan physicians and the public toward legalizing physician-assisted suicide and voluntary euthanasia. *New England Journal of Medicine*, 334(5), 303-309.
- Baumgartner, F. R., & Jones, B. D. (1991). Agenda dynamics and policy subsystems. *The journal of Politics*, 53(04), 1044-1074.
- Baumgartner, F. R., Jones, B. D., & Mortensen, P. B. (2014). Punctuated equilibrium theory: Explaining stability and change in public policymaking. *Theories of the policy process*, 59-103.
- Berlin, I. (1969). Two concepts of liberty. *Berlin, I.*, 118-172.
- Bernard C. Cohen, *The Press and Foreign Policy* (Princeton: Princeton University Press, 1963), pp. 39-45.
- Buchanan, A. (1978). Medical paternalism. *Philosophy & Public Affairs*, 370-390.
- Chin, A. E., Hedberg, K., Higginson, G. K., & Fleming, D. W. (1999). Legalized physician-assisted suicide in Oregon—the first years' experience. *New England Journal of Medicine*, 340(7), 577-583.
- Churchill, L. R. (1994). Physician-assisted suicide. *Journal of the Royal Society of Medicine*, 87(Suppl 22), 44.



- Crow, D. A., & Berggren, J. (2014). Using the Narrative Policy Framework to Understand Stakeholder Strategy and Effectiveness: A Multi-Case Analysis. In *The Science of Stories* (pp. 131-156). Palgrave Macmillan US.
- Death with Dignity National Center (2016) <https://www.deathwithdignity.org/>
- Doering, O. (2001). Euthanasia, and the Meaning of Death and Dying: A Confucian Inspiration for Today's Medical Ethics. *Formosan journal of medical humanities*, 2(1-2), 48-66.
- Dore, M. K. (2011). Physician-assisted suicide: A recipe for elder abuse and the illusion of personal choice. *Vermont Bar Journal*.
- Druckman, J. N., & Parkin, M. (2005). The impact of media bias: How editorial slant affects voters. *Journal of Politics*, 67(4), 1030-1049.
- Dugan, A., (May 27, 2015). In U.S., Support Up for Doctor-Assisted Suicide. Gallup, Retrieved January 5, 2016 from <http://www.gallup.com/poll/162815/support-euthanasia-hinges-described.aspx>
- Fino, S. P., Strate, J. M., & Zalman, M. (1997). Paging Dr. Death: The political theater of assisted suicide in Michigan. *Politics and the Life Sciences*, 87-103.
- Ganzini, L. (2016). Legalised Physician-Assisted Death in Oregon. *QUT Law Review*, 16(1), 76-83.
- Ganzini, L., & Back, A. L. (2016). The Challenge of New Legislation on Physician-Assisted Death. *JAMA internal medicine*.

Gentzkow, Matthew, and Jesse M. Shapiro. Political Slant of United States Daily Newspapers, 2005. ICPSR26242-v1. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2009-12-09. <http://doi.org/10.3886/ICPSR26242.v1>

Gentzkow, M., & Shapiro, J. M. (2010). What drives media slant? Evidence from US daily newspapers. *Econometrica*, 78(1), 35-71. Chicago

Governor Political Affiliation: Governors Roster 2015, National Governors Association (NGA), as of February 1, 2016.

Groseclose, T., & Milyo, J. (2005). A measure of media bias. *The Quarterly Journal of Economics*, 1191-1237. MARTIN WISCKOL / STAFF COLUMNIST Survey: 3 O.C. cities are state's most conservative

Heywood, A. (2012). *Political ideologies: An introduction*. Palgrave Macmillan.

Jenkins-Smith, H. C., Nohrstedt, D., Weible, C. M., & Sabatier, P. A. (2014). The advocacy coalition framework: foundations, evolution, and ongoing research. *Theories of the policy process*, 3.

Jones, J. M. (2009). State of the states: Political party affiliation. Gallup, January, 28.

Jones, Michael D. *Heroes and villains: Cultural narratives, mass opinions, and climate change*. THE UNIVERSITY OF OKLAHOMA, 2010.

Jost, J. T. (2006). The end of the end of ideology. *American Psychologist*, 61(7), 651.

Kingdon, John W. (2003). *Agendas, alternatives, and public policies*. New York; Longman

Laborde, C., & Maynor, J. (Eds.). (2009). *Republicanism and political theory*. John Wiley & Sons.

- Lachenmeier, F., Kaplan, K. J., & Caragacianu, D. (2000). Doctor assisted suicide: An analysis of public opinion of Michigan adults. *OMEGA-Journal of Death and Dying*, 40(1), 61-87.
- Lakoff, G. (2014). *The All New Don't Think of an Elephant!: Know Your Values and Frame the Debate*. Chelsea Green Publishing.
- Lee, M. A., Nelson, H. D., Tilden, V. P., Ganzini, L., Schmidt, T. A., & Tolle, S. W. (1996). Legalizing assisted suicide—views of physicians in Oregon. *New England Journal of Medicine*, 334(5), 310-315.
- List, C. (2006). Republican freedom and the rule of law. *Politics, Philosophy & Economics*, 5(2), 201-220.
- MacCallum, G. C. (1967). Negative and positive freedom. *The Philosophical Review*, 76(3), 312-334.
- McBeth, M. K., Jones, M. D., & Shanahan, E. A. (2014). The narrative policy framework. *Theories of the policy process*, 3.
- McBeth, M. K., Shanahan, E. A., Arnell, R. J., & Hathaway, P. L. (2007). The intersection of narrative policy analysis and policy change theory. *Policy Studies Journal*, 35(1), 87-108.
- McBeth, M. K., Shanahan, E. A., Hathaway, P. L., Tigert, L. E., & Sampson, L. J. (2010). Buffalo tales: interest group policy stories in Greater Yellowstone. *Policy Sciences*, 43(4), 391-409.

- Meier, D. E., Emmons, C. A., Wallenstein, S., Quill, T., Morrison, R. S., & Cassel, C. K. (1998). A national survey of physician-assisted suicide and euthanasia in the United States. *New England Journal of Medicine*, 338(17), 1193-1201.
- Nice, D. C., & Fredericksen, E. D. (1995). The politics of intergovernmental relations.
- Pettit, P. (2003). Discourse theory and republican freedom. *Critical Review of International Social and Political Philosophy*, 6(1), 72-95.
- Purvis, T. E. (2012). debating death: religion, Politics, and the oregon death With dignity Act. *The Yale journal of biology and medicine*, 85(2), 271-284.
- Rita Marker, JD Executive Director, Kathi Hamlon, Policy Analyst (2010), International Task Force on Euthanasia and Assisted Suicide "Euthanasia and Assisted Suicide: Frequently Asked Questions," [www.internationaltaskforce.org](http://www.internationaltaskforce.org)
- Sabatier, P., Hunter, S., & McLaughlin, S. (1987). The devil shift: Perceptions and misperceptions of opponents. *The Western Political Quarterly*, 449-476.
- Sabatier, P. A., & Jenkins-Smith, H. (1993). *Policy change and learning: An advocacy coalition framework*. Boulder: Westview.
- Sato, H. (1999). The advocacy coalition framework and the policy process analysis: The case of smoking control in Japan. *Policy studies journal*, 27(1), 28-44.
- Saunders, P. (2000). Physician Assisted Suicide. *Triple Helix*, 12, 3.
- Schafer, A. (2013). Physician assisted suicide: The great Canadian euthanasia debate. *International journal of law and psychiatry*, 36(5), 522-531.

- Schlager, E. (1995). Policy making and collective action: Defining coalitions within the advocacy coalition framework. *Policy sciences*, 28(3), 243-270.
- Segal, J. A., & Cover, A. D. (1989). Ideological Values and the Votes of US Supreme Court Justices. *American Political Science Review*, 83(02), 557-565.
- Shanahan, E. A., Adams, S. M., Jones, M. D., & McBeth, M. K. (2014). The Blame Game: Narrative Persuasiveness of the Intentional Causal Mechanism. In *The Science of Stories* (pp. 69-88). Palgrave Macmillan US.
- Shanahan, E. A., Jones, M. D., & McBeth, M. K. (2011). Policy narratives and policy processes. *Policy Studies Journal*, 39(3), 535-561.
- Shanahan, E. A., Jones, M. D., McBeth, M. K., & Lane, R. R. (2013). An angel on the wind: How heroic policy narratives shape policy realities. *Policy Studies Journal*, 41(3), 453-483.
- Shanahan, E. A., & McBeth, M. K. (2010). The science of storytelling: Policy marketing and wicked problems in Greater Yellowstone. In J. J. Johnson (Ed.) *Knowing Yellowstone: Science in American's first national park*. Taylor Publishing.
- Shanahan, E. A., McBeth, M. K., Hathaway, P. L., & Arnell, R. J. (2008). Conduit or contributor? The role of media in policy change theory. *Policy Sciences*, 41(2), 115-138.
- State Attorney General Political Affiliation: Attorneys General: Who's My AG?, National Association of Attorneys General (NAAG), accessed March 18, 2016.

State Legislatures Majority Political Affiliation: Partisan Composition during the 2016

Legislative Session, National Conference of State Legislatures (NCSL), as of March 17, 2016.

Strate, J., Kiska, T., & Zalman, M. (2001). Who favors legalizing physician-assisted suicide? the vote on Michigan's Proposal B. *Politics and the Life Sciences*, 155-163.

Strate, J. M., Zalman, M., & Hunter, D. J. (2005). Physician-assisted suicide and the politics of problem definition. *Mortality*, 10(1), 23-41.

Suicide, P. A. (2013). *Physician-Assisted Suicide*.

United States Conference of Catholic Bishops, 1991 "Statement on Euthanasia," on [www.usccb.org](http://www.usccb.org)

Weible, C. M., Sabatier, P. A., & McQueen, K. (2009). Themes and variations: Taking stock of the advocacy coalition framework. *Policy Studies Journal*, 37(1), 121-140.

Wimmer, R., & Dominick, J. (2013). *Mass media research*. Cengage learning.