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Multi-Method, Multiply Ontological: Pivoting Methods in Rhetorical Analysis of Medical Aid in Dying (MAiD)

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ABSTRACT:

Rhetoricians and bioethicists have analyzed medical assistance in dying (MAiD), sometimes referred to as physician assisted suicide or euthanasia, and suggested that it falls into predictable *topoi*. To deepen our understanding of public deliberation around MAiD, we propose a Multi-Method, Multiply Ontological (M_3O) methodology. M_3O encourages *phronesis* through pivots in method. Diverging findings from each pivot may surface complexities that only come from putting those findings into conversation. We analyzed public testimony about MAiD bills proposed in Connecticut and Nevada with both framegram and *topoi* analysis to discern how pro and anti-MAiD rhetors conceptualized personhood in this discourse. We found that both sides build arguments around intersecting *topoi* of (1) personhood as a set of ontological traits, (2) personhood as a social practice, (3) questions of autonomy, and (4) issues of vulnerability to suffering. When placed into the context of existing data on MAiD discourse and policy, we found that questions of dignity and personhood may be placed into deeper conversation with an analysis of risk and autonomy to complicate our assumptions about the values implied in this discourse.

KEYWORDS:

Physician-assisted suicide; end-of-life; topoi; computational rhetoric; autonomy; personhood

We seek to better understand the vernacular discourses of personhood in contemporary medical assistance in dying (MAiD) policy deliberation. In this project, we demonstrate the potential of using a novel multi-method and multiply ontological (M_3O) approach that combines computational methods, qualitative close reading, and biopolitical theory. The vernacular discourses of MAiD policy debate do not always explicitly state the term "personhood" but build their arguments from enthymematic understandings of personhood

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as a special status of moral consideration. While some rhetors may speak of "human rights" to ascribe the origins and boundaries of personhood, others may speak of a "sanctity" bestowed by God or a broader community. To that end, we revisit Christa Teston's (2024b) dataset from *Doing Dignity* and offer a hybrid rhetorical and computational M_3O analysis of public testimony submitted when the Connecticut and Nevada state governments were considering MAiD legislation. In what follows, we first explore a pluralistic methodological framework grounded in the insights of Annemarie Mol (2002), S. Scott Graham (2020), and Molly Kessler (2022). After providing a description of the specific computational methods deployed (framegram analysis), we then describe the vernacular rhetorics of personhood in public testimony at legislative events. Finally, this article concludes by discussing the significance of these findings both for understanding MAiD discourse and for rhetorical methodologies.

Historically discussed under the rubrics of "euthanasia" and "assisted suicide," the current term-of-art is "medical aid in dying" or MAiD. MAiD involves a physician legally writing a prescription that the patient will self-administer to hasten death (Grubbs et al., 2024). The active measures of MAiD delineate it from do not resuscitate (DNR) orders and decisions to withdraw from life prolonging care, which are legal for competent adults across the US (Luce and Alpers, 2000; Vacco v. Quill, 1997; Cruzan v. Director, Missouri Dept. of Health, 1990; Washington v. Glucksberg, 1997). MAiD is also legally and discursively different from "the principle of double effect," which involves consensually giving a patient medicine to relieve pain and, in the process, passively hastening death (Boyle, 2004).

The particulars of MAiD laws vary across nations and states. In the US, there is no federal right to die, but states may create legal pathways (Mariner, 1997). At the time of writing, MAiD, in some form, is legal in Oregon, Washington, Montana, Vermont, California, Colorado, District of Columbia, Hawaii, Maine, New Jersey and New Mexico, and all states restrict requests for MAiD to people with terminal illnesses deemed mentally competent (Grubbs et al., 2024; Bostrom, 2010). Although our research focuses on the US, much of contemporary discourse on MAiD responds to Canadian law, which has legalized but procedurally stalled MAiD for people with non-terminal disabilities, including psychiatric diagnoses (Dyer, 2024). In the Netherlands, MAiD is also accessible to non-terminal people who have psychiatric diagnoses if the request is persistent, and children aged 12-16 may request MAiD if they have a parent's consent (Grassi et al, 2022). We note these international policies because American rhetors often cite them as case studies for their own arguments or blur them with proposed American policies.

MAiD discourse has a long history of rhetors responding to policies that are not actually included in proposed laws. For instance, when discussing potential laws to legalize euthanasia in Iowa and Ohio around 1906, rhetors on both sides presumed euthanasia meant pursuing a eugenic project to kill incurable and disabled people—even when the law explicitly refers to only competent adults with terminal illness (Appel, 2004; Pope, 2018, p.

275; Emanuel, 1994, p. 796). Rhetors both then and now speak about MAiD with slippage between terminology—for example conflating withdrawing care, MAiD, and involuntary euthanasia, i.e. murder (Marcoux et al, 2007). In response to more contemporary debates on MAiD legislation, Margaret Battin (2005) noted that those in favor of MAiD leaned on arguments about autonomy and relief from suffering, while those against advanced arguments about the wrongness of killing, historic failures of the medical profession, and a high potential for abuse (p. 20-33). Battin argues MAiD debates are polarized around "slippery slope debates," which distract from the underexamined issue of autonomy (p. 39-41). Teston (2024a) charts an update to Battin's work in *Doing Dignity* by analyzing public comments in written and verbal testimony on proposed MAiD legislation in Connecticut and Nevada. Teston identifies seven predominant *topoi*: codes of conduct, cost, kinship, pain + control, precedent, safeguards, and vulnerability (p. 76). Dignity in these arguments hinges on independence, physical mobility, and continence.

To augment her analysis, Teston also deployed computational methods to quantitatively measure the presence and significance of particular words in the arguments. Using LancsBox, Teston analyzed which words were most frequently used in testimony coded as favorable to MAiD and as against MAiD (p. 71). Anti-MAiD rhetors used a vernacular resonant with past end-of-life debates that pro-MAiD rhetors have attempted to discard: "assisted," "suicide," "lethal," "euthanasia," and "kill." In contrast, pro-MAiD rhetors used terms like "end-of-life," "aid-in-dying," "peacefully," and "option." Other standout terms include "disability," "drugs," and "depression" in the anti-MAiD language, and "mom" and "patient-centered" in pro-MAiD rhetoric. There is a different force of *pathos* just glancing over the most common terms. The anti-MAiD terms conjure killing vulnerable people, and the pro-MAiD terms conjure peacefully aiding mom in dying (p. 71). Teston writes in her analysis how the language of pro-MAiD discourse is deliberately ambiguous: "While proponents' strategic ambiguity was likely a well-meaning attempt at neutralizing the pathos-laden nature of the MAiD debate, it can also obscure stratified livability" (p. 72). Teston uses the quantitative findings to begin building a case that pro-MAiD rhetoric hinges on looking away from social inequality.

Building on Teston's (2024a) analysis, we argue that MAiD discourse leans heavily on implicit framings of personhood. Debates over personhood often contrapose issues of autonomy, suffering, and disability (Travis, 2014; Fineman, 2004; Naffine, 2009; Simplican, 2015). Advocates for MAiD frequently identify autonomy as a defining feature of personhood that should not be curtailed at the end of life (Lee & Grube, 2017). In contrast, some MAiD detractors appeal to an inherent sanctity of life that must be protected as hastening death for anyone cheapens life for everyone (Somerville, 2014). Catholic rhetors, in particular, argue that while pain is not a good in itself, personhood is manifested in the spiritual experience of vulnerability and accepting care; *ergo*, dying patients may reject positive medical interventions but hastening death is *verboten* (Markwell, 2005). In addition, some

Catholic rhetors argue that suffering is a fundamental component of the human condition and thus not a pretext for ending one's life (Douthat, 2022).

Questions about the structural denial of personhood through racist, ageist, and ableist medico-legal systems, particularly the move to describe people as "burdens," also perfuse the MAiD debate (Balch, 2017). These discourses suggest that the decision of a disabled or ill person to request MAiD will generate a cultural undertow that may pull under vulnerable people (Hart et al, 1998; Not Dead Yet, 2025; Frazee, 2023; Balch, 2017). Disability advocates also argue that disabled people living in poverty may select MAiD over abandonment to a nursing home or the street (Gill, 2010; Joffe, 2024). Under this rubric, withholding MAiD is a necessary paternalism that protects personhood, and denying that paternalism to aged, disabled, and ill populations is discriminatory (Scoccia, 2018; Bickenbach et al, 1998).

MULTI-METHOD, MULTIPLY ONTOLOGICAL

In this article, we take up the call to "…ask difficult questions of Big Data's models of intelligibility before they crystallize into new orthodoxies" by demonstrating how computational methods need not imply an objectifying ontological approach to research (boyd and Crawford, 2012, p. 666). We have abundant evidence that statistics and data can be tools of oppression that dangerously flatten the complexity of embodied persons and systems (Noble, 2018; Browne, 2015; Lanius, 2021). However, as Catherine D'Ignazio and Laruen F. Klein (2023) write in *Data Feminism*, quantitative methods can support humanistic inquiry by offering a sense of scale and magnitude to systemic issues of justice. In rhetorical analysis, a computational approach may allow researchers to track the popularity and sequence of *topoi* in arguments (Omizo, 2019). Such a quantitative approach is expeditious to scholars who care about social justice because it offers insight into broad patterns of a discourse's movement without making any totalizing statements on who or what a specific person is (Graham and Hopkins, 2022). Similarly, we hold that accountability through a M_3O methodology helps us understand what quantitative methods can offer rhetorical studies and health humanities.

Mol (2002) has famously argued for research on health and medicine grounded in multiple ontologies. This framework suggests that, rather than presupposing there is one truth represented by a particular narrative or measurement, researchers should consider how multiple ontologies emerge in localized sites of practice. Mol demonstrates how medical research can benefit from triangulating multiple understandings of phenomena rather than asserting a quest for a single ontologically true object. Rhetoricians Graham (2015), Teston (2017), and Kessler (2022) each showcase how Mol's multiple ontological approach can be extended to the study of discourse and how the use of multiple ontologies requires multiple methods. They combine praxiographic (essentially, ethnography of practices, including rhetorical practices), qualitative, and rhetorical methods to showcase a wide variety of practices, including those that might be termed research, clinical, or discursive. Ultimately, diversity of method beneficially complicates our understanding of the world. In a multiply

ontological framework, finding divergence is not a cause for concern but an opportunity for inquiry. If one method yields information that seems surprising after using another method, the next move is not to assess which method misled us, but to become curious about how these methods came to disclose such different insights.

In this project, we demonstrate the potential of using a M_3O approach that combines computational methods, qualitative close reading, and biopolitical theorization of how personhood is tacitly constructed in a vernacular discourse. In doing so, we follow both methodological recommendations from Graham (2020) and Teston's (2024a) prior success using similar mixed-method approaches. More specifically, Graham's (2020) work argues that rhetorical inquiry can be productively advanced through a combination of traditional intuitive/inductive rhetorical inquiry and abstraction-generating quantitative methods. Linking the two, Graham argues that quantitative methods, deployed rhetorically, can help create representations of abstractions of intuitions. The math helps coalesce the many micro-judgements that make up a large-scale inquiry, and the representations generally become charts, tables, and graphs. Aggregation is not the end point here, but rather one part of a recursive inquiry process. As Graham further argues:

> The representation of aggregate intuitions has the potential to reflect back on the intuitions themselves. This should not be read as some sort of facile falsificationism, but it's not entirely unrelated either. Abstraction and intuition can work together dialectically in rhetorical inquiry. The scientific aggregation of intuitions can augment and improve any generalizations (recommendations for situated action). (p. 155)

Here, the methodological recursion between quantitative and inductive approaches serves as an engine of invention and refinement. If we view *phronetic* inquiry as circling around a topic, pivots in method can generate a sort of angular acceleration. We round the corner with renewed energy and questions. Computational methods can invite us to ask questions that may have been passed over in favor of those in line with the researcher's habitual orientation.

Framegram Analysis

As mentioned previously, our overall goal in this article is to better understand how vernacular arguments about MAiD deploy different notions of personhood. We analyze Teston's (2024b) preexisting dataset which includes her preexisting valence codes (pro-MAiD vs anti-MAiD). The dataset includes 272 pieces of testimony against MAiD and 261 pieces in favor of MAiD. The collected written and verbal testimony was delivered in Connecticut between 2021 and 2022 and in Nevada in 2017, 2019, and 2021. For a complete account of Teston's data preparation efforts, see *Doing Dignity* (2024a, p. 71-74). As of this writing, neither law has passed (Nevada Legislature, 2023; Connecticut General Assembly, 2023).

Our M_3O approach uses a combination of topoi analysis and framegram analysis to assess how personhood is understood by pro and anti-MAiD rhetors. We deployed these

approaches recursively using techniques originally developed by Zoltan Majdik (2019) and refined by Graham (2021). Here we offer the appellation "framegram" to describe the method economically. Framegram is a portmanteau of ngram and frame. ngrams are basic units of analysis for many studies in computational linguistics and rhetoric. An ngram is any n-number of consecutive words from a textual dataset. Unigrams, bigrams, and trigrams are the most common, but there is no limit on the upper bound of n. To further clarify, the first two bigrams in this sentence are "to further and "further clarify." The first two trigrams are "to further clarify," and "further clarify the." The "frame" in framegram signals our interest in how lexical frames represent cognitive or rhetorical frames. That is, the method assumes that terms in close proximity to "anchor terms" of interest are suggestive of framing. For example, Majdik traces congressional testimony on climate change and global warming and identifies contrasting anthropogenic and natural frames based on key terms close to "climate change" and "global warming." Similarly, Graham explores how the anchor term "opioid" is differentially framed with nearby terms like "antagonist" and "receptor," representing a biochemical frame, and terms like "abuse" and "diversion," representing an opioid epidemic frame.

Framegram analysis is fundamentally comparative. Majdik (2019) explores changing agentive frames in climate change discourse over time. He asks how different years of congressional discourse represented climate change differently. Similarly, Graham (2021) compares three primary timeframes in the history of opioid use to see how dominant opioid frames were different in different pain management eras. The comparisons made in framegram analysis can be accomplished several ways, but one common approach is a mathematical measure called Term-Frequency Inverse Document Frequency or TF-IDF. TF-IDF is the product of a term's frequency (raw count) in a corpus multiplied by the log of the number of documents divided by the documents containing the given term. TF-IDF is a measure of discrimination or salience; it tells the researcher how useful a given term is for distinguishing among different documents in a corpus. An important artifact of this approach is that terms common across all documents will have a low information value. A unigram TF-IDF analysis will generally assign prepositions and conjunctions a value of 0. They are not useful for discriminating between documents because they are prevalent in all documents. Importantly, the unit "document" is determined by the analyst. For Majdik, each year of congressional testimony was a document. For Graham, all discourse within each era was a document.

To explore contrasting personhood frames, we compared trigram salience with "valence" set as the "document" unit. That is, all pro-MAiD testimony was one document, and all anti-MAiD testimony was a second document. To generate the personhood terms that would anchor our analysis, we read through a random sample of testimony and manually identified terms that referred to the persons who could be impacted by MAiD legislation. Our complete anchor term list is as follows: elder, human, individual, client, elderly, youth, victim, population, people, patient, adult, children, child, those, person, mom, man, woman,

grandmother, grandfather, son, daughter, mother, father, disabled, sister, brother, black, white, hispanic, latino, african, asian, resident, aunt, friend, uncle, dad, adult, poor, impoverished, vulnerable. This term list had to be tailored to suit the needs of the dataset. Although many rhetors did describe people as "a life" they also used the word life to describe "quality of life," "life worth living" etc. We chose to omit this term because these other uses clouded the focus of our particular investigation into the positioning of personhood. The trigram "a human life" is registered by the inclusion of "human" on the list. In addition, our analysis excludes trigrams with more than one stop word, e.g., "the," "a." We decided this would select for trigrams that carried interpretable meaning.

Topoi Analysis

Highly salient trigrams will likely not be the most frequent in a set of texts. Salient terms occur relatively more frequently in one set of texts but not other sets. One can imagine salient terms as those in the exclusionary areas of a Venn diagram but not in the overlapping zone in the middle. In contrast, Teston (2024a) describes *topoi* as "janus-faced" because rhetors on both sides will invoke the same *topos* to different ends (p. 74). Subsequently, it is important to augment our framegram analysis with an exploration of rhetorical *topoi* which may be common and not salient for discriminating between valences. In so doing we may undertake a topological analysis that assesses the argumentative landscape's peaks and valleys. Lynda Walsh and Casey Boyle (2017) propose topologies of rhetoric as holding *topos* and *kairos* in tension, so we may see how a landscape of argumentation is interlocked rather than strictly opposed or assembled from small bits (pp. 10-11). The results of our framegram analyses are an opportunity to further explore which *topoi* around personhood are thoroughly charted, which are elided, and which are fundamentally interlocked in dialogue with one another. In addition, we may gain insight into how *topoi* of MAiD perhaps go beyond the literal situation of prescribing pharmaceuticals to hasten death. Similar to Nathan Stormer's (2015) assessment of abortion debate functioning as "conflicts over how we live" *through* the calcified talking points on each side, we are asking what the *topoi* of personhood may be speaking *through* the particulars of MAiD rhetoric (p. 5). Ultimately, the close reading required to build out the *topoi* analysis keeps us accountable to how rhetors are responding to the exigence of MAiD policy with commonplaces recognizable to their audience, while offering insight into how individuals work those commonplaces in ways that are not captured in snapshots of the data.

RESULTS

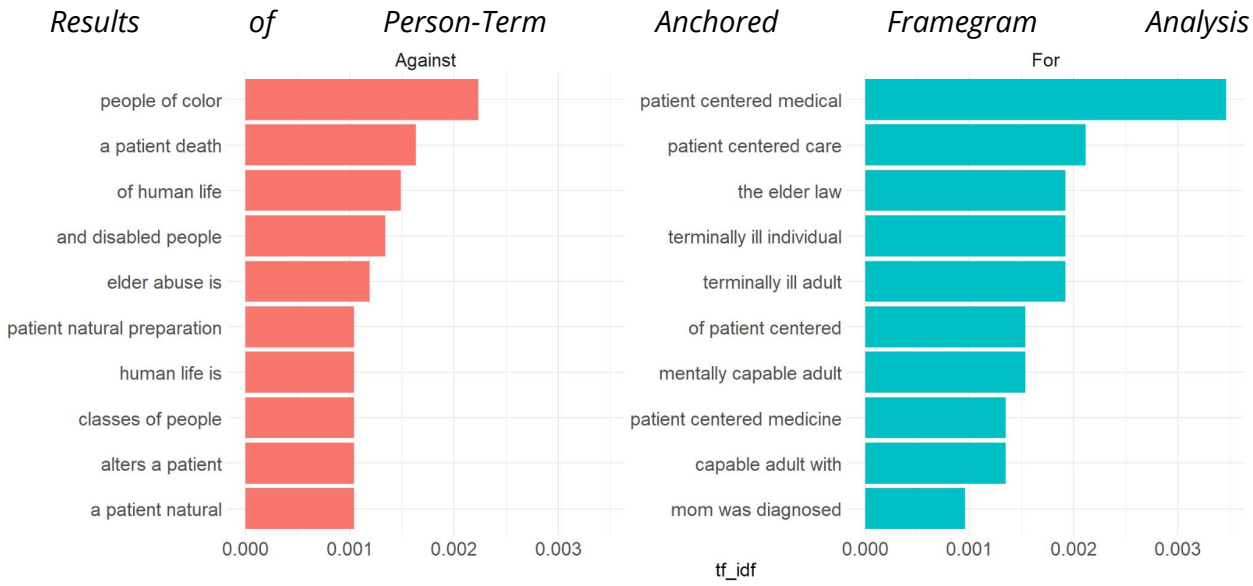
Framegrams

The results of our framegram analysis (Figure 1) show that pro- and anti-MAiD testimony deploy diverging language around personhood. Namely, in pro-MAiD testimony, salient person trigrams tend to refer to individuals while salient anti-MAiD trigrams tend to refer to broad classes of people. Salient trigrams in pro-MAiD testimony used "patient," "adult," "mom," and "individual." Anti-MAiD testimony trigrams also used the term "patient" but

unlike pro-MAiD testimony, it used more general person terms such as "people," and "human." References to people of color and disabled people proved more salient in anti-MAiD testimony. In contrast, people writing in favor of MAiD used trigrams that emphasized patient centered care and capable adults. "Patient centered medical" was the most significant term in pro-MAiD discourse by a significant margin and refers to an emerging *topoi* in health care called patient-centered care, a movement to make medical care adhere to the values of "shared decision-making, individuality, respect, a holistic approach and communication" (Grover et al, 2022, p.1686). The trigrams conjure autonomous individuals making decisions with their doctors as the unit of concern. References to mothers becoming ill and dying also reveal the deployment of personal experience. The particulars of family unit experiences are interesting to compare with the salient person trigrams in anti-MAiD testimony, which refer to hypothetical patients and class abstractions.

Figure 1

Results of Framegram Analysis With Person Term Anchors



Note: The left histogram shows the ten most salient person-anchored trigrams in MAiD testimony coded as against MAiD as measured by TF-IDF. The right histogram shows the ten most salient person-anchored trigrams coded as in favor of MAiD as measured by TF-IDF.

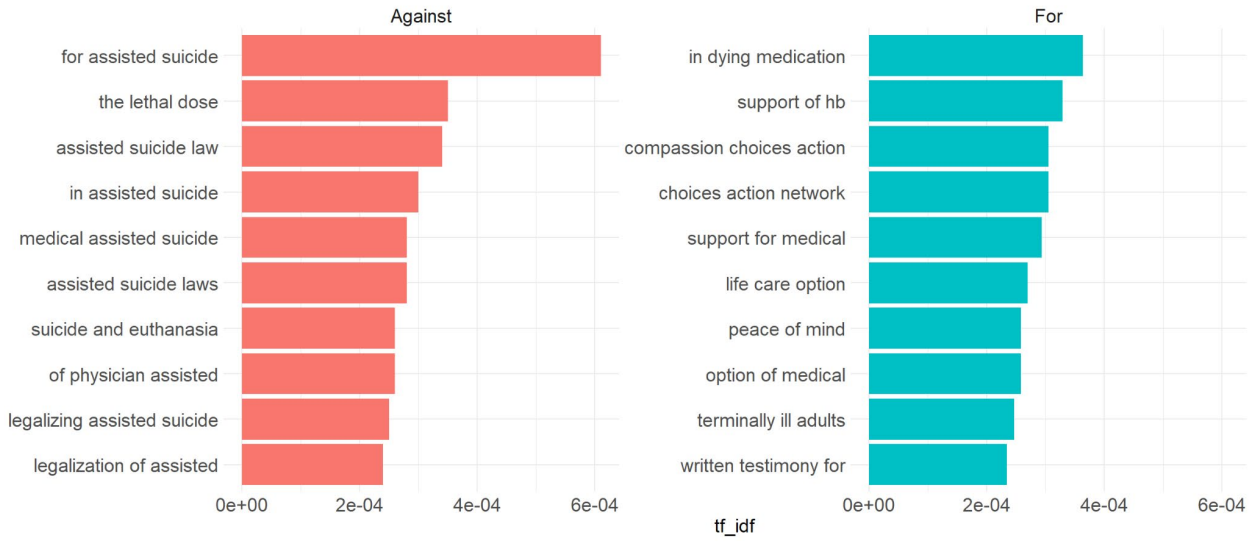
We also conducted a secondary framegram analysis without anchor terms (Figure 2). Although this deviates from the traditional approach to framegrams, we think it is appropriate in cases like legislative testimony where the occasion summons predictable rhetorical moves. Unanchored framegrams from testimony in favor of MAiD emphasize terminology with reference to non-profit organizations, for example: "choices action network," "compassion choices action, "support for medical." As a point of clarification, two

of these refer to an advocacy organization called Compassion and Choices Action Network. Language around choice appears in the trigrams "life care option," "option of medical," and in the very name of the organization Compassion and Choices Action Network. Peaceful emotion trigrams such as "peace of mind" and "to die peacefully," appear in pro-MAiD testimony. We see that person and personhood words do appear in unanchored trigrams, but generally they are abstracted to ideological agents such as laws, non-profits, patient-centered care, and peace.

Testimony against MAiD emphasizes references to suicide and euthanasia. In fact, eight out of fifteen of the most salient trigrams directly use the word "suicide." The ethics of suicide are an ancient conversation about the boundaries of when to respect claims to autonomy. A peaceful death and a suicide are the diverging characterizations of MAiD and invoke different moral claims about the rights and individuality of persons.

Figure 2

Results of Framegram Analysis Without Person Term Anchors.



Note: The left histogram shows the ten most salient trigrams in MAiD testimony coded as in against MAiD as measured by TF-IDF. The right histogram shows the ten most salient trigrams coded as in favor of MAiD as measured by TF-IDF.

Topoi

Our framegram analysis indicated that *topoi* of choice (autonomy) and peace for individual patients are more distinct to the pro-MAiD side. Meanwhile discussions of suicide and classes of people are more distinct to the anti-MAiD side. In contrast, our *topoi* analysis revealed rhetors on both sides work a few key premises in their framing of personhood. Figure 3 is a *topoi* map of these results. The grid describes the intersection of two overarching points of contention, viz.: questions about the origins and traits of personhood. Within each of these

overarching rubrics, the testimony is further divided into questions of vulnerability vs. autonomy and personhood as inherent or emergent in practice.

Figure 3

Topoi Map of MAiD Testimony

			Origins of personhood		
			Personhood as inherent to being a human being.		Personhood as an ideal generated through practice.
Traits of personhood	Autonomy	Pro	• There is free will, either via nature or God, and thus there is a natural right to autonomy that we should honor.	Pro	• We must respect the choices of competent adults for the fabric of society.
		Anti	• It is unnatural or offensive to God to limit someone's freedom by coercing them into MAiD. • Suicide is only chosen by the mentally ill who are too incompetent to be autonomous.	Anti	• Someone's personhood is degraded when they are made to feel like a burden and/or coerced into dying. • Suicide is a call for help that society must answer to restore autonomy via treating mental illness.
	Vulnerability to suffering	Pro	• Illness and pain create suffering that ends personhood; thus, MAiD is not harm against persons.	Pro	• We must honor people's personhood by helping them end their suffering.
		Anti	• Disabled people are persons that have lives fundamentally worth living, and thus MAiD is an attack on persons.	Anti	• Someone loses personhood when we deny them care. • Classes of people lose personhood when they are unfairly exposed to social harm.

Starting at the top left of the grid, we found pro- and anti-MAiD arguments that considered autonomy to be an ontological trait of human existence. Rhetors premise these arguments on the natural condition of persons or, not infrequently, "how God has made them." Importantly, we found claims to God's will on both sides. For example, a pro-MAiD rhetor writes, "As a Christian minister, I believe God has endowed us with a unique intelligence for the purpose of making decisions that, in this case, minimize suffering" (Winkleblack in Teston, 2024b). Then on the mirror side we found testimony such as, "God knows the best time to take a soul to Himself!" (Goin in Teston, 2024b) The absence of direct

reference to God in any of top salient trigrams speaks to how God talk is a widely shared *topos*.

In addition, there are plenty of claims to a more secular "natural" framing of personhood. A speaker in favor of MAiD writes, "It is a great comfort to think I would have a choice of whether to continue life or not under those conditions. I do not view this as suicide, but, rather, bittersweet, and the closest thing to the natural progression of life" (Bruzzone in Teston, 2024b). They position autonomy as a natural aspect of the human condition, and hence not an act of mental illness via suicide, a condition which temporarily suspends their claim to personhood via autonomy. Trigrams centering on the term "natural" were as salient on the anti-MAiD side, which suggests that this particular piece of testimony is speaking in terms of their imagined opposition in order to be more persuasive.

Mental illness as represented by suicide figures in the anti-MAiD rhetoric more distinctly. An anti-MAiD rhetor writes, "I acknowledge the person must be of sound mind and I appreciate the attempt at safeguards, such as preventing a conservator, power of attorney, or a guardian from making this decision. That said, if a person has any of these overseers of their affairs, by definition they are very likely not of sound mind" (Murphy in Teston, 2024b). We see a clear argument by definition. A sane person may have the hypothetical right to suicide, but by definition, no person who desires to hasten their death is a sane person. Such structures of argument are interwoven with the distinctly anti-MAiD move to call MAiD "physician assisted suicide," as indicated in the unanchored anti-MAiD trigrams.

Continuing downward, the bottom left section of the grid concerns vulnerability to suffering as an essential feature of personhood. One pro-MAiD rhetor testifies:

> I saw my father the day before he died in 1997. The vision has haunted me since. His eyes had sunken into his head, his skin was grey and his stature reminded me of a Holocaust victim. Skin hung from his bones. . . he was little more than a skeleton and was in immense pain. (Bruzzone in Teston, 2024b)

The physicality of the speaker's father, troublingly analogized to Holocaust victims, is the warrant for MAiD. The speaker frames the father's personhood as already evaporated because he is a body in pain. He is "little more than a skeleton." Arguments along these lines imply that excess disability and pain mitigate personhood, though few would probably frame their argument so explicitly.

Able-mindedness around dementia became a key concern of qualifying personhood. One pro-MAiD rhetor writes:

> My mother was found sleeping on a park bench, where she could have been robbed, raped, or murdered. She had wandered off with Alzheimer's, without telling anyone,

> and not knowing who she was. She had not wanted to live this way, without her mind. (Shaw in Teston, 2024b)

The anecdote above demonstrates how dementia, and a person living "without her mind" is an affront to personhood for that rhetor. Dementia in its transformation of the mind is a direct threat to autonomy as valued by much of the pro-MAiD camp. Interestingly though, "person with dementia" appears in the anti-MAiD trigrams, in a nod to person first language. Personhood is separate from illness, and because of that separation, personhood is remote, perhaps transcendental, from the condition of the body.

Pro-MAiD and anti-MAiD rhetors largely agree that mentally ill people do not have the autonomy to request MAiD. In the comparatively less salient acknowledgement of suicide in the pro-MAiD side, we encountered the argument:

> The American Association of Suicidology also argues, medically and legally, Physician Aid in Dying and suicide are conceptually different phenomena. In suicide, a life that could have continued indefinitely is cut short, in Medical Aid in Dying, death is foreseeable and in some cases imminent. (Gardere in Teston, 2024b)

The speaker side steps suicide by preserving the quality of the mind of a person requesting MAiD. They maintain the value of autonomy by demonstrating that persons with autonomy are definitionally different from the mentally ill. However, the high salience of suicide in anti-MAiD rhetoric suggests that most pro-MAiD rhetors would prefer to avoid the word all together. In anticipation of the argument that suffering and ill health diminishes personhood, we saw some anti-MAiD rhetors who explicitly identified as disabled avow their lives as inherently worthy. For example, one rhetor writes:

> The lives of non-'terminal' disabled people share many traits with people requesting assisted suicide, but we reject the notion that personal dignity is somehow lost through reliance on others, or because we are not continent every hour of every day. (Kelly in Teston, 2024b)

In the right column, we have arguments that pose personhood as an ideal that must be manifested by collective social practice. Pro-MAiD arguments often attest that the loss of autonomy for one person may lead to a social rupture of liberal society where everyone's rights may be eroded. One rhetor succinctly states, "…I hope that we can agree that no one party can impose their beliefs or decisions on another" (Lembo in Teston, 2024b). In this zone, we also saw statements of concern that anti-MAiD rhetors were enforcing religious norms upon people outside the faith. Another rhetor citing concerns about Christian overreach explains, "Each religion has its own tenets and laws, yet our Constitution prohibits any religion from mandating its beliefs to govern the general population," to make their case that allowing MAiD honors our collective personhood as free individuals (Howland-Murray in Teston, 2024b). Anti-MAiD rhetors using these *topoi* raise concerns about overt coercion

and more subtle cultural ambiance pressuring people to choose MAiD, mitigating autonomy. An anti-MAiD rhetor writes, "Finally the whole process outlined in the bill may very well lead to political definitions of quality of life which weaken and destroy individual sovereignty of sick and disabled people over their own control over that elusive personal definition" (Andrews in Teston, 2024b). A broad scale social decision threatens "individual sovereignty" by morphing the definition of personhood via rhetoric around "quality of life." The anti-MAiD arguments that discuss social coercion seemed to be interlinked with *topoi* of vulnerability to suffering through exposure to social injustice rather than exposure to disease.

M_3O Results Recursion

Reading our M_3O results through one another adds additional dimensions to our analysis. Our computational analysis surfaced divergence in reference to pharmaceutical words such as "in dying medication" in pro-MAiD discourse, which had the highest TF-IDF score for unanchored trigrams, and "the lethal dose" which had the second highest TF-IDF score in unanchored anti-MAiD trigrams. In the *topoi* analysis, we saw that "suicide pills" appeared in the vernacular of anti-MAiD respondents, even though oral MAiD pharmaceuticals, as far we could find in the literature, seemed to be precisely compounded liquid solutions (Harty et al, 2019; De Simone, 2019). The figure of the pill perhaps speaks to images of how people commit suicide through overdosing on prescription drugs and the 1997 supreme court case Vacco v. Quill, in which Dr. Timothy Quill prescribed barbiturates, publicly discussed as "sleeping pills," to a terminal cancer patient who requested MAiD.

Disability organizations raise concerns that it is impossible to safeguard against abuse in MAiD. For instance, a caregiver could kill a disabled person in the privacy of the home, and because that person has consented to MAiD under duress, there would be no police investigation. A letter from The Disability Rights and Defense Fund (DREDF) directly cites cases of ambiguous compliance with MAiD guard rails. DREDF uses the scene of medication administration to generate ambiguity around autonomy and coercion when the person requesting MAiD has a disability that inhibits their ability to pick up a cup of medication. For example, DREDF writes about the specific death of Patrick Matheny:

> Patrick Matheny received his assisted suicide prescription by Federal Express. He couldn't take the drugs by himself so his brother-in-law helped. Commenting on the Matheny case, Dr. Hedberg of Oregon Department of Human Services said that 'we do not know exactly how he helped this person swallow, whether it was putting a feed tube down or whatever, but he was not prosecuted. (DREDF in Teston, 2024b)

The image of the FedEx box disappears into the privacy of homes beyond government surveillance. Listeners are invited to fill in what could have happened, particularly foul play. This can be persuasive if the listener is already concerned about families and doctors coercing disabled people. It can also be discrediting if the listener expects concrete evidence. Such interpretation will likely hinge on the listeners pre-existing beliefs about systemic ableism.

An anti-MAiD respondent writes:

> If we tell you the pressure to legalized physician assisted suicide is having the effect of making us frightened and intimidated by constant - now unending - suggestion we'd be better off dead you don't get to tell us and others that our experience is not real. (Hammon in Teston, 2024b)

Note the presence of the word "unending." In every aspect of exposure there is infinite possibility for abuse to enter. The potential for abuse is positioned as unmeasurable.

Speakers who emphasize the hypothetical scenes of unrecorded abuse may be writing in anticipation of the concrete scenes of a painful death that pro-MAiD rhetors bring to testimony. One pro-MAiD rhetor writes:

> I have been empathetic and understanding to those who have fear and distrust. I do not, however, have any patience or sympathy for self-serving organizations or entities that extend the suffering of other people. I am talking about emotional profiteers. They have other agendas which have nothing to do with human beings. (Marquis in Teston, 2024b)

This rhetor positions the anti-MAiD rhetoric as theoretical and ideological as compared to the concrete experience of human beings who suffer from illness at the end of life.

The traces of the framing of personhood as freedom-from-pain and illness appear in the results of our computational analysis once contextualized in close reading. Person-anchored trigrams refer not just to choice to end suffering, but specific accounts of "my mom passed" and "mom as diagnosed." The pro-MAiD side shows how unnecessary suffering diminishes personhood often through graphic personal narratives of what terminal illness looks and feels like from the perspective of caregivers. When the parent figure becomes vulnerable, the one in need of assistance, there is also a threat to personhood through transformation of a social role. The reversal of roles is sometimes too much of an identity shift for either the parent or child to process. Consider the vulnerability described in one of the previous quotes from pro-MAiD speakers: "My mother was found sleeping on a park bench, where she could have been robbed, raped, or murdered." It seems to the person speaking, the child-like vulnerability of the mother with Alzheimer's disease is unacceptable and perhaps traumatic to both. Her mother loses personhood in her reversion to childlikeness.

These examples also detail death when MAiD was not available. A pro-MAiD speaker writes:

> Watching [my mother] die of [voluntarily stopping eating and drinking] VSED, first at home and then at hospice, was one of the hardest things I have done. She lasted for 23 days without water or food. Seeing someone shrivel up and die of thirst is

> inhumane, but it was her wish, and I respected her decision, though it tortured me. (Schimmel in Teston, 2024b)

They draw the reader to the current state of affairs as unacceptable affronts to personhood as evidenced by directly witnessing the legal route of hastening death through VSED. The yearning for "peace" which the salience analysis surfaced is amplified in the context of specific passages like the following:

> That same night, our hero woke up in excruciating pain. The unearthly sounds are with me every day. He became a drowning victim, fighting for each breath. The powerful medication given to me to administer when such time came provided no comfort for a seeming eternity. Holding him close, trying to absorb some of the agony, I whispered, 'I'm sorry I broke my promise. I thought it would be enough.' (Hammerberg in Teston, 2024b)

The absence of MAiD haunts the narrative. If anti-MAiD testimony wants readers to fill in visions of foul play, pro-MAiD testimony wants readers to imagine how they might feel if their parting moment with a loved one was screaming and drowning.

The peaceful scene fantasized in contrast to the painful one did appear concretely in at least one account of pro-MAiD rhetoric. One respondent writes:

> They gathered at his bedside and watched the history of their life together, with The Beatles' music blasting merrily away. It took hours to see it all. They laughed, they danced, they hugged, they cried. It was like life. And then, with everyone gathered, he took his aid-in-dying medication and peacefully died a very loving death. One of the last things he said was a thank you to the State of California for allowing him to die with the option of how it would proceed. He died as he lived: as an artist. (Tucker in Teston, 2024b)

This testimony blurs the line between life and death in "It was like life," and "He died as he lived: as an artist." Also note that his personhood was maintained through the identity of "artist," the presence of loved ones rejoicing, and the state itself condoning the scene. Pain and disability would implicitly remove this identity and social role, as we mapped in the previous *topoi*. The others in this scene are constitutive to this person's personhood, but they can only be present in this way if the person dying is not so disabled that they lose their social identity.

METHODOLOGICAL REFLECTIONS

The M_3O analysis presented here offers an opportunity not commonly available in rhetoric. Because we made use of a dataset collected and analyzed by Teston, we can directly compare our results. Importantly, of course, Teston's methodology was different from ours. In her first step of analysis, Teston used LancsBox to search for single words. In testimony

against MAiD both sets of data found "assisted," "suicide," "lethal," "euthanasia," "oppose," and "disability" appear. In testimony of support, "mom," "patient-centered," "peacefully," and "option" appear. As expected, analyses from the same dataset but different methodologies surfaced overlapping but not entirely similar results. Since our measure is salience, our methods select for those choices of language that are distinct rather than positively correlated to a coding category and seek three-word trigrams that may hint at more context than a single word.

Because the trigrams of our method have three words in a row, we see the themes Teston surfaces at a different scale. Testimony in favor of MAiD tends to focus on individuals, while testimony against MAiD focuses on populations. The scope of the argument changes from the particulars of one person dying to the broader political implications for entire classes of people. We also have repeated words in trigram analysis. Much of our lists look like the top few words in Teston's findings shuffled around, but we also do not see some of the words Teston's results found like "depression" and "knew." This difference suggests that while depression may be one of the most common words in the anti-MAiD discourse, it is not distinctive, since enough of the pro-MAiD rhetors also discuss depression. In addition, we found that concerns of cost did not surface as salient to one side or the other, but perhaps it could be argued that they are obliquely represented in references to classes of vulnerable people who are made precarious by the costs of healthcare. We approach this discourse at different focal lengths and learn something new for it.

Teston writes that pro-MAiD advocates lean on ambiguity—what Robert Asen (2010) terms "strategic ambiguity"—in policy discourse: "While proponents' strategic ambiguity was likely a well-meaning attempt at neutralizing the *pathos*-laden nature of the MAiD debate, it can also obscure stratified livability" (Teston, 2024a, p. 72). In Teston's analysis, the pro-MAiD side does not discuss marginalized identities in the same way the anti-MAiD side does, because doing so would raise questions about how unequally precarious people would experience MAiD as a policy option. This analysis is corroborated by how marginalized identity labels only appear in trigrams on the anti-MAiD side. We argue that strategic ambiguity paired with hyper specific narrative also appears in anti-MAiD rhetoric.

In congruence with prevailing attitudes to the field of rhetoric, the symbolic and linguistic aspects of life are presumed to have powerful impacts on how we treat one another (Scott, 1967). Teston writes, "Good stories were told by folks on both sides of the MAiD debate. We need to examine critically the biopolitical *topoi* that make a story sound good to begin with" (2024a, p. 96). The stories we tell about MAiD will impact the data we seek from larger scale studies. MAiD discourse perhaps exemplifies how the concerns of disability advocates would be served by broad scope data on social attitudes and impacts of MAiD in practice. If someone cannot arrive to the discourse with a persuasive and specific anecdote because the impacts of social messaging are more subtly accreted, it may be easier to register once the question is broadened from individuals into populations.

CONCLUSION

It is not our project in this article to take a definitive side on MAiD discourse. Nevertheless, our analysis would be incomplete if we did not note the ways the existing data on MAiD uptake in states and countries where it has been legalized both diverge and affirm the visions put forward by the interlocutors in the public forum we analyzed. A summary of 23 years of data on who legally chose MAiD found that over 95% of the people who chose MAiD were White and three quarters had some college education (Kozlov et al., 2025). This is not the image that anti-MAiD proponents evoke of vulnerable people of color being bullied into MAiD. While far from a conclusive example, one focus group interview with Black and Latino participants in California found that the interviewees expressed diverse and nuanced attitudes about MAiD, but "most participants did not present themselves as subject to vulnerability or coercion" (Cain & McCleskey, 2019, p. 1186). In fact, many participants expressed interest in keeping MAiD open as an option precisely to avoid losing medical autonomy because of discrimination.

Surveys of disabled people's attitudes towards MAiD are similarly complex. One study found that a majority of disabled respondents made arguments from autonomy, but there was a tremendous diversity of opinion on whether legislation would impede or support autonomy. Notably disabled rhetors shared a recurring *topos* of ambivalence: personally desiring MAiD as an option, perhaps through decriminalization, but leeriness towards MAiD being formally legalized (Fadem et al., 2003). When holding up arguments from people who write in or testify for public comment, scholarly literature reviews, and broader sociological surveys and interviews next to each other, there seems to be considerable divergence. The presence of passionate people aligned with non-profits and activist organizations on both sides at public comment may swing discourse to make *topoi* appear much more settled than they are. This difference does not delegitimize any set of findings but attunes us to how these different methodologies emphasize different populations of rhetors.

It is also worth contextualizing that, in the US, most people access MAiD through hospice and palliative care (Grubbs et al., 2024). Part of the reason a majority of MAiD recipients were more likely to be White and educated may be that this population is more likely to have access to hospice care through private health insurance and knowledge that MAiD can be requested (Cain & McCleskey, 2019; Wachterman & Sommers, 2021; Buchbinder, 2018; Wicher & Meeker, 2012). As it stands, vulnerable populations in the US are perhaps less likely to be offered MAiD as an option because they are less likely to access any specialized end of life or palliative care at all (Tobin et al., 2022).

However, research on people who chose MAiD in Canada 2016-2019 at a particular clinic did show that a disproportionately high number were of low socioeconomic status, lending some credence to the concern that, at least with Canada's legal structure during that time period, financial vulnerability does impact decisions (Tran et al., 2022). Such differences between findings in Canada and the US seem to suggest that the differences in health care

funding and legal nuances do impact who receives MAiD. A report from the Oregon Death with Dignity Act records that, of the 2,847 people who opted for MAiD in the state between 1998-2023, 5.5% directly cited financial concerns as an aspect of the decision (Oregon Health Authority, 2024). Interestingly, the same report showed that "Loss of Dignity" was a concern for 70.3% (data collection on this specific reason beginning from 2006) while only 28.8% were concerned about pain. Dignity language seems to have more purchase in patient thinking than avoiding pain, which could be read to support the anti-MAiD argument that this is a decision driven by the belief that a disabled life is undignified and not worth living rather than seeking an escape for acute intolerable pain.

Where does this leave us? As rhetoricians analyzing MAiD discourse, we hope that our insights might serve to, in some small ways, enrich the state of MAiD discourse. From our findings, we deduce that dignity is often framed as a trait of the personhood category that may be socially performed or ontologically bestowed depending on the world view of the rhetor. There is perhaps an opportunity to hold MAiD discourses of dignity and personhood as contingent on vulnerability and in tension with another *topoi* in disability studies: the dignity of risk. Much of disabled people's lives are hyper-managed and constrained because caregivers are afraid for them (Dyer & Kirk, 2022; Perske, 1972; Marsh & Kelly 2018; Mukherjee, 2022). Indeed, the confinement of institutions was also called an "asylum" to evoke sheltering vulnerable disabled people from society. Yet, as Rosemarie Garland-Thomson (2022) notes, the dignity of risk comes with the perils of exposure to ableism (p. 174). Building on Goffman's theory of stigma, Garland-Thomson, reflects that disabled people must engage in social performances of "dignity maintenance" to manage the social harms vaunted at them by able-bodied people (p. 176). We see evidence of disabled people both desiring protection from the risks of MAiD and also desiring the risk of choice so they may protect themselves from unwanted medical incursions (Fadem et al., 2003). The moves of disability activists to end MAiD can perhaps be read as a policy level act of dignity maintenance—both cognizant of how MAiD and its risks may be desirable, and the fear that able-bodied people are too prejudiced to be entangled with that power. Perhaps it is worth sitting with Debjani Mukherjee's rather rhetorical assessment of the dignity of risk:

> Risks are real, and they should not be mindlessly discounted, but we should remain mindful that as humans in relationship with each other, we are imperfect evaluators of risk for the other. Humility and an openness to situational factors may open up much needed space for reflection. (p. 219)

How does our understanding of MAiD and dignity become more complicated when we hold that both concerns are grounded in theory, activism, and empirical data? We end up circling back around Battin's initial observation that MAiD discourse has neglected just how complicated autonomy can be. We also notice that the topology has a sort of folded crease running down the center. We mapped how *topoi* interlock with one another, and yet we had a binary pro and anti-split down the middle of each quadrant. The binary nature of a yes or

no vote in our judicial system impresses a binary logic to the argumentation brought forward. It is also worth noting that this form of argumentation perhaps puts disability advocates leery of MAiD in a terrible position: arguing for a continuation of a status quo that is so terrible some disabled people would rather die than face poverty and social abandonment. As Asen (2010) discusses alongside strategic ambiguity, the material impacts and legacy of the law are also critical for evaluating rhetorical moves. The citational nature of the law and its legacy in Western humanistic values shape material outcomes, which sculpt subsequent rhetorics, which sculpt more laws with material outcomes. Prospects of escape from the legacy of Western humanism become difficult when those very assemblages have shaped the landscape that grants us the ground and *kairos* to reply, "Not this. Not here. Not anymore." Invention will be ambivalently entangled.

We've argued for a plurality of ways of knowing. Perhaps the great affordance of being a rhetorician is the capacity to sit with a degree of contradiction in arguments, and accept that nonetheless, they can be assessed together to develop understanding even if we never reach an objective and conclusive knowing. The pivot between theory, colliding data sets, and close readings troubles itself over and over. We can move back and forth between the big picture of the data to close readings in individual samples. Our methodology welcomes multiple methods. We also hope our methodology fosters curiosity towards the theoretical frames of other methodologies. In scholarship broadly, the back and forth movement of discourse around method and methodology energizes and enriches our thinking. Thanks to differences in research approaches, we never say exactly the same thing, and this is good. Difference is data and analysis not inherently falsification, but a push towards invention in the research process. A M_3O approach to rhetorical analysis allows us to accept that different methods will disclose different results, and plurality is a door to insight.

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REFERENCES

Appel, J. M. (2004). A duty to kill? A duty to die? Rethinking the euthanasia controversy of 1906. *Bulletin of the History of Medicine*, *78*(3), 610–634.

Asen, R. (2010). Reflections on the role of rhetoric in public policy. *Rhetoric & Public Affairs*, *13*(1), 121–143.

Balch, B. (2017). Death by lethal prescription: A right for older people-or their duty? *Generations: Journal of the American Society on Aging*, *41*(1), 42–46.

Battin, M. P. (2005). *Ending life: ethics and the way we die*. Oxford University Press.

Bickenbach, J. E. (1998). Disability and life-ending decisions. In M. P. Battin, R. Rhodes, & A. Silvers (Eds.), *Physician assisted suicide*: *Expanding the debate* (pp. 123–132). Routledge.

Bostrom, B. A. (2010). Baxter v. State of Montana. *Issues in Law & Medicine*, *26*(1), 79–82.

boyd, d., & Crawford, K. (2012). Critical questions for big data: Provocations for a cultural, technological, and scholarly phenomenon. *Information, Communication & Society*, *15*(5), 662–679.

Boyle, J. (2004). Medical ethics and double effect: The case of terminal sedation. *Theoretical Medicine and Bioethics*, *25*(1), 51-60.

Browne, S. (2015). *Dark matters: On the surveillance of blackness*. Duke University Press.

Buchbinder, M. (2018). Access to aid-in-dying in the United States: Shifting the debate from rights to justice. *American Journal of Public Health* (1971), *108*(6), 754–759.

Cain, C. L., & McCleskey, S. (2019). Expanded definitions of the 'good death'? Race, ethnicity and medical aid in dying. *Sociology of Health & Illness*, *41*(6), 1175–1191.

Connecticut General Assembly. (2023). *Substitute for raised S.B. No. 1076.* https://www.cga.ct.gov/asp/CGABillStatus/CGAbillstatus.asp?which_year=2023&selBillType=Bill&bill_num=SB1076

Cruzan v. Director, Missouri Department of Health, 497 U.S. 261 (1990).

De Simone, L. (2019). The pharmacist's role in medical aid-in-dying [Conference presentation]. *Oregon State Pharmacy Association Annual Convention & Trade Show*.

Douthat. (2022). What has euthanasia done to Canada? *The New York Times*. https://www.sltrib.com/opinion/commentary/2022/12/05/ross-douthat-what-medically/

D'ignazio, C., & Klein, L. F. (2023). *Data feminism*. MIT Press.

Dyer, O. (2024). Canada shelves plan to allow medically assisted dying for people with mental illness. *BMJ*, 384. https://doi.org/10.1136/bmj.q271

Dyer, V., & Kirk, T. W. (2022). Engaging the dignity of risk in home hospice care. *Perspectives in Biology and Medicine*, *65*(2), 242–251.

Emanuel, E. J. (1994). The history of euthanasia debates in the United States and Britain. *Annals of Internal Medicine*, *121*(10), 793–802.

Fadem, P., Minkler, M., Perry, M., Blum, K., Moore, L. F., Rogers, J., & Williams, L. (2003). Attitudes of people with disabilities toward physician-assisted suicide legislation: Broadening the dialogue. *Journal of Health Politics, Policy and Law*, *28*(6), 977–1002.

Feinerer I., Hornik K. (2024). *tm: Text Mining Package*. (Version 0.7-15) [R package version].

Frazee, C. (2023). *Dispatches from disabled country*. UBC Press.

Fineman, M. (2004). *The autonomy myth: A theory of dependency*. New Press.

Garland-Thomson, R. (2022). What Du Bois and I know about dignity of risk. *Perspectives in Biology and Medicine*, 65(2), 171-178.

Gill, C. J. (2010). No, we don't think our doctors are out to get us: Responding to the straw man distortions of disability rights arguments against assisted suicide. *Disability and Health Journal*, *3*(1), 31–38.

Graham, S. S. (2015). *The politics of pain medicine: A rhetorical-ontological inquiry*. University of Chicago Press.

Graham, S. S. (2020). *Where's the rhetoric?: Imagining a unified field.* The Ohio State University Press.

Graham, S. S. (2021). The opioid epidemic and the pursuit of moral medicine: A computational-rhetorical analysis. *Written Communication*, *38*(1), 3–30.

Graham, S. S., & Hopkins, H. R. (2022). AI for social justice: New methodological horizons in technical communication. *Technical Communication Quarterly*, *31*(1), 89–102.

Grassi, L., Folesani, F., Marella, M., Tiberto, E., Riba, M. B., Bortolotti, L., Toffanin, T., Palagini, L., Belvederi Murri, M., Biancosino, B., Ferrara, M., & Caruso, R. (2022). Debating euthanasia and physician-assisted death in people with psychiatric disorders. *Current Psychiatry Reports*, *24*(6), 325–335.

Grover, S., Fitzpatrick, A., Azim, F. T., Ariza-Vega, P., Bellwood, P., Burns, J., Burton, E., Fleig, L., Clemson, L., Hoppmann, C. A., Madden, K. M., Price, M., Langford, D., & Ashe, M. C. (2022). Defining and implementing patient-centered care: An umbrella review. *Patient Education and Counseling, 105*(7), 1679–1688.

Grubbs, K. H., Keinath, C. M., & Bigger, S. E. (2024). MAiD in America: A rapid review of medical assistance in dying in the United States and its implications for practice for health care professionals. *Journal of Hospice and Palliative Nursing*, *26*(6), 296–302.

Happe, K. (2018). Manifesting methodologies for the rhetoric of health & medicine. In (1st ed.), *Methodologies for the Rhetoric of Health & Medicine* (pp. 1–23). Routledge.

Hart, B., Sainsbury, P., & Short, S. (1998). Whose dying? A sociological critique of the "good death." *Mortality (Abingdon, England)*, *3*(1), 65–77.

Hart-Davidson, W. and Omizo, R. (2017). Chapter 6: Genre signals in textual topologies. In *Topologies as techniques for a post-critical rhetoric* (1st ed.). Springer International Publishing.

Harty, C., Chaput, A. J., Trouton, K., Buna, D., & Naik, V. N. (2019). Oral medical assistance in dying (MAiD): Informing practice to enhance utilization in Canada. *Canadian journal of anaesthesia*, *66*(9), 1106–1112.

Joffe, K. (2024). Testimonial of Kerri Joffe. *Canadian Journal of Disability Studies*, *13*(2), Article 2.

Kessler, M. M. (2022). *Stigma stories rhetoric, lived experience, and chronic illness*. The Ohio State University Press.

Kozlov, E., Luth, E. A., Nemeth, S., Becker, T. D., & Duberstein, P. R. (2025). Knowledge of and preferences for medical aid in dying. *JAMA Network Open*, *8*(2), e2461495.

Lanius, C. L. (2021). Rhetorical implications of contact tracing mobile applications: An examination of big data's work on the body. *POROI*, *16*(1).

Lee, B. C., & Grube, D. (2017). Medical Aid in Dying: The cornerstone of patient-centered care. *Generations: Journal of the American Society on Aging*, *41*(1), 39–41.

Luce, J. M., & Alpers, A. (2000). Legal aspects of withholding and withdrawing life support from critically ill patients in the United States and providing palliative care to them. *American Journal of Respiratory and Critical Care Medicine*, *162*(6), 2029–2032.

Majdik, Z. P. (2019). A computational approach to assessing rhetorical effectiveness: Agentic framing of climate change in the congressional record, 1994–2016. *Technical Communication Quarterly*, 28(3), 207–222.

Marcoux, I., Mishara, B.L., and Durand, C. (2007). Confusion between euthanasia and other end-of-life decisions: Influences on public opinion poll results. *Canadian Journal of Public Health*, 98(3), 235-9.

Mariner, W. K. (1997). Physician assisted suicide and the Supreme Court: putting the constitutional claim to rest. *American Journal of Public Health*, *87*(12), 2058–2062.

Markwell, H. (2005). End-of-life: a Catholic view. *The Lancet (British Edition)*, *366*(9491), 1132–1135.

Marsh, P., & Kelly, L. (2018). Dignity of risk in the community: a review of and reflections on the literature. *Health, Risk & Society*, *20*(5–6), 297–311.

Mukherjee, D. (2022). Dignity of risk and attributions about the other. *Perspectives in Biology and Medicine*, *65*(2), 213–220.

Mol, A. (2002). *The body multiple: Ontology in medical practice*. Duke University Press.

Naffine, N. (2009). *Law's meaning of life: philosophy, religion, Darwin, and the legal person*. Hart Publishing.

Nevada Legislature. (2023). SB239. *Nevada Electronic Legislative Information System*. https://www.leg.state.nv.us/App/NELIS/REL/82nd2023/Bill/10058/Overview

Noble, S. U. (2018). *Algorithms of oppression: How search engines reinforce racism*. New York University Press.

Not Dead Yet. (2025). *Why we oppose assisted suicide laws*. *Not Dead Yet: The Resistance*. https://notdeadyet.org/why-we-oppose-assisted-suicide-laws/

Omizo, R. (2019). Stormwatch: Machine learning approaches to understanding white supremacy online. In Ridolfo, J., & Hart-Davidson, W. (Eds.). *Rhet ops: Rhetoric and information warfare.* (pp. 142-157). University of Pittsburgh Press.

Oregon Health Authority. (2024). *Oregon Death with Dignity Act 2023 Data Summary*. https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year27.pdf

Perske, R. (1972). The dignity of risk and the mentally retarded. *Mental Retardation*, *10*(1).

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Pope, T. M. (2018). Legal history of Medical Aid in Dying: Physician assisted death in U.S. Courts and Legislatures. *New Mexico Law Review*. *48*(2).

Roberts, D. (2011). *Fatal invention: how science, politics, and big business re-create race in the twenty-first century*. New Press.

Scoccia, D. (2018). The disability case against assisted dying. In A. Cureton & D. T. Wasserman (Eds.), *The Oxford Handbook of Philosophy and Disability* (pp. 279-294). Oxford Handbooks.

Scott, R. L. (1967). On viewing rhetoric as epistemic. *Communication Studies*, *18*(1), 9-17.

Silge, J., & Robinson, D. (2016). Tidytext: Text mining and analysis using tidy data principles in R. *Journal of Open Source Software*, *1*(3), 37.

Simplican, S. C. (2015). *The capacity contract: intellectual disability and the question of citizenship*. (1st ed.). University of Minnesota Press.

Somerville, M. (2014). *Death talk: the case against euthanasia and physician-assisted suicide*. (2nd ed.). McGill-Queen's University Press.

Stormer, N. (2015). *Sign of pathology: U. S. medical rhetoric on abortion, 1800s-1960s*. Pennsylvania State University Press.

Teston, C. (2017). *Bodies in flux: Scientific methods for negotiating medical uncertainty.* University of Chicago Press.

Teston, C. (2024a). *Doing dignity: ethical praxis and the politics of care*. Johns Hopkins University Press.

Teston C. (2024b). MaiD Public Testimony. Unpublished Dataset.

Tran, M., Honarmand, K., Sibbald, R., Priestap, F., Oczkowski, S., & Ball, I. M. (2022). Socioeconomic status and Medical Assistance in Dying: A regional descriptive study. *Journal of Palliative Care*, *37*(3), 359–365.

Travis, M. (2014). Non-normative bodies, rationality, and legal personhood. *Medical Law Review*, *22*(4), 526–547.

Tobin, J., Rogers, A., Winterburn, I., Tullie, S., Kalyanasundaram, A., Kuhn, I., & Barclay, S. (2022). Hospice care access inequalities: a systematic review and narrative synthesis. *BMJ Supportive & Palliative Care*, *12*(2), 142–151.

Vacco v. Quill, 521 U.S. 793 (1997).

Walsh, L., C. & Boyle, C. (2017). *Topologies as techniques for a post-critical rhetoric* (1st ed.). Springer International Publishing.

Wachterman, M. W., & Sommers B. D. (2021). Dying poor in the US—Disparities in end-of-life care. *JAMA*, *325*(5),423–424.

Washington v. Glucksberg, 521 U.S. 702 (1997).

Wicher, C. P., & Meeker, M. A. (2012). What influences African American end-of-life preferences? *Journal of Health Care for the Poor and Underserved*, *23*(1), 28–58.

Wickham H., (2016). ggplot2: *Elegant graphics for data analysis*. Springer-Verlag New York.

Wickham et al., (2019). Welcome to the tidyverse. *Journal of Open Source Software*, *4*(43), 1686.