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# 'I want to die on my own terms': Dominant interpretative repertoires of 'a good death' in old age in Dutch newspapers

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ABSTRACT

*Rationale:* There is a paucity of empirical studies exploring how death and dying in old age are actually represented and debated within the Dutch society.
*Objective:* This study examines the discourse used in Dutch newspapers on the good death and dignified dying. It analyses how different types of social actions and positions are construed, thereby describing how death and dying in old age are portrayed in newspaper media.
*Methods:* 173 newspaper articles between 2010 and 2020 were selected from five Dutch national newspapers. Data were thematically coded and scrutinised for discursive patterns in order to identify interpretative repertoires and their functions.
*Results:* Four interpretative repertoires of good death and dying in old age were identified, all drawing on the assisted dying debate: Choice, Risk, Care, and Complexity. Each repertoire constructs a particular image of death and dying, varying from it being a personal choice; a last resort; a joint journey; to a contingent quest. The different repertoires imply distinct identities and actions. The Choice-repertoire construes older people as active subjects who autonomously determine their own death. The Risk- and Care-repertoires both construe older people primarily as passive and acted upon: either threatened by illness, decline and death; or protected and cared for by others and society. The Complexity-repertoire construes older people's situation as an object of reflection.
*Discussion and conclusion:* The strong prevalence of the Choice-repertoire in Dutch newspapers construes good death and dignified dying in old age in a salient way, unrepresentatively highlighting assisted dying as the preferred imagined practice. It is hypothesised that reimaging the Care- and Complexity-repertoires in such a way that they construe older persons in a more active subject role could help depolarise the debate on death and dying in old age.

## 1. Introduction

The phenomenon of death is undergoing a significant change (Callahan, 1988). Across the globe, due to increasing longevity, ages at death increase and will continue to do so, with more people reaching extreme old age, even leading to increasing numbers of centenarians (Leeson, 2014). Hence, longevity and accompanying age-related problems have changed our sensibilities towards death, affecting not only our lives but also our conception of dying. Since advanced old age is often accompanied by age-related problems that may negatively affect well-being, the experience of meaning in life may be compromised for some older people (Rurup et al., 2011; van Wijngaarden et al., 2015). Moreover, some may experience a shift from the benefit of living longer towards the experience of living too long (Kellehear, 2007).

It is argued that in addition to longevity, secularisation and individualisation have also changed our attitude towards death and dying (van Wijngaarden, 2021). With the rise of secularisation, and the marginalisation of religious institutions, people become separated from tradition, including the communal understanding of life and death, shared language, rituals and practices (Taylor, 2007). The self is increasingly perceived as a reflexive project for which the individual is responsible, requiring constant self-formation and self-reorganisation

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towards a rewarding sense of self. It requires awareness of the various phases of the lifespan and constant self-monitoring to stay 'in charge' of one's trajectory (Giddens, 1991), including death as the last part of this trajectory (Gilleard, 2020).

Driven by these developments, values of control and maintaining independence are considered increasingly important for a 'good death' (Rietjens, van der Heide, Onwuteaka-Philipsen, van der Maas and van der Wal, 2006). In their literature review, Cottrell and Duggleby (2016), for instance, have shown that 'control of death and of the process of dying' emerged as the most dominant theme in scientific theorising. Likewise, literature reviews by Meier et al. (2016) and Zaman et al. (2021) demonstrate that a 'good death' is often associated with one's preferences regarding the dying process (how, who, where, and when) as well as the right to assisted suicide or euthanasia (Meier et al., 2016; Zaman et al., 2021).

Although occurring in different Western societies (Banjo, 2021), the Netherlands in particular is known for its pioneering public debate on a good and dignified death, and its legislation on euthanasia. Similar to other countries that have established euthanasia legislation, gradual changes in perceptions and practices of euthanasia are witnessed in the Netherlands. For example, Dutch support for euthanasia in older people who suffer due to multiple geriatric syndromes or dementia has increased (Onwuteaka-Philipsen et al., 2017; van den Berg et al., 2020). Furthermore, in 2010 a Dutch citizens' group called 'Of Free Will' [in Dutch: 'Uit Vrije Wil'] started advocating legalisation of assisted dying for older people who consider their lives to be 'completed' (Beekman, 2011). In 2013, the Dutch House of Representatives discussed this citizens' initiative and its bill proposal. Due to political indecision, an advisory committee was established to investigate the issue and the related societal dilemmas. In 2016, the committee unanimously advised against changing the current law because of the risks of undermining current euthanasia practice, creating social pressure on older people, and stigmatising old age (Schnabel et al., 2016). Despite this advice, the Dutch liberal party, *Democrats 66*, reintroduced the initial proposal and launched a revised bill in 2016 (van Wijngaarden et al., 2017). In 2020, a third bill was submitted. These occurrences have generated an ongoing, mediatised debate about good and dignified death in old age.

Analysing this debate is of considerable relevance for the exploration of meanings that people negotiate in social interaction, as well as for the ways in which the public debate is shaped in interaction with social and cultural forces, and how it steers public opinion. It also sheds light on how resulting identities are reflexively (re)constituted by discursive practices (Edley, 2001; Wetherell and Potter, 1988).

To date, a few attempts have been made to analyse how death is represented in Dutch newspaper media. Pool (2004), for instance, examined Dutch media representations regarding the dehydration of psychogeriatric patients. He argued that the public controversy around dehydration could be traced back mainly to a suggested lack of control, the opposite of what is considered the central characteristic of a good death in the Netherlands. Weicht and Forchtner (2021) studied Dutch newspapers between 2010 and 2013 and focussed specifically on the aforementioned debate on 'completed life' [in Dutch: 'voltooid leven'] in old age. They found three metaphorical phrases dominating the debate: autonomy, human worth, and embeddedness. They conclude that each defining vision of a good death is based on different (either more individualistic or relational) conceptualisations of a good life. (Weicht and Forchtner, 2021).

This study aims to contribute to the understanding of the discourse on good and dignified death in old age. It examines how the used discourse represents certain types of identities that each construe particular social actions for older people living towards the end of life. To achieve this, we want to answer the following questions: Which repertoires of good death and dignified dying in old age can be identified in the data? How are identities (re)constituted in these discursive practices? The results will allow us to reflect on the agendas that Dutch newspaper media formulate for older people.

## 2. Method

### 2.1. Interpretative repertoire analysis

This study draws on discourse analysis. From the variety of discourse approaches, we chose the theory and methods of 'interpretative repertoire analysis' (Wetherell and Potter, 1988). In line with Wetherell and Potter, we hold the assumption that *discourse* constructs, rather than merely describes, our lived reality (Wetherell and Potter, 1988, p. 172). Language, talk and texts are 'forms of practice' which 'do' certain things (Edley, 2001, p. 192). In our analysis we aim to explore this performative dimension of such 'discursive practices' by identifying *interpretative repertoires*. Interpretative repertoires can be defined as 'a lexicon or register of terms and metaphors drawn upon to characterize and evaluate actions and events' (Edley, 2001, p. 198). They form the 'building blocks' that speakers or writers use to make sense of everyday life (Wetherell and Potter, 1988, p. 172). In fact, by using certain discursive patterns in repertoires, speakers/writers construct certain *subject positions*, which can be defined as 'identities made relevant by specific ways of talking' (Edley, 2001, p. 210). Thus, on the one hand, speakers/-writers adopt language to 'make sense' of an issue. On the other hand, 'discourse' is also a practice that guides the ideas of hearers/readers, in other words: how others – on an individual and a social level – 'make sense' of that issue. Consciously or unconsciously, speakers/writers in media thus assign certain meaningful identities and foreground certain actions to their audiences.

Interpretative repertoire analysis has proven suitable to show how particular repertoires construct identities, guide social actions and facilitate practical consequences. Indeed, in particular contexts it can reveal ideological dilemmas by analysing their typical discursive patterns and functions (Edley, 2001; Lumme-Sandt et al., 2000). Interpretative repertoire analysis is particularly useful to reveal competing and contradicting repertoires, to explain the impact of particular repertoires on societal debates, and to illuminate how some repertoires may be foregrounded and others played down.

### 2.2. Data collection

In our study, we analysed Dutch newspaper data for interpretative repertoires on a good death and dignified dying in old age. Newspapers are particularly appropriate to investigate public discourse and its underlying interpretative repertoires (Horton-Salway, 2011; Hunter et al., 2017). In the Dutch context, newspapers are an important media platform in setting the tone for public debates, targeting socio-culturally divergent audiences. Although the segmentation began to erode in the 1960s, the Dutch daily press still follows the lines of the dominant ideological (e.g. liberal, left-wing and religious) segments in society (Pleijter et al., 2020). In addition, newspapers predominantly and increasingly reach older readers (Elvestad and Blekesaune, 2008). As such, Dutch newspapers collect and reflect dominant ideas and conceptualisations regarding death and dying and simultaneously have a disseminating function by spreading them among relevant target groups. They provide a variety of content such as a) substantive reporting of what is happening and being debated in the wider society (e.g., on television and social media), b) background information, and c) in-depth discussion. Newspapers thus function both as catalysts of the debate and as initiators of reflection on that same debate.

In December 2020, we performed a computer-based database search in Nexis Uni. We included Dutch newspaper articles that focussed specifically on death and dying in old age published between January 1st, 2010 and December 1st, 2020. Our choice of newspapers was informed by the aforementioned segmentation of the Dutch media system. For a broad coverage of ideological backgrounds and social classes, we included five daily national Dutch newspapers. Together these form a corpus that includes both so-called 'popular' newspapers and 'quality' newspapers, a commonly used distinction in the Dutch context, where

'popular' newspapers typically have shorter stories, large illustrations and big headlines, and target a broad audience, while 'quality' newspapers commonly focus on presenting backgrounds, opinions, debates and in-depth reports, and target interested audiences (Boukes and Vliegenthart, 2020). The five newspapers are:

- Algemeen Dagblad ('popular', neutral);
- Telegraaf ('popular', liberal);
- Volkskrant ('quality', left-wing);
- NRC Handelsblad ('quality', liberal).
- Trouw ('quality', protestant/catholic/interfaith) (Pleijter et al., 2020).

Our selected time frame starts in 2010, when the Dutch debate about a 'dignified death for older people' was initiated by citizens' group *Of Free Will* (Beekman, 2011). The time frame ends in 2020 when, after ten years of debate, a revised legislative proposal was presented that aimed to allow assisted dying for healthy older people if they considered their life to be 'completed'. With the analysis of the resulting news discourse corpus, we aim to clarify the evolving image regarding a good or dignified death in old age over this relevant decade.

Our search terms were Dutch synonyms and antonyms of 'good death' and 'dignified or good dying' in combination with synonyms for old age. The choice of these generic words was in line with our aim to investigate as broadly and inclusively as possible the current ideas and conceptualisations around death and dying. Although the term 'completed life' is often used in the public debate about dying in old age, it is a very particular, metaphorical term that already reflects an ideologically determined interpretation of the phenomenon, and it is therefore an unsuitable search term for our purpose. Furthermore, we did not include phrases such as 'assisted dying', 'euthanasia' and 'palliative sedation' in our search terms, as we aimed to investigate the broad range of associations with a good, dignified death, without choosing a direction in advance. We did include specific references to ages 70 and 75 because these are often used in the newspapers as synonyms for 'old age'.

These considerations have led to a search string, combining two blocks of key words and a block of sources/newspapers (see Appendix 1). The search was conducted in two steps: first, the entire search string was entered, yielding 203 newspaper articles. Second, the two blocks of key words were entered per newspaper to ascertain that this strategy yielded exactly the same output (which was the case). Finally, all 203 identified articles were screened for duplicates and non-relevant topics. This led to the exclusion of 30 articles, resulting in a corpus of 173 Dutch newspaper texts.

### 2.3. Data analysis

Following Wetherell and Potter (1988), our data analysis consisted of a stepwise approach. First, all 173 selected texts were read by the first author, to get an overall idea of the content and become familiar with both content (what was said) and form (how something was said). Comments were made in the margins. Articles were grouped by newspaper (see Fig. 3) as well as by content (see Fig. 4). The authors differentiated between editorial content and other content. Editorial content was authored by journalists from the newsroom (e.g., news articles, analyses, reportages, and interviews). Other content was provided by writers outside the newsroom, such as scholars, health professionals, right-to-die advocates, and readers.

Next, during the initial analysis, the first author inductively coded fragments line-by-line, staying close to the data. Using ATLAS. ti version 8.4.5, the data were scrutinised for themes and conceptualisations, including statements about cultural values regarding good death and dying in old age and the emergence of varying and opposing argumentations and representations. Recurring terms, themes, figures of speech, metaphors, vivid images, clichés, and characterisations served as clues (Wetherell and Potter, 1988).

During the subsequent investigation the authors, in order to identify interpretative repertoires, scrutinised the newspaper texts for patterns of argumentation and for the rhetorical tools used. For each repertoire, we unravelled what types of social actions and subject positions it discursively negotiated. We aimed to illuminate how speakers/writers, using various repertoires (intentionally or unintentionally) argue in favour of particular ways of 'dealing with' death and dying in old age (Wetherell and Potter, 1988).

Analysis was an iterative process in which we repeatedly went back and forth between the raw data set and the initial themes that emerged from our interpretative analysis. The patterns inductively identified by the first author were reviewed by the second author and discussed between both several times, leading to further refinement. In the closing phase of the analysis, typical document excerpts were selected to illustrate the observed patterns (see Appendix 2).

## 3. Results

### 3.1. General characteristics of newspaper extracts

We identified four distinct interpretative repertoires in main Dutch newspaper accounts that together are part of the discourse on a good death and dignified dying in old age in the Netherlands: Choice, Risk, Care, and Complexity. All repertoires are positioned within the public debate on assisted dying. They build on the basic juxtaposition of those in favour of extending the current euthanasia law and making the self-chosen assisted death a more accessible option for all older people, and those who were against or hesitant regarding extension of the law. Below, we first briefly present a few general characteristics of the newspaper extracts to provide some context for the qualitative description of the repertoires in 3.2.

Given our broad search strategy, it is striking that the repertoires regarding death and dying in old age found were, almost without exception, related to the controversial debate about (physician) assisted dying in cases of 'completed life' or dementia. Although palliative care (decisions) such as discontinuing life-prolonging treatments or administering medication to control symptoms are much more frequent in everyday practice, they - like dying without medical intervention or aid in dying - receive very little attention in the newspaper extracts. In 135 of the 173 documents, 'euthanasia' was explicitly mentioned. The term 'assisted suicide' was used in 78 of the documents. In 117 documents the phrase 'completed life' was explicitly used. In 67 cases there was an explicit reference to the spectre of dementia. This suggests that current ideas and conceptualisations on a 'good death' and 'dignified dying' in old age are significantly constructed by the euthanasia debate in relation to 'completed life' and dementia.

The distribution of coverage, as shown in Fig. 1, aligns with the societal developments in 2010 (citizens' group *Of Free Will*), 2013 (discussion in *House of Representatives)*, the end of 2016 (the bill by *Democrats 66*), and 2020 (revised bill by *Democrats 66*), as briefly described in the introduction.

A remarkable finding is that, contrary to the 'quality' newspapers, the debate was rarely a topic in 'popular' newspapers. Trouw had by far the greatest coverage. Fig. 2 shows the distribution of the overall coverage over the several newspapers.

All texts were qualitatively analysed –interpreting the overall sentiment of the text– on whether a dominant main repertoire could be identified. In the large majority of articles this was the case, while in a limited number of cases the analysts could not identify one particular repertoire as dominant; in these cases, two or more repertoires were apparently combined in one extract, most often Risk- and Care-repertoires.

Repertoires were not evenly distributed across newspapers. As reflected in Fig. 3, NRC mainly showed Choice- and Risk-repertoires. In Trouw, the Complexity-repertoire stood out. In the 'popular'

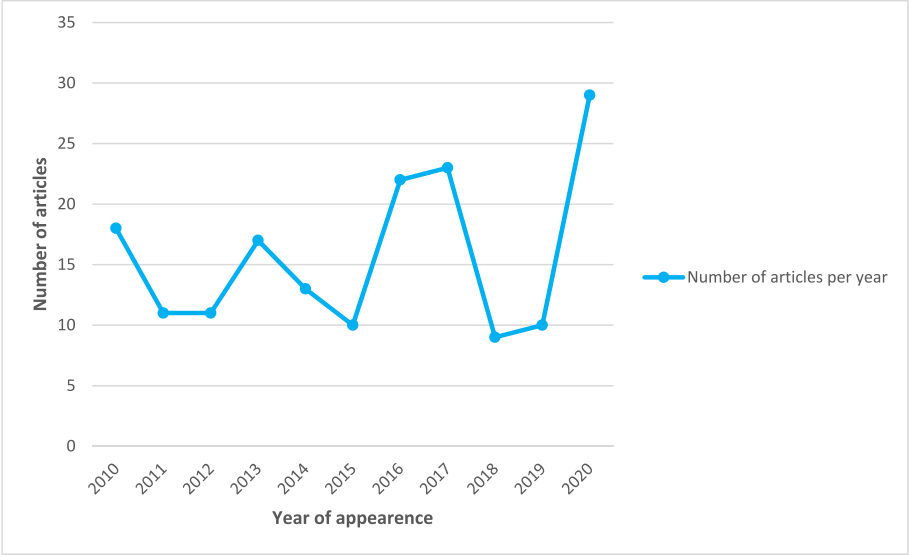


**Fig. 1.** Coverage of newspaper articles on the good death between 2010 and 2020 (N = 173).

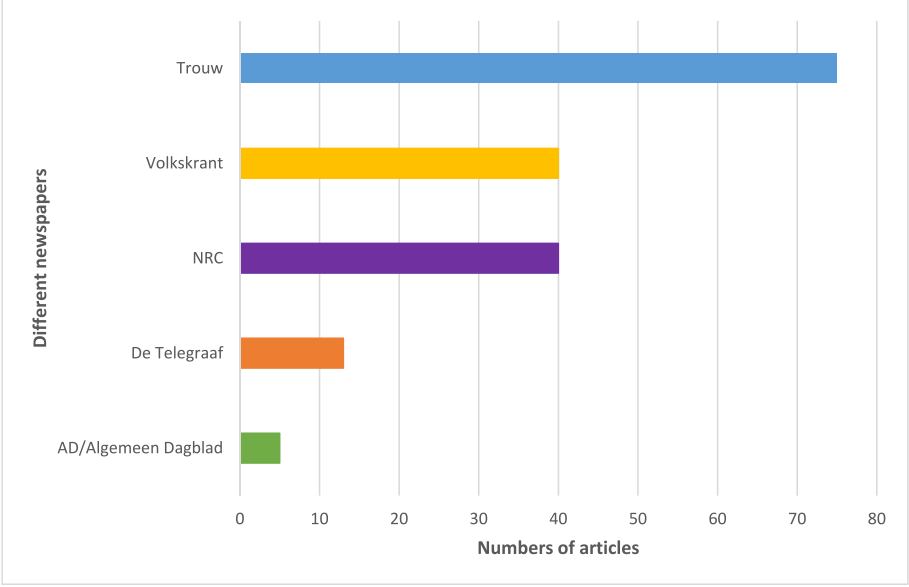


**Fig. 2.** Coverage per newspaper of articles on the good death between 2010 and 2020 (N = 173).

newspapers (Algemeen Dagblad and Telegraaf), Care- and Complexity-repertoires were very infrequent.

Within the 'quality' newspapers, the Volkskrant was found to pay most attention to other content, while of the 'popular' newspapers, Telegraaf focussed its small coverage mainly on editorial content. Fig. 4 shows how editorial content and other content were divided over the coverage.

Different repertoires were voiced by different groups. In the editorial content, sometimes journalists were 'the main voice' (in case of reports, analyses and reportages). Other times the subjects of media coverage could be seen as main voice (as for instance in interviews). In other content, the author of the text was seen to be the main voice. Fig. 5 provides an overview of the main authors/speakers that give voice to the different repertoires.

### 3.2. *Interpretative repertoires on death and dying in old age*

Below, the four main interpretative repertoires are described in detail. Table 1 summarizes the results. Appendix 2 provides an overview of illustrative, typical quotes for each repertoire. References to these quotes are provided in the text below.*(e.g.: Q1.1)*.

### 3.3. ***Choice-repertoire:*** *'I want to die on my own terms'*

This repertoire constructs the 'good death' as a personal, self-determined choice. Individuals should have the possibility to live and die according to their own motives, without unwanted interference from others.*(Q1.1 + Q1.2)* By implicitly or explicitly depicting the self-chosen death as the only (or most) humane and worthy farewell, the repertoire includes a strong evaluative-hierarchical component distinguishing good and bad deaths. 'Good dying' is an act that needs proper preparation. Dying is something one 'does', rather than something one 'undergoes'. At the same time, death and dying are construed as ever-present looming threats –potentially a harrowing, unsettling and painful experience– that one may be submitted to against one's will.

Moreover, this repertoire represents the last phase of old age as a

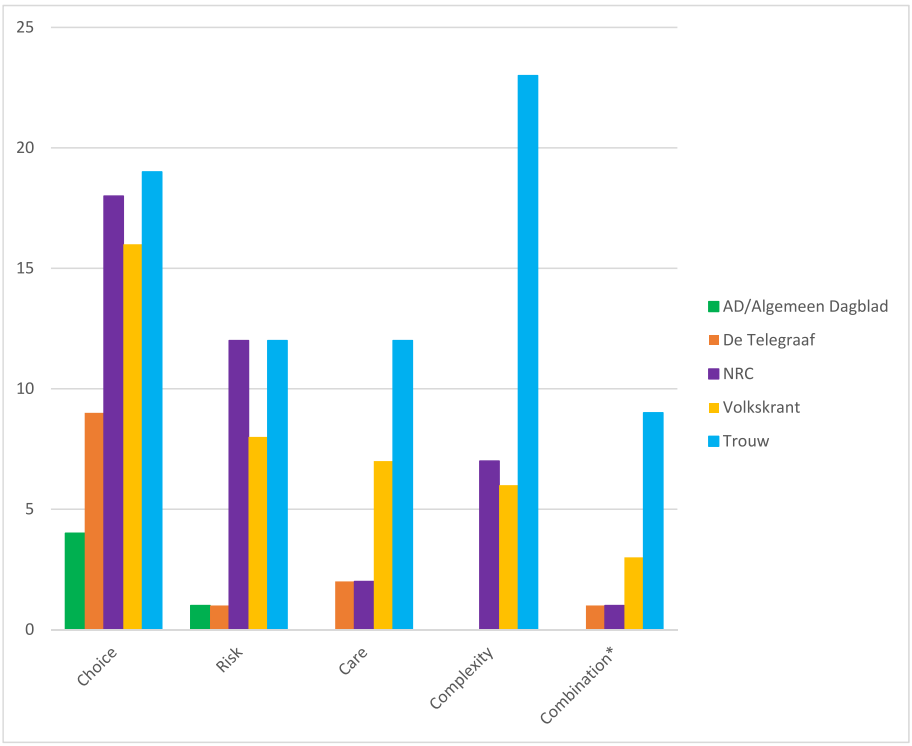


**Fig. 3.** Distribution of interpretative repertoires over newspapers (N = 173).

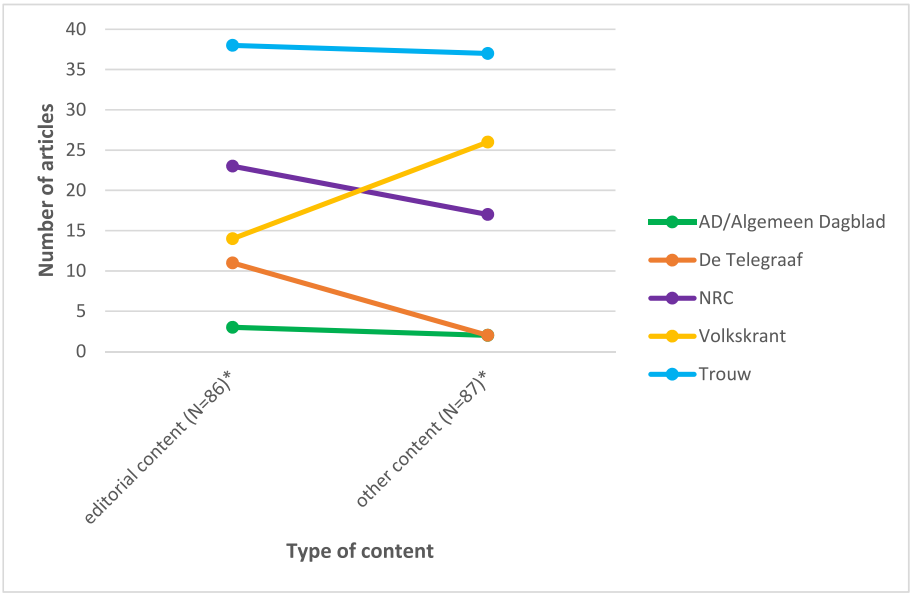


**Fig. 4.** Type of content per newspaper (N = 173).

'bugaboo', and dementia as 'the looming spectre for every human being'.*(Q1.3)* The use of contrasting language distinguishes between the more favourable phase of old age in which people can still enjoy life and the presumed dark and burdensome last phase of life when you are old and decrepit. The favourable current situation is portrayed as 'being happy and affluent', 'looking back on an enjoyable and successful working life' and/or 'having a good relationship and lovely children'. By contrast, the 'degrading', 'unworthy' situation is depicted as 'withering away', 'tied to a chair', 'wearing diapers', 'being unapproachable' and 'the spectre of merely vegetating'.

Such statements are sometimes emphasised by referring to first-hand experiences. 'Not for me. Never!'*(Q1.4-Q1.6)* Within this logic of binary opposition, a 'dignified' death' is thus not only placed opposite an undignified death, but also opposite an 'undignified' existence.*(Q1.4-Q1.6)* Although the negative state of being is a fact that cannot be changed or fixed, the Choice-repertoire represents it as avoidable. Indeed, the self-chosen death is 'a solution', a reasonable and reassuring way to save oneself from these anticipated perils.*(Q1.2 + Q1.7)* The image of the self-chosen death thus has an expressive function enabling people to die on their own terms *(Q1.1 + Q1.2)* Additionally it also has a beneficial psychological function. The pre-emptive, self-chosen death is a 'coping strategy' to deal with the negative old-age scenarios, enabling people to

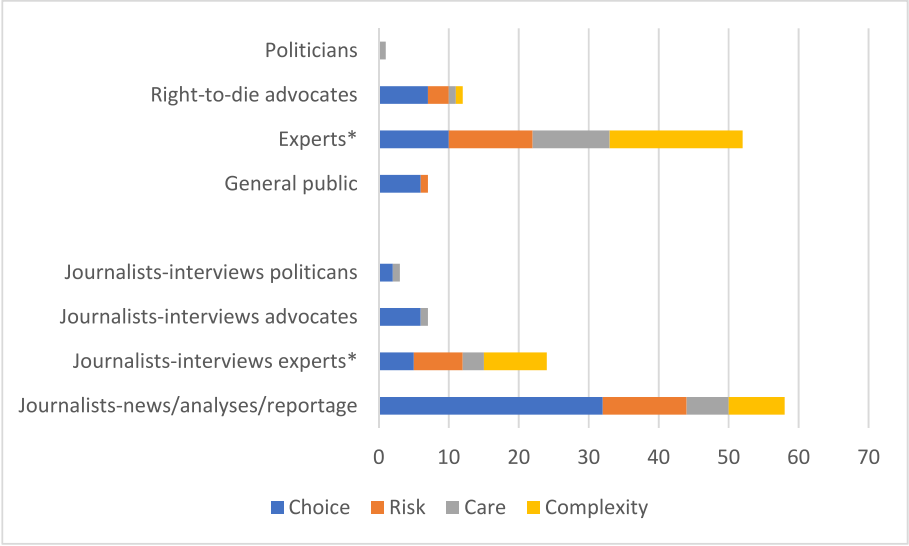


**Fig. 5.** Authors/speakers voicing the repertoires.

**Table 1**
Summary of different repertoires.

| Repertoires + typical saying | Dominant image | Individual interests or the common good | Main moral values | Spokespersons | Action perspective | Identity outcome |
|---|---|---|---|---|---|---|
| **(1) Choice-repertoire** ***I*** *want to die on my own terms.* | Death & dying as a personal choice | Individual interests | Freedom<br>Autonomy<br>Agency<br>Independence | Emancipatory, progressive actors safeguarding themselves (or others) against suffering and a bad death | Choosing<br>Advocating<br>Anticipating | Older people are constructed as active subjects who are determined to choose their own path, rather than be acted upon. They are portrayed as the 'do-ers'; in charge of their own (life and) death. |
| **(2) Risk-repertoire** ***We*** *need to take due care.* | Death and dying as the last resort | The common good | Safety<br>Clarity<br>Checks and balances<br>Mercy | Responsible, reasonable protectors of older persons in vulnerable, precarious situations | Balancing<br>Intervening<br>Protecting | Older persons are constructed as passive subjects who are being acted upon: protected by others and society. |
| **(3) Care-repertoire** ***We*** *should solve the problems behind the wish to die.* | Death & dying as a joint journey | The common good | Care<br>Relationality<br>Change<br>Hope | Caring actors who in an activist manner emphasize social responsibility for the well-being of older people | Caring<br>Remedying<br>Improving | Older persons are constructed as passive subjects who are being acted upon: cared for by others and society. |
| **(4) Complexity-repertoire** ***This*** *raises the question whether …* | Death and dying as a quest | Individual interests and the common good | Dialogue<br>Openness<br>Doubt<br>Complexity | Thinkers who reflect on the issue to reach in-depth understanding and acknowledge complexity | Listening<br>Reflecting<br>Questioning | Older people's situation is constructed as an object of reflection: life-as-it-is as well as their position is deliberated as being complex and uncontrollable. |

exert control over a threatening situation, and even to (re-) engage with the world until the time of death.*(Q1.8)*.

Not only is the self-chosen death an 'emergency exit', it may also offer a way out that, until now, 'has been deliberately barricaded': the right to choose death is denied to older adults by interfering external forces such as the government, the medical system, or the church. Substantiated in firm metaphors –like 'sabre rattling' and 'police cars ready to pick up brave doctors'– the control of the Public Prosecution Service is underlined.*(Q1.9)* It is the fault of 'others' that people have to die in an undignified way.*(Q1.10 + Q1.11)* If older people are 'prevented' from taking 'reasonable precautions', they may feel forced to turn to 'horrific, inhumane' methods of suicide. As such, the repertoire construes the counterforces as being responsible for the suffering, accusing them of withholding a good death.

Since the prospect of the last phase of life is an ominous one, timely assisted dying is construed as an evident need; consequently, further legalisation is a societal and governmental duty, as it will enable and ensure a 'humane, dignified death'. Moreover, in the Choice-repertoire it is depicted as 'highly paternalistic' to 'limit' individuals from making their own choice. Also, the medical system –with it focus on treatment and life-prolongation– is ascribed a paternalistic role. Good care is talked about in terms of providing dying assistance: accepting, understanding and granting the older people the right to die on their own terms.*(Q1.12)* The doctors who are willing to perform euthanasia in complex situations are merciful, emphatic, and compassionate carers. *(Q1.13 + Q.14)*.

In some texts, autonomy is perceived in a stricter way. Burdening another person with the responsibility to assist in dying is considered disproportional and unacceptable, and compromises one's self-determination: people who wish to die on their own terms without any interference– must be brave enough to take responsibility for this ultimate act and not shift it (partly) to professionals. In this perspective, being able to terminate one's life whenever one feels the time is right, without the necessity to consult or convince anyone, would be a 'relief'. This is reflected in phrases such as 'not wanting to live in a nanny state' and 'not wanting to take a death exam'.*(Q1.15)* Here, the role of the

state is restricted to providing reliable information and legalising access to lethal means to facilitate this ultimate decision.

**Identity outcome and action perspective.** The Choice-repertoire is most often used by right-to-die advocates and journalists giving voice (in their reports and interviews) to those in favour of expanding the options regarding self-chosen death. The repertoire positions the older persons who opt for a self-chosen death as rational, self-determined and independent subjects: they are portrayed as active 'doers'; in charge of their own (life and) death. This subject position is reinforced by contrasting narrative accounts, emphasising that autonomously choosing time and manner of dying was frustrated by external forces such as government, medical system or church. Thus, older adults are portrayed as being held 'hostage', and kept in a marginalised passive subject position: they are forced to be inactive in the face of unpredictable trajectories of suffering and dying.*(Q1.6 + Q1.7 + Q1.12 + Q1.16)* In the Choice-repertoire, older people are to be 'freed from these oppressive authorities'. Rather than undergo as passive subjects being acted upon, the repertoire invites them to act as active, autonomous subjects in charge of their own life. Thus, an action perspective of reclaiming and regaining control is offered as a means to combat the anticipated threat by making one's own, autonomous choices. Agency is required to manage one's own death.

Advocacy of this form of death is predominantly ascribed to so-called 'liberal, progressive people', led by 'a group of prominent Dutch baby boomers' claimed to be 'in the vanguard' of politics.*(Q1.1)* This progressive group is positioned as opposed to 'traditional' conservatives. Much emphasis is put on group size by phrases like 'many people', 'a majority' and 'a hundred thousand supporters'.*(Q1.1 + Q1.2)* The importance of the topic is further underlined with adjectives such as 'explosive', 'burning' and 'hot'.*(Q1.16)* This urgency is combined with a 'normalising' tone, using adverbs like 'just', 'of course' and 'inevitable'. *(Q1.17)* The older people who favour the self-chosen death are 'in the forefront' of the right-to-die movement and merely 'using their common sense'.

### 3.4. *Risk-repertoire: 'We need to take due care'*

The Risk-repertoire constructs the self-chosen, assisted death as a last resort; it should be safely performed to relieve unbearable and hopeless suffering. It is also presented as a merciful but exceptional and irreversible decision in an extraordinary situation: with potential risks that need to be managed with due care. Although users of this repertoire often value autonomy, the value of due care is declared decisive in order to guarantee a safe procedure for the sake of the common good.

The repertoire tends to have a more 'conservative' undertone as it aims strongly for 'upholding the law as it stands', resulting in the frequent use of characteristic wordings such as: 'containment', 'control', 'safety', 'protection', 'clarity', 'criteria', 'rules', 'conditions', 'consultations', 'procedures', 'restraint' and 'prosecution'. It is only within the boundaries of the existing euthanasia law that this repertoire constructs room to discuss allowing a more liberal interpretation.

This repertoire focusses mainly on risk narratives about what might happen in the future if a different legal framework were to become reality. The main risks considered are: (1) undermining of the current law; (2) pressure on older people; and (3) pressure on health professionals.

(1) A new law with broader criteria may undermine current euthanasia law practice. Users of the Risk-repertoire favour continuation of the current law, describing it as 'a workable framework', 'a real attainment', 'a success' and 'an achievement to be proud of', and 'something to maintain and cherish'. By contrast, the new law proposal is 'a threat', causing 'erosion' or 'the derailment' of the current law.*(Q2.1 + Q2.2)*
(2) Users of the Risk-repertoire argue that further legislation of self-chosen (assisted) death places too much confidence in the judgement of 'free will'. Instead, they underline that people are not independent, autonomous beings, but are social beings, partly determined by their environment. This (at least partly) restricts people's own will. More liberal legislation could put social pressure on older people to choose death: if a society confirms such decisions, and if discourse about self-chosen death as a respected option for older people becomes mainstream, it may stimulate or even normalise the reflection whether one's life is still worth living and 'push' people to choose death.*(Q2.3 + Q2.4)*
(3) The proposed law will put not only older people at risk, but also the health professionals involved. Since the new law proposes less specified due care criteria, and gives 'very broad and ambiguous descriptions' of the required conditions and target group, the due care requirements will become blurred, resulting in 'unclarity' and 'a very shaky ground' for aid in dying.*(Q2.5)* Additionally, new legislation will create undesirable tension between doctors and people asking for dying assistance. Even doctors who, in principle, have no problems with performing euthanasia will have increasing difficulty with the shifting expectations. The Risk-repertoire raised the question how doctors will be able to do their work if 'no' is no longer an acceptable answer to a euthanasia request?*(Q2.6)* Hence, developments may create moral distress amongst professionals.

In some cases, the tone of the debate itself is denounced: the topic of self-chosen death is talked about 'too easily' and risks creating a distorted image and provoking a 'too polarised' debate. Also, the debate is characterised by baseless or false assumptions: 'it is an ideological debate without empirical basis', the bill is 'gratuitous', 'an empty shell', or represents 'symbol politics'. Due to the sensitive nature of the issue, the Risk-repertoire emphasises the need to use terminology carefully, make a plain distinction between different groups and forms of dying assistance, and draw clear lines of demarcation between those eligible for euthanasia and those who are not.

Positions may be expressed quite strongly, in statements about worrying and developments and risks.*(Q2.3 + Q2.4 + Q2.5 + Q2.7)* Alternatively, the focus can be on raising questions: What would be the consequences? How to ensure protection of citizens? How is a safe practice to be maintained while also acknowledging the shifting societal attitudes regarding death and dying?*(Q2.1 + Q2.2 + Q2.6)*.

Overall, the Risk-repertoire emphasises a collective, society-wide responsibility. It is the government's key duty to protect the lives of people in vulnerable, precarious positions. Although at the individual level wishes may be understandable, broadening the eligibility criteria represents a serious safety hazard for the wider population.*(Q2.1 + Q2.7)*.

**Identity outcome and action perspective.** The Risk-repertoire is most often used by health professionals, legal experts, and scholars, either when writing themselves or when interviewed by a journalist. Within the repertoire, their identities are construed as the protectors who take responsibility. The repertoire attributes a role as active actor especially to the involved healthcare providers: they need to balance, assess situations, determine suffering, and decide when to intervene or protect older people. Policymakers and lawyers are attributed enabling or controlling roles.

The Risk-repertoire stresses the need to recognise the huge responsibility of all involved in the practice of aid in dying, but rather than to the older people themselves, this responsibility is mainly ascribed to their social context. Consequently, in contrast to the aforementioned active actors, the Risk-repertoire tends to implicitly attribute a passive role to the older persons. Their subject positions are constructed as 'acted upon': a potentially vulnerable group, requiring due care and dependent on protection by responsible others and by society.

### 3.5. *Care-repertoire: 'We should solve the problems behind the wish to die.'*

In the Care-repertoire, values of care, involvement and relationality are considered more crucial than autonomy and independence: 'people are not islands'. Living towards death is relational: dying is constructed as a joint, collective journey through the last phase of life. Emphasis is not so much on death itself, but rather on the period before dying. In contrast to the Choice-repertoire, where dignity is strongly associated with agency and the avoidance of suffering, the Care-repertoire considers experiencing connection and care as crucial for dignified dying. Death is construed as a worthwhile and potentially meaningful trajectory that presupposes surrounding others and support by good care. Rather than avoiding this phase, we should embrace it, and if needed, improve it.*(Q3.1)*.

A typical argumentation tool in the Care-repertoire is a constant shifting of the discussion: there appears to be 'another problem' than the one dominantly presented, and consequently, the societal debate calls for 'another solution'. Or: the 'real problems' are obscured. That is, if an older adult expresses a death wish, we should focus not on the death wish as such, but rather on its possible origin(s), implying a shift from death to life.*(Q3.2 + Q3.3)* This gives rise to rhetorical questions such as: Is aid in dying a solution to the underlying social problems?*(Q3.4)*.

In the Care-repertoire, death and dying, and especially the self-chosen death in old age, are not only perceived as relational enterprises, but as a societal issue. Rather than an individual choice, it is a matter of collective responsibility to ensure a dignified last phase of life. Notably, the wish for a self-chosen death in old age is construed as a social failure: society has not succeeded in countering feelings of loneliness, uselessness, ageism and stereotyping, and should be held accountable.*(Q3.1 + Q3.2 + Q3.3)* Causation is thus indicated in terms of a relation between the development of a wish to die on the one hand and societal neglect and poor care on the other. As such, the Care-repertoire also suggests causality, but in a different way from the Choice-repertoire, leading to a completely different interpretation of the same issue.

Consequently, users of this repertoire feel that the government should primarily put great effort into avoiding that people feel marginalised and develop a wish to die. Indeed, the state has a duty to 'stimulate good ageing' and taking care of ill and older adults, rather than facilitating death.*(Q3.5 + Q3.6)*.

**Identity outcome and action perspective.** The Care-repertoire is mainly voiced by and attributed to health professionals, representatives of senior organisations, and religiously inspired people. These groups are construed as the socials, the connectors, the problem-solvers and the caregivers. They are trying to 'solve' the issue or at least try to 'do' something to make things better or more meaningful in the last phase of life, so that people may value their lives more.

Importantly, the users of the Care-repertoire are not opposed to self-chosen death per se. This is explicitly underlined in several cases.*(Q3.3)* Rather, this repertoire opposes and counters the unambiguous, fixed image of the experience of death and dying as an autonomous choice and strongly puts forward the argument that change and perspective are within reach, if only we put in a communal effort.

The repertoire has a strong normative tone: *we should* try to take away wishes to die, *we should* provide better care and support for the older adults concerned as well as for their informal caregivers. *We should* improve living situations and pay more attention to better housing policies. *We should* combat ageism and aim for a culture change in care and in society. It calls for activism by using words such as 'improving', 'tackling' or 'remedying' and 'offering perspective'. Remarkably, these actions are projected predominantly on persons other than the older people themselves. Consequently, the repertoire tends to attribute a passive role to older people, constructing their subject positions as inactive and acted upon by using terminology such as 'vulnerable', 'dependent', 'lonely' and 'abandoned'.*(Q3.7)*.

### 3.6. *Complexity-repertoire: 'This raises the question whether … '*

The Complexity-repertoire constructs death as a quest, a contingency experience. To describe the issue of self-chosen death in old age, the repertoire most often combines several angles to demonstrate the complexity of the issue. It is not only an individual quest, nor just an interpersonal one, it also concerns complex societal and political dilemmas. Rather than solving the complexity, this repertoire tends to provide a better understanding by problematising the matter and unravelling the layers of complexity. It advocates a mode of accepting contingency: the contingent reality of living towards death is to be acknowledged and accepted as a part of the human condition. We cannot solve it, we have to learn to live with it.

The Complexity-repertoire prefers to go beyond dichotomous thinking, using typical ways of phrasing such as: 'little appears to be self-evident', 'on the one hand, but on the other', 'both/and', 'there is also another side to the story', and 'it is not black-and-white'. Like the Risk-repertoire, this repertoire nuances and counters the conception of the alleged free will. Advocating free, autonomous choice in death and dying is criticised as 'locked-in in a self-determining, transcendence-free world'.*(Q4.1)*.

Rather than focussing on risks, existential consequences of the autonomous choice are highlighted: in real life, death wishes are 'complex', 'changeable', and 'situational'. People have doubts and are influenced by others. Therefore, statements such as 'I'm done with it' or 'I don't want to wake up tomorrow' should not be perceived as fixed, rational statements, but rather as a quest for meaning.*(Q4.2)* As such, the Complexity-repertoire problematises the apparent clarity of other perspectives, and invites people to live with the uncertainty and ambivalence that often accompanies important existential decisions. *(Q4.3 + Q4.4)* 'Narrow', 'misleading' and 'simplified' pictures of old age, as put forward by advocates of autonomous choice in death and dying, are criticised: they drive a wedge between the attractive first phase of old age –with its associated vitality and health– and its unattractive final phase. The ideal of positive healthy ageing is challenged by ironically using phrases like 'vitalos', 'quicksilvers' and 'autumn bloomers' who are 'hopping to the drugstore, to the anti-ageing cures shelves'. Such designations 'gleefully pass over any trouble', thereby creating a dangerous illusion because they neglect the more contingent everyday reality.*(Q4.5)* Proclaiming that the self-chosen death offers a quick, gentle, dignified 'exit' to avoid the perils of deep old age is denounced. The one-sided negative conceptualisations of old age should be replaced with a 'richer, thicker, better story.' This 'real story' about the 'usual' death trajectory should recognise the 'messiness', vulnerability and unmalleability of ageing and dying.*(Q4.1)*.

The Complexity-repertoire represents specific dilemmas for doctors who are requested to participate in assisted dying.*(Q4.6)* In particular, cases of people with dementia who opt for 'choosing death' raise moral questions: How to arrange a timely death –not too late, but also not too early– if one has completely lost sense of time? What is 'on time' from the different perspectives of those involved: the person with dementia, the close ones and the physician?*(Q4.7)* The purpose of questions is not to provide final answers, but to confront readers with the (moral) complexity at stake (e.g., the complex position of the doctor) and to stimulate reflection.*(Q4.6 + Q4.7)*. As such, the Complexity-repertoire stands on its own. It tends to criticise the other views for being short-sighted and counters them, for instance by criticising the overly simplistic idea that 'good care' may 'solve' the problem.

**Identity outcome and action perspective.** The Complexity-repertoire is mainly voiced by scholars, philosophers, ethicists, (healthcare) chaplains and experiential experts. It tends to construct life-as-it-is and specifically the situation of older people as an 'object of study' in need of deliberative reflection. Their situation is problematised and reflected upon. Based on real-life narratives, empirical research outcomes or expert knowledge, the repertoire maps out a number of pressing points, questions, tensions and moral dilemmas that affect the

debate about death in old age. It scrutinises and analyses societal shifts and developments. Instead of focussing on reaching consensus or a closure of the debate, it underlines that 'the debate has only just begun' and that after decades of debate, the questions on the table now are 'sharper than ever before'.

The action perspective of this repertoire is focussed on dialogue, listening, thinking, reflection and investigation. It criticises the low standard of the current public debate, considering it to be 'full of one-liners'. It favours raising open questions and in-depth reflection over answering them. Indeed, it claims the importance of suspending one's judgement and the need for dialogue and reflection, as this is considered a way to stimulate recognition of the complexity, contingency, tragedy and the non-malleability of life and death.*(Q4.3 + Q4.4)* Such openness is perceived as a pre-requisite to really gaining a thorough understanding of the issue at stake. Values such as 'not-knowing', 'openness' and 'doubt' are thus considered highly important, as the 'arguments are endlessly debatable'. The subject position of older people is less developed or involved in this repertoire, which calls upon society at large to actively face the complex reality of death and dying, rather than depicting how individuals should cope with this fate on their own.

## 4. Discussion

The present study provides insight into the various repertoires of good death in old age as used in Dutch newspapers. Guided by a discursive approach, we identified four interpretative repertoires, namely Choice, Risk, Care and Complexity. Each repertoire depicts a particular conceptualisation of death and dying, varying from a personal choice, a last resort, and a joint journey, to a contingent quest. The analysis demonstrates that the Choice-repertoire in which assisted dying is foregrounded is by far the most common in Dutch newspapers. The other repertoires are primarily constructed as reactions to the Choice-repertoire, emphasising its dominance even further. The Care-repertoire and Complexity-repertoire stress the side-effects and complexity of assisted dying. The Risk-repertoire constructs an assisted self-chosen death as a potentially good death, but only if restraint and due care are considered. Hence, regardless of their position in the debate, all repertoires found are related to a self-chosen, assisted death.

Although much more common in daily practice, our findings show that palliative care, other end-of-life decisions that may hasten death or dying without medical intervention get very little attention in our corpus. Given that in 2020 only 4.1% of Dutch deaths were reported as euthanasia or physician-assisted dying (KNMG, 2021), this indicates that although euthanasia is still an exception, the whole discourse on the good death is significantly constructed by the image of a self-chosen, assisted death. Hence, our study further supports earlier findings of Weicht and Forchtner (2021) who, based on their analysis of the initial Dutch 'completed life' debate, reported that individualism and autonomy could be considered key elements in how people imagine the good death. Since our analysis had a broader scope, beyond the 'completed life' debate, it is even more striking that the great majority of the corpus draws on the primacy of choice and assisted dying.

Previous qualitative work that touched upon the discourse on the good death showed that the Belgian debate was also dominated by concepts of choice and control, sometimes contested by an alternative concept of care (van Brussel, 2015; van Brussel et al., 2014). A recent discourse analysis of assisted dying in New Zealand showed that New Zealand's present-day representations of assisted dying are positioned in the media as two sides of a coin: those in favour of legalisation, and those against (Booth and Blake, 2022). The authors identified media representations that particularly foregrounded individualised autonomy'. In these representations, assisted dying was understood as a 'right' and necessary 'choice' to control when, where and how to die; assisted dying is construed as 'my choice and mine alone'. Additionally, a counter-discourse was found, positioning assisted dying as 'perilous for society' leading to the subject position of 'concerned protector' (Booth and Blake, 2022).

As mentioned above, our study clearly corroborates the dominant focus on choice, control, and individualised autonomy. Furthermore, our study adds to these findings in several ways. First, it shows that –despite the dominance of the Choice-repertoire– the Dutch debate goes beyond a binary frame by elucidating four key positions. Second, in contrast to other studies in which the Risk-, Care- and Complexity-repertoires are not distinguished or seem to be understood as one position, our study shows that these repertoires can be distinguished and do provide different identities and actions. Third, it shows that users of the Risk-repertoire are not against self-chosen death per se. Rather, they tend to nuance the firm tone of the Choice-repertoire. Fourth, the Complexity-repertoire turns out to also play a substantial role in Dutch newspaper media. Taken together, these nuances may be partly explained by the fact that the Dutch debate on assisted dying has been developing for a considerable time. Its focus is no longer primarily on terminal illnesses, but instead on the more complex cases involving dementia, multiple geriatric conditions, and experiences of 'completed life'. These latter conditions are subject to discussions about the question whether additional, more liberal legislation is appropriate or not. It therefore makes sense that the consideration of care, risk, and safety-aspects, as well as the complexities at stake, represent increasingly important positions in the debate, and thus are reflected in the media.

The discourse on good death and dignified dying in the Dutch media clearly reflects influences of individualism and secularisation. Not only do our findings show a privatisation of values and beliefs, they also show how religious values such as the sanctity of life have lost a great deal of their societal significance. Moreover, the Choice-repertoire explicitly voices anti-religious sentiments: 'the church' is supposed to be a seat of power that –although it has lost its authority and support among the majority of the population– deliberately 'barricades' the freedom to choose death.

The influence of medicalisation is also manifest in the discourse. At first sight, the Choice-repertoire challenges the power of medicine by constructing curative medicine (with its focus on life prolongation) as a producer of extended suffering at the end of life. The right to choose the time and manner of death is constructed as safeguarding people from being kept alive too long and enabling a dignified death. Simultaneously, and paradoxically, this 'solution' depends at least in part on medical means and assistance. Indeed, the Choice-repertoire construes physicians involved in assisted dying as compassionate heroes, willing to alleviate the suffering at the end of life. In this sense, our study supports the conclusion of Karsoho et al. (2016), who found that the discourse on assisted dying ultimately not only challenges but also makes productive use of the larger framework of the medicalisation of dying.

Given that citizens obtain much of their knowledge and information from the media, (Entman et al., 2009), our analysis also provides insight into the kinds of agendas that are formulated (probably unintentionally) for older people by the Dutch newspaper media. Looking at the newspapers analysed in this study, some, more than others, turn out to treat contrasting repertoires as equivalent. That is, the majority of large Dutch newspaper coverage tends to foreground one side, rather than give equal attention to different positions in the public debate. By quantitatively foregrounding the Choice-repertoire and strongly linking dignity to being-in-control, newspaper media (consciously or unconsciously) attribute significant prominence to the self-chosen death. In fact, assisted dying is singled out as the main representation of a good death. These tendencies are visible in other countries as well (Booth and Blake, 2022; Clarke, 2006; McInerney, 2006; van Brussel et al., 2014).

Particular considerations are more emphasised than others by consistent exposure to the Choice-repertoire. It may prime how people formulate opinions on the issue concerned (Entman et al., 2009, p. 184). Also, it may foreground certain values, actions, and subject positions, while overlooking or marginalising others. Salient images may form a one-sided lens older people use to envision their own end of life. Earlier studies, for instance, have shown that selective portrayal privileging

Western values risks harm to the interests of non-dominant cultures and groups (Booth and Blake, 2022). It may also result in a limited conception of what autonomy entails, leaving out more relational conceptions of autonomy (van Brussel, 2014). Furthermore, van Brussel (2015) argues that the depiction of deterioration, care, dependency, and losing one's intellectual capacities as ingredients of a 'bad death' not only leads to limited alternative visions of a good and dignified death, it also seriously limits the wide range of possibilities of experiencing a good death. Consequently, through this discursive practice, dying with palliative care is implicitly constructed as a form of 'less good' dying (van Brussel, 2015). In fact, the construction of euthanasia as the good, dignified death may render a discourse that supports freedom of choice into a rather narrow and disciplining discourse that knows only one way of dying well.

The Care-repertoire tends to challenge the notions of autonomy and choice and instead draws on societal concerns about care for the older people. It uses a more communitarian discourse, valuing the relations (of dependency) between individuals rather than the individual's right to self-determination (van Brussel, 2015). In some cases, however, this may also lead to a polarising stance, as within this discourse the request for dying assistance is sometimes framed as a 'symptom' of a lack of care and humanity in society.

### 4.1. Limitations and future research

Some limitations need to be considered. First, in line with our aim, our search strategy focussed on searching for more generic value terms (such as dignified dying), rather than more specified matter terms (such as assisted dying). This choice may imply that some interesting articles on euthanasia or assisted dying were excluded. Nevertheless, it is interesting that –despite the generic focus– all resulting repertoires relate to the assisted dying debate, which indicates its prominence in Dutch society. Secondly, by choosing the five major newspapers we excluded smaller local or confessional newspapers. Although the included newspapers cover a wide ideological spectrum, we may have missed certain nuances because of this methodological decision. A further study focussing on these local and confessional newspapers is therefore suggested. Also, to develop a full picture of the interpretative repertoires on good and dignified dying in the Netherlands, additional studies with a focal concern on social media are recommended (e.g. Jaye et al., 2021). Such research could shed light on the question how social media contribute to the 'voicing' of approaches to good death and dying in old age and on the extent to which similarities and/or discrepancies exist between repertoires within Dutch newspaper media and social media.

### 4.2. Implications for the public debate

The current study shows that the different repertoires elucidate distinct positions and identities. In the Risk- and Care-repertoires, which focus on the societal level and emphasize collective responsibilities, the older people are (probably unintentionally) primarily constructed as passive subjects who are acted upon: threatened by illness, decline and death, and thus in need of care from others and society. By contrast, in the Choice-repertoire, the focus is on the individual level. Older people are constructed as subjects who actively choose their own death. They are portrayed as participants at the forefront of an emancipated right-to-die movement, as well as citizens 'just' using their common sense. This emphasis on older people imagined as having a decisive say in their own life and death (rather than being undergoers of suffering) may explain why the Choice-repertoire is widely attractive: it enables older people to mentally project themselves as still active towards the imagined end stage of their life.

Notwithstanding the fact that the Care-repertoire constructs care as being tailored to people's personal needs, it tends to construe the older people who receive care as passive subjects, talking about them rather than giving them a say. In her work on the logic of choice and the logic of care, Mol (2008) argues that those logics should not be understood as completely opposite positions. Instead, a logic of care does not exclude that care-receivers are actors at the same time. Thinking along this line, the Care-repertoire could develop its potential and go beyond the hierarchical dichotomies of the Choice-repertoire, by expanding its conceptualisations of older people as active contributors to processes of care: engaged with caregivers, formulating care needs, taking part in care processes, receiving care and responding to it, et cetera. Likewise, a Complexity-repertoire is conceivable that construes older people more explicitly as subjects in an interactive search for meaning and understanding, rather than consider their situation as a complex 'object of study' and reflection. Although this way of reimagining positions in the societal discourse on death and dying in old age could be a starting point for a less contentious debate, it is rarely found in the examined corpus. The relative absence of attractive alternative subject positions beyond the Choice-repertoire, confirms the importance of rethinking the Care- and Complexity-repertoires in such a way that here, too, older persons are construed in an active subject position. This would do more justice to the diversity and variety of relevant positions. This could contribute to a less polarised debate on good death in old age.

## Authors contributions

**Els van Wijngaarden:** Conceptualisation; Data curation; Formal analysis; Funding acquisition; Investigation; Methodology; Project administration; Validation; Writing – original draft; Writing – review & editing. **Jose Sanders:** Conceptualisation; Methodology; Validation; Writing – review & editing.

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## Data availability

Data will be made available on request.

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## Appendix A. Supplementary data

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