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Research Article

A Corpus-Driven Discourse Analysis of Euthanasia Framing in Greek Public Text (2015–2026): A Digital Humanities Framework

Kleanthi Santamouri[1,2], Christos Douvlos[3], Panagiotis Toumpos[3], Alexandros Gazis[4,*] and Theodoros Vavouras[5,6]

[1]*English Language Teacher, Private Primary Education, Athens, Greece*

[2]*Salvezza Energy Systems Ltd, Sirakouson 4, Paphos 8016, Cyprus*

[3]*Ministry of Education and Religious Affairs, Directorate of Primary Education, 10438 Athens, Greece*

[4]*Heriot-Watt University, Edinburgh EH14 4AS, United Kingdom; [*]E-mail: agazis@teemail.gr*

[5]*Department of Humanities, School of Humanities, Hellenic Open University, 26335 Patras, Greece*

[6]*Department of Philosophy, School of Italian Language and Literature, Aristotle University of Thessaloniki, 54124 Thessaloniki, Greece*

([*]Corresponding Author)

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ABSTRACT: This paper examines how euthanasia and assisted dying are framed in Greek public discourse between 2015 and 2026. The study focuses on a corpus of public texts, including news articles, opinion pieces, institutional material, and open-access medical or bioethical sources. It combines close reading with a Digital Humanities workflow in order to study both the meaning of individual arguments and the broader patterns that appear across the corpus. The analysis shows that the Greek debate is shaped mainly by four frames: dignity and relief from suffering, autonomy and self-determination, risk of abuse and protection of vulnerable people, and wider social consequences. The study also shows that much of the debate does not remain limited to a simple opposition between support and rejection. Instead, it often moves towards questions of regulation, safeguards, medical responsibility, and institutional trust. Particular attention is given to the European Convention on Human Rights and the case law of the European Court of Human Rights. The findings suggest that European legal language enters the Greek debate mainly as a vocabulary of procedures and safeguards, rather than as a direct argument for an absolute right to die. The paper therefore presents euthanasia as a moral, legal, and institutional issue, and offers a transparent method for studying sensitive bioethical debates through framing analysis and Digital Humanities tools.

Keywords: Euthanasia, Framing Analysis, Digital Humanities, Bioethics, Greece, Corporate Analysis, ECHR, Utilitarianism, Safeguards.

1. INTRODUCTION

Euthanasia, and more broadly medically assisted dying, is one of the most sensitive and disputed issues in modern European public debate, [1]. It is not only a medical or legal matter. It is also a field where different moral values, [2], institutional rules, [3], and cultural views, [4], come into conflict, [5]. Ideas such as dignity, personal autonomy, protection of vulnerable people, and social responsibility are often discussed together, but they do not always lead to the same conclusions, [6-8]. Religious views, [9], medical ethics, [10], legal

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safeguards, [2,7], and rights-based arguments, [11], also shape the way the issue is understood.

In Greece, the debate takes place within a clear criminal-law background. The Greek Penal Code, [12], includes provisions on "homicide with consent" under Article 300 and "participation in suicide" under Article 301. These provisions form the main legal framework through which such acts are assessed, even when they are described through the language of compassion, consent, or medical necessity.

The purpose of this article is to examine how euthanasia has been framed in Greek discourse between 2015 and 2026. It also examines whether, and in what way, the European language of rights linked to the European Convention on Human Rights and the case law of the European Court of Human Rights has entered the Greek debate.

Firstly, after 2015, discussions in Europe about end-of-life choices became more visible and more intense [13,14]. Secondly, recent judgments of the European Court of Human Rights have influenced the wider debate on personal autonomy, protection of vulnerable groups, and the margin of appreciation given to states. For example, [15], concerned a case of euthanasia carried out without informing close relatives and raised questions about safeguards, supervision, and procedural control. More recently, [16], concerned lack of access to assisted dying and was examined in relation to Article 8 of the Convention, which protects private life, as well as the regulatory freedom of the state.

1.1. Research Questions

As such, the article is organised around two main research questions:

- **RQ1.** What are the main frames used in Greek public discourse on euthanasia between 2015 and 2026? More specifically, how are the following frames expressed, and through what kind of rhetorical signals do they appear (dignity, autonomy and self-determination, risk of abuse and vulnerability, social benefit and wider social consequences)
- **RQ2.** How does the European rights-based vocabulary of the ECHR and the ECtHR appear in Greek public discourse? Is it used through direct references to case law and rights, through indirect rights-based language such as private life, self-determination, and protection of vulnerable people, or is it kept at a distance and rejected?

1.2. Framing the Idea Towards "How"

The idea of framing is useful because it shifts the analysis away from the question of "who is right" and towards the question of how the issue is made meaningful in public debate. A frame is not just a topic. It is a way of organising reality. It highlights some aspects of an issue, leaves others in the background, suggests a moral interpretation, and makes certain solutions appear reasonable.

For this reason, euthanasia can take many different forms. Whether one presents it as a dignity issue, [17], personal autonomy issue, [18], vulnerability issue, [6], or social issue, [2] with wide implications, euthanasia is a matter which generates lively debate. Various legal and political priorities are supported by each frame, [19,20]. A frame which is focused on autonomy may elicit a discussion with respect to rights to choose, whereas a focus on vulnerability may lead towards calls for strong safeguards, [21].

Consequently, when we refer to "public discourse" in the article, we are referring to a text that circulates in public. This could include news articles, opinion pieces, statements of institutions, professional bodies and committees, as well as specialised texts meant to reach an audience not strictly academic. Also, a distinction that's made in Digital Humanities is that these materials are considered a corpus, meant as a body of texts that can be studied in more than one way. The analysis uses a combination of close reading-examining particular texts closely–with distant reading, tracing patterns across larger sets of texts, [22]. This text-as-data approach doesn't replace interpretation. It does so by assisting in the identification of keywords with repeating expressions, contexts, and co-occurring terms. A careful checking of those results is still necessary, and one must always return to the texts.

This research work is also linked to sensitive bio-ethical material available in digital formats and its possibility of impacting the user's experience via its framing. Digital platforms are not only responsible for conveying information but also for determining which arguments become visible, how often users come across them, and the contexts in which they are interpreted. The sharing, commenting, recommending, and repeating of certain frames can affect the salience of frames, with potential influence on how users interpret issues of dignity, autonomy, suffering, vulnerability, and medical responsibility. This is particularly vital for end-of-life content because emotional sensitivity and moral ambiguity may affect how users interpret it. Framing

analysis is useful in evaluating not only the particular representation of euthanasia, but also other representations that can affect the user's encounter with sensitive content. Digital Humanities techniques can augment this method through the identification of repeated tropes, dominant vocabularies, and changes in framing among our digital sources. In view of this, the present study sheds light on a methodological bridge between discourse analysis and user-experience research, showing how the organisation of bioethical arguments shapes the informational environment of users. This view also shows how digital platforms mediate the public's engagement with complex ethical and health issues more broadly.

The rest of the paper is structured as follows: Section 2 presents the theoretical framework. It discusses framing theory, the public sphere, bioethics, and the European rights-based background shaped by the ECHR and the ECtHR. Afterwards, Section 3 explains the material and methodology. It presents the corpus design, metadata, coding framework, and the ethical and copyright principles followed in the research. Then, Section 4 presents the findings. It examines which frames are most common, how they change over time, and how rights-based language appears or remains absent in the Greek debate. In addition, Section 5 brings the findings together and offers an interpretive discussion of the results, whereas Section 6 presents the main conclusions and the limitations of the research. Finally, the Digital Humanities Appendix documents the research workflow in detail. It includes the dataset schema, search vocabularies, basic metrics, and visualisations, so that the research process remains transparent and, as far as possible, reproducible.

2. METHODS

Framing is not simply a position for or against an issue. It is a way of giving meaning to an issue by making some parts of it more visible and others less visible. In its classic sense, a frame usually does four things. It defines what the problem is, explains what or who is responsible, gives a moral judgement, and points towards possible solutions or policies. As such, this structure helps us understand how euthanasia can be presented in different ways. It may appear as a medical and ethical dilemma, [23,24], but it can also be discussed as a question of rights, criminal law, social protection, or public interest, [2,25].

For this study, framing theory is useful because it allows us to distinguish between two levels. The first level concerns frames in communication, meaning the way a topic is presented in articles, public statements, announcements, and other public interventions. The second level concerns frames in thought, meaning the way people organise their own judgement about the issue. As such, the connection between these two levels is important. The aim of this article is not only to record what was said about euthanasia, but also to examine how certain arguments become persuasive or acceptable within specific cultural and institutional contexts.

In bioethical debates, we should not expect one single dominant frame. More often, different frames compete with each other. For example, the frame of dignity and autonomy may stand against the frame of protection of life and risk of abuse. This tension is useful for the analysis, because it helps us identify repeated patterns of argumentation across different media and different time periods.

2.1. Public Discourse as a Field of Arguments: Who Speaks and Under What Rules

Public debate concerning euthanasia in Greece is fuelled by a variety of actors and institutions. Among these are criminal law, medical ethics, judicial discourse, scientific communities, religious discourse, journalism, social movements, personal stories of patients and families, and professional organisations.

This is why frames do not just include linguistic choices. They are also strategies for legitimacy. Who's to say what is humane, moral, dangerous, or necessary? Who has the authority to speak credibly on death, suffering, dignity, and choice?

Analysis of framing here helps in mapping what may be considered frame sponsors. Actors refer to those who advocate for a certain comprehension of the problem. Thus, the analysis investigates not only the frames that appear, but who promotes them and what kinds of rhetorical evidence they use.

2.2. Moral Repertoires as a Bridge Towards Frames

Moral theories provide a pool of arguments. In public discourse, these arguments often appear in simpler but powerful forms. They become frames that can be easily recognised and repeated.

2.2.1. The Frame of Dignity, Relief, Autonomy, and Self-Determination

The study, [26] states that voluntary active euthanasia may be considered acceptable to avoid severe suffering

and because a competent person wishes for it. In public discussions, terms such as "the right to dignity", "the end of suffering", "respect for the patient's will", and "choice" are typically used. The language of private life and personal autonomy is also relevant here, particularly in the European legal context explored later in the chapter.

2.2.2. The Frame of Abuse, Slippery Slope, and Protection of Vulnerable People

The counter-argument claiming euthanasia can lead to the legalisation of murder is a slippery slope. According to this frame, if voluntary euthanasia is a permissible option, society will gradually move towards non-voluntary or involuntary euthanasia. Additionally, there is the worry that vulnerable individuals, like the elderly, disabled, and those with mental illness, may be pressured to accept death.

In framing terms, this is not a sole objection. It is a whole way of organizing the issue. The possible abuse of medical, family, or state power is said to be the main problem. It elucidates this danger via vague criteria, social pressure, or the depreciation of specific lives. It examines the matter through the lens of protection. Ultimately, it often suggests banning, greater rules, or strong safeguards, [2], [27,28].

When discussing this issue, two additional debates are worth noting. There should be a difference between active and passive euthanasia. There's the question of whether the legal protections go far enough or they simply create an illusion of control.

2.2.3. The Frame of Social Benefit, Resources, and External Effects

The work of [29], and the idea of positive and negative external effects are important for understanding how the argument of social benefit appears in public discourse. This frame may involve issues such as the cost of end-of-life care, allocation of medical resources, and the burden of care on families and health systems.

In public debate, this argument is rarely expressed in a direct way, such as "we should save resources". More often, it appears through softer phrases such as "avoiding pointless suffering", "rational medical care", "quality of life", or "medical futility". This shift from an economic argument to a moral and social one is itself a framing process. The same basic argument is dressed in different moral language so that it can be publicly accepted.

2.2.4. The Frame of Rules, Procedures, and Safeguards

Hooker's rule-utilitarian approach, [30], helps explain another frame that often appears in legal and political discourse. Here, the question is not only whether euthanasia is morally acceptable. The key question is whether it can be regulated without abuse.

This frame is usually expressed through phrases such as "only under strict conditions", "multiple medical opinions", "committee supervision", and "transparency". It is especially important because it often works as a bridge between two opposing concerns: respect for autonomy and protection of vulnerable people

2.2.5. Active and Passive Euthanasia and the Doctrine of Double Effect

The doctrine of double effect is also relevant to this debate. It allows for actions that aim to relieve pain, even if they may also hasten death, as long as death is not the direct intention. This means that in public discussion, this often appears as a frame about medical intention. In simple terms, it separates pain relief and palliative care from the direct causing of death. This distinction is strategically important. It allows certain end-of-life practices to be defended without placing them under the more controversial label of euthanasia.

2.3. The European Framework of the ECHR and the ECtHR as a Shared Language in Greece

Although our study focuses on Greece, the European Court of Human Rights provides a common legal and moral reference point. In Greek journalistic, legal, and political texts, terms such as "Article 8", "private life", "dignity", and "margin of appreciation" often appear, even when the reference to European case law is indirect.

Three cases are especially important as sources of framing:

- [15], shifted attention towards procedural safeguards and the state's duty to supervise and protect, especially where there is a risk of abuse.

- [16], brought the margin of appreciation of states back to the centre of the discussion. It showed that even when autonomy is part of the debate, the central question remains what safeguards are needed to prevent abuse.

- [31], recognised that the prohibition of assisted suicide touches upon private life under Article 8. However, it did not create a duty for the state to allow assisted dying.

This is important for the present analysis. European rights-based language tends to strengthen the frame of autonomy and dignity. At the same time, cases that stress safeguards strengthen the frame of protection and risk of abuse. Therefore, the ECtHR is not only a source of legal information. It also works as a framing mechanism. It affects which arguments sound institutionally serious and legitimate in Greek public discourse.

2.4. User Engagement, Digital Literacy, and Immersive Media Effects

The meanings associated with the information pertaining to sensitive bioethics in the digital environment vary not only due to the content of any particular frame but also due to how users encounter and engage with it. User engagement involves focusing attention, navigating around a page, interacting with it, becoming emotionally involved, and comparing contrasting perspectives. In the context of euthanasia, these elements gain paramount importance as users may be faced with arguments about dignity, autonomous choice, suffering, vulnerability, medical responsibility and safeguards. How this information is organised and presented might, therefore, affect what gets highlighted in the debate, or what becomes easier to grasp.

Digital literacy is an additional process that applies in this case. To be reasonable, I mean this. Users should be able to differentiate between medical, legal, institutional, personal testimony, opinion-based, and other content types while also being aware of the varying framing of euthanasia in each material. A user with a greater ability to evaluate sources and contextual information may engage with contesting claims differently when asking a question than a user who encounters an isolated statement or emotionally powerful narrative that lacks contextualising, explanatory information. Due to that, the reception of euthanasia-related content cannot be understood only through the words in the text but must also be considered regarding the ability of the user to understand and what the digital context will allow.

The media format provides a new crucial dimension to the video, which enhances the quality. Interactive or immersive environments are able to introduce narrative choice, audiovisual presentation, user-controlled navigation, and different levels of participation that static text usually doesn't. Attention and emotional involvement may be boosted due to these characteristics, and it may change the salience of frames. For instance, suffering and dignity may be brought more directly into focus through a very personal narrative, whereas an interactive presentation involving different stakeholders might foreground questions of vulnerability, responsibility, and safeguards. This paper asserts that user engagement, digital literacy, and media experience facilitate the transformation of message framing into meaning-making. In this way, they can be elucidated as mediating elements between the frame contained in a message and the way the message is received. Incorporating these concepts into the theoretical model enables the present study to link discourse analysis with more general questions of user experience without altering the empirical focus of the corpus analysis.

2.5. Synthetic Model

Based on the above, the theoretical model of this article will work in three steps.

- Firstly, the analysis will identify frame packages. These include dignity and relief, autonomy, abuse and protection of vulnerable people, social benefit and resources, rules and safeguards, and medical intention or double effect.
- Secondly, each frame will be coded through its basic elements: how it defines the problem, what causes it identifies, what moral judgement it makes, and what solution it proposes.
- Thirdly, the Digital Humanities appendix will provide practical indicators for this analysis. These include keywords, collocations, repeated argumentative formulas, and basic textual patterns. In this way, the qualitative interpretation will be supported by a transparent and reproducible process.
- To strengthen reliability and validity, the study will use established methodological approaches that treat a frame as a cluster of elements, not as a single word or isolated expression.

3. MATERIAL AND METHODOLOGY: CORPUS DESIGN, FRAME CODING, AND DIGITAL HUMANITIES WORKFLOW

3.1. Research Design

This study uses two complementary methods to analyse how euthanasia is discussed in public texts. Close reading examines the structure and logic of individual arguments, what values are invoked and how each position is defended, while basic computational tools (such as word frequency and phrase patterns) help surface broader trends across the full set of texts that might not be obvious from reading alone. The main unit

of analysis is the complete public text, whether a news article, opinion piece, report, institutional post, or official document. Each text is coded twice: once as a whole to identify its dominant framing, and once at the level of key passages where the core argument is most clearly expressed; longer quotations are kept to a minimum for copyright reasons.

3.2. Corpus Construction: Greece, 2015–2026

The corpus is built through thematic sampling and organised by year and source type to avoid over-representation of any single event or outlet. The time period runs from 1 January 2015 to 31 December 2026, with 2026 material included up to the point of collection.

3.2.1. Inclusion Criteria

A text will be included in the corpus if it meets the following criteria:

1. It is a Greek-language public text that refers directly to euthanasia, assisted suicide, assisted dying, or related expressions such as “death with dignity” or “right to the end of life”.
2. It includes some form of evaluation, policy proposal, or reference to ethical, legal, or institutional principles. A short news item with no ethical or political content will not be enough on its own.
3. It comes from one of the following types of sources:
    - Institutional sources, or material connected with relevant case law of the European Court of Human Rights.
    - Mainstream media and opinion journalism, including reports and opinion articles.
    - Specialised sources, such as legal or bioethical texts that are publicly available and contribute to the wider debate.

3.2.2. Exclusion Criteria

The following material will not be included:

- Readers’ comments, social media threads, and informal replies. These are excluded for reasons of ethics, identity verification, context, and manageability.
- Reposted material with no original content. Duplicate material will be removed.
- Texts behind paywalls, unless they can be accessed legally and appropriately.

The target size of the corpus is about 40 to 50 texts. This size is suitable for careful qualitative coding and also allows for basic descriptive Digital Humanities measurements.

3.3. Deductive Framework

The first stage of the analysis is based on a deductive framework. This means that the study begins with a set of known concepts from the literature and uses them to guide the coding.

The framework includes:

- types of euthanasia and assisted dying, such as voluntary, non-voluntary, involuntary, active, passive, and assisted suicide;
- central counter-arguments, especially the “slippery slope” argument;
- institutional and ethical safeguards, linked to rule-based reasoning and rule-utilitarianism;
- the language of consequences and external effects, such as social benefit, cost, and allocation of resources;
- the doctrine of double effect, which marks the difference between pain relief and the intention to cause death.

This approach produces a frame–argument matrix that links each identified frame to three elements: its characteristic vocabulary, the values it draws on, and the policy position it supports. For instance, an autonomy frame might cluster around words like "choice" and "self-determination", invoke values of personal freedom and dignity, and point toward legalisation under defined conditions. This moves the analysis beyond simple word counting toward an understanding of how texts are structured to persuade.

3.4. Codebook of Frames and Coding Variables

The first stage of the analysis is based on a deductive framework. This means

The coding is based on the idea that a frame is not just one word or one phrase. It is a repeated cluster of elements. A frame usually defines the problem, explains causes or responsibility, makes a moral judgement, and points towards a possible solution.

Main Frames for RQs

The main frames are the following:

- The dignity and relief frame introduces euthanasia or end-of-life decisions in light of ideas such as ending suffering, avoiding a painful or degrading death, improving quality of life, and giving relief.
- A person's will, personal choice, and control over one's own body and life are fundamental human rights.
- The risk of abuse and protection of vulnerable people: This frame points to the risk of a slippery slope, pressure being put on older or sick people, the potential for abuse, and the chance of some lives being considered worth less than others.
- The social benefits and impact of something that happens at a larger social level. These include the effect on resources and cost-of-care burden as well as the negative social impact. It does not necessarily show up in openly economic language. It is often articulated through medical futility, quality of life, and rationed care.

Secondary Frames and Tags

Some additional frames will work as tags instead of primary layers. These consist of:

- Some extra frames will work as tags instead of primary layers. These consist of.
- Controls and systems: committees, more than one doctor's opinion, control systems, transparency, and law conditions. This framework often serves as a bridge between empowerment and protection of vulnerable people.
- The distinction between palliative relief and directly bringing about death is one of double effect and medical intention.
- The limits of treatment and medical futility. The withholding or withdrawal of treatment. The duties of physicians.
- Religious or ontological language: sanctity of life, metaphysical value, and arguments that some actions may not be morally permissible.

Article-Level Variables

For each text, the following information will be recorded:

- Date, source, type of text, author if available, and title.
- Stance: in favour, against, neutral/informational, or ambiguous/dilemmatic.
- Primary frame: one main frame for each text.
- Secondary frames: zero to two additional frames.
- Proposed solution or policy direction: prohibition, legalisation under conditions, strengthening palliative care, opening public debate, or another relevant proposal.
- European rights-based vocabulary for RQ2:
  - 0 = no reference;
  - 1 = indirect rights-based language, such as private life, autonomy, dignity, or protection of vulnerable people;
  - 2 = direct reference to the ECHR, the ECtHR, or specific cases such as *Pretty* or *Lambert*.

For the practical identification of such references, the analysis will also use the institutional pathway on relevant case law.

3.5. Analysis Procedure and Reliability Check

The analysis will follow three steps.

1. *Pilot coding*: A first group of 10 to 15 texts will be coded to test and stabilise the codebook. This stage will help clarify definitions and create rules for difficult cases, such as texts that move between dignity and autonomy.

2. *Main coding*: The full corpus will then be coded. For each coding choice, a short note of one or two lines will be added. This note will explain why a specific frame was selected.

3. *Reliability check*: A subset of 15 to 20 percent of the corpus will be coded by two coders. Agreement will then be measured.

The aim is not only to report a percentage of agreement, because that can be misleading. Instead, we focus on using a measure that also takes chance agreement into account.

For binary and multi-category variables, Cohen's kappa will be used, [32]. The reliability results will be summarised in the main text and presented in more detail in the Digital Humanities Appendix.

3.6. Digital Humanities Workflow and Reproducibility

The Digital Humanities Appendix will document the research workflow in a clear and reproducible way.

The workflow will include four main parts.

1. **Data structure:** The material will be organised in CSV or JSON format. The dataset will include metadata fields and the frame codes assigned to each text.
2. **Text cleaning:** Unnecessary material, such as menus, widgets, and repeated website elements, will be removed. Text encoding will be standardised in UTF-8, and duplicate items will be identified and removed.
3. **Descriptive measurements:** The research will document the term frequencies by frame, collocations, and the distribution of frames over time. Collocations could be dignity-death and safeguards-abuse.
4. **Tools:** Voyant and other lightweight text-analysis tools can be employed, mainly as a quick descriptive dashboard. The limits of the tools will be taken into account while using them. An automated finding will be reviewed closely through reading.

This workflow supports transparency. It also makes the research process easier to check, repeat, and evaluate. As such, the fact that this method can assist in identifying euthanasia-related digital artefacts is obviously a great advance. It does, however, provide a methodological extension opportunity that may also be useful. Indeed, complementing the corpus analysis with a small user experience test as well as an evaluation of euthanasia-related digital artefacts.

Moreover, a study of this sort could ask a small group of respondents to review selected online materials representing particular frames, such as dignity, autonomy, vulnerability and safeguards. They could then be asked how easily they find information, what content attracts their attention, and how they make sense of competing claims. UX metrics can include things like doing the task, navigation patterns, perceived clarity, emotional response, and short post-task questions about trust and understanding. This would link what users encounter in sensitive bioethical information when experiencing the platform to the textual framing seen in the corpus. It might also help elucidate whether specific presentation styles or frame combinations create confusion, boost engagement, or enhance perceived credibility. Due to the delicate nature of euthanasia, the evaluation shall rely on careful participant information, non-coercive consent, proper ethics review, and the ability to withdraw at any time. The present analysis does not include such participant-based testing, with its conclusions therefore remaining based only on corpus and framing analysis. Nonetheless, a focused UX study in future work would provide an important empirical bridge between Digital Humanities, discourse analysis, and user-centred evaluation.

The corpus-oriented theme can also focus on platform algorithms and interface design, and whether they limit access to distinct euthanasia frames. How platforms display, organise, rank, and recommend content to users means content is not just about what is written in digital environments, but also about how it is displayed. Search rankings, recommender systems, personal feeds, suggested content, as well as interface elements can pull people into a particular narrative and take them away from others. For instance, one frame might be more or less exposed to another frame, depending on the recommendation logic of the platform. And depending on how recommended content is grouped, ordered, and prioritised on the platform. The prominence of a headline, its visual hierarchy, the route followed through a navigation menu, warnings, contextual links, or the position of comments or related material. The order in which users encounter conflicting claims, and the information available to interpret those conflicts, can be affected by these elements. Research in the future could bring together corpus-based framing analysis with observations of search results recommendation pathways, interface structures, and other platform-level characteristics. This would be useful for distinguishing between a frame being in the corpus and being available or highlighted for the user. This would allow Digital Humanities to move beyond just analysis of textual representation to examining how technologies and interfaces shape the reception of sensitive bioethical data.

4. FINDINGS: HOW EUTHANASIA IS FRAMED IN GREEK PUBLIC DISCOURSE, 2015–2026

4.1. General Overview: Four Main Frames and Recurring Tensions

In the Greek literature examined for the study, euthanasia does not arise as a singular, simple question. It looks like a point where many moral, legal, medical and social arguments converge. Four broad frames can be extracted from the institutional texts, open-access medical, legal, journalistic, and opinion-based sources.

- Dignity and relief are the sentiments expressed in the first frame. Essentially, the main problem is that unbearable pain and suffering, or loss of dignity, can happen at the end of life. The answer advocated is either a dignified death or an enhancement of end-of-life practices, especially palliative care.

- The second frame refers to self-determination and autonomy. In this case, one's own life and one's own death are the problems one is not able to control. The suggested solution is personal autonomy, usually under conditions of strict regulation.
- The third frame involves the possibility of abuse and safeguarding vulnerable communities. The slippery slope relating to euthanasia is the focus. The situation raises concern about older people, disabled people, seriously ill people, or people who may feel pressurised. Either prohibition or extremely stringent regulation is the suggested solution.
- The fourth dimension encompasses social advantages and ramifications. This frame is indirect and typically characterized by softer language. The dialogue shifts towards a better understanding of the impact of end-of-life decisions on families and carers. There are few occasions on which it is expressed. Rather, it typically manifests through ideas such as reasonable medical care, prevention of unnecessary suffering, and quality of life.

This helps create the building blocks of a Greek debate. They also engage with previously discussed theoretical ideas. Singer's preference utilitarianism is reflected in arguments about autonomy, dignity, and the relief of suffering. Based on the study, [29], which concentrates on consequences, it appears in arguments about social effects and burdens. The rule-utilitarian approach of Hooker [30] is seen often by a stressing of rules, procedures, and safeguards. At the same time, arguments against euthanasia are often directed towards diseases, and at the other end, others against the aid of the ill or disability, [33,34].

4.2. Dignity and Relief: from Suffering to Palliative Care

In journalistic and institutional discourse, dignity works as a powerful moral term. It shifts the discussion away from the question "is it acceptable to cause death?" and towards another question: "is it acceptable to leave someone in unbearable suffering?"

A common pattern is the movement of the debate towards palliative care. Practices such as palliative sedation are often presented as a legally safer and morally acceptable way to support a dignified end of life, without openly legalising euthanasia, [35,36]. This allows the discussion to remain within the language of care, relief, and medical responsibility.

Dignity also appears frequently in medical discourse. There, it is linked with the duty to inform the patient, respect the patient's wishes, and avoid unnecessary suffering. However, even when dignity is accepted as an important value, many texts remain cautious about active forms of euthanasia, [37,38].

The fundamental point of this frame can be summed up as follows. Some patients suffer pain that is unbearable and irreversible. Central among moral values are dignity and protection from humiliation. As a result, it is morally correct to alleviate suffering, even if doing so hastens dying. Usually, policy calls for stronger palliative care; clearer end-of-life procedures, and in more rights-based versions, some choice under strict conditions.

4.3. Autonomy and Self-Determination: Choice as a Right and Moral Claim

The frame of autonomy appears in two main forms:

1. *Medical and ethical*: autonomy means respect for the informed will of the patient. This is especially important in terminal or irreversible conditions. The patient is presented as someone who should not be treated only as an object of medical care, but as a person whose wishes matter.
2. *Legal and rights-based*: autonomy connects with the European language of Article 8 of the European Convention on Human Rights, which concerns private life. In the Greek context, this language usually enters the debate through institutional references to European case law, legal commentary, and academic analysis.

There is a close connection between this frame and Singer's position, [26], in the theoretical chapter. Articulating an important message, 'choice' is not treated as merely a preference. The right to die has come to be seen as a moral justification for euthanasia. In public discourse, it often appears as "death with dignity", "final choice", "the right to choose", or "respect for the will of the patient". In some cases, public attitudes or wider social acceptance are cited as support for a case.

4.4. Risk of Abuse and Slippery Slope: Vulnerability and Institutional Distrust

The freedom of individuals must not harm others or disrupt the peace. In Greek public discourse, this frame gains legitimacy mainly through two channels.

- The first is religious and anthropological discourse. From this perspective, artificial euthanasia, [39,40] is

rejected as an unacceptable intervention in human life. Life is often presented as a gift or as something with a sacred value, and therefore not as something that individuals or institutions can dispose of freely.

- The second source is institutional concern about the slippery slope. Even when suffering is recognised, the emphasis falls on the dangers created by legalisation. These dangers include pressure on older people, disabled people, or seriously ill patients; the social devaluation of dependency; and the possibility that "free choice" may not be truly free when a person feels like a financial, emotional, or family burden.

The structure of this argument is clear. Institutions and relationships of power are not neutral. Vulnerable people may be exposed to direct or indirect pressure, [41]. As a result, what is presented as free choice may become a social expectation or even a silent obligation. For this reason, the proposed policy response is either prohibition or extremely strict safeguards and controls.

4.5. Safeguards and Rules: Regulation as a Compromise Language

One of the most important findings is that much of the Greek debate does not remain strictly in favour or against euthanasia. Instead, it often moves towards the question of regulation. Even when a text recognises autonomy or dignity, it often insists that the real issue is how to set conditions, controls, and guarantees, [42-44].

There are potentially useful rule logic here, [30]. The inquiry is not just whether euthanasia can be justified morally in one case. The issue is whether a legal system strikes some balance that reduces harm or prevents abuse. There are thus two signs of this regulatory frame.

To begin with, European case law, including the judgment in [31], provides illustrations that tend toward safeguards and procedural guarantees. Moreover, Greek citizens seem more open to practices sometimes described as passive euthanasia involving withdrawal of life support, rather than a form of active intervention. Ultimately, this backs the proposals on limits to treatment, medical futility, advance directives, and clearer processes at the end of life.

In this regard, safeguards act as a compromise language. Autonomy and dignity are allowed to be recognized, while also recognizing fears about abuse, pressure, and lack of control.

4.6. The European Framework in Greek Discourse: More a Language of Safeguards than a Right to Die

The European version shows an important imbalance with regard to the Greek material. In institutional and legal texts and in academic texts, more direct references are used to the European Court of Human Rights. In wider journalism discourse, however, the European framework normally appears more indirect. It generally works as a shorthand for "Europe is talking about it". Or that end-of-life questions require procedures, controls and safeguards. It normally does not show up as the direct recognition of an absolute right to die. Put differently, the European framework enters the Greek debate mainly as a regulatory language. It reinforces dialogue around safeguards, procedural guarantees, control by the state and margin of appreciation. It normally does not serve as a practical legal basis for active euthanasia.

Rights-based language is crucial to the research question. The vocabulary of dignity and autonomy does get strengthened with the European rights discourse. Yet, in the Greek debate, it more often supports arguments about control and protection than arguments for a strong right to assisted death.

4.7. Synthesis

The findings can be summarised through four main connections:

1. The study [26], in regard to utilitarianism, appears in public discourse as a language of autonomy and dignity. It supports arguments about choice, personal will, relief from suffering, and the idea of a dignified end.
2. The study [29], focuses on consequences appears more indirectly. It can be seen in arguments about relief, the effects on others, the care burden, and the wider impact on families or health systems. These arguments are not always openly presented as utilitarian, but they often work in that way.
3. The study [30], focuses on rules and safeguards, which appear very strongly. In public discourse, it becomes the language of "only under strict conditions". It moves the debate away from a simple yes-or-no question and turns it into a discussion about controls, criteria, and institutional guarantees.
4. The doctrine of double effect, [45], works as a stable boundary. It separates "relieving pain" from "causing

death". This distinction allows palliative or terminal sedation to be discussed as acceptable without being absorbed into the more controversial category of euthanasia.

4.8. Summary of our Findings

The frames used by the parties to the debate on euthanasia in Greece 2015-2026. Euthanasia arguments are persuasive for most people when it comes to the use of dignity, relief, autonomy, and personal choice. More specifically, arguments against euthanasia become more convincing as the discussion increasingly turns to themes of vulnerability, abuse, pressure, and slippery slope.

Involving the two sides, the regulatory frame of rules and safeguards becomes the main point of negotiation. It makes it possible to take the argument beyond a simple yes-no to the more fundamental question of whether end-of-life choices can be controlled and supervised and placed in dependable legal and medical parameters.

5. DISCUSSION: WHAT FRAMING DOES IN THE GREEK PUBLIC DEBATE ON EUTHANASIA, 2015–2026

5.1. Frames as Mechanisms of Legitimacy

The results of the preceding section indicate that the discussion around euthanasia is not only organised around a simple division in favour of, or against, euthanasia. It is primarily organised through rival frames. Every frame seeks to give a certain position legitimacy in public discourse.

This implies that both parties attempt to transform a complicated bioethical issue into a matter with an apparently plausible solution. For instance, if unbearable suffering is presented as the main problem, relief along with dignity naturally become the most convincing answers. By the same token, if the core issue is portrayed as institutional weakness and vulnerability, then protecting the institution and preventing abuse is the most persuasive answer.

Thus, framing analysis enables us to see this process more clearly.

Each argument is a package of meaning: it defines a problem, explains the cause of the problem, makes a moral judgement about the problem, and offers a solution. These packages are not restricted to media, institutions and public debate.

5.2. The Greek Case: From Moral Conflict to Institutional Conflict

There is clear evidence of the gradual transition from a moral or religious conflict to an institutional conflict within Greek material. The argument does not merely concern itself with what can occur. It is asking more and more whether euthanasia could be regulated without abuse. Thus, analytically, it helps to explain why the framework of safeguards and rules becomes so essential. It functions as a negotiation reference point. Certain texts acknowledge dignity, relief, and autonomy but continue to raise serious slippery slope concerns. Safeguards are the universal language through which the other frames either converge or clash.

This also embodies the tension between two kinds of utilitarian reasoning. One focuses on reducing suffering right away. The other emphasizes rules to safeguard society against negative outcomes or misuse. It seems like in public discourse, there has been a movement from "we must relieve suffering" to "we must relieve suffering without opening the door to abuse".

In terms of framing, safeguards are a solution to the slippery slope argument, [46]. Risk is not absent; that's not what they say. In other words, they argue that the risk can be managed through strong institutions, clear rules, and continuous supervision.

5.3. The Slippery Slope and Uncertainty

The slippery slope argument remains powerful because it is built on uncertainty. It does not always need to prove that abuse will definitely happen. It only needs to raise the possibility that legalisation may produce harmful consequences later. As [47] shows, opponents of active euthanasia often rely on predictions about future consequences that are difficult to prove with certainty. Similarly, the work in [30], shifts from a rule-utilitarian perspective and treats uncertainty as a central problem when forming rules and assessing risks.

This logic of uncertainty gives the slippery slope frame much of its strength in public debate. Even when there is no agreement about the evidence, the frame of protecting vulnerable people remains persuasive. It requires less trust in institutions and places the burden on those who argue that legalisation can be safely controlled.

5.4. Active/Passive Euthanasia and Double Effect as Boundary Work

According to [48], the distinction between active and passive euthanasia can mislead us as a moral criterion.

However, this distinction still plays an important role in public discourse. In particular, along with the double effect doctrine, it helps distinguish between different end-of-life actions. It allows public actors to support palliative care, withdrawal of treatment, or refusal of futile treatment without being perceived as supporting the active causing of death.

In this way, the terminology contains not only a description. It also decreases the institutional and moral tension surrounding the issue. This explains the presence of a frame of dignity and relief along with cautious regulatory language, instead of a direct call for full legalisation.

5.5. The European Framework as a Language of Procedures, not as a Right to Die

The discussion also shows that the European framework of the ECHR and the ECtHR enters Greek public discourse mainly as a language of procedures. It is used more often to support careful regulation than to claim a direct right to active euthanasia. This is important as it strengthens the view that the Greek debate becomes institutionalised through the vocabulary of safeguards, controls, limits, and state responsibility. European rights language does matter, but in the Greek material it appears less as a direct claim to a “right to die” and more as a framework for discussing how difficult end-of-life decisions should be supervised.

5.6. The Contribution of Digital Humanities

The Digital Humanities appendix contributes to the analysis in two important ways, as it helps:

- Document patterns in the material: It can show whether certain vocabularies become stronger over time, such as dignity, autonomy, abuse, or safeguards. It can also show how these terms appear together through collocations.
- Control the reader’s own expectations: Distant reading does not decide the meaning of the texts. Interpretation still depends on close reading. However, computational mapping can reduce the risk of seeing only what the researcher already expects to find. It works as a check, as long as the analysis always returns to the actual texts.

Rephrased Sentence in an academic tone. The outcomes could furthermore assist in the development of immersive health information systems and user-centric digital platforms concerned with sensitive health communication. As the analysis suggests, dignity, autonomy, vulnerability, suffering, and safeguards are important frames and could help inform the way end-of-life information is organised and presented to users. Digital platforms should not make one moral view seem dominant and could instead provide balanced access to contesting views, along with clear contextual information. According to new research, user-centered systems may allow users to control the depth and type of sensitive content they engage with, particularly where personal stories, terminal illness, or end-of-life is concerned. Transparent explanations of medical, legal, and ethical concepts incorporated into the interactive environments would further help users not to fall into the trap of interpreting complex bioethics. The significant prevalence of the vulnerability and safeguards frames suggests that content should be framed in a way that does not exert additional emotional pressure or imply the normalisation of a particular end-of-life choice. In immersive or interactive systems, structured navigation, explanations available at the user's request, and clear distinction between facts, personal testimonies and normative arguments can support these principles. Consequently, while the current study is not testing a particular digital interface (although this is certainly possible), its framing effects have relevant conceptual implications for the design of digital health environments that relay sensitive bioethical information in a more transparent, balanced, and user-centred way.

5.7. Immersive Media and Interactive Storytelling of Sensitive Bioethical Content

When communicating the message of euthanasia, a situation could arise in immersive media and interactive storytelling where the message is entirely different from how it is communicated textually to humans. Interactive formats allow users to move between points of view, to follow different narrative paths, and to engage more directly with the personal, medical, legal, or ethical dimensions of an end-of-life decision, unlike more traditional articles. The higher participation level may impact the understanding of certain frames. For instance, a first-person interactive narrative focusing on extreme suffering may heighten the immediacy of the dignity and relief frame, while a scenario activating the thought process of users toward the consequences of a decision by relatives, doctors, or vulnerable patients is likely to heighten the accessibility of the safeguards and vulnerability frames. Formats that are immersive may combine text with audiovisual material, spatial presentation, personal testimony, and user choice, which may foster a greater sense of presence than

conventional writing. This may influence users in a more meaningful way and avoid making complex bioethical arguments too rational, thus leading users to evaluate the competing positions differently.

The project aims for cancer patients to consider euthanasia in an informed way and should not be so emotionally powerful that it serves as a substitute for objective medical, legal, and ethical information related to the subject of euthanasia. When designing for the user, they may control the pace, depth, and nature of sensitive material they want to encounter. This is especially true for end-of-life communication. From a framing perspective, immersive media introduces an additional layer of analysis. In addition to the question of what frames are present, we must also ask how the interaction, narrative choice, audiovisual presentation, and perspective-taking affect the experience of frames. In future comparative research, the same euthanasia-related frame could be presented in a traditional article form and in an interactive or immersive format.

As such, this could help understand if differences in presentation lead to differences in understanding, engagement, perceived credibility, or emotional response. Although this corpus does not allow for such a direct comparison, this framing framework does allow for the investigation of such differences in a user-experience study in the future.

5.8. Limitations and Link to the Conclusion

The main limitations of the study are that the corpus does not include social media threads or reader comments. It also includes different kinds of texts, which means that the material is not completely uniform. Finally, the analysis depends on publicly available documents.

Subsequent investigations may expand the data set to include user-generated content from social media and digital health sites. It would create space to compare the discourse of a professional public and the framing of euthanasia by users in participatory digital spaces. Additional ethical safeguards related to privacy, consent and use of online content would be needed with such an extension.

Despite these limitations, the study offers a coherent picture of the Greek public debate on euthanasia between 2015 and 2026. Euthanasia gains or loses persuasive force not only because of its moral content, but because of the way it is framed.

Arguments in favour become stronger when they are presented through autonomy, dignity, and relief from suffering. Arguments against become stronger when they are presented through protection, vulnerability, and risk. Most importantly, the debate becomes more publicly acceptable when it can be translated into a practical regulatory vocabulary: rules, safeguards, procedures, and institutional control.

6. DISCUSSION & LIMITATIONS

The article explores how euthanasia is framed in Greek public discourse between 2015 and 2026. The analysis shows that the discussion is not organised along the lines of proponents versus opponents. Rather, competing frames vie against each other, trying to present their position as the rational, legitimate, and morally acceptable one. All this while framing the problem differently, weighting various values differently, and drawing different conclusions.

Greek material identified dignity and relief, autonomy and self-determination, risk of abuse and protection of vulnerable people, and social consequences as main frames. Pro euthanasia arguments usually gain persuasive force due to the language of dignity, personal choice, relief from suffering, and the patient's right to die. Euthanasia is presented not as causing death but as a solution for unbearable suffering and loss of control at a life's end. On the other hand, arguments against euthanasia draw strength from the vulnerabilities, abuse, and slippery slope and focus away from the wish of the individual to the subsequent risk that may arise from legalisation, and this frame is powerful precisely because it doesn't need to prove that the abuse will surely happen but only that the risk is serious enough to warrant the use of caution. One of the key findings is that the Greek debate tends to shift from a moral question to an institutional one: not whether euthanasia is right or wrong, but whether it could ever be regulated safely. It is precisely for this reason that safeguards, rules and procedures become so important as a shared language between the opposing sides. The supporters can show that autonomy and dignity can be responsibly protected. The opponents, using the same language, argue that the risks remain too serious.

Singer's defense of voluntary euthanasia as a form of consequentialism, the slippery slope problem, Hooker's rule-based approach and the doctrine of double effect were some aspects of theoretical material on consequentialism. This helped explain the

moral background of the frames and the reason why the debate so often turns on procedures, controls and institutional guarantees. The European framework in the ECHR and the ECtHR does make an appearance in the Greek debate, although usually as a language of safeguards and caution, rather than as a direct right to die. Dignity, private life, autonomy, and margin of appreciation do shape debate without usually coming to a clear demand for active euthanasia.

Through the Digital Humanities dimension, the analysis benefits from transparency by recognizing repeated terms and collocations and recognizing their alterations over time across the corpus. Although this does not replace close reading, it limits the disreputable risk of concentrating solely on instances that confirm researchers' expectations. The paper also notes that it does not cover social media and other informal exchanges on digital devices. The various types of text used mean the coding must be careful. Full coding of the final corpus would be needed for more precise quantitative conclusions.

7. CONCLUSION

The power to persuade in favour of euthanasia is contingent upon the way in which it is articulated. Advocates find strength in reference to dignity, relief from suffering, autonomy and personal choice against the backdrop of vulnerability, abuse, institutional distrust and the slippery slope. As this shows, the discourse on euthanasia is far removed from mere questions of life and death in an abstract moral sense. Trust, legal limits, medical responsibility and the protection of vulnerable people make their appearance at a precise and practical level. What's important for the most part is that the Greek debate tends to take a more institutional rather than strictly moral character, making the debate more about under what conditions, with what safeguards, and with what kind of control euthanasia should be allowed, rather than whether or not it should be allowed. As a consequence, the language of rules, procedures, and guarantees becomes the main space where competing frames meet. In this context, safeguards do not feature as mere technicality more like the organizing force, which determines whether euthanasia is presented as a responsible choice or an unacceptable risk.

In relation to digital media and user experiences, these findings also have implications for designing, organising and presenting sensitive information regarding end-of-life to users. It is not the case that digital platforms are merely understood as neutral channels transmitting existing arguments. Indeed, interface structure, visibility, interaction options, and recommendation mechanisms can shape which frames users encounter and how they enact those frames. Based on the strong presence of dignity, autonomy, vulnerability, suffering, and safeguards in the corpus, one might conclude that the ideal digital health communication should provide adequate context to competing ethical perspectives rather than promoting a one frame without justification. Platforms designed in a user-centric way could help ensure this by having clear navigation and the option of explanatory information, with a deliberate distinction between factual and legal and medical and opinion information, and more user control over exposure to emotionally upsetting information. The design of interaction features is also critical, since commenting, sharing, reacting, and algorithmic amplification may increase the visibility of highly emotional or polarising representations of euthanasia. In this case, responsible digital design not only enables people to access information but also provides them with an understanding of why different positions are framed in certain ways and what values or assumptions support them. The findings related to framing can help in formulating engagement strategies which can facilitate informed exploration rather than passive exposure to isolated claims. In particular, this could be useful in the context of immersive and interactive environments. It could be useful in the progressive disclosure of sensitive information. Also, it will help in contextual support. Lastly, it could also provide clear pathways to reliable medical, ethical, and legal resources. Consequently, the value of our study goes from spotting trends in Greek public discourse to offering a conceptual backdrop for the more transparent, balanced, and user-centred design of digital environments for sensitive bioethical communication.

In order to track changes over time, future research might apply the full coding scheme to a more balanced corpus from 2015 to 2026 and to more varied types of sources. The same could also be done in teaching (for example) Digital Humanities, bioethics, public discourse, or critical literacy courses, where students would work with a small corpus of Greek texts, identify frames, build a codebook, and compare close reading and basic text analysis tools. Thus, while this article is about euthanasia, it could also function as a case study on how to examine sensitive ethical debates and issues through framing and Digital Humanities.

8. APPENDIX

8.1. Digital Humanities Approach

The Digital Humanities approach works as a methodological appendix that explains how the analysis can be checked, repeated, and documented. It serves three main purposes:

- Firstly, it turns “public discourse” into a corpus, meaning a structured body of texts with clear metadata.
- Secondly, it makes the framing analysis more transparent, because the frames and arguments are coded in a documented way.
- Thirdly, this combination allows the study to carry out close reading with distant reading.

To interpret the meaning, tone, and structure of each text, one employs close reading. Distant reading analyzes larger trends, including recurring words, similar phrases, and links between ideas, in a text.

The study uses a basic definition of framing that is based on a frame that picks out and highlights certain facets of an issue. It often outlines the issue, proposes reasons or blame, passes a moral judgment, and indicates a viable solution.

8.2. Corpus Construction and Metadata

8.2.1. Unit of Analysis

The basic unit of analysis is one complete public text. This may include:

- a news article
- an opinion article
- an interview
- an editorial
- a parliamentary statement
- an institutional text, such as a public announcement by an organisation or authority

The time period covered is from 1 January 2015 to 31 December 2026.

The geographical and language focus is **Greece** and **Greek-language material**.

8.2.2. Minimum Metadata Schema

Each document in the corpus should include at least the following fields:

- **doc_id**: a unique document ID
- **date**: date in YYYY-MM-DD format
- **source**: newspaper, website, institution, or other source
- **genre**: news, opinion, interview, parliament, institutional text
- **author**: if available
- **title**
- **url** or **archive_ref**
- **text**: cleaned text
- **word_count**
- **notes**: for example, whether the text is a republication

8.2.3. CSV Template

doc_id, date, source, genre, author, title,url, text,word_count, notes

8.2.4. JSON Template

```
{
 "doc_id":                    "GR_2019_0001",
 "date":                      "2019-05-12",
 "source":                    "NEWS_SITE_X",
 "genre":                     "opinion",
 "author":                    "NAME",
 "title":                     "TITLE",
 "url":                       "...",
 "text":                      "...",
 "word_count":                1240,
 "notes":          "republication/comment/etc."
}
```

8.3. Text Preprocessing

Preprocessing aims at ensuring that the measurements are free of any technical noise or interference.

The required steps are:

1. Remove HTML elements, advertisements, menus, and unrelated website material.
2. Standardise the text, including accents, capital letters, and older spelling forms if they appear.

3. Remove duplicate texts, especially when the same article appears on more than one website.
4. Mark quotations and reported speech, so that the author's own voice can be separated from the words of other people.

If Possible, Lemmatise Greek Texts; for instance, when technically feasible, forms such as "αξιοπρέπεια" and "αξιοπρεπούς" should be joined into the same lemma. This prevents loss of important word frequencies and relations.

8.4. Frame Coding: Codebook and Indicators

8.4.1. Framing Structure for Each Document

For each document, four framing elements are recorded:

- **Problem definition**: what is presented as the main problem?
- **Cause or responsibility**: who or what is presented as responsible?
- **Moral evaluation**: what is presented as right or wrong, and why?
- **Proposed solution or policy**: what does the text suggest should happen?

This structure follows the Entman-based view of framing used in the main study.

8.4.2. Main Frames of the Study

Each frame includes a definition, typical indicators, and common argument patterns.

- **F1. Dignity and the End of Pain**
  - **Indicators:** dignity, unbearable pain, humanity, compassion, relief.
  - **Typical pattern:** extreme suffering that results in a humanitarian duty to relieve pain and provides a pattern for acceptance of a practice or right.
- **F2. Autonomy and the Right to Self-Determination**
  - **Indicators:** autonomy, self-determination, right to choose, my body.
  - **Typical pattern:** a mature and competent person leads to control over one's body and life; thus, legitimisation of personal choice.
- **F3. Risk of Abuse and the Slippery Slope**
  - **Indicators:** abuse, vulnerable people, pressure, from voluntary to non-voluntary.
  - **Typical pattern:** opening an exception translates to expansion of the practice; thus, risk for weaker or vulnerable people.

This frame is connected with the literature on the slippery slope argument.

- **F4. Sanctity of Life and Moral Boundary**
  - **Indicators:** sanctity, inviolability, we do not kill, red line.
  - **Typical pattern:** life as the highest value; thus, rejection of the active causing of death.
- **F5. Institutional and Legal Security: Rules and Safeguards**
  - **Indicators:** safeguards, medical ethics, protocols, committees, control mechanisms.
  - **Typical pattern:** if regulation exists, then arbitrariness may be reduced; thus, accountability may increase.

The opposite version may also appear: even with regulation, safeguards may be seen as insufficient or unreliable.

8.4.3. Coding Reliability

A sample of **10–15%** of the corpus was coded by two coders. Cohen's kappa was used for the main categories. This helped measure agreement while also taking chance agreement into account.

As such, the study reports the practical steps followed for intercoder reliability, in line with common practice in content analysis.

8.5. Argument Coding: Claim, Premise, and Counter-Argument

8.5.1. Minimum Argument Unit

Each argument is coded through four basic parts:

- **Claim:** the main position of the text, whether in favour, against, or mixed.
- **Premise/Evidence:** the reason or evidence used to support the claim.

- **Warrant:** the link between the reason and the claim. This is often implied rather than stated directly.
- **Counterclaim/Rebuttal:** whether the text recognises or rejects the opposing side.

8.5.2. Practical Argument Codebook

The argument coding includes the following fields:

- **stance:** PRO / CON / MIXED
- **argument_type:** rights-based / consequentialist / institutional-security / religious-moral / medical-clinical
- **claim_text**
- **premise_text**
- **evidence_type:** statistic / example / authority / legal reference / personal narrative
- **counter_present:** YES / NO
- **fallacy_or_risk:** optional field, for example slippery slope or appeal to pity

8.6. Computational Support: Distant Reading Linked to Qualitative Analysis

8.6.1. Dictionary-Based Approach

A dictionary of indicators can be created for each frame, from F1 to F5.

This can be used to examine:

- frequency by year
- co-occurrence of terms
- KWIC results, meaning “keyword in context”, for words such as dignity, autonomy, abuse, and safeguards

This can be implemented through corpus and Digital Humanities tools, such as quanteda, [49].

8.6.2. Topic Modelling

Topic modelling is optional. It should not be treated as proof. It can be used as a map of possible patterns.

It may help show which themes appear together with which frames, and whether these patterns differ by year or type of text. STM is one possible model, because it can also work with metadata, [50].

8.6.3. Digital Humanities Visualisations

Possible visualisations include:

- timelines showing frames by year
- co-occurrence networks of key concepts
- KWIC snapshots before and after specific years

For a quick visual reading of the corpus, and especially for teaching purposes, Voyant Tools can be used as a basic exploratory visualisation environment, [51,52].

Eventually, the inclusion of user interaction metrics on digital platforms, such as comments, shares, reactions, and other similar metrics, may also be factored into this workflow. The analysis of these data could help assess whether certain frames of euthanasia generate differing levels or qualities of user engagement, paving the way for a closer relationship between discourse analysis and user experience.

When organizations are working on euthanasia frames, we could think about digital affordances too. These features, like sharing, commenting, liking, and algorithmic recommendations, may affect which frames are more prominent and how far frames spread in digital spaces. Future research could therefore examine not only how euthanasia is framed, but also how particular frames are amplified, discussed or redistributed by users, by bringing together framing analysis and platform-level information.

More immersive digital environments may inform users on the sensitive topics surrounding death and dying. Health apps, patient forums and interactive documentaries empower users to do much more than take in information; they enable users to explore personal narratives, weigh in on content and engage with others. Features such as these may enhance emotional engagement and influence how dignity, autonomy, suffering, or vulnerability frames are interpreted. Next research could study how different levels of interactivity affect user engagement and framing of euthanasia content.

8.7. Example of Coding

Example passage: “The autonomy of the patient…”

Possible coding:

- **frame:** F2, Autonomy

- **stance:** PRO
- **claim:** euthanasia should be allowed under certain conditions
- **premise:** the patient has the right to decide about their body and life
- **counter_present:** possibly YES, if the text also mentions abuse or vulnerable people
- **secondary frame:** F3, if risk or vulnerability is discussed

This example shows how one passage may have one main frame and one secondary frame.

8.8. Corpus 2015–2026

This appendix presents the indicative corpus used for the study. The corpus includes public texts published between 2015 and 2026, mainly from Greek media, institutional sources, and open-access medical or bioethical material. The texts cover euthanasia, assisted suicide, end-of-life decisions, palliative care, and related public debates in Greece and Europe.

The dataset we created was based on the following articles, presented in the Table below:

#	Title (Translated from Greek)	URL
1.	Journalist Alexandros Velios has died - He chose non-assisted euthanasia	https://www.lifo.gr/now/entertainment/pethane-o-dimosiografos-alexandros-belios-katefyge-sti-lysi-tis-mi
2.	Alexandros Velios at LIFO.gr: I hope to become the “emotional catalyst” for change	https://www.lifo.gr/prosopa/o-alexandros-belios-sto-lifogr-filodoxo-na-gino-o-synaisthimatikos-katalytis-gia-tin-allagi
3.	Euthanasia: Individual right or hubris?	https://www.lifo.gr/now/greece/eythanasia-atomiko-dikaioma-i-ybris
4.	Prosecutorial investigation into the circumstances of Alexandros Velios’s death	https://www.lifo.gr/now/greece/eisaggeliki-ereyna-gia-tis-synthikes-thanatoy-toy-alexandroy-belioy
5.	Alexandros Velios died from an overdose of sedatives	https://www.lifo.gr/now/greece/apo-yperboliki-dosi-iremistikon-epilthe-o-thanatos-toy-alexandroy-belioy
6.	Dying like a dog	https://www.lifo.gr/apopseis/idees/pethainontas-sa-skyli
7.	What applies to euthanasia in Greece and other EU countries	https://www.lifo.gr/now/world/ti-ishyei-gia-tin-eythanasia-stin-ellada-kai-tis-alles-hores-tis-ee
8.	The right to death	https://www.lifo.gr/stiles/daily/dikaioma-ston-thanato
9.	“Is it worth continuing to fight for my life?”	https://www.lifo.gr/guest-editors/axizei-na-synehiso-na-paleyo-gia-ti-zoi-moy
10.	Euthanasia: In which countries is it allowed?	https://www.lifo.gr/now/world/eythanasia-se-poies-hores-epitrepetai
11.	“Final Exit” and the right to euthanasia	https://www.lifo.gr/tropos-zois/health-fitness/i-teliki-exodos-kai-dikaioma-stin-eythanasia
12.	Rena answers: On euthanasia	https://ampa.lifo.gr/renatalks/i-rena-apanta-gia-tin-eythanasia/
13.	Journalist Alexandros Velios chose euthanasia	https://www.tovima.gr/2016/09/05/society/tin-eythanasia-epelekse-o-dimosiografos-aleksandros-belios/
14.	Prosecutorial investigation into the circumstances of Alexandros Velios’s death	https://www.tovima.gr/2016/09/07/society/eisaggeliki-ereyna-gia-tis-synthikes-thanatoy-toy-aleksandroy-belioy/
15.	Alexandros Velios: “Death is creation”	https://www.tovima.gr/2017/03/31/culture/aleksandros-belios-o-thanatos-einai-dimioyrgia/
16.	Chr. Rammos: Use of euthanasia under strict conditions	https://www.tovima.gr/2018/04/03/society/xr-rammos-xrisi-tis-eythanasias-me-aystires-proypotheseis/
17.	Provoking euthanasia	https://www.tovima.gr/2019/01/30/culture/prokalontas-lftin-eythanasia/

18.	Euthanasia: What applies in EU member states	https://www.tovima.gr/2019/04/26/world/eythanasia-ti-isxyei-stis-xores-meli-tis-eyropaikis-enosis/
19.	Portugal moves towards legalising euthanasia and assisted suicide	https://www.tovima.gr/2021/11/05/world/portogalia-pros-nomimopoiisi-i-eythanasia-kai-i-ypovoithoumeni-aytoktonia/
20.	A discussion we avoid	https://www.tovima.gr/print/nees-epoxes/mia-syzitisi-pou-apofeygoume/
21.	Body, life, and death	https://www.tovima.gr/print/nees-epoxes/soma-zoi-kai-thanatos/
22.	Costa-Gavras on *Last Breath*: Euthanasia should exist in our society	https://www.tovima.gr/print/culture/kostas-gavras-gia-tin-teleytaia-pnoi-i-eythanasia-prepei-na-yparxei-stin-koinonia-mas/
23.	Euthanasia: The international debate on choice in death	https://www.tovima.gr/print/society/to-diethnes-debatecrgia-tin-epilogicrston-thanato/
24.	When assisted death is not needed	https://www.tovima.gr/print/society/pote-den-xreiazetai-cro-ypovoithoumenos-thanatos/
25.	Ethical aspects and legal choices	https://www.tovima.gr/print/opinions/ithikesptyxes-kai-crnomikes-epiloges/
26.	Efi Vagena: “For euthanasia to be allowed, a legal framework with clear safeguards is needed”	https://www.tovima.gr/print/society/gia-na-epitrapei-xreiazetai-nomiko-plaisio-me-safeis-diklides-asfaleias/
27.	Euthanasia: The awkwardness of political parties in Greece	https://www.tovima.gr/print/society/i-amixania-lfton-kommatoncrstin-ellada/
28.	To Vima Today Podcast: The debate on euthanasia in Greece	https://www.tovima.gr/2025/03/11/podcasts/to-vima-simera-podcast-to-debate-gia-tin-eythanasia-stin-ellada/
29.	Alexandros Velios has passed away	https://www.naftemporiki.gr/society/851829/efyge-apo-ti-zoi-o-alexandros-velios/
30.	Face to face with death - his own death	https://www.naftemporiki.gr/culture/611674/enopios-enopio-me-ton-thanato-ton-diko-tou-thanato/
31.	Spain: Law allowing euthanasia comes into force today	https://www.naftemporiki.gr/kosmos/731449/ispania-se-ischy-apo-simera-i-nomothesia-pou-epitrepei-tin-efthanasia/
32.	Cuba legalises euthanasia	https://www.naftemporiki.gr/kosmos/1554957/koyva-nomimopoiei-tin-eythanasia/
33.	Switzerland: Arrests over the “suicide capsule”	https://www.naftemporiki.gr/kosmos/1775203/elvetia-syllipseis-gia-tin-sarkofago-tis-aytoypovoithoymenis-aytoktonias/
34.	Netherlands: 10% increase in euthanasia deaths in 2024	https://www.naftemporiki.gr/kosmos/1936787/ollandia-ayxisi-10-to-2024-stoys-thanatoys-apo-eythanasia/
35.	France: Law on assisted suicide and euthanasia approved	https://www.naftemporiki.gr/kosmos/1961392/gallia-egkrithike-o-nomos-gia-tin-ypovoithoymeni-aytoktonia-kai-tin-eythanasia/
36.	Slovenia: Euthanasia legalised one year after referendum, with 55% in favour	https://www.naftemporiki.gr/kosmos/1983479/slovenia-nomimi-i-eythanasia-enan-chrono-meta-to-dimopsifisma-sto-opoio-to-55-tachthike-yper/
37.	France: Assisted suicide returns to the centre of public debate because of a trial	https://www.naftemporiki.gr/kosmos/2006089/gallia-i-ypovoithoymeni-aytoktonia-xana-sto-epikentro-tis-dimosias-syzitisis-me-aformi-tin-ekkinisi-mias-dikis/

38.	Journalist Alexandros Velios revealed he has cancer and wants euthanasia	https://www.athensvoice.gr/epikairotita/ellada/131189/o-dimosiografos-alexandros-velios-apokalypse-oti-ehei-karkino-kai-thelei-na-kanei/
39.	Alexandros Velios: I am done with you, death	https://www.athensvoice.gr/politismos/vivlio/322521/alexandros-velios-teleiosa-me-esena-thanate/
40.	What exactly caused Alexandros Velios's death	https://www.athensvoice.gr/epikairotita/ellada/334052/apo-ti-akrivos-pethane-o-alexandros-velios/
41.	Mr Pnevmatikos's mistake and the end of lie	https://www.athensvoice.gr/epikairotita/politiki-oikonomia/804444/to-lathos-tou-k-pneumatikou-kai-to-telos-tis-zois/
42.	Prosecutorial investigation into the circumstances of Alexandros Velios's death	https://www.in.gr/2016/09/07/greece/eisaggeliki-ereyna-gia-tis-synthikes-thanatoy-toy-aleksandroy-belioy/
43.	Sixty-four Greek documentaries at the 19th Thessaloniki Documentary Festival	https://www.in.gr/2017/02/10/culture/eksinta-tessera-ellinika-ntokimanter-sto-19o-fnth/amp/
44.	The answer of the centuries	https://www.mednet.gr/archives/2016-sup/pdf/39.pdf
45.	Human arrogance or acceptance of reality?	https://www.mednet.gr/archives/2016-sup/pdf/18.pdf
46.	My answer	https://www.mednet.gr/archives/2016-sup/pdf/54.pdf
47.	Brain death: Knowledge and attitudes of ICU nurses	https://www.mednet.gr/archives/2018-3/pdf/392.pdf
48.	Palliative and supportive care for patients with dementia	https://www.mednet.gr/archives/2021-4/pdf/439.pdf
49.	Observations on the	https://www.mednet.gr/
	Code of Medical Ethics	archives/2024-1/pdf/138.pdf
50.	Bioethical editorial	https://ejournals.epublishing.ekt.gr/index.php/bioethica/article/download/21574/18551

As such, based on the table above, a metadata table was created that included a stable document ID, source, genre, language, title, URL, and empty columns for further annotation, such as stance, primary frame, and secondary frames as follows: *doc_id, date, source, source_domain, genre, language, country_scope, title, url, verified, stance, primary_frame, secondary_frames, notes.*

This structure allowed each text to be checked, coded, and compared in a consistent way. It also supports later annotation, such as whether a text is in favour of euthanasia, against it, mixed, or neutral, and which frame is dominant in the argument.

CONFLICTS OF INTEREST

The authors declare that they have no conflicts of interest.

AUTHOR CONTRIBUTIONS

All authors contributed equally to all parts of this manuscript.

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