

Terminology use and self-determination in end-of-life coverage by Korean national daily newspapers: a quantitative content analysis

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Abstract

Background: In the Republic of Korea, discussions of end-of-life decision-making have expanded since the implementation of the Act on Decisions on Life-Sustaining Treatment. However, terms such as “death with dignity,” “euthanasia,” physician-assisted suicide (PAS), and withholding or withdrawing life-sustaining treatment are often used interchangeably, thereby obscuring the specific acts to which the right to self-determination applies. This study analyzed terminology use and news frames in the end-of-life coverage of seven Korean national daily newspapers and examined how self-determination was addressed.

Methods: We conducted a quantitative content analysis of 106 articles on end-of-life decision-making retrieved from BIGKINDS and published in seven national daily newspapers between 2023 and 2025. We coded terminology use, topic of discussion, eight news frames, stance, and supporting and opposing rationales. Reliability was assessed using test–retest coding (intra-coder Krippendorff’s $\alpha = .659–1.000$) and independent coding of a 25-article subsample by a second coder (inter-coder $\alpha = .629–1.000$). Selected distributional differences were examined using exact tests.

Results: Conflation or misuse of core terms was identified in 55.7% of the articles. PAS was most commonly referred to as “euthanasia” (31 articles) or “death with dignity” (24 articles). The legal-institutional frame was present in 98.1% of the articles and was the primary frame in 60.4%, whereas the autonomy frame was present in 93.4% of the articles but was the primary frame in only 11.3%. The relational-family frame was present in 67.9% of the articles, and opposing rationales focused more on potential abuse and social pressure than on the sanctity of life.

Conclusions: In these newspapers, the autonomy frame appeared in most articles but was rarely the central focus; coverage centered instead on legal-institutional issues concerning the permissible scope, requirements, and procedures for end-of-life acts. Terminological conflation obscured the distinctions between these acts and the scope of choice applicable to each. Safeguarding end-of-life self-determination requires conceptual clarity about the acts involved, legal and procedural safeguards for patient choice, and the relational and social conditions that enable autonomous decision-making.

Trial registration: Not applicable.

Background

As Korea has become a super-aged society, end-of-life decision-making has emerged as an important medical, legal, and ethical issue concerning the scope and limits of the right to self-determination. While a growing number of countries permit physician-assisted suicide (PAS) or active euthanasia, Korea has institutionalized withholding or withdrawing life-sustaining treatment for patients in the dying process under the Act on Decisions on Life-Sustaining Treatment, which took effect in 2018 [1]. However, the extent to which patients are entitled to make decisions about the end of their lives remains a significant social and legal issue. This debate has continued through the successive introduction of bills concerning

“assisted death with dignity” in 2022 and 2024 and the filing of a constitutional complaint (2023Hun-Ma1396) in December 2023 challenging, among other issues, legislative omission in this area [2-4].

The right to self-determination at the end of life is both a subject of normative debate and an issue whose social meaning and public understanding may vary according to how news media name and represent it. By providing frames through which particular issues are interpreted, the news media influence the criteria by which the public forms judgments and policy preferences [5-8] and extend discussion of death and illness from the private sphere into the arena of public debate [9,10]. How the media name end-of-life issues and the frames through which they present them may therefore affect public deliberation and legislative discussion. Terminological confusion is more than a matter of expression. It shapes the social understanding of the right to self-determination at the end of life. A recent study showed that public perceptions of and support for PAS may vary depending on the term used to describe it [11]. A public opinion survey also used “assisted death with dignity” to refer to PAS [12]. The way a concept is named can produce framing effects by activating particular values and interpretive schemes [8,13]. Using identical or similar terms for distinct end-of-life acts can obscure the specific acts to which the right to self-determination applies and the scope of that right.

Discussing the meaning of the right to self-determination in end-of-life decision-making requires distinguishing it from autonomy in an ethical sense. While autonomy is an ethical principle according to which individuals should be able to make choices in accordance with their own values, the right to self-determination is derived from constitutional human dignity and the right to pursue happiness, with its specific content and limits determined within the legal order. At the end of life, this right takes concrete form through the permissible scope, requirements, and procedures governing withholding or withdrawing life-sustaining treatment and assisted dying.

In this study, assisted dying is used as an umbrella term to refer to PAS and active euthanasia. Assisted dying presupposes the involvement of healthcare professionals and institutional authorization and therefore cannot be understood solely in terms of individual choice. Meaningful choices require access to palliative care. The right to self-determination at the end of life must, therefore, be considered not only as a matter of individual liberty but also in relation to others, the healthcare system, and the caregiving environment. Accordingly, it is important to examine whether news coverage emphasizes individual autonomy, legal rights, and issues concerning family and care when presenting end-of-life choices. Previous research has largely addressed the right to self-determination at the end of life through normative discussions in bioethics and law or has measured public attitudes through opinion surveys [14]. Internationally, studies have analyzed terminology use and framing in end-of-life coverage [15-17], but few have jointly examined how distinct end-of-life acts are represented through terminology and how autonomy-related content is addressed in such coverage. Similarly, in Korea, the terminology and frames used by news media have received less attention than audience perceptions and attitudes. This study differs from previous studies by jointly examining terminology use and framing in end-of-life coverage through media content analysis [18]. Accordingly, this study analyzes end-of-life coverage published in seven Korean national daily newspapers in three dimensions. First, it examines the terms used to

represent and conflate active euthanasia, PAS, and withholding or withdrawing life-sustaining treatments, which differ in their underlying acts and actors. Second, it examines the frames through which end-of-life decision-making is presented, including the legal-institutional, autonomy, and ethical-religious frames. Third, it compares the presence of autonomy and legal-institutional frames and the frequency with which each was coded as the primary frame to determine whether autonomy-related discussion is presented as a central issue in its own right or treated as secondary within the legal-institutional debate. It also examines differences in news source composition, outlet political orientation, and article format. On this basis, the study discusses the bioethical implications of the terminology use and framing observed in the analyzed national daily newspapers for the right to self-determination at the end of life.

Methods

Study design

This study was a quantitative content analysis that examined the use of core terms and news frames in end-of-life coverage published in seven Korean national daily newspapers, as well as the manner in which self-determination-related content was addressed in that coverage [19].

Data collection and sampling

Data were collected using BIGKINDS, a news big data platform operated by the Korea Press Foundation, a public institution under the Korean government. The study period extended from January 1, 2023, to December 31, 2025. Among outlets classified as “national daily newspapers” in the BIGKINDS media taxonomy, seven were purposively selected to represent conservative, progressive, and centrist orientations, with Seoul Shinmun also included because of its substantial coverage of the study topic: the Chosun Ilbo, Dong-A Ilbo, JoongAng Ilbo, Hankyoreh, Kyunghyang Shinmun, Hankook Ilbo, and Seoul Shinmun. Outlet political orientation was classified with reference to previous Korean research and Reporters Without Borders’ description of the South Korean media landscape [20,21]; the Seoul Shinmun was treated as unclassified. The classification of each outlet is presented in Table 1. Searches were conducted using four groups of Korean keywords: (i) terms related to life-sustaining treatment (인공호흡기, 인공심폐기, 인공심장, 인공신장); (ii) 사생 (death with dignity); (iii) 사생 (euthanasia); and (iv) terms related to assisted death (사생, 사생, 사생, 사생). The search terms were processed as bigrams, and the search fields were set to the title and body text. Exclusion terms were applied to reduce irrelevant contexts such as animal euthanasia. The search conditions, keyword groups, exclusion terms, and an example Boolean search string are presented in Additional file 1. Because articles on animal euthanasia were retrieved despite these exclusion terms, records clearly unrelated to the research topic were removed during the first screening step, and the 391 search records retained in the screening working file formed the starting point for subsequent analyses. The BIGKINDS news identifiers were then compared, and 135 duplicate records were removed, leaving 256 unique articles for eligibility assessment. In the eligibility assessment, one author (JYL) read the headline and full text of each article and excluded (i) articles in

which a relevant term was merely mentioned, as in obituaries; (ii) articles in which a relevant term was used metaphorically, such as “political euthanasia”; (iii) articles in which discussion of end-of-life decision-making appeared only incidentally or fragmentarily; and (iv) repeated or reposted articles whose text and core information were substantively identical. Whether an article corresponded to any predefined frame type was not used as a screening criterion. Eligibility was determined by whether the article contained substantive discussion amenable to frame analysis, such as problem definition, explanation of an act or institution, evaluation, or a related rationale. This yielded 107 eligible articles, one of which was subsequently excluded after re-examination of the full text during coding revealed that it did not meet the eligibility criteria. A total of 106 articles were analyzed (Fig. 1). The distribution of articles analyzed by outlet and year is presented in Table 1.

Table 1 Distribution of analyzed articles by outlet and year

Outlet	Orientation	2023	2024	2025	Total
Chosun Ilbo	Conservative	2	6	3	11
Dong-A Ilbo	Conservative	3	7	10	20
JoongAng Ilbo	Conservative	8	3	8	19
Hankyoreh	Progressive	0	5	5	10
Kyunghyang Shinmun	Progressive	1	0	3	4
Hankook Ilbo	Centrist	1	4	16	21
Seoul Shinmun	Unclassified	11	6	4	21
Total	—	26	31	49	106

The outlets were ordered according to political orientation (conservative: 50 articles; progressive: 14; centrist: 21; unclassified: 21).

Outlet political orientation was classified with reference to previous Korean research and Reporters Without Borders’ description of the South Korean media landscape [20,21]; the Seoul Shinmun was included as an unclassified outlet (see Methods). Comparisons by political orientation are presented descriptively without statistical testing because some groups were small (progressive, n = 14).

Analytical variables and codebook

Terminological criteria were established based on definitions in international medical ethics and previous research on end-of-life care, with distinctions based on the actor and mode of action: (i) active euthanasia (direct administration by a physician), (ii) PAS (prescription by a physician and self-administration by the patient), and (iii) withholding or withdrawing life-sustaining treatment [1,22]. Because the term “death with dignity” may refer to different practices depending on the context, it was not used as a reference category but was recorded as it appeared in each article. “Conflation” was

defined as the interchangeable or parallel use of different terms, or the use of one term in place of another, and “misuse” as an erroneous explanation of the concept itself. “Inaccurate” encompassed both and denoted conceptual inconsistency with the reference definitions adopted in this study rather than error in any universal sense. Accordingly, treating active euthanasia and PAS, which differ in the actor performing the final act, as a single category was judged to be inconsistent. Expressions derived from official names, including the names of bills or institutions, were coded as conflation or misuse when inconsistent with the study’s reference definitions. However, when an article cited such a name while explicitly identifying or criticizing the inconsistency, the citation itself was not treated as evidence of conflation, and the article’s terminological awareness was recorded separately (Additional file 2). The main variables included article format, terminology code (accurate, conflation, misuse), terminological awareness, topic of discussion, stance with supporting and opposing rationales, eight news frames, seven news source types, and references to international cases. The full codebook is provided in Additional file 2. To analyze not only whether conflation occurred but also which term was used instead, conflation was subdivided into types A–F according to the direction of substitution. The frame categories were constructed based on generic frame types used in previous framing research [7,23,24], with some categories modified to reflect the characteristics of end-of-life decision-making. In particular, the relational-family frame was added to reflect the prominent role of the family in end-of-life decision-making in East Asian contexts. Article eligibility was determined independently of whether any particular frame was present. After eligible articles had been selected, the presence of each frame and the primary frame were coded according to the codebook. The third dimension of the analysis examined whether self-determination-related content was addressed as a central issue in its own right. Rather than establishing a separate, directly coded variable for self-determination, the autonomy frame and the supporting and opposing rationales were used as indirect indicators. During the analysis and interpretation, autonomy was distinguished as a moral orientation toward deciding for oneself about one’s life and death, whereas the right to self-determination was understood as the right through which such autonomy acquired specific content and limits within the legal order. In the codebook, the “autonomy frame” is an operational category encompassing emphasis on autonomy, choice, and the right to self-determination (Additional file 2). Its presence and adoption as the primary frame were used as indirect indicators of autonomy-related and self-determination-related content and of whether it constituted a central issue in the article. Because the normative character of the right to self-determination was not directly coded, its implications are discussed separately in the Discussion section as an interpretation based on the distribution of these indicators. For each article, eight frames were coded individually, after which the frame representing the article as a whole was identified as the primary frame. The primary frame was determined by the central problem and rationale foregrounded in the article rather than by the frequency with which particular terms or topics appeared. When a concept was mentioned but did not constitute a central rationale, it was not coded as a primary frame.

Coding reliability

Coding reliability was assessed in terms of intra-coder and inter-coder reliability. The first coder coded all 106 articles. Test–retest reliability was assessed using two rounds of coding conducted approximately 7

weeks apart (first round, February 2026; second round, April 2026). Krippendorff's α was used as the reliability coefficient because it can accommodate different levels of measurement and missing data [19,25]. Pairs with missing values were excluded. Six source-variable cells for one article (No. 62) that had been backfilled in the working file using first-round values were treated as missing because independent second-round observations were unavailable. Recorded differences that appeared to result from simple data entry errors were retained as disagreements rather than corrected post hoc, yielding conservative estimates. For the 24 main singly coded variables, α ranged from .659 to 1.000, with 22 variables reaching $\alpha \geq .80$. The mean observed agreement across these 22 variables was 96.2%. The two variables with α below .80 were the legal-institutional frame (.659) and the autonomy frame (.731). However, for both variables, the responses were heavily concentrated in one category, whereas the observed agreement remained high at 98.1% and 96.2%, respectively. The core variables of terminology code ($\alpha = .861$) and terminological awareness ($\alpha = .884$) also showed good reliability (Table 2, Panel A). Inter-coder reliability was assessed for the core variables used directly to assess terminology use and determine whether self-determination-related content constituted a central issue. The remaining variables were assessed using intra-coder reliability because their coding rules were comparatively mechanical or required less interpretive judgment.

Of the 106 articles, 25 were selected by proportional allocation across publication-year strata, followed by simple random sampling within each stratum (23.6% of the total; 6 articles from 2023, 7 from 2024, and 12 from 2025; random seed 20260714). The outlet was not used as a stratification variable. A co-investigator (KHK) served as the second coder and, while blinded to the first coder's results, independently coded the articles using only the codebook (Additional file 2) and the original article texts, recording the basis for each judgment. Krippendorff's α was used as the principal reliability statistic; for dichotomous variables with skewed category distributions, observed agreement and the number of actual disagreements were considered alongside α . Inter-coder reliability was $\alpha = .928$ for terminology code (observed agreement 96.0%), $\alpha = .807$ for the primary frame (92.0%), $\alpha = .629$ for the autonomy frame (92.0%), and $\alpha = 1.000$ for the legal-institutional frame (100%) (Table 2, Panel B). The comparatively low α for the autonomy frame should be interpreted in light of the highly skewed distribution, as the frame was present in 23 of the 25 articles. Similarly, the legal-institutional frame was present in 24 of the 25 subsample articles and in 104 of all 106 articles; therefore, its perfect agreement should be interpreted in light of the limited category variance. All coefficients in Panel B were calculated from independent coding values prior to any adjudication of disagreements. Disagreements between coders occurred in one article on the terminology code, two on the primary frame, and two on the autonomy frame. The disagreement in the terminology code concerned a borderline case in which an article described euthanasia as a broader category, which was coded as misuse by the first coder and as conflation by the second. The disagreements regarding the primary frame and autonomy frame arose from differing interpretations of the coding criteria. During the preparation of the reliability materials, one cell was identified in which the second coder's recorded value conflicted with the judgment stated in her coding memo for the same article (No. 107, primary frame); upon inquiry, the second coder confirmed

that the recorded value was a recording error, and it was corrected before the coefficients were computed.

In addition, for one article (No. 5), both coders recorded the primary frame as six (social cost). Upon re-examination against the codebook rule that disparities in economic access are classified under frame 2, both coders independently confirmed that two was the correct code, and the value was corrected for both coders in the finalized dataset. In addition to these two corrections, no inter-coder coding values were revised for reliability analysis, and the original independent coding values were retained. For the supplementary variable of conflation and misuse type, disagreements occurred in 2 of 15 cases, yielding an inter-coder reliability of $\alpha = .832$ (observed agreement 86.7%, 13/15). Sparse codes with low frequencies were not used as a basis for the main analytical findings. The final data are presented in Additional file 3, and the first- and second-round coding values, the two coders' independent coding values, and the disagreement comparison table are presented in Additional file 4.

Table 2 Coding reliability

Variable	Agreement, n/N (%)	α
Panel A. Intra-coder reliability (test–retest; 24 singly coded variables, N = 106)		
Article and terminology		
Article format	103/106 (97.2)	.963
Terminology code (accurate/conflation/misuse)	98/106 (92.5)	.861
Terminological awareness	100/105 (95.2)	.884
Topic of discussion	102/105 (97.1)	.954
Stance		
Life-sustaining treatment	100/106 (94.3)	.900
Active euthanasia	105/106 (99.1)	.978
Physician-assisted suicide (PAS)	100/106 (94.3)	.922
News frames		
Medical	102/106 (96.2)	.813
Legal-institutional	104/106 (98.1)	.659
Ethical-religious	103/106 (97.2)	.927
Autonomy	102/106 (96.2)	.731
Suffering alleviation	102/106 (96.2)	.906
Social cost	100/106 (94.3)	.887
Relational-family	100/106 (94.3)	.873
Other	106/106 (100.0)	1.000
Primary frame	96/106 (90.6)	.845
News sources		
Medical professionals	101/105 (96.2)	.924
Legal professionals	103/105 (98.1)	.918
Religious groups	105/105 (100.0)	1.000
Patients and families	101/105 (96.2)	.923
Political and legislative actors	102/105 (97.1)	.933
Academics	99/105 (94.3)	.878
International sources	103/106 (97.2)	.941

Other		
Reference to international cases	104/106 (98.1)	.974
Panel B. Inter-coder reliability (subsample, n = 25)		
Terminology code (accurate/conflation/misuse)	24/25 (96.0)	.928
Primary frame	23/25 (92.0)	.807
Autonomy frame	23/25 (92.0)	.629
Legal-institutional frame	25/25 (100.0)	1.000

N is the number of paired codings compared for each variable; pairs with missing values were excluded on a variable-by-variable basis. Panel A coefficients were calculated from the independent first- and second-round coding observations before adjudication; six backfilled source-variable entries for article No. 62 were treated as missing because independent second-round observations were unavailable. Panel B coefficients were calculated from independent coding values before adjudication; the primary-frame data incorporated two documented pre-analysis corrections (No. 107, a confirmed recording error; No. 5, a rule-conformance correction confirmed by both coders). All other coding values were retained as originally recorded. For the legal-institutional and autonomy frames, presence was highly concentrated in one category (104/106 and 99/106 articles, respectively), resulting in limited category variance. In such distributions α can be low despite high observed agreement (a prevalence effect); α should therefore be interpreted alongside the observed agreement.

Statistical analysis

Descriptive statistics were used to calculate the frequency and distribution of variables. Patterns of terminology use, frames, and stances across outlets, political orientations, publication years, and topics of discussion were compared using cross-tabulation. Because some groups had small samples (e.g., progressive outlets, $n = 14$; active euthanasia as a single topic, $n = 7$) and some categories had low cell frequencies, Fisher's exact test was used to examine distributional differences in the main cross-tabulations, with the Fisher–Freeman–Halton extension applied to tables larger than 2×2 . Among articles in which a frame was present, we calculated the percentage of articles in which it was the primary frame (primary/present $\times 100$). This descriptive percentage distinguishes central use from incidental use when multiple frames appear. Differences in the primary-frame adoption of the legal-institutional frame by article format were examined as an exploratory post hoc analysis rather than as a prespecified hypothesis. The overall distribution was tested with the Fisher–Freeman–Halton extension, and five contrasts between each article format and the remaining formats were compared using Fisher's exact test with Bonferroni correction. As the principal aim of this study was to describe the distribution and characteristics of coverage patterns rather than to test differences between groups statistically, the test results were interpreted as supplementary data. All statistical analyses were performed using R version 4.5.2 (R Foundation for Statistical Computing).

During manuscript preparation, the authors used ChatGPT (OpenAI) and Claude (Anthropic) to assist with the translation from Korean to English, language editing, structural refinement, and internal consistency checks. These tools were not used for primary data coding or the final statistical analysis. All AI-assisted outputs were critically reviewed, verified, and revised as necessary by the authors, who take full responsibility for the final content of the manuscript.

Results

Patterns of terminology use

Under the reference definitions adopted in this study, 47 of the 106 analyzed articles (44.3%) used terminology consistent with these conceptual distinctions. The remaining 59 articles (55.7%) comprised 52 cases of conflation (49.1%), in which two or more concepts were referred to by the same term, and seven cases of misuse (6.6%), in which the concept itself was explained inconsistently with the reference definitions (Table 3). As conflation concerns inconsistent use of terms and misuse concerns an erroneous explanation of a concept, the two categories were interpreted separately. Conflation and misuse were concentrated among particular terms. In 42 of the 59 inaccurate cases (71.2%), distinct acts—PAS, withholding or withdrawing life-sustaining treatment, and active euthanasia—were referred to as “death with dignity.” These three types could overlap within an article: PAS → “death with dignity” appeared in 24 articles, withholding or withdrawing life-sustaining treatment → “death with dignity” in 19, and active euthanasia → “death with dignity” in 3; 4 articles fell into two of these types. PAS was referred to as “euthanasia” in 31 articles, of which 27 (87.1%) cited international sources. Six of the seven misuse cases (85.7%) involved articles discussing foreign legislation. Of these, four described PAS as a subtype of euthanasia. Of the other two, one defined “death with dignity” as encompassing both direct administration by a physician and self-administration by the patient, while the other described withholding or withdrawing life-sustaining treatment as both “passive euthanasia” and “death with dignity.” One article reporting a domestic public opinion survey described “assisted death with dignity,” the official title of the legislative bill, as a procedure in which medical staff directly administer the drug. Overall, 70.8% of the articles did not explain the distinctions between the terms. Five articles (4.7%) explicitly noted terminological confusion, of which four used terminology consistent with the reference distinctions. The remaining article identified terminological confusion as a problem in a separate definition box but nevertheless classified PAS as a subtype of euthanasia (Additional file 3). The proportion of articles using terminology consistent with the reference distinctions increased from 30.8% in 2023 to 35.5% in 2024 and 57.1% in 2025. The Fisher–Freeman–Halton exact test comparing the distribution of accurate and inaccurate terminology use across the years was not statistically significant ($p = .052$). However, this was a cross-sectional comparison by year, and 11 of the 26 articles published in 2023 were part of the Seoul Shinmun feature series “Forbidden Death, Euthanasia.” Therefore, these data do not support the conclusion that terminology use has improved over time.

Table 3 Patterns of end-of-life terminology use

Category	n	Within-category (%)	Of all articles (%)
Panel A. Distribution of terminology use (N = 106)			
Accurate	47	100	44.3
Inaccurate (conflation + misuse)	59	100	55.7
Conflation	52	88.1	49.1
Misuse	7	11.9	6.6
Panel B. Types of conflation and misuse (n = 59, multiple counting)			
Type (original concept → term used)	n	Of inaccurate cases (%)	Of all articles (%)
PAS → “euthanasia”	31	52.5	29.2
PAS → “death with dignity”	24	40.7	22.6
Withholding or withdrawing life-sustaining treatment → “death with dignity”	19	32.2	17.9
“Death with dignity” ↔ “euthanasia” (equated)	6	10.2	5.7
Active euthanasia → “death with dignity”	3	5.1	2.8
Convergence on “death with dignity” (subtotal)	42	71.2	39.6
Panel C. Accuracy of terminology use by year (N = 106)			
Year	Articles	Accuracy within year (%)	Share of accurate articles (%)
2023	26	30.8	17.0
2024	31	35.5	23.4
2025	49	57.1	59.6
Total	106	44.3	100

Multiple counting was permitted in Panel B; therefore, the percentages may sum to more than 100%. The subtotal for convergence on “death with dignity” is the number of articles after removing duplicates and does not equal the sum of the type-level counts (46) because four articles fall into two types.

Accuracy of terminology use by topic

Terminology accuracy varied according to the topic of coverage (Fig. 2). Articles on decisions regarding life-sustaining treatment were accurate in 60.0% (15/25) of cases, whereas those on active euthanasia and PAS were accurate in 57.1% (4/7) and 43.8% (7/16) of cases, respectively. Articles classified as “mixed (two or more topics)” showed the lowest accuracy at 36.2% (21/58). Differences in accuracy across topics were not statistically significant in the Fisher–Freeman–Halton exact test ($p = .200$).

News frames

When multiple frames per article were allowed, the legal-institutional frame was the most frequent, appearing in 104 articles (98.1%), followed by the autonomy frame in 99 (93.4%), and the medical frame in 96 (90.6%). In contrast, the ethical-religious frame appeared in only 28 articles (26.4%) (Table 4). The predominance of the legal-institutional frame was also evident when primary frames were considered. The legal-institutional frame was coded as the article’s primary frame in 64 cases (60.4%), whereas only one article (0.9%) used the ethical-religious frame as its primary frame. This indicates that even when several frames appeared together in a single article, coverage centered mainly on legal-institutional issues. Although the autonomy frame was present in 93.4% of all the articles, it was adopted as the primary frame in only 11.3%. Among articles in which the respective frames were present, the legal-institutional frame was the primary frame in 61.5%, whereas the autonomy frame was the primary frame in 12.1% (Table 4). Although both frames appeared in more than 90% of the articles, autonomy was the primary frame much less often, indicating that it was frequently mentioned but seldom central.

Table 4 Frame presence, primary-frame frequency, and percentage primary among frame-present articles

Frame	Present, n (%)	Primary, n (%)	Primary among present (%)
Legal-institutional	104 (98.1)	64 (60.4)	61.5
Autonomy	99 (93.4)	12 (11.3)	12.1
Medical	96 (90.6)	6 (5.7)	6.3
Suffering alleviation	78 (73.6)	8 (7.5)	10.3
Relational-family	72 (67.9)	9 (8.5)	12.5
Social cost	57 (53.8)	4 (3.8)	7.0
Ethical-religious	28 (26.4)	1 (0.9)	3.6
Other ^a	4 (3.8)	2 (1.9)	50.0

Present: The frame appeared at least once in the article. Primary: The frame was coded as the article’s primary frame. The final column represents $\text{primary/present} \times 100$.

^aThe sample for the “other” frame comprised only four articles, so this percentage should be interpreted with caution.

By article format, the proportion of articles in which the legal-institutional frame was coded as the primary frame was 91.7% for straight news (11/12), 73.7% for coverage of international cases (14/19), 66.7% for editorials and columns (10/15), 61.5% for explanatory and analytical articles (24/39), and 23.8% for contributed pieces and interviews (5/21) (Fisher–Freeman–Halton exact test, $p = .001$). In an exploratory post hoc analysis, the difference between contributed pieces, interviews, and other article formats remained significant after the Bonferroni correction (Fisher’s exact test, $p = .0003$; Bonferroni-corrected $p = .0015$).

Frame differences by topic

Descriptive differences in frame distributions were observed according to the topic of coverage. Across the three topics of decisions regarding life-sustaining treatment ($n = 25$), PAS ($n = 16$), and active euthanasia ($n = 7$), the medical, legal-institutional, and autonomy frames were present at high rates, whereas the ethical-religious, suffering alleviation, and social cost frames showed greater variation (Table 5). In particular, the ethical-religious frame was present more frequently in articles on PAS (25%, 4/16) and active euthanasia (29%, 2/7) than in those on decisions regarding life-sustaining treatment (4%, 1/25). Likewise, the suffering alleviation frame was more frequent in articles on PAS (63%) and active euthanasia (57%) than in those on decisions regarding life-sustaining treatment (32%). Conversely, the social cost frame was more frequent in articles on decisions regarding life-sustaining treatment (48%) than in those on PAS (31%) or active euthanasia (14%).

Table 5 Presence of news frames by topic of end-of-life decision-making

Frame	Decisions regarding life-sustaining treatment ($n = 25$)	PAS ($n = 16$)	Active euthanasia ($n = 7$)
Legal-institutional	25 (100%)	15 (94%)	6 (86%)
Autonomy	22 (88%)	15 (94%)	6 (86%)
Medical	25 (100%)	13 (81%)	5 (71%)
Suffering alleviation	8 (32%)	10 (63%)	4 (57%)
Relational-family	17 (68%)	10 (63%)	5 (71%)
Social cost	12 (48%)	5 (31%)	1 (14%)
Ethical-religious	1 (4%)	4 (25%)	2 (29%)

Cells show the number and percentage of articles [n (%)] in which each frame appeared at least once among articles on that topic. As multiple frames are permitted, the column percentages may sum to

more than 100%.

Terminology accuracy in relation to frames

To examine whether the accuracy of terminology use was associated with news frames, articles were divided into an accurate group (47 articles) and an inaccurate group (conflation or misuse, 59 articles), and their frame distributions were compared. The proportion of articles in which the legal-institutional frame was coded as the primary frame was almost identical at 59.6% in the accurate group and 61.0% in the inaccurate group ($p = 1.000$). The presence of the ethical-religious frame was similar at 25.5% and 27.1%, as was the presence of the autonomy frame at 93.6% (44/47) and 93.2% (55/59), respectively ($p = 1.000$ for each). These results do not establish independence between the two variables but indicate that no difference was detected in this dataset.

News sources

When multiple source types per article were allowed, international sources were the most frequent, appearing in 65 articles (61.3%), followed by medical professionals in 48 (45.3%), patients and families in 47 (44.3%), academics in 38 (35.8%), and political and legislative actors in 32 (30.2%) articles. Legal professionals and religious groups appeared in 16 (15.1%) and nine articles (8.5%), respectively. The mean number of source types per article was 2.4.

Stance and supporting and opposing rationales

The stance toward PAS was most often neutral (33 articles), followed by conditionally supportive (10), supportive (8), conditionally opposed (7), and opposed (6); stance was coded as not applicable in 42 articles. Supporting rationales were presented in 27 articles (18 supportive or conditionally supportive articles and nine neutral articles presenting both supporting and opposing rationales), and opposing rationales in 23 articles (13 opposed or conditionally opposed articles and 10 neutral articles). When multiple rationales per article were allowed, self-determination was presented as a supporting rationale in all 27 articles, followed by suffering alleviation in 23 (85.2%) and family burden in four (14.8%). Among the opposing rationales, concern about abuse was the most frequent, appearing in 15 articles (65.2%), followed by social pressure in 12 articles (52.2%), priority for palliative care in 10 articles (43.5%), and the sanctity of life in only one article (4.3%). One further article presented an opposing rationale coded as “other” (Table 6).

Table 6 Supporting and opposing rationales regarding PAS

Rationale	n (%)
Supporting or conditionally supportive rationales (n = 27)	
Self-determination	27 (100.0)
Suffering alleviation	23 (85.2)
Family burden	4 (14.8)
Opposing or conditionally opposed rationales (n = 23)	
Concern about abuse	15 (65.2)
Social pressure	12 (52.2)
Priority for palliative care	10 (43.5)
Sanctity of life	1 (4.3)
Other	1 (4.3)

The denominators represent the number of articles presenting the respective rationales. Because multiple codes were permitted, the column totals may exceed the number of articles. Nine articles with neutral stances presented both supporting and opposing rationales; the remaining one presented only an opposing rationale.

Differences by outlet political orientation

In descriptive comparisons of terminology use and frame distributions by outlet political orientation (conservative, progressive, centrist, and unclassified), the legal-institutional frame accounted for the largest share of primary frames in all groups (conservative: 70.0%; progressive: 57.1%; centrist: 52.4%; unclassified: 47.6%). Terminology accuracy also varied numerically across the outlets, with Hankook Ilbo, classified as centrist, showing a relatively high accuracy rate of 62%. However, because some groups had small sample sizes (e.g., progressive, n = 14), statistical significance was not tested. Therefore, these descriptive patterns should not be interpreted as evidence either of differences or of their absence according to outlet political orientation.

Discussion

This study examined the use of terminology and news frames in end-of-life coverage and considered the implications of these findings for the social understanding of the right to self-determination at the end of life. By examining the normative implications of end-of-life coverage based on quantitative content analysis, this study presents an empirically informed bioethical analysis [18,26,27].

Social and normative meaning of terminological conflation

The conflation or misuse of core terms appeared in 55.7% of the articles. This indicates that the conceptual boundaries between end-of-life acts are not clearly distinguished in news coverage. From the perspective of framing theory, the choice of terms shapes the criteria through which readers understand the nature of an act, the actor performing it, and the structure of responsibility [8,13,28]. Referring to distinct acts by a single term, therefore, not only obscures conceptual distinctions between them but may also create confusion about the specific acts to which the right to self-determination applies and the scope of that right for each act. Conflation centered on the terms “death with dignity” and “euthanasia.” PAS, withholding or withdrawing life-sustaining treatment, and active euthanasia were all referred to as “death with dignity,” despite substantial differences in the nature of these acts. The term “assisted death with dignity” was likewise used in the related bill introduced in the 22nd National Assembly [3]. PAS and active euthanasia differ in who performs the final act and in the physician’s role. In PAS, the patient self-administers a drug prescribed by a physician, whereas in active euthanasia, the physician directly administers a lethal drug. In discussing whether PAS should be permitted, consideration must be given to procedures for verifying that the patient’s decision was formed and expressed voluntarily and to the conditions of permissibility and the scope of physician responsibility [29,30]. Referring to PAS as “euthanasia” obscures the fact that the patient performs the final act. Referring to it as “death with dignity,” in turn, invites confusion with the already institutionalized withholding or withdrawing of life-sustaining treatment, making it difficult to distinguish the conditions of permissibility and the scope of physician responsibility that apply specifically to PAS. For patients to make end-of-life choices autonomously, they must accurately understand the nature and procedures of each act, who performs it, and its consequences and must clearly understand what they are consenting to [31]. Media terminology does not directly determine the clinical consent process for individual patients but contributes to the background knowledge that citizens and patients draw on when understanding and deliberating about end-of-life options. The practice of referring to PAS as “euthanasia” or “death with dignity” therefore creates a risk that public deliberation will proceed without adequate distinction between these acts. Thus, accurate terminology is more than a matter of precise expression; it is a social and normative condition for exercising the right to self-determination at the end of life based on an accurate understanding.

Predominance of the legal-institutional frame

The legal-institutional frame was the most prominent in the coverage analyzed. Articles on decisions regarding life-sustaining treatment mainly addressed the expansion of the eligible population, surrogate decisions for patients without family members, family consent requirements, and the operation of the system, whereas articles on PAS focused on foreign legislation and whether the practice should be permitted. This indicates that end-of-life issues are reported not only as matters of individual value judgment or ethical conflict but also as questions concerning the permissible scope, procedures, and allocation of responsibility. The ethical-religious frame appeared in only 4% of the coverage of decisions regarding life-sustaining treatment, but in 25% and 29% of the coverage of PAS and active euthanasia, respectively. For decisions regarding life-sustaining treatment, which are already institutionalized, system operation, such as eligibility and procedures, was the main issue rather than the justification of

the act itself; for assisted dying, for which legal consensus has not been reached, questions concerning the justification for permitting these practices were presented alongside the issue of suffering. Even in the coverage of active euthanasia, the legal-institutional and autonomy frames were each present in 86% of the articles. This shows that institutional issues such as permissibility, requirements, and procedures have received substantial attention, even when the ethical justification of assisted dying remains contested. The proportion of articles in which the legal-institutional frame was coded as the primary frame differed by article format: 91.7% (11/12) for straight news and 61.5% (24/39) for explanatory and analytical articles, but only 23.8% (5/21) for contributed articles and interviews. This suggests that the perspective foregrounded in coverage may vary by article format, even when the underlying end-of-life issues are similar. This legal-institutional emphasis was not confined to specific outlets. The legal-institutional frame was the largest primary frame category in each orientation group, although small and unequal group sizes precluded conclusions about differences by outlet political orientation. This descriptive pattern is broadly consistent with international studies that report relatively small differences between outlets [15,32].

Supporting and opposing rationales and the role of family

A relational-family frame was observed in 67.9% of the articles. Among the articles presenting supporting rationales for PAS, reducing the burden on family was mentioned as a motivation in 14.8%. In contrast, among articles presenting opposing rationales, concerns that pressure from family or society might influence a patient's choice appeared in 52.2%. While only 4.3% of the articles presenting opposing rationales invoked the sanctity of life, 65.2% raised concerns about the abuse of the system. These findings show that, in the articles analyzed, opposing rationales for PAS focused less on the sanctity of life itself than on the possibility that patients might make unwanted choices under pressure from family or society or on abuse of the system. This pattern warrants consideration alongside the role families play in end-of-life decision-making in Korea. In a survey of Korean adults, alleviating caregiving burden and providing economic support were identified as major priorities for end-of-life policies [33]. Of the 33,549 decisions on life-sustaining treatment registered in the first year after the act took effect, 67.9% were reported to have been made by family members rather than by the patients themselves [34]. In an interview with a palliative care physician included in the analyzed articles, it was noted that some patients tended to leave end-of-life decisions to the medical staff (Additional file 3, No. 13). Although this observation was not quantified separately, it illustrates an aspect of the Korean clinical context in which end-of-life decisions may not rest on the patient's judgment alone. Similarly, a survey of Korean healthcare professionals identified family relationships and communication as major factors that make end-of-life discussions difficult [35]. The important role of the family in end-of-life decision-making has also been reported in East Asian societies influenced by Confucian traditions [36], and family wishes have been found to carry substantial weight in other end-of-life decisions, such as the determination of brain death [37]. Family involvement can help patients express their wishes and make appropriate decisions. However, patients may make decisions contrary to their own wishes because of concerns about burdening their families or considering family circumstances. Therefore, it is important to

distinguish whether family involvement represents the relational autonomy that supports the patient's decision or undue pressure that constrains the patient's choice [38].

The place of self-determination in end-of-life coverage and its normative implications

In bioethics, autonomy is the core principle through which individuals make medical decisions in accordance with their own values and preferences [31]. In end-of-life decision-making, the right to self-determination is a legal right through which autonomy acquires specific content and limits within the legal order. In this study, the autonomy frame appeared in 93.4% of all articles, and self-determination or choice was invoked as a rationale in all 27 articles that presented a supporting rationale for PAS. However, the autonomy frame was adopted as the primary frame in only 11.3% of the articles, whereas the legal-institutional frame was the primary frame in 60.4% of the articles. Autonomy was mentioned in most articles, but rather than constituting the central focus of coverage, it was often presented within legal-institutional discussions of the permissible scope, requirements, and procedures. Among the opposing rationales, abuse of the system, pressure from family or society, and priority for palliative care were raised more often than sanctity of life. This indicates that coverage addressed self-determination not simply as freedom of choice but in relation to the conditions affecting patients' choices and the institutional safeguards intended to protect them. The right to self-determination at the end of life takes a concrete form in terms of the choices permitted to patients, how their wishes are verified, and the requirements and procedures that apply to each choice. As shown above, however, conflating PAS, active euthanasia, and withholding or withdrawing life-sustaining treatment as "death with dignity" or "euthanasia" can obscure which acts fall within the scope of patient self-determination and what that scope entails. As a result, it also becomes difficult to understand precisely what the requirements and procedures applicable to each act are intended to guarantee or restrict. Furthermore, end-of-life self-determination is not secured merely by the fact that a patient has expressed a wish. For patients to make decisions in accordance with their intentions, they must be provided with accurate information about each option, have meaningful access to palliative care and care alternatives [39], and be free from pressure from family or society [40,41]. Meaningfully safeguarding the right to self-determination at the end of life therefore requires conceptual clarity regarding the acts to which the right applies, legal and procedural safeguards that verify and protect patients' decisions, and relational and social conditions that make autonomous choices possible. Viewed in relation to these three elements, the findings show that the legal-institutional frame was the most prominent in the coverage analyzed. At the same time, terminological conflation obscured the specific acts to which the right to self-determination applied, while relational and family issues, although frequently present, were seldom central to the articles. Because this study did not code self-determination itself as a separate frame, this interpretation is a normative reading based on the distribution of the autonomy, legal-institutional, and relational-family frames and the supporting and opposing rationales. These findings provide a basis for comparative research on how self-determination is addressed in end-of-life coverage in societies with family-centered decision-making cultures in which legalization of assisted dying is under discussion.

Limitations

This study has some limitations. First, article retrieval relied on keyword searches in BIGKINDS; therefore, relevant articles that were not captured by the search and exclusion terms may have been missed. Because the retrieved counts were not retained for all keyword groups, the exact number of records initially returned before relevance screening could not be reconstructed retrospectively. However, the 391 records retained after the initial relevance screening were individually documented, and their subsequent deduplication and eligibility status were traceable through the preserved screening records and BIGKINDS news identifiers (Additional file 5). Second, the first coder coded all 106 articles. Therefore, intra-coder reliability was assessed using a test–retest approach, and inter-coder reliability was assessed by having a second coder independently code the core variables for a subsample of 25 articles. However, because the full dataset was not double-coded, the reliability of the remaining variables depended on intra-coder stability. Third, the inter-coder Krippendorff’s α for the autonomy frame was relatively low (.629), reflecting a highly skewed distribution of frame presence, although observed agreement was 92.0% and there were only two actual disagreements. The interpretation of the right to self-determination in this study relies primarily on the primary-frame findings, for which inter-coder reliability was higher ($\alpha = .807$), and on the contrast in primary-frame adoption between the autonomy and legal-institutional frames, rather than on the frequency of autonomy-frame presence alone. As the normative character of the right to self-determination was not directly coded, the related discussion was limited to interpretations based on the distribution of frames and rationales. Fourth, in the analysis by outlet political orientation, the sample of progressive outlets numbered only 14 articles, and 21 articles (19.8%) came from an outlet whose orientation was not classified; therefore, the results were treated as exploratory and presented descriptively, without statistical testing. In the analysis by topic, articles on active euthanasia numbered only seven. Therefore, caution is required in interpreting these proportions as a general tendency. The post hoc comparisons of frame distributions by article format were exploratory rather than based on a prespecified hypothesis. Fifth, because the analysis was confined to seven national daily newspapers, the findings reflect only the coverage patterns of these outlets. Therefore, generalizability to Korean media coverage as a whole, including broadcasting, online-only outlets, and social media, is limited. In addition, the purposive inclusion of Seoul Shinmun, whose 2023 feature series accounted for 11 of the 26 articles published that year, may have affected the composition of the sample across years. Future research should include a broader range of media types and a longer study period and examine how media terminology use and framing affect audiences’ conceptual understanding and attitudes.

Conclusions

In the end-of-life coverage of the seven national daily newspapers analyzed, autonomy- and self-determination-related content was frequently present, yet the legal-institutional frame was most often adopted as the primary frame, with permissible scope, requirements, and procedures treated as the main issues. At the same time, the conflation of PAS, withholding or withdrawing life-sustaining treatment, and active euthanasia as “death with dignity” or “euthanasia” obscured distinctions among these acts and among the requirements and responsibilities applicable to each. Meaningfully safeguarding the right to

self-determination at the end of life requires accurate terminology, legal and procedural mechanisms that verify and protect patients' wishes, and conditions in which decisions can be made without pressure from family or society. Relevant academic societies and legislative bodies should consistently use end-of-life terminology in accordance with the established conceptual distinctions in international medical ethics and end-of-life research, while the news media should establish reporting standards that reflect these distinctions.

Abbreviations

BIGKINDS News big-data analysis platform operated by the Korea Press Foundation

PAS Physician-assisted suicide

Declarations

Trial registration

Not applicable.

Ethics approval and consent to participate

Not applicable. This study was a content analysis of publicly available news articles and did not involve the recruitment of human participants or collection of human biological material.

Consent for publication

Not applicable.

Availability of data and materials

The datasets supporting the conclusions of this article are included in the article and its additional files (Additional files 1–5: search strategy, codebook, finalized coding data, coding reliability and disagreement records, and screening and eligibility records). The full texts of the analyzed articles were not redistributed because of copyright and database terms of use; they were accessible through BIGKINDS (www.bigkinds.or.kr).

Competing interests

The authors declare that they have no competing interests.

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Authors' contributions

JYL designed the study, collected the data, coded the full sample, performed the analyses, and drafted the manuscript. HKB performed the statistical analyses, verified coding reliability, and reviewed the manuscript. KHK served as the second coder, independently coded the subsample while blinded to the results of the first coder, and reviewed the study design and manuscript. SKM supervised the study design and conduct, critically reviewed and revised the manuscript, and approved the final manuscript as the corresponding author. All authors have read and approved the final version of the manuscript.

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Figures

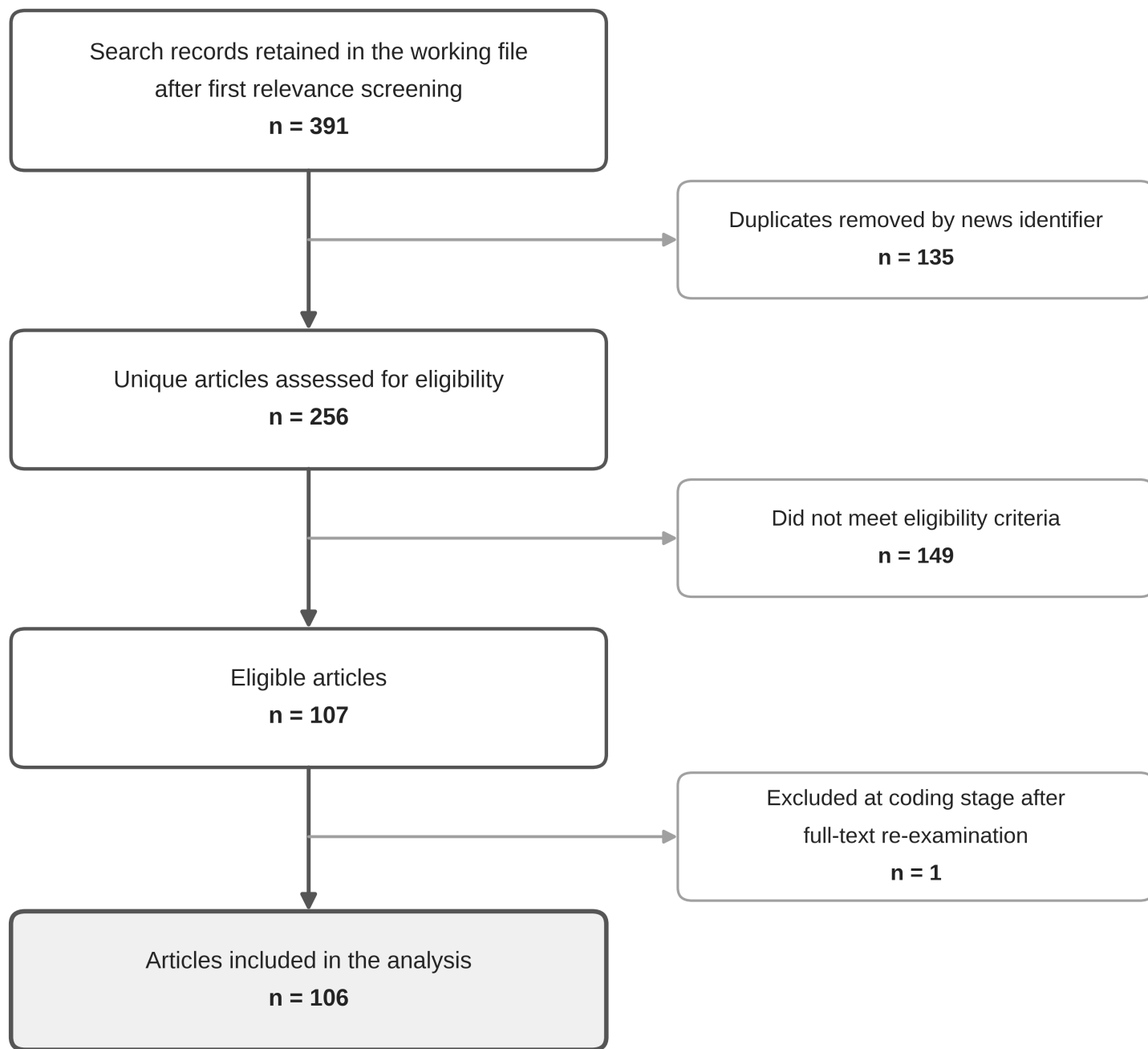


Figure 1

Screening and final selection of the analyzed articles

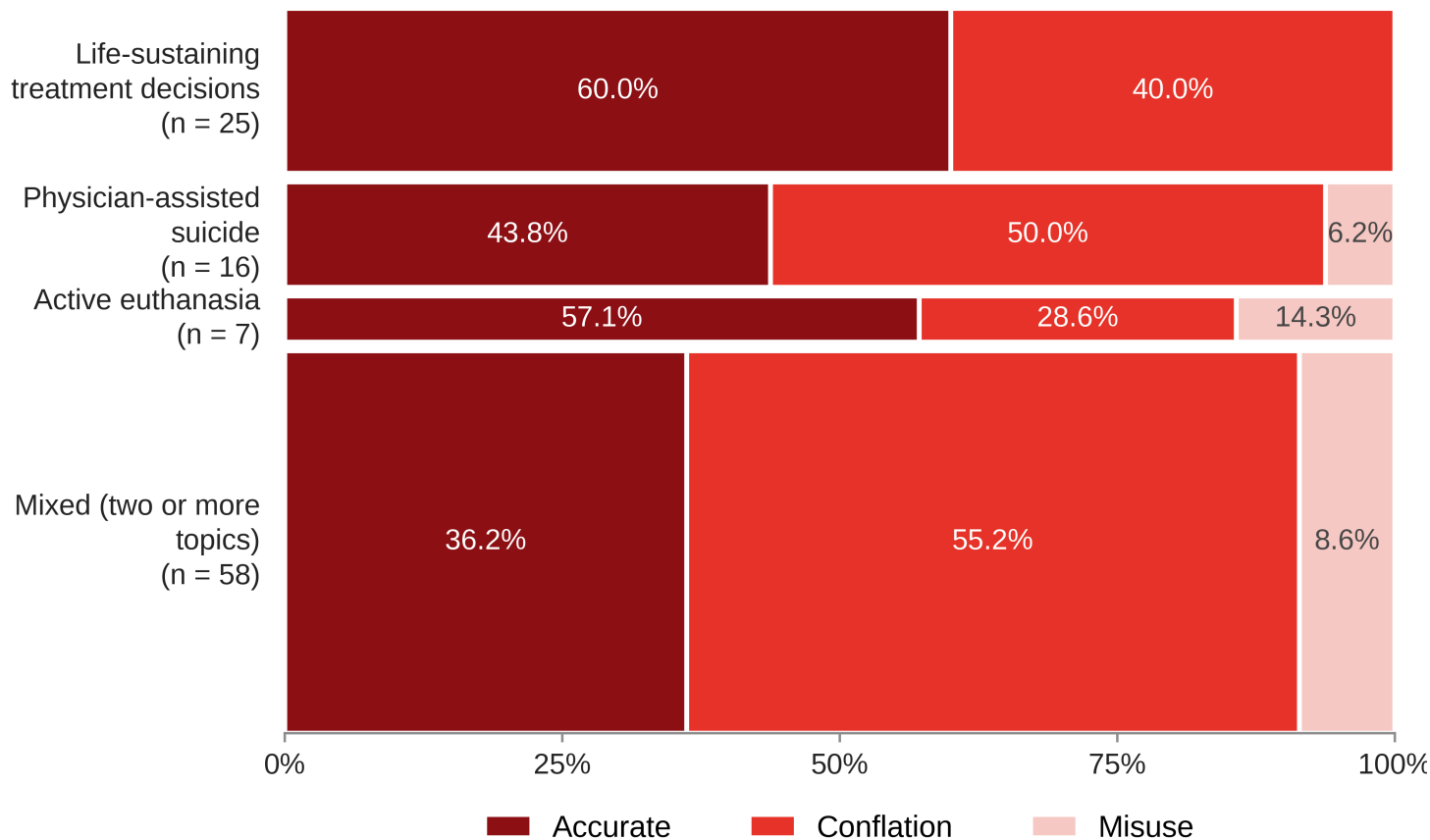


Figure 2

Accuracy of terminology use by article topic (N = 106)

The height of each row is proportional to the number of articles on that topic (n), and the width of each cell is proportional to the percentage of accurate, conflated, and misused terminology within that topic (widths sum to 100% within each row). The misuse of decisions regarding life-sustaining treatment (0%) is therefore not shown as a cell. Testing across topics was conducted on two combined categories: accurate and inaccurate (conflation and misuse; see the main text). LST: life-sustaining treatment.

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