

## THE DISCOURSE OF ASSISTED DYING IN THE BRITISH VS ITALIAN NEWS MEDIA<sup>1</sup>

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**Abstract** – This paper proposes an investigation into the discourse that surrounds and informs the communication of medically assisted death. The aim is to produce an analysis of assisted dying discourse in the British vs Italian news media to investigate how they construct this type of discourse in terms of actors, ideologies, and cultural aspects. This has been done by collecting a corpus of texts on the topic from English and Italian speaking online quality newspapers. The collection was analysed using quantitative and qualitative methods. The perspective adopted for the qualitative interpretation was that of Critical Discourse Analysis for the socially relevant issues that the topic addresses. Results show how the language used by the media to deal with this bioethical issue reflects that a) in both corpora, actors tend to be the same, including doctors, patients, courts and parliament, especially in the UK, where a law on assisted dying has not been passed yet; b) in both countries, powerful ideologies are at play, principally in the form of Christian views and especially Catholic ones in Italy; c) some cultural differences emerge, especially as regards the diverse legal systems and the specific cases of British or Italian citizens whose stories have contributed to raising awareness on the issue and to influencing the political debate about it in the respective countries.

**Keywords:** assisted dying; euthanasia; health discourse; discourse analysis; science popularisation.

### 1. Background

This study expands on previous research carried out on the history of the terminology related to medically-assisted death. Historically, the only term used in Britain to refer to the subject was, until the 1970s-80s, *EUTHANASIA*, in spite of a heated debate on the subject having raged in the country at least since

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the 1870s (Bok *et al.* 1998, Grego forthcoming). In the same decades, innovative medical research and the ensuing technologies in developed countries resulted in prolonged life expectancy in those societies, sometimes accompanied by good quality of life, sometimes meaning prolonging living with a(n incurable) disease. This explains the emergence of controversial cases and of a societal debate on the termination of life and the philosophical, religious and legal issues surrounding it. As life-supporting technologies and practices developed, so did the lexicon related to them, giving rise to increasingly multi-layered multi-word terms, reflecting the growing complexity of the concepts, e.g. “*WITHHOLDING TREATMENT*” vs “*WITHDRAWING TREATMENT*”. The very term *EUTHANASIA*, for centuries a monolithic word referring to anything happening under its wide umbrella, is now understood in multi-faceted ways by bioethics experts, for instance differentiating it according to type or procedure (van Leeuwen, Kimsma 2016, p. 1196):

#### Types

- Inward–outward (perspective);
- Voluntary–nonvoluntary-involuntary (consent/request);
- Direct–indirect (procedure);
- Active–passive (action).

#### Procedures

- Withholding treatment (e.g., not installing a ventilator);
- Withdrawing treatment (e.g., stopping a ventilator);
- Sedating (without food or water supply);
- Administering (a lethal drug).

As can be seen from this categorisation (one of many possible ones), the focus can vary from the actor, i.e. the person(s) performing the act, to the action to be carried out, to the subject’s request of and consent to it, to the technicalities involved in the action itself.

Not much literature has been published on the specific terminology related to the issue of assisted dying, despite quite a few contributions focusing on the discourse surrounding it. Recent relevant linguistic works with a discursive perspective include Dieltjens *et al.* (2013), van Brussel and Carpentier (2014), Semino *et al.* (2018), while terminological reflections coming from non-linguistic fields include, for example, Jones (2015).

Earlier investigation by the authors reported on the medical and healthcare lexicon as used by specialists, institutions and the media in the UK and US (Vicentini *et al.* 2016; Vicentini, Grego 2016; Vicentini, Grego 2017). Further research (Grego, Vicentini forthcoming) confirmed that medically-assisted death tends to be represented in a similar way by English-speaking researchers, institutions and media, who use linguistic expressions connected

with assisted dying<sup>2</sup> comparably, except for *EUTHANASIA*, which is mostly used when discussing possible legislation on the issue.

As regards the medical advances and technologies available to support terminal patients, the situation in Italy is similar and consequently so is the public debate on the possibilities of maintaining or discontinuing this type of life-saving treatment/support. The only differences to the UK lie, firstly, in a delayed appearance of a pro-euthanasia movement in Italy, which began in the late 1970s/early 1980s (UAAR 2018) unlike in the UK, where it started in the late 1800s. Once public, though, the debate appeared to be equally fierce in both countries. Secondly, in spite of having focused on the issue more than one century later, in Italy the law on living wills (*BIOTESTAMENTO*, approved January 2018) was approved earlier than in the UK, where living wills have a legal effect according to common law, but are still not regulated by any specific law (WFRDS 2018). Thirdly, the presence and influence in Italy of the Roman Catholic church has historically influenced all public debates on controversial bioethical issues, including life-termination, from a pro-life perspective (e.g. Scalon 2005, Armocida 2015, Nicoli, Picozzi 2017, Vitale 2017). Both the similarities and the differences between these two countries, with their diverse social actors and power relations at play, make it interesting to explore how the debate on assisted dying is reported in the respective national media.

## 2. Aims, methods and corpus

Building on Grego, Vicentini (forthcoming), this contribution proposes to look at how the discourse of assisted dying is constructed in the British and in the Italian news media in terms of actors, ideologies, and cultural aspects, and to analyse the differences and similarities.

Ideologies seem relevant to analyse, as they are

representations of aspects of the world which contribute to establishing and maintaining relations of power, domination and exploitation. They may be enacted in ways of interacting (and therefore in genres) and inculcated in ways of being or identities (Fairclough 2003: p.219).

Given the strict relationship existing between language, culture, and ideology, it was also deemed important to shed some light on the similar and different cultural aspects related to the two countries emerging from the corpora, since

a culture experiences the propinquity of things, how it establishes the *tabula* of their relationships and the order by which they must be considered [...] to reflect

<sup>2</sup> The expressions considered were: “ASSISTED DEATH”, “ASSISTED DYING”, “ASSISTED SUICIDE”, “END OF LIFE”, *EUTHANASIA*, “MERCY KILLING”, *RESUSCITATION*, “DO NOT RESUSCITATE”, *RESUSCITATE*, “REFUS\* TREATMENT”, “WITHH\* TREATMENT”, “WITHDR\* TREATMENT”.

relations of similarity or equivalence between things, relations that would provide a foundation and a justification for their words, their classifications, their systems of exchange (Foucault 1966/2005, p. xxvi).

The method employed well-established quantitative tools, provided in this case by *SketchEngine* (Kilgarriff, Rychlý 2003). Qualitative tools were used to interpret data from the perspectives of domain-specific discourse (e.g. Gotti, Salager-Meyer 2006; Garzone, Sarangi 2007; Hui *et al.* 2014) and Critical Discourse Analysis (Fairclough 2003, Wood, Kroger 2000; Wodak, Chilton 2005; Eisenhart, Johnstone 2008) for the power relations and social implications that the discourse of assisted dying clearly entails.

The search term *EUTHANASIA/EUTANASIA*, considered a particularly relevant keyword to identify assisted dying discourse (Grego, Vicentini forthcoming), was used to retrieve articles from the online archives of some of the main British and Italian quality newspapers: *The Times*, *The Guardian*, *Corriere della Sera* and *La Repubblica*. *The Guardian* and *La Repubblica* are openly centre-left in their stance, while *The Times* and *Corriere della Sera* are traditionally considered to be slightly more on the conservative side.

19 June 2016 – 19 June 2017			
<i>The Times</i> online archive	<i>The Guardian</i> online archive	<i>Corriere della Sera</i> online archive	<i>La Repubblica</i> online archive
7 texts	112 texts	262 texts	72 texts
4,825 tokens	145,637 tokens	171,312 tokens	55,206 tokens
4,107 types	125,458 types	145,085 types	46,277 types
TTR: 0.85	TTR: 0.86	TTR: 0.85	TTR: 0.84

Table 1  
The corpus.

The articles retrieved from the four newspapers vary in number, with 112 coming from the *Guardian* but only 7 from the *Times*. The imbalance is possibly due to the *Times* only publishing a digital version of its paper publication, while the *Guardian* continuously issues various online articles a day. Since they nonetheless reflect what was actually published by the four newspapers containing the key term *euthanasia*, the British and Italian corpora seemed sufficiently comparable.

### 3. Results and analysis

To answer the research question ‘how is the discourse of assisted dying constructed in the British and in the Italian news media in terms of actors, ideologies and cultural aspects?’, the four subcorpora were subject to a detailed qualitative analysis. The following tables show the linguistic expressions that were employed to represent such actors, ideologies and cultural aspects.

#### 3.1 The British corpus

Table 2 below refers to occurrences from the *Times*.

<b>UK, <i>The Times</i></b>
<i>DOCTOR</i> * (f: 27; 5,596 pmw)
<i>COURT</i> * (f: 17; 3,523 pmw)
<i>PATIENT</i> * (f: 14; 2,902 pmw)
<i>LAW</i> * (f: 14; 2,902 pmw)
<i>BELGIUM</i> (f: 9; 1,865 pmw)
<i>POPE</i> (f: 9; 1,865 pmw)
<i>PORTUGAL</i> (f: 8; 1,658 pmw)
<i>NAZI</i> (f: 7; 1,451 pmw)
<i>PARLIAMENT</i> (f: 6; 1,244 pmw)
Individuals linked to specific cases (David, 12yo, Dutch, f: 10; 2,073 pmw).

Table 2  
*The Times*.

With regard to the actors represented in the corpus, the occurrence of *COURT* (and the related term *LAW*) may reflect the UK’s absence of legislation on assisted dying, so that individual cases are evaluated as they arise and are reported in the media. This gap is also the reason why people who seek medically-assisted suicide travel to other countries where it is legal (the same seems to emerge from the Italian corpus). The above testifies to the fact that an assisted dying law has not been passed yet; it is still being discussed by/in the medical community. The presence of the term *PARLIAMENT* indeed indicates another protagonist of the debate; it is used when referring to the bill that was presented and rejected three times in the UK (e.g. “A grandfather has called on *parliament* to legislate in favour of assisted dying before ending his own life at Dignitas”, Press Association, *Times*, 10 Dec. 2016; “Why *Parliament* rejected assisted suicide”, Anon., *Times*, 4 April 2017, emphasis added in both examples). From the cultural viewpoint, the Italian and the British press represent assisted dying using the same terms, such as *COURT/TRIBUNALE*, *LAW/LEGGE* and *PARLIAMENT/PARLAMENTO*, but making reference to divergent law systems and law-making procedures: i.e. in the *Times*, the common law system.

All of the above could also explain why, in the *Times*, *DOCTOR* (the specialist, the expert) ranks high in the frequency list: doctors are the recipient of (legal and/or medical) provisions enabling them to practice euthanasia: “Under a living will, people can *instruct doctors* to withdraw medical treatment” (Gibb, *Times*, 26 Oct. 2016, emphasis added). In the absence of legislation, they must act as the mediators between their patients’ will and the law, for example in preventing acts that could be considered criminal, such as murder or assisted suicide, or in carrying out a person’s living will. As such, their role is fundamental (e.g. “doctors *prevent distress* as the person dies”; “Doctors *have key roles* in palliative care and in suicide prevention” (Anon., *Times*, 4 April 2017, emphasis added)).

Another significant actor is Pope Francis (*POPE*, f: 9), who, as the highest representative of the Roman Catholic church, is one of the strongest opponents of euthanasia. *PORTUGAL* (f: 8) appears in the corpus because a bill to legalise assisted dying was presented in Parliament in 2017, when the “Portuguese church [put its] last hopes in Pope to stop euthanasia” (Lamb, *Times*, 7 May 2017). In fact, Pope Francis was expected to talk about the issue at a mass exactly when a bill on assisted dying (assisted suicide and euthanasia) was being discussed. This was viewed by *The Times* as Catholic interference in political affairs, especially after the country “legalised abortion and same-sex marriage in the past 10 years” (*Ibid.*). The bill was defeated in Parliament on 29 May 2018, although “it secured enough support to ensure continued debate on the issue” (Khalip 2018).

As for any explicit mention of ideologies, the Nazi intent of employing eugenics in order to biologically improve the Aryan race and the Germanic *übermenschen* that was central to their politics are both represented in the corpus: “A panel of experts is to investigate one of Europe’s leading science research institutes to find and purge it of human brain tissue removed from victims murdered during Nazi ‘euthanasia’ and human experimentation programmes” (Hall, *Times*, 7 Jan. 2017).

Finally, a few specific cases also emerge from the data, although they are not as frequent as in the Italian corpus. In particular, there is the case of David, a 12-year-old Dutch boy who wanted to die against his father’s will. The court decided he had the right to commit suicide. The case sheds light on the situation in a country (Holland) where refusing therapies, including artificial nutrition and hydration, has become a right for minors too.

Similar reflections can be applied to the *Guardian* corpus (see Table 3 below).

<b>UK, <i>The Guardian</i></b>
<i>COURT*</i> (f: 246; 1,689 pmw)
<i>LAW*</i> (f: 218; 1,497 pmw)
<i>GOVERNMENT</i> (f: 167; 1,147 pmw)
<i>PARLIAMENT*</i> (f: 101; 694 pmw)
<i>BILL</i> (f: 77; 529 pmw)
<i>DOCTOR*</i> (f: 70; 481 pmw)
<i>RELIGIOUS</i> (f: 60; 412 pmw); <i>RELIGION</i> (f: 18; 124 pmw)
<i>PATIENT*</i> (f: 42; 288 pmw)
<i>CHURCH</i> (f: 39; 268 pmw)
<i>NETHERLANDS</i> (f: 16; 110 pmw)
<i>BELGIUM</i> (f: 10; 69 pmw)
<i>SWITZERLAND</i> (f: 8; 55 pmw)
Individuals linked to specific cases (George V; f: 8).

Table 3  
*The Guardian.*

Prominent terms from a quantitative viewpoint are *GOVERNMENT* (f: 167) and *PARLIAMENT* (f: 101), which are indicative of the debate that is under way in the UK at the political level (e.g. “The judges recommended that *parliament* should debate the issue before the courts made any decision to change the law”; “it was for national *parliaments* to decide on such a sensitive issue”, Bowcott, Sherwood, *Guardian*, 6 Jan. 2017, emphasis added). The high frequency rate of the word *GOVERNMENT* points out that bills on assisted dying, the first step in the process of law making, are quite numerous. If approved by cabinet committees, they are turned into bills that are introduced in a parliamentary session. To become a law, a bill must be passed by both MPs in the House of Commons and peers in the House of Lords: “A private member’s bill introduced by Lord Falconer to legalise assisted dying ran out of time in the House of Lords in 2015” (Bowcott, *Guardian*, 22 March 2017).

The *Guardian* also places significant emphasis on the key figure of the *DOCTOR\** (f: 70), and on the fact that they have to be allowed by law “to end the life of a terminally ill patient” (Davey, *Guardian*, 16 Sept. 2016). Although *PATIENT* (f: 42) occurs less often than *DOCTOR*, it is qualitatively more significant: patients are the principal actors, as most of the texts are human-interest stories and, as such, patient-centred. The word *ILL* collocates with *TERMINALLY* 55 times, forming a key phrase that indicates that the patient’s clinical situation has reached the final stage of a condition. This, however, may not be enough to undergo forms of euthanasia, as other requirements such as a certain span of life expectancy and psychological/mental lucidity must also be met, as the following example indicates:

In 1997 the US state of Oregon licensed doctors to supply lethal drugs to *terminally-ill patients who met certain conditions* – that they had less than six months to live, had mental capacity and were acting voluntarily (Finlay, *Guardian*, 12 July 2016, emphasis added).

The *CHURCH* (f: 39) is mentioned quite frequently, but the examples carry no particular connotations. Pope Francis is never mentioned in the entire *Guardian* corpus, which can be interpreted as an ideological choice rather than a mere oversight. By not mentioning him, they keep him (and the Roman Catholic church) out of the assisted dying debate.

In addition, focus is placed on three European states where euthanasia has been legalised: the *NETHERLANDS* (f: 16), *BELGIUM* (f: 10) and *SWITZERLAND* (f: 8), which may be taken to reflect the trend of ‘death tourism’, whereby people travel to seek assistance to end their lives. This is analogous to what emerges from the Italian corpus, although Italians opt for Switzerland rather than the other two countries, for reasons of vicinity.

Finally, specific (present and past) cases contribute to pushing forward the debate on assisted dying. Among them is the incident of King George V, who was injected with fatal doses of morphine and cocaine to assure him a painless death.

### **3.2 The Italian corpus**

Table 4 below shows occurrences from *Corriere della Sera*.

<i>Italy, Corriere della Sera</i>
<i>LEGGE</i> (f: 140; 2,536 pmw)
<i>MEDIC*</i> (f: 123; 2,228 pmw)
<i>ASSOCIAZIONE</i> (f: 82; 1485 pmw)
<i>SVIZZERA</i> (f: 82; 1,485 pmw)
<i>PAZIENT*</i> (f: 68; 1,232 pmw)
<i>PRESIDENT*</i> (f: 60; 1087 pmw)
<i>PARIAMENTO</i> (f: 37; 670 pmw)
<i>BELGIO</i> (f: 34; 616 pmw)
<i>CHIESA</i> (f: 27; 489 pmw)
“ <i>PROPOSTA DI LEGGE</i> ” (f: 21; 380 pmw)
<i>OLANDA</i> (f: 15; 272 pmw)
<i>PAPA</i> (f: 15; 272 pmw)
<i>TESTO</i> (f: 13; 235 pmw)
<i>FRANCESCO</i> (f: 12; 217 pmw)
<i>BIOTESTAMENTO</i> (f: 12; 217 pmw)
Individuals linked to specific cases (Dj Fabo / Fabiano; Luca Coscioni, Piergiorgio Welby, Umberto Veronesi, Marco Cappato, Davide Trentini, Mina Welby, Eluana Englaro).

Table 4  
*Corriere della Sera*.

In *Corriere* (see Table 4 above), reference is made to specialists performing and patients undergoing assisted dying, with *MEDIC\** and *PAZIENT\** ranking high in the corpus (123 and 68 occurrences, respectively). Doctors still play a pivotal role, taking on specific responsibilities in managing terminal patients, their (palliative) treatment and their living wills (if any). They apparently operate in spite of a gap in the legislation, which is the reason why the press covers a number of specific cases that highlight this situation. The *Corriere* corpus shows that doctors *must* strictly adhere to precise duties:

Il medico è tenuto al pieno rispetto delle volontà del paziente che possono essere disattese, in accordo col fiduciario, qualora sussistano motivate e documentabili possibilità di miglioramento non prevedibili al momento della sottoscrizione (De Bac, *Corriere*, 12 March 2017, emphasis added).

Proof of the lack of a specific law could be that, in the Italian *Corriere*, *SVIZZERA* (f: 82) features quite significantly, as a country where assisted suicide is legal and where most Italians go to look for support in terminating their life.

Religion and the (Roman Catholic) church are quite well represented quantitatively (*CHIESA*, f: 27; *PAPA*, f: 15, *FRANCESCO*, f: 12), and always mentioned in anti-euthanasia contexts. The role of associations emerges from terms such as *PRESIDENT\**, which does not only refer here to top positions in politics, but also clearly highlights the relevance of popular movements seeking to exercise bottom-up pressure and to contribute significantly to the political and ethical debate (e.g. “Mina Welby, presidente dell’Associazione Luca Coscioni”, Rovelli, *Corriere*, 17 Sept. 2016, emphasis added). The term *PARLAMENTO* features in the corpus because a bill on advance decisions (*BIOTESTAMENTO*, f: 12) was being discussed exactly in the period under scrutiny (e.g. “La Camera dei deputati ha approvato il Ddl sul biotestamento che va ora al Senato”, Redazione online, *Corriere*, 20 April 2017, emphasis added).

In the Italian corpus, specific cases are covered extensively, more than in the UK corpus; famous cases are: Dj Fabo/Fabiano; Luca Coscioni, Piergiorgio Welby, Davide Trentini, Eluana Englaro. This could mean that the discussion on assisted dying tends to reach the masses only occasionally, when striking episodes are covered by the media and are discussed at parliamentary and political levels.

Quite the same observations apply to *La Repubblica* (Table 5 below).

<b>Italy, <i>La Repubblica</i></b>
<i>LEGGE</i> (f: 518; 13,024 pmw)
<i>PAZIENTE</i> (f: 224; 1,308 pmw)
<i>MALATO</i> (f: 214; 1,249 pmw)
<i>SVIZZERA</i> (f: 212; 1,238 pmw)
<i>PRESIDENTE</i> (f: 119; 695 pmw)
<i>ASSOCIAZIONE</i> (f: 101; 590 pmw)
<i>BIOTESTAMENTO</i> (f: 86; 502 pmw)
<i>TESTO</i> (f: 83; 1,249 pmw)
<i>PROPOSTA</i> (f: 74; 432 pmw)
<i>CHIESA</i> (f: 72; 420 pmw) → Vatican (f: 71/72)
<i>GIUDICE</i> (f: 72; 420 pmw) → rulings (f: 39/72)
<i>EMENDAMENT*</i> (f: 60; 350 pmw)
<i>BELGIO</i> (f: 57; 333 pmw)
<i>PAPA</i> (f: 53; 309 pmw)
<i>FRANCESCO</i> (f: 52; 304 pmw) → Pope (f: 35/52)
<i>RENZI</i> (f: 46; 269 pmw) → bill (f: 5/46)
<i>RADICALE</i> (f: 46; 269 pmw) → political party (f: 37/46)
<i>OLANDA</i> (f: 30; 175 pmw)
Individuals linked to specific cases (Marco Cappato, Dj Fabo / Fabiano, Piergiorgio Welby, Luca Coscioni, Davide Trentini, Umberto Veronesi, Eluana Englaro, Mina Welby).

Table 5  
*La Repubblica*.

The corpus is particularly patient-centred (*PAZIENTE*, f: 224 and *MALATO*, f: 214) and doctors are represented as the ones who have to take decisions concerning their patients in the absence of a law regulating assisted dying, as shown in the following excerpt:

un medico che si occupava di malati terminali scriveva “...nei loro occhi, negli ultimi giorni della loro vita, ho letto la voglia di farla finita. Qualcuno mi ha chiesto espressamente di aiutarlo in questo senso [...]” (Pisapia, *Repubblica*, 7 Oct. 2016).

Consequently, in the *Repubblica* corpus, too, *SVIZZERA* (f: 212) ranks high, and *BELGIO* (f: 57) and the Netherlands (*OLANDA*, f: 30) occur as well, which confirms that Italy also looks at and perhaps even up to these countries for comparison in matters of assisted dying.

A qualitative check confirmed that the church referred to is always the Roman Catholic church. The Pope here is often mentioned by his name only (*FRANCESCO*, f: 52, *PAPA FRANCESCO*, f: 35). The former Italian Head of Government Matteo Renzi features quite significantly (f: 46) but without any particular connotation. The only political party referred to is *RADICALE* (f: 46): their historical leader, Marco Pannella (d. 2016), fought a hard battle to establish his right to die, which led to a debate about euthanasia in Parliament. The term *PRESIDENT* (f: 119) is used to refer to associations but also to Italy’s

Episcopal Conference and Association of Physicians, which means that more and different actors contribute to the debate, compared to both the UK subcorpora and the *Corriere* subcorpus. Specific Italian legal terminology is used for advance decisions (*BIOTESTAMENTO*, f: 86), which again shows that the Italian parliament was in the process of discussing assisted dying: “Si avvicina infatti la votazione alla Camera per il disegno di legge sul *biotestamento* approvato in commissione affari sociali” (Pasolini, *Repubblica*, 18 Jan. 2017, emphasis added). The term *BIOTESTAMENTO*, incidentally, is a 2009 neologism (Treccani 2017, s.v. *BIOTESTAMENTO*) that was first used in *La Repubblica*, summing up the multi-word term “*TESTAMENTO BIOLOGICO*” (literally, “*LIVING WILL*”) in a single, obviously more concise word, in line with the Italian tradition of economy in scientific word formation. “*LIVING WILL*”, instead, first appeared in the *Indian Law Journal* in 1969 (OED 2016, s.v. “*LIVING WILL*”) as a denomination strategy: “The document indicating [...] consent may be referred to as ‘a *living will*’”. This highlights how the term was initially attested in a specialised US publication in the late 1960s, while in Italy it appeared in a popular source only a few years ago. The terms *BIOTESTAMENTO* and *EMENDAMENTO* are naturally employed with reference to the Italian political and legal system, which is based on civil law.

#### 4. Discussion and conclusions

In terms of actors and ideologies, in the UK corpus, the actors and protagonists are divided into two groups, both influencing and developing the debate: doctors/patients on one side and campaigners/legislators on the other. These still appear to be at the centre of the discussion because, in spite of the British public debate on euthanasia having a long history, with campaigns in its favour starting from the 19<sup>th</sup> century and the first bill reaching Parliament in 1936 (only to be rejected), the country still lacks a specific law on the subject. The high frequency of the term *COURT* (f: 17 *Times*, 246 *Guardian*) testifies to the fact that a legislation on assisted dying is still missing, the court being the place where specific and problematic cases are discussed individually.

Considering ideologies, the strongest one emerging from the British press seems to be the one informing the Christian (both Catholic and Anglican) position on euthanasia, yet the ideas of the Christian representatives reported in the press are not necessarily against it: “The Catholic right sees this as its last bastion” (Lamb, *Times*, 7 May 2017), “Desmond Tutu: I want right to end my life through assisted dying” (Sherwood, *Guardian*, 7 Oct. 2016). Other ideologies hinted at are the Nazi eugenics programme, which again shows how the issue has been and still is controversial. The Nazis’ horrific deeds are, indeed, one of the arguments frequently brought forward by anti-euthanasia supporters.

As for the Italian corpus, the debate is constructed by and around very much the same actors. However, in Italy the public debate on the subject is a more recent one, starting in the late 1970s/early 1980s: no bills on active euthanasia proper have been passed or rejected as yet, although a law on advance decisions was approved on 31 January 2018. The Italian corpus seems to reflect the heated debate that was ongoing at the time of collection, with bottom-up pressure from pro-euthanasia associations, thus explaining the prominence of terms such as ‘battaglia’, ‘lotta’, etc. (for a review of end-of-life metaphors, see Semino *et al.* 2018). As emerges from the analysis, the radical party is the only supporter of active euthanasia at the political level while, at the other end of the dialogical spectrum, stand the Pope and the Roman Catholic church. Although a first law on advance decisions now exists in Italy, the controversy is still ongoing, and the same actors and ideologies appear to be at play.

Furthermore, two different approaches to assisted dying issues and legislations seem to emerge from the analysis, possibly deriving from and pointing to two diverse cultures and legal systems. The UK media, to begin with, mainly look at Belgium and the Netherlands as countries where forms of euthanasia are legal, possibly for their geographical proximity. The Pope and the church, not only the Roman Catholic one but also the Protestant one, appear to be referred to and seen as opponents of any move towards an assisted dying law.

The Italian media, on the other hand, seem to represent the Italian people as looking at and even up to Switzerland for its laws on assisted dying, and as the place to go, closer than Belgium and the Netherlands, to get support in ending one’s life medically. The focus of the debate in the period analysed is on the bill (“*TESTO DI LEGGE*” or just *TESTO*) being discussed then, which was subsequently passed and turned into a law at the beginning of 2018. The Pope always stands out as a reference point in the discussion, most likely for the central role the Roman Catholic church has in Italy’s culture, which is also due to the geographical position of the Vatican within the city of Rome.

In the presentation of arguments in favour and against assisted dying, the two Italian newspapers make ample recourse to human-interest stories, or individual cases of specific people (e.g. Luana Englano, DJ Fabo, etc.), often appealing to the emotions of readers. In other words, it seems that, in order to make the Italian public reflect upon these issues, the human-interest factor needs to be presented first. This could be due to the fact that, possibly owing to the strong influence of Catholic beliefs, the debate on the matter is relatively recent, only beginning in the late 1970s/early 1980s, along with the ones on divorce and abortion, thus determining an emotional rather than rational approach to the problem.

Although this is a limited qualitative analysis, it seems to show that this is still a multi-layered and very controversial topic, with premises, perspectives, and implications that must take into account cultural factors on top of strongly rooted ideologies informing powerful social actors (an interesting result that emerged was the use of *PRESIDENT* to refer to both institutions and citizens' associations). Nonetheless, precisely for this reason, the debate does not look as though it will provide widely shared answers in terms of legislation, at least not in the near future. That is also why it appears very interesting to keep observing and researching the discourse of assisted dying procedures and how they are regulated by different countries worldwide, bearing in mind that this discourse may be taking different paths to provide different solutions as ethics and ideologies change and adjust to a wider, global view of problems that nevertheless affect all humans indistinctly.

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