Irish Hospice Foundation

To die and grieve well wherever the place

# Representations of Death: a Discourse Analysis of Irish Media

## Evidence from Irish national media 2023-2025

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# Glossary

| | |
|---|---|
| **A&E** | Accident and Emergency |
| **AI** | Artificial Intelligence |
| **CDA** | Critical Discourse Analysis |
| **Cluster** | A group of articles with a similar theme |
| **Dataset** | The specific collection of news media used for this study |
| **DSM-5** | Diagnostic and Statistical Manual version 5 |
| **Disenfranchised Grief** | A grief theory by Dr Kenneth Doka (1989) that refers to a type of grief that is not socially recognised |
| **ED** | Emergency Department otherwise known as A&E |
| **ESRI** | Economic Social Research Institute |
| **FA** | Framing Analysis |
| **Healthcare System** | The structural elements of health and social care which include public health programs, primary care, hospitals, voluntary sector organisations, and legislation governing health |
| **HIQA** | Health Information and Quality Authority |
| **HSE** | Health Service Executive |
| **ICU** | Intensive Care Unit |
| **IHF** | Irish Hospice Foundation |
| **IMO** | Irish Medical Organisation |
| **INMO** | Irish Nurses & Midwives Organisation |
| **IPA** | Irish Patients Association |
| **JNLR** | Joint National Listenership Research responsible for publishing radio audience data |
| **MAID** | Medical Aid in Dying |
| **Modality** | Referring to the media platform e.g. radio |
| **NICOLA** | Northern Irish Cohort for the Longitudinal Study of Ageing |
| **NPHET** | National Public Health Emergency Team |
| **OECD** | Organisation for Economic Co-operation and Development |
| **PAS** | Physician Assisted Suicide / Dying |
| **PGD** | Prolonged Grief Disorder |

| | |
|---|---|
| **PHEIC** | Public Health Emergency of International Concern: the highest global alert level issued by the World Health Organisation requiring a coordinated global response |
| **ProQuest** | A commercial database that aggregates published data as a one-stop portal for high quality information |
| **PTSS** | Post Traumatic Stress Symptoms |
| **Pull Quote** | Enlarged text embedded in a report to draw attention to a specific fact or quotation |
| **QR Code** | Quick Response Code similar to a barcode |
| **RTÉ** | Raidió Teilifís Éireann is Ireland's public broadcaster dominant in radio and television news programming |
| **SARS-Cov2** | Severe Acute Respiratory Syndrome Coronavirus 2 otherwise known as Covid-19, Covid19, or simply Covid |
| **Swedish Death Cleaning** | A decluttering method to pare down your belongings to reduce the burden on loved ones after death |
| **Syncretic** | Referring in this document to the blending of different methodologies, or analytic models to form a coherent framework |
| **TILDA** | The Irish Longitudinal Study on Ageing |
| **VR** | Virtual Reality |
| **WHO** | World Health Organisation |

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# Executive Summary

## Context

Death remains one of the most significant yet systematically underrepresented experiences in public discourse. While violent, sudden, or criminal deaths attract sustained media attention, the lived reality of ordinary death or natural dying – including illness, planning for death, and bereavement that follows a death - receives far less consideration.

Irish Hospice Foundation commissioned this study to understand how death, dying, and bereavement are currently being portrayed across national media platforms in Ireland. The analysis covers the years between 2023 and 2025, drawing on content from national newspapers, radio, and television.

2023 marks the downgrading of the emergency phase of the SARS-Cov2 (Covid-19 or Covid) novel virus pandemic; the removal of public health restrictions that applied between 2020 and 2023; and the stabilisation of Covid related deaths. The time period under review (2023 – 2025) therefore represents a return to relative normative mortality and cultural practices relating to death.

## Approach

To better understand how death is being represented in the media in the period since the pandemic, IHF provided the primary research question:

**How has dying and death been portrayed in the national media over the past three years?**

To answer this question, a review of the relevant national media platforms was undertaken, including selected print and digital newspapers, TV, and radio programming (Irish Examiner, Irish Independent, Irish Times, Sunday Independent, TheJournal.ie, RTÉ, Newstalk, Virgin Media). The final dataset was limited to representations of natural death, dying, end-of-life care, grief, and bereavement. Violent deaths, accidental deaths, suicide, deaths of children, inquest proceedings, and obituaries were excluded.

The study applied different qualitative techniques to a manually curated dataset comprising approximately 708 relevant news items, and associated images. A headline/program title analysis was conducted on the entire dataset to identify major frames. Selected broadcast programs were transcribed, and then qualitatively analysed along with selected newspaper articles. This report presents the findings of this media analysis and highlights the major ways in which the media frame everyday death, dying and bereavement.

## Dominant Themes

Five dominant themes were identified within the dataset, as detailed below, with a summary of the key findings in the following section.

1

### Getting to Die Well

Media representations of terminal illness, palliative care, hospice services, and the experience of dying and how these are matters of policy

2

### Bureaucracies of Death

Media coverage of the administrative, legal, and institutional dimensions of dying: death registration, advance care directives, assisted dying legislation, hospitals, and the systemic infrastructure surrounding death

3

### Let's Talk About it: Death & Grief

Death literacy, death education, how bereavement is portrayed, what framing is applied and how bereavement is normalised or marginalised

4

### Death in Everyday Life

How 'sadmin' can be reduced, and planning for death is normalised including organ donation, bequests, and digital footprints

5

### Transformation of Irish Death Culture

Ireland's changing relationship with death, including secularisation, ecological burial, and emerging cultural trends in funeral practice

## Key Findings

| | |
|---|---|
| Finding 1 | **Natural, everyday dying** remains underrepresented in mainstream media. Coverage of death is dominated by dramatic, exceptional, or medicalised framings. Marginalised deaths are barely represented. |
| Finding 2 | **Hospice deaths** are represented as preferable to death in acute hospitals with palliative care framed as an issue of access and inequality requiring investment and a systemic constraint between what people want and what is possible |
| Finding 3 | **Irish death culture** is visibly in transition, with increasing coverage of secular, ecological, and alternative approaches to death and mourning. |
| Finding 4 | **Science and technology** are reshaping how people consider death, grief and commemoration. |
| Finding 5 | **The lingering effects of Covid** persist and are creating societal change which is manifesting in the ways that people grieve and plan for death, but also in systemic attitudes towards personal health, and public health. |
| Finding 6 | **Climate related** reporting is represented but deaths due to climate impact do not demand the same level of structural accountability as the healthcare system. |
| Finding 7 | **National news media** is a powerful medium that can reflect or determine the public's perceptions of death, dying and bereavement. |

| | |
|---|---|
| Finding 8 | **Platform matters significantly**. Radio provides the most intimate space for personal death narratives; newspapers offer the most sustained space for policy analysis. |
| Finding 9 | **Imagery can reflect** and reinforce cultural biases and assumptions. |
| Finding 10 | **Death literacy** and death education are normalising conversations about death, dying and bereavement. Death planning is an observed trend, including planning for digital assets. Climate related reporting is represented but deaths due to climate impact do not demand the same level of structural accountability as the healthcare system |

## Conclusions

Whilst death is something most of us would rather not think about, as this study illustrates, Irish media talks about it constantly. The question is not whether death is covered, but how, and what that coverage does to our collective understanding of death, dying, and bereavement. Through what gets published – whether this is advocacy work, research or letters from the public – the media do not simply reflect public attitudes toward death; they set the terms on which dying, grief, and end-of-life care enter political consciousness. This is important for public policy because if an issue is not on the public agenda, it may not be acted upon by the government (Nownes 2019).

The overarching frame across the dataset is one in which the individual is personally responsible for organising their own life and their own death. This thread is a constant throughout the analysis and may be linked to the lingering effects of Covid, and reflect a population pushed past their emotional and financial limits. It may also reflect larger trends being observed in global science and public health towards 'individualised public health'. This can be summarised as a logic of personal responsibility that extends into every dimension of dying and its aftermath: you are responsible for your health and for making choices that reduce the risk of premature death, and thus for not overwhelming health services. You are also responsible for planning your death, what happens to your body after death, for eliminating inconvenience and minimising the emotional toll on the bereaved, and minimising harm to the planet. Given the extent of the ask, it is no wonder that conversations about death and dying may pose challenges.

Across the full dataset, Irish media is engaged in something more than reporting death - it is actively renegotiating where death belongs in public life. What this study ultimately reveals is a media ecosystem that is doing serious and important work around death, but doing it inconsistently, and often without recognising what it is doing. The coverage collectively constructs death and dying as both an Irish social and/or health crisis and a deeply human, navigable experience. The challenge now is to make that conversation more conscious, more inclusive, and more useful to the people who need it most.

# Introduction

Death remains one of the most significant yet systematically underrepresented experiences in public discourse. While violent, sudden, or criminal deaths attract sustained media attention, the lived reality of ordinary death or natural dying receives far less consideration. How everyday experiences of terminal illness, end-of-life care, dying, death planning, and bereavement are framed across national media platforms matters. For policy organisations such as the Irish Hospice Foundation (IHF), understanding how media frames these experiences is strategically important. Media representations shape public attitudes, influence health-seeking behaviour, affect the destigmatisation of hospice and palliative care, and ultimately impact policy receptivity at governmental and institutional levels.

Operating at the intersection of public health, social care, and cultural practice, IHF's strategic objectives are ambitious, with a broad aim to influence national policies relating to dying, death and bereavement in Ireland. To achieve this aim, IHF undertake and commission research to inform their advocacy efforts and support initiatives. Their focus remains on three interconnected elements – conversations about death; end-of-life and dying; and grief and bereavement – all with the view to expand access to palliative care, reduce death and grief related stigma, support for the bereaved, and to influence national policy (Irish Hospice Foundation 2025). Media engagement is a critical lever in all of these areas.

As a national leader advocating for the support of the dying and the bereaved, IHF has advanced conversations on death, end-of-life care, grief and bereavement, both to inform the public and to improve provision of healthcare in Ireland (Irish Hospice Foundation 2025).

Whilst Ireland was ranked fourth globally in the 2015 Quality of Death Index Score (Finkelstein et al. 2022) and the prevailing wisdom that the Irish 'do death well' is often perpetuated, a range of research supported by IHF in recent years on public understandings of death, medical care, and end-of-life have all emphasised the need for further public conversation, awareness and education regarding end-of-life (Irish Hospice Foundation 2026; Quinlan 2009; McCarthy et al. 2009). This is reflected in a recent national survey that demonstrated an increase between 2021 (39%) and 2023 (51%) feeling dying and death are not talked about enough (Irish Hospice Foundation 2023c). This may represent an increasing desire to have vital conversations, potentially driven by a greater awareness of both an ageing population and issues relating to dying and death in the aftermath of the height of the Covid pandemic.

Ireland occupies a distinctive socio-cultural context. Ireland has historically been a homogenous population – but it is today a society in rapid secular transition, with a growing multi-cultural population; and an ageing demographic profile with projected deaths to increase by 40% by 2040; along with healthcare system challenges in the provision of long term care, amidst a global shortage of nurses (Simoens et al. 2005; OECD 2008; Irish Independent 2023c; OECD 2024; Central Statistics Office 2025).

The Covid pandemic (onset 2020) was a global mass death event, with a reckoning that has yet to fully unfold. Though IHF commissioned a national survey to evaluate the impact of Covid on the Irish population's experiences and perceptions of dying, death and bereavement between 2021 and 2022, this report indicated there would likely be longer term consequences (Irish Hospice Foundation 2023c). How national media represents death in this complex environment has direct implications for IHF's policy and advocacy agenda.

This research therefore picks up on earlier media related studies commissioned by IHF. To support the stated objectives of IHF, this research sought to determine how 'ordinary' dying and death have been represented in news media reporting between 2023 and 2025. This analysis will identify dominant themes and assess reportage for ideological influences that may be shaping current values and attitudes towards dying and death in Ireland, and thereby provide an evidence base for further strategic endeavours and media engagement.

## Research Aims & Objectives

This research is driven by a core research question:

**How has dying and death been portrayed in the national media over the past three years?**

The aims and objectives of the research were to:

1. Describe, through qualitative data analyses, the main repertoires, themes and discourses associated with the media coverage of dying and death in Irish national media from 2023-2025.
2. Through examination of language, images and multimodal ensembles, outline trends in how media frame and communicate the topics of dying and death.
3. Assess for the presence of evidence of shifting or emergent central themes, norms, ideologies, political, religious or secular influences, environmental beliefs or other factors informing the content and framing of news media reporting.

The data in this study is expressly limited to representations of 'everyday' death – how most people die and grieve. The study explicitly excludes violent, accidental, self-harm, child deaths, coroner proceedings, and obituaries. This delimitation ensures analytical focus on the dimensions most pertinent to IHF's remit and avoids conflation with criminological, accident-prevention, or mental health policy domains.

## Ireland and the News Context

### News Media Reporting

Irish people retain a healthy interest in news reporting, with 56% of the population, across all ages, expressing interest in the news (Lloyd et al., 2025). This reflects the highest level of interest since 2022, though less than the peak of 70% in 2021 during the Covid pandemic. Whilst the ways in which people access news are now distributed between print and digital sources, news consumption remains steady in Ireland. Irish audience news interest is ahead of the UK (39%), US (51%) and the European average (45%) (Lloyd et al., 2025).

Whereas national newspapers rely on subscription based models, the move to online subscription based news services remains low in Ireland, though it has steadily increased from 7% in 2015, to 15% by 2023 (Newman et al. 2025). This may reflect the fact that Irish audiences can freely access news reporting both on national radio and television, through broadcast and digital platforms, via Ireland's national broadcaster, Raidió Telefís Eireann (RTÉ).

The leading Irish news print titles are the three daily papers - the Irish Examiner, Irish Independent, and Irish Times - with a cumulative circulation figure of 834k (MediaLive 2026). Five other tabloid titles are available in Ireland, with a cumulative circulation figure of approx. 550k. The Sunday Independent title is the most widely read paper in Ireland, with a circulation of approx. 488k (MediaLive 2026). With the exception of the Business Post (circulation 149k) and the Sunday Times Irish edition with its heavily syndicated UK content, the remaining Sunday titles are tabloids. TheJournal.ie is a widely read digital only national news source, coming in second place behind RTÉ News online for digital news consumption.

In Ireland, local news is highly trusted, with RTÉ News (72%), local radio news (72%), and local newspapers (71%) listed as trusted sources in recent reporting (Newman et al. 2025). In addition, in 2025, the Irish media regulator Coimisiún na Meán invested €5.7m to directly support public interest news journalism on a platform-neutral basis, underscoring the State's recognition of the public good that news journalism provides (Newman et al. 2025). This suggests that news consumption is an important feature of the media landscape, with the potential to both inform and reflect Irish audience views of death and dying.

### Determining the Scope

In 2020, the novel virus SARS-CoV2 (Covid-19 or Covid) saw the World Health Organisation (WHO) declare a public health emergency of international concern (PHEIC i.e. the highest pandemic alarm level), with the introduction of associated public health restrictions. By March 2023, Covid related deaths and hospital admissions, whilst continuing, were stabilising (McGreevy 2023). In May 2023, the emergency response of the ongoing pandemic was downgraded by WHO (2023). Whilst cumulative deaths due to Covid are recorded at 7.11 million global deaths,

approx. 6.7 million of those deaths occurred between 2020 and 2023 (WHO 2026). 2023 thus marks a return to 'normal' pre-pandemic mortality patterns, albeit with elevated excess mortality trends captured since then (EuroMOMO 2026).

In Ireland, during the PHEIC (2020 – 2023), attendance at funerals and access to those residing in end-of-life care settings was severely limited, church services were curtailed, and travel bans were in place. This means that for those who were bereaved (from any cause) during this period, the typical ways of death, dying and bereavement were disrupted (Irish Hospice Foundation, 2023c; Selman et al., 2021), significantly challenging 'people's expectations about how someone should die and what bereavement should be like' (Borgstrom et al. 2023, 250). 2023 then is the first year since the onset of the pandemic that public health restrictions were lifted and life returned to a new normal.

As researchers, we had little doubt as analysis progressed that the impact of Covid and its ongoing place in healthcare settings and people's lives would be visible in the news media analysed. As anticipated, the ongoing legacy of Covid was evident in the data we examined, and this is reflected in our findings.

## Death & the Media

### Media Influence

Diverse media sources - local, national and global - play a powerful role in constructing, generating and shaping public narratives and personal ideas pertaining to all issues, including dying, death and bereavement (Hanusch 2010). Media plays many different roles in our everyday lives, with economic value as consumers purchase content, but media also carry cultural meaning, and give public platforms to topics that may otherwise be considered taboo. In doing so, media help people learn about experiences they themselves have never lived. They have economic value - people pay to consume them - but they also carry cultural meaning, giving a public platform to topics that might otherwise be considered sensitive or taboo, and helping people learn about experiences they have not lived themselves (Alvarez et al. 2026). More broadly, the ability of mass media to produce messages at scale is powerful, and media thereby can influence what we consider normal. Media can challenge our existing ways of thinking, and it can reflect the social and political forces that structure our world but it can also actively shape it through whose experiences it considers important, and how it frames the everyday assumptions people make about how they understand their place in the world (Alvarez et al. 2026). Borgstrom et al (2023, 250) have argued that 'media tropes and techniques influence the public: they create a lens which shapes experiences and attitudes, and highlight socio-cultural fears and anxieties', showing how media not only inform people's views and experiences but can also reflect back, amplify and diminish existing attitudes. In a highly media saturated environment with near endless opportunities for consumption, it is increasingly difficult to unpick clear threads between specific media influence and individual ideation, especially when considering other contextual factors

including institutions, influences and individual experiences that shape views, understandings and attitudes.

Mindful of these complexities, this project focused on how dying and death were portrayed in the Irish news media over three years, with the recognition that this was likely both constitutive and simultaneously reflective of public perceptions of end-of-life matters. In other words, we approached this research with the recognition that whilst media can inform people's opinions, they also function to reflect them back in a two-way, dynamic process of mediation (Bowman 1973).

### 'Ordinary Death'

You will notice here that words such as 'ordinary', 'natural' and 'good' have been placed in quote marks. This serves to emphasise that they are highly contested ideas, and ones that carry significant emotional, ideological and moral weight. It is important to be mindful of language in relation to dying and death. Borgstrom and MacArtney (2023) have argued that whilst the everyday use of terms like 'ordinary' and 'normal' when discussing dying can be helpful to distinguish between the types of deaths witnessed by clinicians, it is also crucial to consider how such usage can be problematic and challenging. This requires careful questioning of what is meant by 'ordinary' and 'normal'. It also requires consideration of whose definitions are most valued in contexts where layers of power and privilege are interlaced in complex ways, such as medical settings. Further, it requires consideration of who has access to what is positioned as a 'good death' when choices are often shaped and constrained by economic, social, religious, geographical and other factors.

'Ordinary' death is often considered less newsworthy than other kinds of death. It is widely acknowledged that death sells newspapers (Walter 2017), with the famous adage 'if it bleeds, it leads' emphasising how violent, sensationalist stories are likely to be strategically prioritised to attract readers and viewers across news media reporting platforms. This is as true of Ireland as elsewhere. For example, online conversation and searches were dominated by the murder of Aisling Murphy in January 2022 (Core Research 2022). Sumiala (2022, 58) notes that 'bad death' (murder, for example) is 'more likely to become a public event in hybrid media' than death that is deemed less remarkable. When media reporting focuses disproportionately on exceptional, tragic or unusual deaths, or on highly medicalised experiences of death, this can sideline other everyday experiences of end-of-life, limiting public understanding of dying as a natural life process.

A significant finding of earlier IHF supported research has been to recognise a distinct disparity that exists between the understandings and experiences of the public generally in relation to dying and death, and those of clinicians and other healthcare professionals (Quinlan 2009). Quinlan (2009) emphasises that the end-of-life experience portrayed in various media is often focused on hospitals, with the medical, technical and institutional taking precedence, in turn potentially fuelling anxieties about the medicalisation of end-of-life. Alternatives such as hospice where

'the personal that takes precedence' are less likely to be featured (Quinlan 2009, 49). This perhaps reflects the reality that only 8% of people in Ireland die in hospice: 45% are likely to die in a hospital, 24% at home, 20% in a care home, and 3% elsewhere (Irish Hospice Foundation 2026). Even within the potential experience of hospital deaths, there is a wide range of diversity in terms of location. Approx 1,000 people die in or on their way to Accident and Emergency (A&E) departments (McHale 2026), with the remainder dying in single rooms or multi occupancy rooms (hospital wards) (Ó Coimín et al. 2019). Whilst no national data captures the exact place people die, the National End-of-Life Survey found that in 2022, 81% of people whose loved ones died in a single occupancy room viewed this more favourably compared to 51% of those whose loved ones died in a multi occupancy room (Health Service Executive et al. 2023). The variation in place of death means that there is a vast array of contextual (e.g. relationships with those around them both personal and professional, religious, political or ideological contexts, determinants such as Covid restrictions) and individual (e.g. level of consciousness, pain, beliefs) factors (Health Service Executive et al. 2023; Irish Hospice Foundation 2026). Whilst it would not be possible for media to represent all experiences, media do have the capacity to hold a mirror to personal experience, and windows into the experiences of others, and their influence can be highly formative at the individual and social levels (Bishop 1990; Sowden et al. 2021).

The emerging 'Death Positive Movement' continues to grow, complemented with the instructive advocacy of medical professionals such as O'Mahony (2016) and Mannix (2017). These authors have been instrumental in spearheading clear messages to the general public to support and normalise the 'natural' processes of dying and death. Mannix (2019) in particular has produced the popular video Dying is Not as Bad as You Think. There is little doubt that whilst media reporting can be educative in supporting people to engage their 'thanatological imagination' and consider issues of mortality (Michael-Fox 2023; Penfold-Mounce 2018) media of many kinds can also play a considerable role in the chasm of comprehension between the public and medical professionals understandings of dying noted by Quinlan (2009). The preponderance of death in the entertainment industry has meant that violent dying and death have come to be disproportionately represented in the cultural imagination, whilst dying, death and attendant emotions of grief and loss within people's personal and community lives are often more private and experiences (Gorer 1965; Walter 1994; Mitchell et al. 2012; Walter 2017).

Norwood (2018, 470) has suggested that television portrayals have been particularly harmful in representing highly unlikely forms of death as routine, arguing that myriad medical dramas have led many to anticipate 'technologically driven, medically intervening extremes' when encountering dying and death in their own lives. Clarke (2006, 154), however, has noted that it is often the absence of personal experience that leads people to rely on media for 'information, attitudes, beliefs and feelings about death and its meanings,' emphasising the importance of media sources that offer a variety of representations and understandings of dying and death, including those of 'ordinary' death. Whilst media audiences consume content about dying and

death, this does not necessarily offer any preparation for the inevitable experiences of dying and death they will encounter in their own lives (Gibson 2007). The framing of dying and death can have a powerful impact on how people conceptualise the idea of both an 'ordinary' and a 'good' death. Whilst our focus here is on news media only, it is important to recognise that the vast array of content being consumed lives in a hybrid media environment.

McCarthy et al (2009, 461), in focus groups with the Irish public about dying and death, found that participants perceived 'good' deaths to be 'those that occurred painlessly, quickly and peacefully (such as in one's sleep), in one's own home (albeit with medical support), surrounded by one's family, with both dignity and emotional reassurance and with control over the time and circumstance of the death'. This supports Toolis's (2018, 21) assertion that: 'most of us want to die at home surrounded by those we love'. Caswell's (2019) research into representations of dying alone in popular media representations, however, can serve as a helpful reminder of how value laden and often morally instructive depictions of a 'good death' can be. Caswell's analysis shows how certain experiences of a 'good death' are positioned as an extension of a 'good life', with representation of those who die alone being positioned in a negative light.

# Methodology

This chapter sets out the methodological framework underpinning the study and the considerations informing each stage of the project. The study examines how national Irish media platforms (radio, television, and print and digital newspapers) represent natural death, dying, and bereavement. It is guided by a primary interest in the discursive and ideological dimensions of these representations and their implications for public understanding of end-of-life care and for the advocacy work of IHF.

## Research Design

The study adopts a qualitative, interpretivist research design. News is socially constructed through its reliance on specified news values (Hanusch 2010), and therefore this study draws on social constructionism as a mechanism which recognises the active construction of meaning, through interpretive and reflexive engagement with the data (Berger and Luckmann 1991). From this perspective, media representations of death and dying are not neutral or transparent reflections of social reality but are themselves productive of the meanings, values, and ideological frameworks through which death is understood and experienced in contemporary Irish society. This theoretical position has direct implications for analysis, which is to understand the ideological work that news performs – what news makes visible and

invisible, whose voices are privileged, and what assumptions about death and dying are rendered ‘natural’ (Fairclough 1993).

We conducted a qualitative analysis of digital news sources available in the public domain. This comprised online newspaper articles, radio and TV programs, which are a rich source of data for analysing the social influence of news discourse.

Our approach is informed by both framing analysis (Entman 1993) and critical discourse analysis (Fairclough 1993), two complementary methods which address the explicit and implicit relationship between language, representation and power. FA maps the terrain across the whole dataset, identifying what topics are covered, how they are categorised, and which aspects of an issue are consistently highlighted or left out. CDA then zooms in on individual texts to ask why particular words, images, and narrative choices were made, and what assumptions about power and society those choices reflect. Used together, the two methods allow the study to move beyond describing what Irish news media says about death and dying, to examining how that coverage shapes the way these issues are understood by the public, and whose interests that understanding serves. The value of this dual analytic approach is that it produces a richer picture than either methodology would yield alone.

## Data Collection

Data for this project was restricted to the calendar years 2023 to 2025. The three-year date range aimed to provide an analysis of recent reporting at the time of the research being conducted, and to mitigate a potentially skewing impact of the COVID pandemic that dominated reporting between late 2019 and early 2023.

A range of archive searches was necessary, to enable cross-platform comparative analysis and provide breadth of media coverage. The final modalities were selected based on their market circulation or audience share. It is important to note that in general, there is a high degree of public trust in national media outlets, as detailed in Table 1: Public Trust in Selected Media Outlets below (Newman et al. 2025).

The three titles with the largest daily newspaper circulation figures, Irish Times, Irish Independent, and Irish Examiner, were selected for inclusion (with average readership of 366k, 288k, 180k respectively (MediaLive 2026)). These three titles are national daily titles with a digital presence, and are widely read by a cross-section of Irish society. Additionally, the most widely read Sunday paper, the Sunday Independent (488k) was included, as well as TheJournal.ie, Ireland’s second leading digital only news platform, to enable comparative analysis.

National and local radio are widely consumed in Ireland. Approx 80% of the Irish population listen to radio daily (3.4 million), with 1 million+ listening to the main national station RTÉ 1 (JNLR 2025). The audience share commanded by the three radio stations operated by RTÉ (29% approx.) is the largest of any radio group in Ireland market. The next biggest audience share are Newstalk Radio, and Today

FM, with approx. 11%, and the remainder of radio listeners listen to regional stations (JNLR 2025). For this study, RTÉ, Newstalk and Today FM as the three largest radio stations were selected for searching. Whilst radio is widely consumed on a daily basis in Ireland, TV remains the primary news source, RTÉ also retains the highest audience, with its three stations commanding approx. 28% linear audience share. These market shares are not reflected in the final dataset due to difficulties in sourcing archived broadcast material.

| Title Selected for Study | Public Trust (n=2000) | Format |
|---|---|---|
| Irish Times | 70% | Daily Print & Digital |
| Irish Examiner | 65% | Daily Print & Digital |
| Irish Independent | 68% | Daily Print & Digital |
| Sunday Independent* | - | Sunday Print & Digital |
| TheJournal.ie | 60% | Daily Digital |
| RTE News | 72% | TV & Radio |
| Today FM | 66% | Radio |
| Newstalk | 66% | Radio |
| Virgin Media News | 65% | TV |
| Sources: Reuters Institute (2025) | | *not included in the survey |

*Table 1: Survey Results Showing the Percentage of People Who Rated a Publication/Outlet as Being Trustworthy (Public Trust), for Selected Media Outlets (Newman et al. 2025, 128)*

## Search Strategy

Newspapers and broadcast programs were identified through a variety of news archives (ProQuest, Irish News Archives, RTE News Archives) and other sources (e.g. the National Library of Ireland archive, Google, YouTube, etc). Initially, a series of death related keyword searches (e.g. palliative care, end-of-life, hospice, terminal illness, good death, cremation, etc) were completed to establish the range of data held in ProQuest. Following this, we noticed a comparable pattern of decline in

death related topics from 2023 to 2025; this informed our search strategy but is also a notable finding, addressed further in Chapter 6.

The final search terms were oriented around five core keywords (Death, Dying, Bereavement, Grief, and Funeral) on the basis that other death related keywords (e.g. palliative care) would be subsumed within them. Search terms were limited to the English language. Through iterative searching of the archives, search strings were developed to eliminate out of scope items (e.g. Violent deaths (homicide, manslaughter, war, terrorism, natural disasters) – see Appendix for full list).

Using automated filtering within the news databases, 4,869 newspaper reports were identified. These results were then manually curated to exclude articles that were not relevant to the topic under investigation (e.g. death of a pet, political campaigns, etc). To supplement the use of newspaper databases, manual searches were also conducted via other sources including Google, RTÉ News Archives, the National Library of Ireland archive, and social media platforms. The cumulative search yielded a high number of relevant reports, with the final dataset comprised of 708 news items (see Table 2: Database Search Results).

| **Search Results** | Death, Dying, Bereavement, Grief & Funeral | |
|---|---|---|
| Newspaper | Digital newspapers | 630 |
| Broadcast TV & Radio | TV x 7 - Radio x 71 | 78 |
| **Total News Items** | | 708 |

*Table 2: Database Search Results*

## Data Analysis

Once the final dataset was constructed, an initial headline / program title analysis was conducted across the full dataset to identify the range of topics, frames, and discursive patterns present in the data. Given that the assembled dataset exceeds what is feasible for full close qualitative analysis, a purposive sample was drawn from the dataset for closer reading and full discourse analysis (Punch 2005). In part, this decision was influenced by the fact that though a program title existed, sometimes the associated program content was not available.

Framing analysis was conducted (Entman 1993) on the headlines and program titles. This inductive analysis identified recurrent patterns shaping the reporting of death and dying and formed the central organising structure for the data. The second

phase involved close reading of purposively sampled texts, following the principles of Critical Discourse Analysis (CDA) (Fairclough 2003). The third phase involved multimodal (or cross-platform) comparisons, to identify convergent and divergent discursive patterns. This included visual discourse analysis of images contained within news media reporting.

To develop a coding framework, each author independently reviewed selected articles. These were then discussed and an organising framework was devised, resulting in five primary frames. This iterative coding process continued until analysis was complete. Findings are presented in a blended format that integrates data presentation and interpretive discussion, consistent with constructionist qualitative research (Burnard et al. 2008).

# Research Findings

# Chapter 1: Getting to Die Well

This chapter examines how Irish news media frames dying, death and palliative care across a defined set of articles published between 2023 and 2025. Drawing on coverage spanning policy reporting, feature journalism, personal narrative, and broadcast media, it identifies the dominant frames through which end-of-life is constructed for Irish audiences, from hospice as sanctuary and the politics of palliative care access, to the conditional nature of a "good death" and the contentious debate around assisted dying. Together, these frames reveal a media landscape that is increasingly willing to engage openly with death, while simultaneously exposing the structural inequalities and cultural taboos that shape who dies well, and who does not.

## Hospice as Sanctuary

Hospice care is framed as a refuge from pain and fear, with a heavy emphasis on humanising death. In general, this cluster reinforces the concept of dying as a beautiful and pain free experience, with the dying retaining agency. This is most evident in the article titled *Life in an Irish hospice: 'I'm freaking people out by saying I'm not afraid of death - but I'm not. I'm afraid of dying in pain, but that's not going to happen here'* (*Irish Independent* 2023b) and *We do death well in Ireland, but what about the lead-up period?: 'A huge amount of healing comes with being heard' when it comes to hospice care:* (*Irish Times* 2025b). This cluster of articles uses high levels of positive emotion and positions the hospice as life-giving (*I would be dead now if it hadn't been for the hospice* (Irish Times 2023d) and *'They have helped improve my life so that I wouldn't be afraid to die':* (*Irish Times* 2023w)

The net effect of this type of framing means the hospice as place of death is constructed as exceptional, with terms such as 'care', 'warmth', 'kindness' perpetuated through reporting, and reinforcing the concept of an idealised death through the use of first person encounters with the hospice. In an article *'I was ashamed to talk out loud to my dying dad'* (*Irish Independent* 2023h) Hollywood actor Brendan Gleeson reflects on the deaths of his parents in a hospice, commenting "I'm completely in love with this place because of the ideology and practicality. You've an ideal mission statement which allows people to die in a loving way and then you've the practical measures on how it will be facilitated".

Yet the death of Gleeson's father in the hospice was compromised by a lack of privacy, the rationale for Gleeson's advocacy relating to the opening of a new 24-bed inpatient unit at St Francis Hospice, Raheny. Gleeson's father died in a four-bed room there which made the final moments more difficult for the family, Gleeson comments "my dad died with beds around him. I have to admit, I was aware of people next door, you'd be worried about shouting out your business". This

underscores how the appropriateness of space can influence dying but also compromise bereavement – thereby funding these spaces is not just about dying well but also about grieving well.

Brendan Gleeson is not the only public figure to advocate for hospice care. Following his diagnosis with motor neurone disease, the well-known RTÉ journalist Charlie Bird deliberately used his public platform to advocate and raise funds for charities, including raising €2 million euro for hospice care (*Irish Independent* 2023d). Broadcaster Marty Morrissey, a public advocate for hospice fundraising pays tribute to 'hospice angels' in his plea for public support (*Irish Independent* 2025b). The reliance on public figures to endorse hospice funding, in conjunction with the angelic connotation positions hospice care as vocational. Whilst this is a necessary endeavour to fill a definitive need and shortfall of funding, it also naturalises state underfunding of hospice care as a permanent feature rather than a political choice.

### The Systemic Context of Palliative Care

Across the dataset, the cluster of palliative care articles is most commonly framed as an issue of access and inequality requiring investment, thus palliative care and dying become matters of public policy and political intervention.

The political and policy dimensions of palliative and end-of-life care are at the centre of an article titled *Extending access to palliative care among key strategies to increase patient support* (*Irish Examiner* 2024c). The article features Health Minister Stephen Donnelly launching the National Adult Palliative Care Policy that sets out changes to support equal access to palliative care across Ireland. The tone of this piece is formal and official, stating the need to ensure patients can easily access palliative care tailored to their needs to enable them live as well and as long as possible, and "ensure a 'good' death in as much as possible". The use of quote marks here around 'good' in this news report illustrates that within news media reporting and public discourse, there is an implicit acknowledgement of the need to critique 'normative assumptions in palliative and hospice care' (Borgstrom et al. 2026, xvi).

Minister Donnelly states that providing "dignified end-of-life care 'goes right to the soul' of who we are" a rhetorical device that positions the government as attuned to public need. Whilst this policy represents government acknowledgement of the shortcomings of end-of-life care, an opinion article *Palliative care should be at core of healthcare* (*Irish Times* 2024j) discusses the benefits of palliative care and finishes with "it is all about what we prioritise. This research has given a voice to patients. It is now up to policymakers, medical professionals and those who hold the purse strings, to make early palliative care normal and central in our health system". Whilst this is a noble endeavour it again underscores the critical need for investment in infrastructure to support this aim. An earlier article in 2023, *'Shameful' to introduce assisted dying without funding palliative care, committee told* (*Irish Examiner* 2023i)

illustrates the social complexity of dying. Referring to the proposed introduction of assisted dying legislation, its purpose is quite literally to shame the government to provide appropriate levels of funding to enable people to die well.

Social advocacy thus plays an important role in what gets covered in the news media. Returning to the article '*Extending access to palliative care among key strategies to increase patient support*' (*Irish Examiner* 2024c), the article, like many of those considered here, raises the issue of 'inequities in terms of access to care', here specifically ones related to regional inequality. The reporting acknowledges advocacy groups involved in the sector, and ends with reference to Irish Hospice Foundation (IHF) and their welcoming the new government policy. This helps to cement the influence of advocacy organisations in news media and public discourse pertaining to dying, hospice and palliative care.

Organisations such as IHF rely on data-driven advocacy, which in turn enables research-led journalism. *Palliative care should be at core of healthcare* (*Irish Times* 2024j) is another example of how journalists weave together multiple data sources to convey the tension between what patients need or want, based on evidence, and the resourcing issues in achieving high quality palliative care. Complementing such reporting, *Planning for the provision of end-of-life care is critical, all-island report advises* (*Irish Independent* 2024l) notes that approximately half of all deaths occur in hospitals with formal care planning being particularly low in the Republic of Ireland, research jointly produced between Trinity College Dublin (Irish Longitudinal Study on Ageing - TILDA) and Queen's University Belfast (Northern Irish Cohort for the Longitudinal Study of Ageing - NICOLA), as an all-Ireland comparative analysis. The reported research emphasises the high number of unplanned hospital admissions despite most people declaring a wish to die at home – as the population ages, this means that place of death is more likely to take place in hospital without sustained investment in alternatives. This gap between where people die and the prominence of hospice coverage is significant. It risks giving readers the impression of hospice availability that does not reflect the current capacity in Irish healthcare.

## Encountering Death Spaces

Due to the lack of palliative care resources, the first interaction most people will have with it is when their loved one is reaching the end-of-life. As a result, it is not surprising that people may believe that it only comes into play when all other treatment options have failed. This is very clearly articulated in *Extending access to palliative care among key strategies to increase patient support* (*Irish Examiner* 2024c) which states that over half of Irish adults feel "fearful" when they hear the term 'palliative care'. This is based on research conducted by the All-Ireland Institute of Hospice and Palliative Care. The article *Palliative care should be at core of healthcare* (*Irish Times* 2024j) begins by highlighting the fear that hearing 'palliative care' can create, continuing that the "healthy may shudder at the connotations of a terminal illness, while some doctors are uncomfortable with raising it with patients". The reporting identifies that misconceptions and misunderstandings persist relating

to palliative care, and concludes by calling for early palliative care to be normalised and centralised in Irish healthcare systems. What this cluster of articles underscores is that death literacy, particularly in the terminology relating to end-of-life, is a significant public communications problem.

A cluster of articles that aim to address this use human interest stories to normalise and educate the public about the multiple roles that hospice provide, through end-of-life care but also palliative care, to enable people live well. *'I've had a great life really, but I'd still rather live'* (*Irish Times* 2024b) focuses on the stories of several people under the care of Our Lady's Hospice, Harold's Cross. The headline is effective in providing a positive outlook whilst avoiding romanticising or playing down the difficulty of end-of-life or palliative care. This is a deeply intimate piece of advocacy journalism however, with the *Irish Times* journalist accompanying the medical team on their rounds. The reporting thus provides a frame within which the reader can observe the interaction between doctor and patient, opening and closing with a focus on the medical personnel providing care. The pullout quote in bold "as soon as we came here, we started to feel calm. I never leave worried. Everything is noticed and managed. We've got some time back since we arrived here. It's very precious" emphasises the tone of the article as comforting, educative and informing of what a hospice environment can offer. The value and benefit of high quality palliative care environments is at the core of this article, which finishes with a focus on the staff working in the hospice. Posing the final question to the medical director, the article asks how they cope with the emotional toll of caring for the dying to which the doctor thoughtfully replies "one can't simply do it alone. We shoulder it as a team. We look after each other, debrief, laugh and share". The conversational register in this article positions death as an inevitable part of life. Far from being morose, the article conveys how patients are personalised within the facility – these are not 'the dying' but people with lives to be lived, shared with their families.

Providing a similar portrait of hospice care, the article *'I didn't know it was going to be like this. It's beautiful here': Therapy dogs, reflexology and 'cuddle beds' for families are all part of the care offered at Roscommon Hospice as Christmas approaches* (*Irish Times* 2025a), centres a volunteer's experience of the hospice. This article again has an educative tone and represents one of the longest articles analysed here. It was published at an emotionally charged festive time of year (20 December 2025). Again, this title emphasises that people may feel fear entering a palliative care space. The hospice manager compares her experience of her father and mother's deaths, ten years apart, stating that progress has been made and that 'people are increasingly more comfortable talking about death'. The article confirms that those who work at the hospice have become less frightened of death, with the hospice manager stating that "people fear palliative care because of the lack of knowledge around it". With a human interest angle, the article uses direct quotations to build rapport with the reader, using qualifiers such as 'she laughs' following these quotes to create a light-hearted tone. This emotionality is continued through to the descriptions of people who use these services, ending the article with a note of both

gratitude and pathos “There are tears in her eyes and now her voice cracks. He’s surrounded by love”.

The article ‘*We do death well in Ireland, but what about the lead-up period?: ’A huge amount of healing comes with being heard’ when it comes to hospice care*’ (*Irish Times* 2025b) addresses the often reiterated notion that the Irish ‘do death well’, whilst questioning the reality of this when it comes to dying. The article published to mark Palliative Care Week (13 Sep 2025) refers to research conducted by All Ireland Institute of Hospice and Palliative Care, in which they assert “Many are reluctant to discuss palliative care due to fear of upsetting others or because death is culturally seen as a failure….These taboos are a major barrier to engagement with both palliative care and advance care planning.” This article again contrasts the fear of dying, but unlike other articles this centres the voice of a family member whose spouse died in the hospice. In this article a pragmatic approach is used throughout with a focus on planning and being aware of the various supports that hospice care can provide. The article underscores the way in which the voluntary sector can work in tandem with government to enact meaningful change. This cluster of articles focusing on hospice environments paint a largely positive, life-affirming portrait, emphasising compassion, multidisciplinary care, calm, and emotional support for patients and families. These narratives counter fear-based perceptions of hospice care and palliative care, and position hospices as places that prioritise quality of life, relational care, and emotional wellbeing alongside clinical expertise

A report titled *Palliative care givers need more support* (Bowers 2023) focuses on the experience of caregivers, drawing on research conducted at Trinity College Dublin. The news report articulates the findings of the research with a focus on the conclusion that those who feel most obliged to care are likely to experience the most distress, and that communication between the carer and cared for is more challenging when the carer feels under obligation and the cared for feels inhibited by their reliance on care. The report’s focus on this experience might reflect an awareness that this is a relatable finding, and one that causes anxiety for many who fear becoming a ‘burden’ upon those around them.

The dimension of caregiving is noted most comprehensively in the article ‘*We do death well in Ireland, but what about the lead-up period?* (*Irish Times* 2025b). Whilst this article focuses on the structural aspects of accessing palliative care, it has a more holistic orientation, centring a bereaved family member who is now a volunteer in the hospice where her husband died. Whilst again there is the use of a human interest story, a strong framing relates to planning, and the article refers to IHF and its *Think Ahead* planning pack. Reflecting the experience of caregivers in the earlier Trinity College Dublin research, volunteer Aedín Gillespie, said she felt that in-patient hospice care can be regarded as a failure, in that the person cannot be cared for at home, and how others can judge these decisions. Detailing the high quality care her husband received in the hospice, she narrates her experience of engaging with palliative care services, remarking “People would ask me about the hospice, and I’d say, ‘they saved my family, which is an odd thing to say because, obviously, Frank died. But they saved the rest of my family” explains Gillespie. What this framing

does is illustrate the strong holistic ethic of hospice care, and how that care persists beyond the dying person, extending to their families. This 'expert by experience' and relatable positioning help to end the article on a poignant note as Gillespie quotes Anne Lamott's description of grief as 'like having a broken leg that never heals perfectly – that still hurts when the weather gets cold, but you learn to dance with a limp'. Ending on this positive framing supports the educative framing of the article and shifts it away from more controversial and challenging discussion of financial constraints and ethical debates about dying, returning personal interest and experience to the fore.

### The Brighter Side of Death

Continuing with first person accounts of caregiving, a weekend essay in the Irish Times by Patricia O'Reilly (*The Irish Times* 2024) explores her husband's end-of-life journey. Titled *'My Husband Died on a Glorious Spring Morning'* the article is an insight into her husband's two-year journey from diagnosis to death, at home under hospice care. Hospice staff are praised and a home death is described, with her husband Xavier stating "Amn't I having a lovely death?". The framing is entirely experiential and focuses on family experience and togetherness. That Xavier spoke freely about death and dying, gave permission for his family to talk "freely and openly – with occasional bursts of gallows humour, about what had been a forbidden subject around the time of the death of our parents and other family members". This challenges the notion that the Irish are 'good at death' with a personal experience of more openness now than in the past conveyed. The article details Xavier organising his own funeral, and his final days, with the final sentence of the article underscoring the love between him and his family, "Looking at us, his family, had been his last act of living". This pull-quote is enlarged, and in bold, an emphasis which positions family as of the utmost importance at the end-of-life.

A second brief article, titled in red, bold, capital letters *Death Does Not Have to be All Negative* also by Patrica O'Reilly in the Irish Times (*Irish Times* 2024f) foregrounds personal experience and the possibility of a positive approach to dying and death. It is indicative of the cross-over in news media and is a compilation of a documentary aired on RTE Radio 1 (1991) entitled *Dying with Love* . In this, O'Reilly expresses that she hopes to be 'slotted into the hospice system' when her time comes.

Examining this cluster, there appears to be a shift between 2023 and 2025 to challenge fear relating to palliative care and hospice, and to normalise end-of-life. This is potentially indicative of an increasing recognition amongst the Irish public of the need to discuss death more openly (Irish Hospice Foundation 2023a). This is framed explicitly in radio coverage in 2024 and 2025. Psychologist and death doula Laura Coleman describes her work with the hospice as "helping people to live until they died" (*Irish Hospice Psychologist on Why We Shouldn't Fear Death* 2024). This article is pragmatic but also leans into conceptual ideas relating to Irish death traditions such as keening, with the psychologist describing her role as an old practice reimagined for contemporary family life. Similarly, a radio segment on the

launch of IHF support service (*Today with Claire Byrne* 2024) opens with the wording: “Well, the Irish Hospice Foundation is launching today a new information and support line, and the reason they've done that is because there has been a surge in demand for information around dying, death, and bereavement”. This framing immediately foregrounds that there is a need for discussion of dying, death and bereavement, which requires more education and information on the matter. The segment itself provides this information, showing the bi-directional and interconnected relationship between media and public attitudes as they inform each other. The radio coverage here offers a similarly educative and informing function to the news coverage, with the intention to reach audiences through this medium that may have chosen not to read newspaper coverage. The tone is reassuring, covering key issues also covered in the newspaper reportage: explaining that palliative care is not limited to the physical space of the hospice, offering insights into financial and practical challenges, and providing advice.

In summary, dying is presented as something that can be done well or badly, and the cluster here indicates that acceptance means that death need not be framed negatively.

## Inequity & Privilege when Dying

### The ’Good Death’ as Conditional

Throughout the dataset, a persistent binary emerges relating to the coverage of death and dying. This binary reflects a good death as one which is pain free, dignified, peaceful and supported (O’Regan 2023b), and thereby a bad death as one which is unsupported, painful, undignified and to be feared. Critically, however, the good death is not presented as universally available. It is conditional, primarily accessible to those who can reach hospice or palliative care, and shaped in practice by income, geography and the adequacy of community services.

Inequality in health outcomes was a significant feature of reporting across the dataset. The ability to purchase private health insurance to circumvent the rationing of medical care is addressed directly in *I advise patients to choose private hospital care* (*Irish Times* 2023p), but the social impact of this inequity was largely portrayed in cancer related reporting. Headlines such as *"Poorest more likely to die from cancer: Difference in five-year survival rates remains sizeable* (Cullen 2023c), and *"Cancer patients on lower incomes have 'radically different outcomes' compared to better-off, Dáil told* (*Irish Examiner* 2023b) represent a structural-critical frame in which time of death is not random but underpinned by social inequality.

A closer exploration of one article *Cancer patients on lower incomes have 'radically different outcomes' compared to better-off, Dáil told* (*Irish Examiner* 2023b) highlights how the longer waits for diagnostic tests among the uninsured contribute to poorer outcomes, given the centrality of early diagnosis to effective treatment. The article ends with a reference to a pilot study on rapid access lung health programmes,

prompted by TD Colm Burke's disclosure of a family bereavement from lung cancer in a non-smoker. This narrative reflects conceptual issues about the 'fairness' of serious illness and death, tying into complex emotions and opinions, and broader public stigma around lifestyle and cancer causation (Childs 2012; 'Interview on The Death Studies Podcast' 2026).

The concept of fairness also emerges in relation to place of death. Whilst dying at home might be central to many people's definitions of a 'good death', dying at home is shown to be an experience that is shaped by economic factors. The material reality of economic inequality in dying is given its most direct expression in coverage of palliative care in the home. This is most explicit in the article titled *Cancer patients 'dying in cold homes survey of palliative nurses finds'* (Power 2023) relates to concerns about the broad reaching impact of poverty and the cost of living crisis and how this can impact experiences of dying and death. The Irish Cancer Society survey featured in the article focuses on the experiences of palliative care nurses who report visiting homes where mould was present, with patients unable to afford heating or food, conveying a distressing experience for both those in the home and those professionals working with them. Referring to the research findings which point out that meeting energy costs had formed a 'real challenge for some cancer patients who had chosen to die at home', the research calls for benefits to be extended to those with a cancer diagnosis to support fuel costs. This structural demand implies the state's current failure to meet it. Further, it reveals a tension between what is conveyed as an individual choice and its material limitations. Whilst this is not directly stated in the article, it may nonetheless serve to draw readers' attention to the fact that elements of a 'good death' might fall short of hopes in their reality.

Other reporting articulates a comparable tension, reporting that people wishing to die at home can face "traumatic deaths" due to inadequate support, drawing on IHF research *Dying Well at Home* (2023a) to argue that "systemic gaps in end-of-life care in Ireland" rather than personal circumstance are the primary cause (Fitzgerald 2023; O'Regan 2023b). Again, this highlights the tension between choices and wishes (wanting to die at home and being able to) and the reality of that experience. The article is explicit in highlighting these systemic gaps and thereby how these become a barrier to a 'good death' at home. The same IHF research is covered in an article titled *Lack of support for families and carers barrier to a good death, says hospice body* (*Irish Times* 2023t). Similarly, this article reiterates the discrepancy between those wanting to die at home and those being ultimately able to. It also centres in blue, enlarged font in the centre of the article the following sentence: 'Irish Hospice Foundation believes that more can be done to enable greater choice about where people are cared for as death approaches.' This highlights within the article a focus on choice, emphasising a well-documented shift toward an emphasis on autonomy and choice in end-of-life (Walter 2015).

Poverty is not the only inequity shaping the experience of dying; the gender of who is dying also matters. Across the dataset, the healthcare of women is shown to be systematically compromised. Headlines are direct and underscore the risks to

women's health. *Most women not confident they can spot symptoms of ovarian* cancer (*Irish Examiner* 2023h) points to a failure of health literacy that is itself a product of chronic under-investment in women's health education. *Women with cervical cancer have been abandoned by the Government* (Griffin 2023b) moves from systemic failure to political accountability; the use of 'abandoned' positions the state as having actively abdicated its responsibility rather than it being passively neglected. *BreastCheck figures show further failures in women's health* (*Irish Independent* 2025a) and *Stress and cost is preventing women from protecting heart health* (McCambridge 2025) extend the critique of women's health and clearly illustrate that women's lives are consistently at great risk in a healthcare system that underserves them. Compounding this structural critique further, gender is portrayed as a determinant of fatal outcomes, reflected in the conditionality of the good death extending beyond the home into clinical settings, in an article titled *Palliative care should be at core of healthcare* (*Irish Times* 2024j). This cites research showing that 83% of patients with metastatic breast cancer were amenable to early palliative care referral but only 20% received one. This positions the good death as one withheld by a system that has failed to prioritise it. Women are less likely to receive medical attention for conditions that are fatal, with various advocacy groups highlighting these risks and only a small percentage of those seeking palliative care were able to access it. Whilst not immediately apparent, these headlines cumulatively indicate that women's health inequality can be seen as an entrenched systemic condition requiring political will to correct, particularly in accessing preventive care but also when that fails, accessing palliative care.

Women and the elderly are not the only marginalised groups whose deaths feature in the dataset. The deaths of people who become homeless also featured nominally. The article *Death on streets left many questions, funeral hears* (*Irish Times* 2024g) recasts the deaths of homeless populations by focusing on one person, as a human interest story. The article opens with "The isolated country church… is a long way from a cold pavement in Dublin city centre" before switching to "Ann Delany took her last journey home in the company of her friends and family". As described in the article, Ann Delany was many things, and prior to becoming homeless was an 'excellent nurse'. This article is notable for what it does not do. It does not explain homelessness or pathologise it. Instead, restoring Ann Delany as a member of a loving family and welcoming community, in detailing her interests, profession, and 'kind nature', the article implicitly argues that the deaths of homeless people deserve the same care as anyone else, and that the humanity of a life should not be diminished by the circumstances in which it ends.

Considered a public health issue, *The ties that bind - vital tool in ensuring no one dies alone* (McGarty 2024) references the reality that some people die at home alone and may not be discovered until years after their deaths, a once rare phenomenon that is trending upward, and which predates the Covid pandemic. The article notes that social isolation puts people at a 50% increased risk of early death, compared to those with good social connections. Social prescribing is recommended as a solution, particularly in the context of an ageing population such as Ireland's. What

the article suggests is that clinical staff refer elderly patients to non-clinical community services, as part of an integrated social model of health. This article underscores the epitome of the bad death, a lonely, undiscovered death and conversely the good death, is not just a matter of clinical environment but also a social one. This became evident during the Covid pandemic when people were prevented from being with their loved ones as they died.

### Death in the Public Eye

On average about 100 people die every day in Ireland, with a total of 35,587 deaths registered in 2025 (CSO 2026). Most of these people will die in unremarkable circumstances, their deaths absorbed into the noisy world of the living. And yet a small number of these ordinary deaths of ordinary people will find their way into the public arena. Some will arrive there due to their advocacy work, for example, Vicky Phelan (died 14 November 2022) whose fortitude following a cervical cancer diagnosis, exposed the cervical cancer screening scandal (221 Plus 2023). Others already inhabit the public sphere, and when faced with a terminal diagnosis make the choice to deliberately step forward, and speak openly about their illness and journey towards death.

In the dataset, public figures strongly feature in reporting on death, dying and bereavement and the motivation for these articles varies between personal experience, philanthropic endeavour, and altruism. Such narratives are evident in article titles such as *Concept of your parent's death being a good death is monumental': Actor happy to be an ambassador for €30m expansion of St Francis Hospice* (*Irish Times* 2023k) and *Biden moved by plaque to late son at hospice: US president views plaque at Castlebar hospice commemorating late son Beau* (*Irish Times* 2023j). One public figure in this dataset manages to accommodate all three, and that is the journalist Charlie Bird (died March 2024).

Diagnosed with motor neurone disease, Charlie Bird determined to use his public platform in order to leave the world a kinder and better place; he wanted to use the time he had left to help others so that his life "wasn't wasted, that I did something with my life" (O'Donoghue 2021). Outspoken in his support for hospice care as a site of meaningful and dignified death, the cluster relating to Charlie Bird documents his struggle with his physical condition, his medical care, his suffering and ultimately his death (*Irish Times* 2023b). Succeeding in his endeavours to raise awareness of his illness and fundraise for a range of philanthropic supports, Charlie Bird continued his advocacy until he died (*Irish Independent* 2024a).

Collectively, the news reporting of his advocacy followed a consistent arc from diagnosis, to decline, to death, to posthumous celebration of a life well lived. The coverage thus positions Charlie Bird not merely as a public figure dying well, but as a model of what dying openly and purposefully can look like, implicitly challenging the cultural avoidance that the dataset identifies elsewhere, and as a model of how palliative care can enable people to live as well as they can, for as long as they can.

The article characterising Charlie Bird as the journalist who “didn't let his terminal illness stop him getting to the heart of a great story” underpins a significant ideological choice: the framing of dying as something a person *does* - with agency, purpose, and social value - functions to make terminal illness legible within dominant cultural values around productivity, contribution, and self-determination (*Irish Times* 2024e). The subject is not simply dying; they are *living with* illness in ways that generate meaning for others. This is journalism asserting its ‘cultural authority as storyteller’ (Hanusch 2010, 143).

The media reporting of Charlie Bird also performs a distinctive cultural function. A reader’s tribute published in the Irish Independent (*Charlie Bird was a true inspiration who enabled people to be heard and gave hope to many more* (*Irish Independent* 2024e)*)* provides a different rhetorical weight to news reporting – this is lay testimony rather than editorial framing, and is representative thus of the broader public reception to Charlie Bird’s advocacy and eventual death, rather than a professional assessment of his legacy. The tribute letter's observation that Charlie Bird "enabled the voiceless to be heard" is the dataset's clearest articulation of what public dying can do: it transforms a terminal diagnosis into a platform, and a platform into advocacy and through the choices Charlie Bird made, he normalises dying and its associated dependencies in ways that policy documents can miss.

Charlie Bird expressed a simple desire to die at home (*RTÉ News* 2023) and he achieved his wish, dying at home, surrounded by his family, with the aid of home based palliative care – the quintessential ‘good death’.

## Assisted Dying as a Political Flashpoint

As in the UK, Ireland has periodically engaged with the complex issue of Assisted Dying. Assisted Dying is a broad term with a lack of common definition, incorporating other widely used phrases such as euthanasia, assisted suicide, medical aid in dying (MAID) and physician assisted dying (PAS) (Irish Hospice Foundation 2023b). In the dataset analysed, assisted dying was a dominant theme between 2023 and 2024, following trends in the UK and elsewhere. In 2024, Ireland’s government response to the topic was published by the *Joint Committee on Assisted Dying* (Crowley 2024).

The ideological arguments both for and against assisted dying have been succinctly articulated in many position papers by those on both sides of the debate, but are very clearly summarised in the British Medical Association (2021) position paper, *Key arguments used in the debate on physician-assisted dying.* These arguments were reflected in the media analysis, with coverage alternating between presenting it as a rights based model of care (*Should Ireland allow euthanasia? We went to see how it can be done* (*Upfront with Katie Hannon* 2023)) compared to a systemic failure of healthcare provision, specifically with regard to palliative care (*Romanticised rhetoric of assisted dying bears no relation to the reality* (*Irish Times* 2023v)).

In the media analysis here, the topic of assisted dying is presented as very emotionally charged with arguments for both sides presented persuasively. The rights based model has used language that will be familiar to many Irish people rooted in the repeal of abortion legislation under the eighth amendment – the right to travel, the trauma of having to travel, to be cared for at home, to be supported by loved ones, are all themes familiar to Irish audiences. These arguments are presented through personal testimony from the person who died, or their surviving relatives – the intent is to alleviate suffering.

Medics have not engaged in a comparable emotionality – within media reporting, theirs is a language of professionalism: first-hand bedside experience of dying and death, navigating the hospital system and providing care in an over-stretched system. The medical position is one that presents physicians as a type of moral backstop, against a 'slippery slope' of incremental acceptance of suicide and a degradation of human life (Coleman 2024). The arguments for risk management and ethical decision-making, and the societal risk of implementing such changes are strong themes, along with a major professional concern over the quality and safeguarding of best medical practice. *Analysing assisted dying from a systemic healthcare perspective* (*Irish Times* 2024c) the author presents arguments for assisted dying as an individual solution to a structural funding issue, and thereby, the funding and prioritisation of palliative care is presented as an alternative (*Irish Times* 2024k).

## Chapter Summary

This chapter traced the dominant frames through which Irish news media represents dying, death, palliative care and end-of-life between 2023 and 2025, revealing a complex and at times contradictory landscape.

The assisted dying debate occupies a significant portion of the dataset, in the period between 2023 and 2024, reflecting the legislative debates during that time. This introduces a distinct register into coverage, one in which dying is framed primarily as a legal and political question rather than a matter of care quality. Rights-based arguments drawing on the language of bodily autonomy sit in tension with medical voices warning of systemic risk and a professional concern that assisted dying represents an individual solution to a structural funding failure.

Across the dataset, there is strong and consistent endorsement of palliative and hospice care as essential to dignity and wellbeing at the end-of-life. Some of the most striking reportage is formed of personal stories; these accounts emphasise presence, humour, love, agency, and family togetherness, reframing death as part of living well. It is worth noting, that the dataset consistently equates the lonely death with a 'bad' death, and this may be a culturally specific assumption. The dominant framing of the 'good' death with the focus on family may risk the alienation or disenfranchisement of those who might die alone. This in turn functions to reinforce

the long-held assumption that dying alone is a ‘bad’ way to die examined at length by Caswell (2019).

Editorial voices argue for palliative care to be normalised and embedded earlier within healthcare pathways. Hospice and palliative care are presented as ‘life affirming’, and the articles themselves take on a ‘life affirming’ quality through framing of personal experiences, ending on affirming and forward looking, positive points. As much of the reporting on this topic was either focused on summarising research findings, legislative changes or on providing insight into hospice and palliative care environments, it was to be expected that the reporting would reflect these prevalent concerns. This equally demonstrates the value that such research has in influencing public discourse, particularly through the use of personal interest stories and key data.

What the dataset underscores is that death literacy, particularly in the terminology relating to end-of-life, is a significant public communications problem. The differences between palliative, hospice and end-of-life care, are rarely clear in the reporting, and are used interchangeably. Whilst the framing of many articles is educative, with misinformation and lack of knowledge foregrounded as issues, definitions of palliative care and hospice are not clearly provided and there is no recognition of the complex differences and distinctions in how these terms are used (Borgstrom and Visser 2024). This reflects that news media is required to simplify in order to find a balance between engaging and informing audiences, often in short form writing.

Hospice is framed not merely as a place of death but as a value system, defined by compassion, relational care, and the affirmation of life - a framing that is reinforced through personal testimony, human interest journalism, and the deliberate use of public figures as advocates and fundraisers. Education and reducing fear and anxiety were central to many of the articles, and techniques such as using the experience and voice of a high profile endorser during reporting on fundraising campaigns demonstrates the effective interplay between media reporting and organisations seeking to become ‘newsworthy’. This advocacy-adjacent framing, becomes highly visible in aggregate media and performs an important educative function in a cultural context where over half of Irish adults report feeling fearful when they hear the term "palliative care."

Yet the chapter has also shown that this affirming portrait of dying well is persistently undercut by structural realities, with the reporting highlighting persistent inequities, systemic gaps, and tensions between what is hoped for and lived realities. The ‘good death’ portrayed as pain-free, dignified, surrounded by family, in the place of one's choosing, is not presented as universally available. It is conditional, shaped by income, geography, gender, age, and the adequacy of community services. Cancer patients in cold homes, women systematically underserved by the healthcare system, homeless people dying on city pavements, and families unable to access home-based palliative care all appear in the dataset as evidence that dying well remains a privilege rather than a right. The recurring tension between patient

autonomy and systemic constraint, between what people want and what is materially possible, is one of the most significant findings of this analysis.

There is a clear emphasis throughout the reporting on patient and family autonomy and choice. Achieving a 'good death' is positioned as dependent not only on healthcare provision but on broader social, economic, and political conditions. Whilst there is no clear consensus over what constitutes a 'good death', either historically or cross culturally, it is clear that there are many forms of death considered 'good' (Seale 2004; Meier et al. 2016; Borgstrom and Visser 2024). There are principles and values that recur in definitions relevant to contemporary Irish culture and these are often connected to the values of the Modern Hospice Movement (Steinhauser 2000; Meier et al. 2016). Irish Hospice Foundation research concluded that a 'good death' was, according to the views of the participants in the research informing the definition, one that fulfilled 'the patient's end-of-life wishes supporting them to remain in their home; to be able die pain free, with dignity in a comfortable, calm environment; to die in the place of their choosing; and to be surrounded by the people they wanted present.'

The chapter has further shown that cultural attitudes toward death compound these structural barriers. The Irish self-perception of being 'good at death' is gently but consistently interrogated across the dataset, with articles identifying a lingering taboo around discussing dying before it occurs, and positioning this silence as a barrier to engagement with palliative care and advance care planning. A notable shift is nonetheless visible between 2023 and 2025, with an increasing number of articles across both print and radio, seeking to challenge fear, normalise end-of-life, and position death talk as healthy, practical, and an act of care for others.

Finally, the chapter has identified several limitations in how news media handles this topic. The conflation of palliative care and hospice care is widespread, and definitions are rarely provided or distinguished. The overrepresentation of hospice death may give readers an impression of its availability that does not reflect current provision. The dominance of advocacy-framed, life-affirming coverage, while valuable in challenging fear, risks obscuring the political choices and funding decisions that determine whether a good death is possible at all.

# Chapter 2: The Bureaucracy of Death

Reporting in this chapter relating to the structures governing death incorporates an extensive variation of topics. These range from the treatment of bequests under taxation law, to the broader healthcare system, hospital overcrowding and social change, and the state approval and rollout of vaccine and drug treatments. The cluster also touches on organ donation (see Chapter 4) and assisted dying (see Chapter 1) legislation. The rest of this chapter will focus on the dominant themes, including the SARS-CoV2 (Covid or COVID-19) pandemic, which will be briefly addressed below.

Underlying the diverse coverage analysed in this chapter is the contrast between the 'good death' and the 'bad death'. The good death is imagined as peaceful, dignified, attended, and socially witnessed, comprising death in a single room, with family present, and time and space for care. The bad death is its inverse - lonely and undiscovered, or chaotic and exposed, with death on a corridor trolley, or in the noise of an overwhelmed emergency department, or, as discussed in Chapter 1, alone in a home where the body goes unfound. This binary is rarely stated explicitly in the reporting, but it structures how Irish newspapers represent mortality across the period studied. Crucially, the press locates the difference between the two in the capacity of the State and its health system. The bad death is consistently framed as a *produced* outcome i.e. the consequence of underfunding, overcrowding, and political inaction, while the good death recedes into an ideal the system is no longer able to deliver. Reading the coverage through this lens shows that the recurring language of crisis, accountability, and individuated responsibility examined below is not merely critique of healthcare provision; it is, at root, an argument about what kind of death the State permits its citizens to have.

## The Politics of Death

The language of crisis, scandal, and political failure pervades this cluster. The cluster also references causes of death, preventable death, healthcare planning, and improved recording and reporting systems. The most consistent framing in this category, however, is one of systemic failure, with the state and its various institutions variously presented as responsive, underfunded, inept, and sometimes actively harming vulnerable people, resulting in their deaths or less than ideal end-of-life circumstances. The delivery of healthcare is a complex issue, with evidence provided through state and semi-state reporting, academic research, advocacy and non-government organisations to effect policy and legislation, and in turn government investment to improve standards or quality of life.

Whilst coroner courts proceedings are not the focus of this research, there is one article that is particularly relevant to the bureaucracies of death. In *Coroner Courts Concern System is Failing Families* (*Irish Times* 2023a) the article explores the underfunding and need for reform of the coronial process, which has resulted in

delayed postmortems and inquests, and a lack of bereavement officers to support families. The article refers to the Coroners (Amendment) Act 2019 and includes comment from many legislative contributors, including the president of the state coronial service. The article opens with a powerful statement by the coronial service president, who states simply “People should be looked after in death as much as when they are alive” underscoring that this service is "for the living as well as the dead". The issue is not just a legislative one but by introducing comment from the Irish Council for Civil Liberties (ICCL) represents the adequacy of this service as a human rights issue. This is an important feature because it represents the post-death services provided by the State as requiring comparable standards of care, resourcing, and accountability demanded of services for the living and dying, enveloping it in the same debates relating to funding, overcrowding, and inadequacy that much of this cluster focuses on. In doing so, it extends the boundary of the State's duty of care beyond death itself, positioning the treatment of the deceased and their families as a continuation of, rather than a departure from, the systemic pressures documented throughout this analysis.

A similar contention is raised in relation to the introduction of organ donation legislation. *Hospitals must have enough staff to fulfil new organ donation legislation, says expert* (*Irish Examiner* 2023d) refers to the new Human Tissue Act 2024 requiring dedicated specialist organ donor nurse managers in each hospital. The headline formula "must have enough staff" implies that they currently do not. The framing here is that legislation without resourcing is a futile endeavour. The issue of resourcing is a pattern that recurs in the dataset.

### Systemic Failures

*We live two years longer than the OECD average* (Irish Independent 2023c) gives the impression that Ireland’s healthcare system is functioning exceptionally well. In contrast, the Irish Times ran with *Ireland ranked worst for digital health policies in developed world* (Cullen 2023b) for the same OECD report. Whilst both of these headlines are accurate, they are an illustration of how different frames can be applied to the same data. In both instances, a closer examination of the text states that about one third of all deaths relate to preventable mortality, meaning deaths that could have been avoided through public health interventions (focusing on behaviour, lifestyle, socioeconomic and environmental factors). With regard to the technology in use, the framing in both identifies a paradox – Ireland has the third highest level of digital literacy in the developed world yet the worst health data infrastructure – this again is framed as a governance failure. Such failures in technology have real patient impact.

Similar concerns about failing infrastructures that have seen insufficient resourcing and investment are reflected in a 2025 article titled: ‘*Ireland's 900 health data systems a barrier to positive patient outcomes, cancer conference told* (*Irish Examiner* 2025a)*’*. The article reports on cancer researchers from Ireland, the North, and abroad gathering to discuss how patients could benefit from better data-sharing

and access to trials. The article gives voice to a former patient who had lived with cancer who 'struck a chord' by describing the '"nonsense" of being unable to access her personal health data. "One of the key things we've been asking for a long time is routine access to our own health records, she said. And it's still not there. It is still harder than it should be to get proper access to your own health records.' Including this personal experience is demonstrative of the increasing value given to the voice of patients and service users, and the frustration with the bureaucracies of healthcare are evident. The inclusion of this article in the analysis seeks to reflect public interest in patient voice, rather than to reiterate a relationship already cemented in the popular imagination between cancer and death, when an estimated 44,000 will be diagnosed with cancer every year in Ireland and more people are surviving with cancer than ever before (Irish Cancer Society 2025). The framing here is patient harm, not just governance inefficiency or technical inconvenience.

An article titled '*'Bad actors' blocking digitisation of HSE: Former HSE head of digitisation says poor IT infrastructure risks patients' lives'* (*Irish Times* 2023i) links the systemic failures in the health system to specific 'bad actors' in the Health Service Executive, reporting on comments made by the outgoing head of digital transformation after his resignation. The word crisis is again prevalent, and systemic, long term issues are emphasised.

In an article relating to an anticipated flu outbreak *HSE 'Failed to Prepare Adequately' for Superflu, Say Nurses: Up to 1,100 People Are Predicted to Be Hospitalised with Virus over the Next Week* (*Sunday Independent* 2025b) the failure is prospective rather than retrospective. Despite the advance warning based on Australia's flu season, the government did not respond, vaccines were not purchased, and warnings from the Irish Nurses & Midwives Organisation (INMO), the professional nursing body, were ignored. The INMO indicated that conditions were a "recipe for disaster" stating that "understaffing of nursing staff in hospitals is linked to patients coming to harm and dying" and that "none of this research seems to penetrate the HSE". This is comparable to the warnings issued regarding post Covid sequelae, with Dr Muiris Houston (2024) writing in the Irish Times "People suffering with long Covid can be forgiven for thinking they are members of a lost and forgotten tribe… Long Covid clearly represents a serious threat of major public health concern. And it is not being given sufficient priority by Government." This theme is repeated in many ways through the cluster, for example*, Lack of doctors at crash scenes 'is costing lives'* (*Irish Independent* 2024j) which again shows known gaps in service planning. In other instances, *Long GP appointment delays will be 'new normal*', *says IMO* (Griffin 2023a), quoting the representative body Irish Medical Organisation (IMO) who state "the thing about the GP crisis is it will be a politically-made event rather than anything else." Cumulatively, these are all striking claims - that though the evidence and institutional knowledge exist, neither translates into action.

## No Accounting for Death

Headlines such as *Health crisis -- years of political failure* (*Irish Times* 2023n) are concise and precise – they lay the blame firmly at the feet of politicians. A 2023 editorial titled *Leaders need to get to grips with permacrisis in health* (*Irish Independent* 2023j) features in bold enlarged font that "exhausted staff are at the end of their tether due to 'inhumane' conditions". Framing this as being on the side of ordinary people, the article asks "Do our doctors, nurses, care staff and patients not deserve better than this? People are working around the clock in conditions never designed for the numbers they are treating, pushed to the limit on a daily basis. It seems surreal for a Health Service Executive to be issuing warnings to the ill to "consider all options" before going to a hospital." The editorial ends by connecting this directly to risks to mortality with the sentence 'In modern functional health systems, anticipated medical problems do not become matters of life and death', suggesting that in the context of what is defined here as a permacrisis, they have.

Within this article, *Government's laid back response to high death rate is a cause for extreme concern* (Courtney 2023), the author uses the collective pronoun 'our' to create a sense of collective concern, responsibility and solidarity as a country, and repetition to emphasise the significance of the issue: 'our excess death rate is high. Frighteningly high'. The strong editorial voice often uses the first person 'I', and brings the focus back from statistics to individuals and families, writing: 'But it's not just a "rate", is it? Behind every statistic are human beings and grieving families'. The legacy of the pandemic is pronounced in this article, which warns against a lack of action on identifying the true causes of an increased mortality rate leading to unsubstantiated claims about what is responsible, calling for government action.

Similarly a letter to the editor titled '*Time for a national mortality database'* (*Irish Times* 2023f) is written by a group of medical professionals who call for a national database to enhance reporting on deaths and learning, reflecting concerns within the medical professional about the lack of digitisation and development of infrastructure. The headline *Excess deaths in Ireland and beyond: what is behind the surge in mortality rates? Estimates put excess death rates at more than 10 per cent for second half of last year* (*Irish Times* 2023c) frames elevated death rates as a puzzle requiring public explanation, positioning readers as citizens entitled to transparent mortality data and accountable governance around public health.

Featuring the headline '*I advise patients to choose private healthcare'* another article reports that just under half of the Irish population had private healthcare in 2023 (*Irish Times* 2023p). In this article the Irish health system is described as unfit for purpose and as posing a 'growing danger to you and your family', and the article highlights that 'delays to inpatient admissions in excess of five hours are associated with an increased risk of death', making a clear link to loss of life. The involvement strategy of using 'you and your family' to draw the reader directly in creates a sense of urgency but also personalises what is a system issue. The article includes an apology to those who 'simply cannot afford private health insurance'. Further articles foreground the experience of medical professionals, positioning them as victims of a

failed health system alongside patients: *'I have an elderly man, over 85, who doesn't want to go in because he is afraid of dying on a trolley: GP embarrassed we are incapable of caring for our most vulnerable, writes Eavan Murray* (Murray 2023). In a context of increasing incidents of abuse against medical professionals (Chou et al. 2025) such reporting functions to position the outlets that publish them as 'on the side' of medical professionals as well as aligning them with patients and against the systemic issues at the root of the challenges both staff and patients face. '*In praise of 'personal doctoring'* (*Irish Times* 2023q), a letter written by a medical doctor to the Irish Times editor, reiterates the challenges faced by GPs, cautioning against the risk of a GP crisis. Similarly, *Long GP appointment delays will be 'new normal', says IMO* (Griffin 2023a) introduces the conceptual issue that primary care is under threat and people should expect it to worsen.

Despite protests against hospital overcrowding, at levels so high they breach safe occupancy limits (*Irish Times* 2023x; *Irish Examiner* 2025b), there is a publicly perceived lack of action. The cumulative response by the government is inadequate and the lack of ownership is a persistent theme, particularly relating to overcrowding in hospitals and shortage of immediate care or planning for care, as outlined earlier.

Whilst many of the articles in this cluster do not discuss dying or death in detail, the risk of dying due to a lack of care forms a distinct part of their messaging, often explicitly. The headline *A&E overcrowding will result in patient deaths, medics warn: Sick are spending four days on trolleys and sleeping on floors as staff warn of burnout of* (*Irish Independent* 2023e) typifies the genre using medical authority (doctors as sources) to legitimise a critique of systemic failure, where institutional dysfunction is constructed as a direct cause of premature death. It is no wonder then, that newspapers switch to advisory reporting with articles such as *From best time to be seen to the busiest day, seven things to know about hospital A&Es* (*Irish Independent* 2024g). This type of self-help reporting functions as a blueprint to prepare the public for continued inadequacies of care, creating a new normal relating to healthcare accessibility.

## The Virus that won't Leave Us Alone

The Covid coverage in this dataset spans a wide chronological and tonal range. This section reflects on the lasting impact of the Covid pandemic on healthcare, and is restricted to dominant themes relating to death and dying. The brief chronology this follows is not an account of the pandemic itself but of how its media framing shifted, from the premature declaration of an ending, through sustained minimisation, to a retrospective success narrative. This trajectory repeatedly relocates responsibility for public health from the system onto the individual, a trend observed in media reporting prior to 2022 (Cummins 2022).

By March 2023, media reporting sets the timescale for the pandemic to end and two months later WHO did declare its highest level of threat (PHEIC) to be over. This was largely framed as the end of the pandemic, rather than as a scaling back of the

emergency response phase. Headlines continued to focus on Covid infections throughout 2023 with headlines such as *Covid is on the rise again... is it time to worry?* (O'Neill 2023).

By 2023, the demand for accountability with regard to decision making in the wake of the pandemic proved contentious (*Sunday Independent* 2023c). Despite such calls, the government opted for an evaluation of the State response rather than a statutory inquiry, which was heavily criticised (Bray 2024). With no statutory powers to compel witnesses or make public the testimony, the aim of the Irish government was to "identify lessons learned" to guide future decision making. Whilst the former Minister of Health during the pandemic, Simon Harris, was aiming for a non-adversarial approach, advocacy groups saw it as a "betrayal of the bereaved".

The strategy to pursue this approach was in conflict with earlier publications where bereaved families demanded a statutory inquiry to "honour the dead", relating to care provision in a specified nursing home *Families Fight to Find the Truth of Pandemic Response* (*Sunday Independent* 2023b). This report is framed as one of preventable deaths, had the right resources been in place.

A review of pandemic end-of-life care at Cork University Hospital in 2021 was published in *Dying cancer patients and distressed families suffered in pandemic – study* (*Irish Independent* 2023f). The study examined how dying people were impacted by the pandemic, at a time of huge pressure on overstretched staff and strict infection-control restrictions, suggesting that there were indeed deficits in the holistic care provided to cancer patients and their families at end-of-life emphasising that "Pandemics magnify inequalities and expose vulnerabilities in healthcare".

*People's views on death and grief 'changed by pandemic': Healthcare staff greatly affected* (*Irish Independent* 2024b) reports on a national survey commissioned by IHF between November 2021 and February 2022, across all demographics. The survey identified that 86% of participants agreed their experience of a loved one's death was negatively affected by Covid, and 70% maintained their loved one did not have the death they would have wished for. A second article reporting the same survey, notes that healthcare workers were particularly impacted by the distress of witnessing so many deaths and also found these circumstances challenging in delivering quality care (Pepper 2024). The article quotes findings that nurses were unable to provide the appropriate care needed for a good death. One nurse recalled going from one sick patient to the next and finding a patient who "could've been lying there dead for who knows how long," and describing the sight of "a family looking in a window viewing their dying father" as traumatic and unforgettable (Pepper 2024).

The moral distress of healthcare workers when their patients are dying is noted in other articles. In *Secret Doctor: Entitled patients, fatigued colleagues and inadequate services are all legacies of the Covid pandemic* (*Irish Examiner* 2023a), the opening paragraph observes that "the lingering marks of the pandemic endure," and that the elderly population has borne the brunt of Covid's effects, the author adding their own "vivid memories of tending to patients on numerous Covid wards." The article ends with "the trauma endured by those working on the frontlines

throughout the pandemic is immeasurable. I, too, have vivid memories of tending to patients on numerous covid wards". This type of emotional framing is not typical in the dataset relating to clinicians who are usually presented as professionals taking life and death in their stride.

As psychologist Dr Maureen Gaffney suggests (*Sunday Independent* 2025a), even five years later it is still too soon to tell whether these scars will heal. What this reporting shows is that the pandemic response changed healthcare, normalised overcrowding and lengthy waiting times for care, whilst lowering the barometer for access to care; with those at the top still unaccountable. The contrast between the idealised good death and the conceptual bad death was made abundantly clear during the pandemic, and its consequences were not restricted to the dying or the bereaved.

## Death in Hospital

That hospital coverage of death is dominated by medicalised discourse is unsurprising – this is where the injured, ill and dying go for medical treatment. However, cumulatively the cluster of titles relating to death in hospital portrays a system that is under resourced, overcrowded, and failing patients – the net consequence then is one in which hospitals appear dangerous. This is reflected in headlines such as *Night-time ICU discharge linked to higher death risk* (*Irish Independent* 2024k), *I have an elderly man, over 85, who doesn't want to go in because he is afraid of dying on a trolley...: GP embarrassed we are incapable of caring for our most vulnerable* (Murray 2023) and *Patient removed from life support in 'mix-up' at hospital* (*Irish Independent* 2025g). Whilst these headlines reflect real situations that occur in healthcare and hospitals, they consistently frame the hospital as a site of risk rather than of orderly, dignified death.

Dying in the context of an Accident & Emergency (A&E) department during the healthcare crisis is described in many of the articles in the cluster, but is explicitly addressed in a 2024 news report with the headline *Clinicians report end-of-life care is inadequate in A&E departments* (Kelleher 2024a). The article refers to a survey foregrounding the medical professionals' concerns about overcrowding and the unsuitability of A&E for the delivery of palliative care. The consultants describe A&E as 'chronically crowded and overwhelmed with trolleys'. This form of medical advocacy appears regularly in the cluster with doctors and nurses battling for better care. The topic featured again in the online Irish Independent (*Emergency doctors report end-of-life care is inadequate in A&E departments* (Kelleher 2024b)), the recurrence emphasising concerns and anxieties about 'unnecessary deaths'.

A 2023 article with a stronger editorial voice in its framing was featured as an analysis article in *The Irish Times* titled '*Emergency response to hospital crisis needed: Analysis; Government must declare a 'public health emergency' to help overcrowded and under-pressure hospitals* (Houston 2023). The term crisis and emergency foreground the urgency of the issue in the headline, and the pandemic again features in a large pull-quote within the article to draw attention, which states:

'the threat to people's health posed by present circumstances is every bit as serious as the threat of a pandemic'. The analysis is provided by a medical writer and health analyst and a black and white headshot of the author in a shirt and suit featured at the beginning of the article, positions him as a professional expert. A further pull quote states that 'unprecedented warning signs' have been 'flashing for some time', indicating that the failings in the health system have not been addressed by political actors and leadership within the health service. Other articles emphasise figures, with one headline emphasising research completed by the advocacy group, Irish Patient Association (IPA) *1,278 deaths caused by ED delays, says group: Death toll from hospital delays 174 higher than last winter, IPA estimates* (Cullen 2023a). The figure is not rounded up to 1300 – by specifying the exact numbers who died, it makes the article more relatable and personifies these deaths as individual people who died due to inadequacies in care.

A *Letters to the Editor* section of the Irish Times (2023n) published eight letters under the title *Health crisis -- years of political failure* echoes the sentiment of these articles, positioning them directly as a consequence of 'years of political failure'. The eight letters, written by members of the public, and medical professionals, express anger at a statement by the Minister for Health asking medical consultants to work additional hours. The public defend the 'relentless hard work' of medical professionals. The letters emphasise the commitment of medical staff, failures in the system, a lack of commitment to putting 'healthcare front and foremost' meaning that sick and older members of society will continue to suffer the indignity of care in overcrowded, not fit for purpose A&E departments for years to come'. Letters use phrases in which anger, frustration and fear are evident, such as 'our 'stupidity as voters', and repetition conveys frustration: 'nothing is certain except death, taxes and a health service that fails to meet the needs of its clients, winter after winter'. Collective anger and questions are conveyed in the following letter: 'could someone please explain in simple terms to me and many others why if the State finances recorded a €5 billion surplus last year, our health service is in the state that it is in?'

The reporting on overcrowding continues across the three years of coverage analysed. 2025 coverage featured an article titled *Irish hospitals now so overcrowded they breach safe occupancy limits, report finds* (*Irish Examiner* 2025b). This article features an image of a hospital corridor with six beds in close proximity on each side of the corridor, all with patients in them. This report relies on data drawn from official sources such as the Economic Social Research Institute (ESRI), HIQA and the HSE, confirming that hospitals are advised to maintain a below 85% occupancy rate to avoid delays and staff burnout, and allow for emergency capacity. However, some regions routinely exceeded this with some reporting 101.5% in-patient rates, and others 129.1% day-patient occupancy. This article is quite factual and underscores the consistent overcrowding typical in Irish hospitals, with its associated and enduring 'corridor care'. One social advocacy group is quoted, with a campaigner whose husband died on a corridor trolley saying "..on a personal level, it's a vindication… we've been saying this for years and we've been ignored but finally we are being heard… people have paid too high a price…" and questioning if

the review will be another one ‘left on a shelf until the next tragedy’. These types of personal tragedy linked with evidence signal the realities, fears and anxieties that exist for patients and their families in relation to poor quality corridor care, and overcrowding – and ultimately how people die in hospitals, for some this is the definition of a bad death.

### Quality of Care at End-of-Life

In comparison with the reporting of hospice and end-of-life, the reporting of a hospital death is consistently more negatively framed – occurring in articles that focus on overcrowding, poor care, and a context of crisis, rather than, for example, the portraits of individual and family experiences reflected in features or more in depth investigative reporting.

During the Covid pandemic, care was compromised and yet, recognising the importance of good quality care at end-of-life, hospitals attempted to honour this by allowing compassionate visits to the dying (*Sunday Independent* 2023b). This was not always feasible however and has left an indelible mark for the bereaved (see chapter 3). The article *Clinicians report end-of-life care is inadequate in A&E departments* (Kelleher 2024a) refers explicitly to the deaths in A&E, relying on research conducted by a consultant in emergency medicine, Dr James Foley. This is a comprehensive article that outlines key points of information and makes explicit, what is implicit in other reporting – that A&E is not the best place to die.

This article identifies that “time, space and infrastructure” are barriers to providing high quality end-of-life care in A&E. Due to "current staffing and occupancy constraints" the majority of respondents felt A&E was not suited to good end-of-life care, with fewer than one third indicating that patients at end-of-life had a single room or staff member specifically allocated to their care. This article clearly identifies that clinicians are aware of idealised end-of-life care and strive to provide this in a system which is not designed to accommodate such demands. Senior doctors with more than ten years’ experience were more comfortable discussing end-of-life care with patients and families, than more junior doctors with less than five years’ experience, with 78% of senior clinicians versus 43% of junior clinicians being confident in supporting families in decision making related to end-of-life care. The article concludes with recognition that competencies regarding all aspects of end-of-life care (communication, advanced directives and symptom management) could be developed and adopted into the emergency medicine curriculum may provide a vector for improving care." Dr Foley's observation that "many Irish clinicians will have experience of patients dying in resuscitation rooms, with the noise of the chaotic emergency department preventing a peaceful and intimate environment" condenses the bad hospital death into a single, vivid image. The problem is identified as structural, a capacity issue rather than professional failure, yet the proposed solutions (training, infrastructure, staffing) remain aspirational.

Addressing the skills needed for high quality care, the reinvigorated medicine curriculum at Trinity College Dublin outlines what a new generation of doctors will learn *Medicine’s future needs more than technology: New medicine curriculum*

*integrates digital health, climate medicine, and health equity – while emphasising the enduring importance of compassion* (*Irish Times* 2025o), quoting the Head of the School of Medicine who says, “after three decades in practice, I have concluded there are only two truly transformative forces in healthcare: a willingness to listen to patients, and love. AI will be a quaint fad one day; climate change will (hopefully) be mitigated by laws and behaviour; genetic engineering will become routine. But love and the modesty it implies have always been the hallmarks of a good doctor and will remain so, long after the technologies have moved on.” This statement reflects what healthcare should be, and earlier reporting demonstrates that experienced clinicians strive to maintain it.

In contrast to much of the negative reporting in this cluster, a positive framing of hospital care is provided in an unusual form by Dr Muiris Houston (*Irish Times* 2023o) when reviewing a poetry collection edited by Martin Dyar titled *Vital Signs: Poems of Illness and Healing*. The article titled ‘Humanity till the end’, explores themes of end-of-life and mortality. The review highlights a poem by Patrick Kavanagh reflecting on his experience in an Irish hospital where Houston, the review’s author, was once a medical student. The poem includes the line: ‘A year ago I fell in love with the functional ward of a chest hospital’, conveying a positive image of medical care in a hospital setting. Houston also selects the following example from the collection, as a “line from the poem *Instead of Dying* by Lauren Haldeman also leapt out at me. ‘Instead of flying they inject you with sunlight and you live’. What a juxtaposition – evoking such powerful imagery – while dispelling the gloom often associated with end-of-life care.” This reflection demonstrates how news media reporting can include a diversity of approaches, and how the arts can offer different routes into contemplation and representation of issues of mortality and end-of-life that can offer refreshing alternative perspectives alongside necessary factual reporting of crises.

## Chapter Summary

Running through this cluster is a consistent pattern of voice and authority. Frontline clinicians, nursing unions, and advocacy groups speak with urgency and specificity. The HSE and political actors, where they appear, offer reassurance, deflection, or qualified defence. The government's position, that it "got a lot of things right" during the pandemic, sits uneasily alongside the figures and personal testimonies that surround it. Systemic failure, in this dataset, is almost always represented through the tension between institutional reassurance and the evidence that contradicts it. That evidence is most persuasive when it is personal: relatable individuals draw audience engagement in a way that large numbers cannot, since significant figures are difficult to visualise and can lead to the 'othering' of those they describe (Rojek 2015). The pivot from statistics to named persons e.g. the precise toll of 1,278 deaths, or the voices of bereaved campaigners speaking in their own words, counter this distancing effect. Alongside, this systemic paradox is a prevailing thread of individualising public health, achieved through HSE advice to patients to consider all options before attending hospital, to the preventive health articles, which transfers

the inadequacies and responsibility for healthcare to the individual, framing a collective problem as one that can be resolved through individual effort.

Headlines repeatedly frame Ireland's health system as failing patients, through A&E overcrowding, trolley deaths, delayed admissions and medical care, inadequate end-of-life care, and systemic underfunding. The discourse is one of institutional accountability, in which the state and the HSE are positioned as culpable actors whose failures produce preventable deaths. Crucially, overcrowding, bed shortages, staffing gaps, and delayed care are framed as structural problems rather than isolated incidents, drawing an explicit link between systemic failure and preventable death. This media framing aligns with the sector's own assessment: the Irish Hospice Foundation (2026) notes that the delivery of end-of-life care faces ever-increasing challenges, with limited capacity in already overstretched services, poor access to out-of-hours care, and consequent transfers between settings, including avoidable emergency department admissions where conditions are not always suited to dying well.

Distributed across the cluster of articles, letters to editors, and opinion pieces, there is a pronounced emotional tone characterised by anger, frustration, fear, and moral indignation in relation to capacity, legislative change, policy, political will, and persistent failings. These emotions are framed collectively, using pronouns such as "we" and "our" to position the crisis as a shared national failure affecting society's most vulnerable, particularly older, and seriously ill individuals. Within this, it is policy makers and broader systems of leadership that are positioned as at fault, emphasising the bureaucratic dimensions of healthcare provision. Medical professionals, by contrast, are predominantly presented sympathetically and with care: consistently portrayed as dedicated to their patients, exhausted, and morally distressed, caught between professional responsibilities and system constraints. Reporting emphasises burnout, unsafe working conditions, and the emotional toll of delivering care in environments deemed unfit for dignified dying, reinforcing a narrative of clinicians as both witnesses to and casualties of systemic dysfunction.

This portrayal is well supported in the clinical literature, where in one study of American nursing, the trauma nurses experience when a patient dies is under-recognised and contributes to moral distress, burnout, and thoughts of leaving the profession, very often because they are reassigned to a new patient before they are able to complete after-death care, support the bereaved family, or even take a short break (Otis et al. 2025). In the clinical literature, distress for clinicians may be compounded by a persistent training deficit: only around a third of clinicians in one large study had received formal training in breaking bad news (Alshami et al. 2020). Whilst the Irish A&E research referenced earlier, reflects this point, Irish A&E doctors had higher levels of comfort relating to end-of-life care. This rose with seniority, suggesting these skills are acquired through experience rather than instruction – a gap identified as an opportunity for relevant skills training.

The contrast between hospital and hospice death, while not always stated explicitly, is one of the organising tensions of this cluster. The hospital is consistently

associated with overcrowding, indignity, institutional failure, and the ‘wrong’ kind of death. The hospice and the home, by contrast, are associated with dignity, preparation, and the right conditions for grief (Lang 2020) - an association amplified by the public profile of the hospice movement, fronted by well-known figures, and framed around the possibility of dying well, though pointedly not in hospitals.

This contradiction has deep roots in the sociological literature: hospitals are conventionally regarded as institutions for generating orderly deaths, yet their reputation for impersonality has long attracted criticism (Seale 2004). The paradox is that, although most people die in hospitals or nursing homes, institutionalised dying is recurrently judged adverse to a good death even as it remains essential to pain management and the provision of care (Lang 2020). In Ireland, an estimated 45% of people are likely to die in hospital (Irish Hospice Foundation 2026). While this does not mean they will die in A&E or in a crowded corridor, news reporting tends to portray hospital death in alarmist and negative terms, to an extent rightly. Dying in hospital is consequently represented as the consequence of long-term political and bureaucratic neglect, and those hospital deaths that might be considered 'good deaths' lack representation - even as initiatives such as IHF’s Design & Dignity programme work to provide comfort-care suites, family rooms, and bereavement spaces in order to change both the physical environment and the culture of care around dying in acute hospitals (Irish Hospice Foundation 2026).

Death-related services beyond the moment of dying are caught in the same frame. The coronial service, representing the post-death services provided by the state, is wrapped in the same debates relating to funding, overcrowding, and inadequacy that dominate the rest of the cluster - a natural continuation of death-related care that is often overlooked. The legacy of Covid is likewise present throughout the dataset. The virus was still an active problem in early 2023, with hospitals and healthcare systems rationing care and struggling to maintain services, a strain clearly reflected in early 2023 reporting that gradually recedes across the period analysed.

Considering death and dying within the hospital system, this cluster frames its subject with a striking consistency. Death is rarely reported as an inevitable clinical event, and almost always as something that could have been better, more dignified, more in accordance with the dying person's wishes, and more considerate of the bereaved families. The state and its institutions are the principal target of this argument, and the voices that carry it are a combination of advocacy organisations (Irish Hospice Foundation, Irish Cancer Society, etc), independent and academic researchers, individual consultants speaking on record, and bereaved people testifying in their own words. The language of dignity recurs across almost every article and every framing - dignity of death, dignified end-of-life care, dying in a dignified way – and this repetition signals both a shared value and a persistent gap between that value and what the health system currently delivers. One consequence of this dominant framing is that death is understood almost entirely through the lens of the broader healthcare system, which crowds out sustained attention to the quality of end-of-life care within the hospital environment. This is a gap that editorial guidance or media literacy initiatives might usefully address.

# Chapter 3: Let's Talk About It: Death & Grief

This chapter examines how Irish news media frames grief in a dataset comprised of articles published between 2023 and 2025. Drawing on coverage spanning policy reporting, feature journalism, personal narrative, and broadcast media, it identifies the dominant frames through which grief is constructed for Irish audiences. This is primarily as a private, individual and interior experience, at times constructed in medicalised terms. There is evidence of the broader cultural work of shifting thinking about grief and loss and, for example, the move away from 'stage theories' of grief. Death education and public engagement around death and advocacy relating to the development of compassionate communities is a popular strand of reportage, typically focused on the phenomenon of death cafés.

The relationship between grief and the current sociopolitical climate is evident predominantly in reporting of disenfranchised grief and covid, and the Irish context of grief is also a feature of the dataset, with a range of articles specifically focused on Irish ways of grieving (see Chapter 5). Finally, there is a growing collection of articles across the three years examined focused on technology, grief and mortality. Overall, whilst grief remains typically presented as a private, lonely, isolating experience, a clear counter-discourse is increasingly visible, positioning grief as a collective experience that requires more attention, structural advocacy, and public engagement.

## The Faces of Grief

### Grief as Private & Interior

The dominant framing of grief in the news media examined positions it as a private, individual and interior experience to be handled, processed, and managed. This is in line with other areas of reporting examined in this research that follow the grain of a capitalist, neoliberal culture in which the majority of experience is positioned as a form of inner struggle and where striving towards emotional health becomes one more kind of labour that the individual is required to complete (Han 2017).

Many of the articles in this cluster construct grief as an isolated and isolating experience, as something to be managed internally and that is expected eventually to resolve. These articles tend to be written with first-person voice in an approach that humanises bereavement but simultaneously privatises it as an individual experience. It is typically framed as something that happens to a bereaved body rather than a social experience requiring external support. The article *Losing your parents as an adult: Finding light while holding grief alone* (*Irish Examiner* 2025c) is the headline that most precisely captures this dominant ideology. However, whilst grief and bereavement coverage does include a range of different positions and foci and examples of 'normal' individuals' experiences of grief, it is largely a dataset of reportage reactive to reporting of high-profile deaths (that were excluded from the data under consideration here).

There is also a vein of reporting in the cluster that takes an advisory format and constructs grief as a condition requiring professional guidance and active coping strategies. These articles tend to emerge around key points in the year, in particular Christmas. This seasonality suggests an editorial and broader cultural awareness of the added layers of isolation that may occur at this time of year. This is also indicative of a tension in which grief is seen as more relevant in particular calendar moments when the 'busyness' of modern living might be frenzied and then slowed in a socially sanctioned period of rest and reflection.

The tendency of these articles to offer 'expert' advice is also reflective of broader concerns about the medicalisation of grief. These concerns are tied to the inclusion of Prolonged Grief Disorder (PGD) in the Diagnostic and Statistical Manual (DSM-5), and the elimination of the 'bereavement exception' from the criteria for diagnosing major depression in this fifth edition of the DSM. The exception meant that clinicians were encouraged not to diagnose major depression in the immediate aftermath of a bereavement, and its removal was seen by many as a key marker in the medicalisation of experiences of grief (Bandini 2015). An 'Ask Me Anything' psychologist column answering a grief question is the most direct expression of the professionalisation of grief, with the title: '*My husband doesn't understand why I'm in so much grief after losing both of my parents* (*Irish Independent* 2025f). However, the content of this article and others like it does shift this framing, reiterating that the experience of the questioner is common and not abnormal. These articles reflect a similar dichotomy and challenge in news media reporting of the requirement to produce exceptionalism and engage readers – for example, articles typically entitled along the lines of 'we need to talk about death', 'we don't talk enough about grief' etc.. function to raise the profile of these key elements of human experience in public discourse, but simultaneously erase their existing presence as features of people's lived experience – they are positioned as 'denied' and 'taboo' in the exact moment that they feature in popular public discourse. This contradiction is indicative of a central ideological tension across the cluster on grief, where the positioning of grief as a private and isolated experience which remains dominant over the three years is also accompanied by an increasing sense of grief as a collective, 'normal' and 'natural' experience, which is increasingly prevalent by 2025.

### Rethinking Grief

This cluster of articles focuses on engaging with, rethinking and talking about grief, death and loss. Articles with titles including You don't get over grief (Lloyd, 2023), No stages of grief (Irish Examiner 2025d) and Nobody tells you grief doesn't play by any rules (White 2025) form a growing counter-narrative that directly challenges medicalised, resolution-oriented understandings of grief as a process, often contentiously associated with the Kübler-Ross (1969) model. The grammatical pattern is telling with its repetition of negation throughout: you don't get over it, there are no stages, grief doesn't play by rules. This counter-narrative is a foundational

communications resource for arguing against time-limited bereavement support, and it relates to challenges medical models of grief.

The article Crying in an airport over my dead nana, my fear of public tears started to crumble (Irish Examiner 2023c) is an example of an article that demonstrates a shift toward positioning grief as an issue that needs public attention in two ways. First, in its titular focus on crying in public and avoiding the privatisation of human emotion. Second, in that it is an example of a global news article published in an Irish context for its assumed public interest value. The article originally featured in The Guardian in the UK under their Death and Dying coverage and is written by an Australian author. The decision to republish the article in The Irish Examiner suggests a response to and an editorial decision to engage with a climate in which normalising grief and recognising emotional hardship is of interest. The humorously written article functions as light relief whilst also encouraging acknowledgement of life's challenges and a form of advocacy for openness about grief: 'There's a lot of grief and burnout and stress inherent in the current hellscape, and I encourage you not to add 'stopping yourself crying' to that list. Vomit out your emotions into the toilet that is everyday life – it might make you feel a bit better.'

The article Keening is a catharsis - it's a guttural, visceral way to voice your emotions (Irish Times 2025m) is similarly focused on the importance of engaging with grief and expressing emotions. The 25 year old author writes "Keening communally is something I haven't done, but understanding something that's bigger than yourself like grief needs to be done communally. I'm sure that's what keening used to be. Everything is so individuated now. You have to have a brave face and cry by yourself. I think going back to this more pagan and less Christian and sterile way of dealing with the world would be so helpful for people." The sentiment reflects concerns about individualism, whilst associating Christianity with an unhealthy repression of emotion.

A 2024 article also conveys shifting thinking about grief with the title Why feeling nothing after a loss is more common than you think (Irish Independent 2024o). The article functions to normalise a range of responses to loss and a diversity of grief experiences. A 2025 article titled 'No 'stages' of grief' (Irish Examiner 2025d) reflects the shift away from stage theory in academic and therapeutic settings and increasingly in the public sphere and in a wide range of media. The rejection of stage theories that position grief as something that can be fitted into a specific timeframe with correct stages to go through and a sense of closure at its end has been largely discredited for failing to acknowledge the messiness and unpredictability of loss (Lloyd 2017). It has also been critiqued for producing a sense of failure in bereaved people who feel their experience does not adhere to a set process or model. These articles are representative of shifting ground in terms of news media representations of grief.

### Unrecognised Grief

A small but significant cluster names forms of grief that society does not readily recognise, including, miscarriage and pregnancy loss, grief overload from multiple bereavements, grief from a serious diagnosis, and lockdown bereavement. Most striking is the appearance of RTÉ Radio's (2025) programme titled simply *'Disenfranchised Grief'*. This reportage demonstrated academic and clinical terminology disenfranchised grief (Doka 1989) entering mainstream broadcasting culture. In naming a form of grief in national media, this functions itself as an act of social legitimation. This is the only cluster where the state appears as an active agent in shaping grief, in particular in relation to Covid restrictions, though also in relation to bereavement leave policies. Articles entitled *I could not say goodbye to my dying husband* (*Irish Independent* 2024h) and *'nobody could come celebrate her life with us'* (*Irish Examiner* 2023e) exemplify the specific difficulties that the bereaved faced during the Covid period and how normal bereavement was disrupted. In *I could not say goodbye to my dying husband,* the widow described as "torture" the visiting restrictions at the nursing home during the pandemic' and "We had to be separated by glass. I could not hold his hand and [he] was grabbing at the glass' (*Irish Independent* 2024h) all demonstrate the individual impact of Covid restrictions. An article shows their collective impact with the headline '*70% of pandemic bereaved say loved one did not have the death they would have wanted* (Pepper 2024). A (2024b) article entitled *People's views on death and grief 'changed by pandemic': Healthcare staff greatly affected* also positions Covid explicitly as precipitating a foundational shift in thinking about death and grief. This suggests that there is a relationship between the broader shifts in reporting of grief considered in this chapter and the pandemic.

## Death Education & Grief Literacy

A coherent and growing death literacy and 'talking about death' discourse positions death talk as culturally necessary, health-promoting and community-building, and is closely tied to reporting of grief. Unlike some of the reporting on death planning and death preparation examined in this research, the reporting in relation to talking about grief is less focused on the role of the individual in preparing for their own death, with more community focused reportage evident in coverage of death cafés, children's grief centres, grief retreats, GP practice choirs, and structural advocacy for bereavement leave and employer bereavement teams.

The 2024 article 'Death and grief cafés You can spill your guts and ask is this normal? (Irish Independent 2024f) is particularly reflective of the rise in death and grief cafés and in community-level interventions in relation to death, dying and grief, which have become increasingly popular and gained public and academic interest in recent years (Laranjeira et al. 2022). A 2025 article exemplifies the purpose of the death cafés in its title It's a privilege to talk about death and dying with people (Irish Times 2025l). A network of Death Cafes have sprung up around the country, offering people a place to talk about life and death over tea and cake. The article

includes laments that ‘There are too many stories of people who say they wish they were better prepared when a loved one dies… you hear I wish I had talked to my mam about what she really wanted’ or ‘I wish she had been willing to talk to me about what she wanted’. This emphasises the experience of the bereaved when clear plans and wishes are not put in place in advance of death, though here the focus is on all involved, to further the discussion of end-of-life wishes rather than on the dying individual alone. The article also emphasises an egalitarian approach when discussing death and dying, signalling concerns about the division between expert and lay experience on something that will happen to everyone, and about the medicalisation of death and dying: “‘There are no experts at a Death Café,” she says. We are all equal. It’s simply people talking and being heard on the subject of death.” Reporting on Irish grief retreats also reflects interest in talking about death and loss, with the retreats described as originating in an ‘online sanctuary’ where people could share their death stories post pandemic, before turning into in person meet up opportunities where people can ‘find solace in a grief community’ and get support and connection (Zamparelli 2023).

TD Louise O’Reilly, in a speech on funeral delays (Irish Times 2025p) brings grief into political discourse as a rights and labour issue for the first time, detailing her own experience of grief and the need for bereavement leave. This illustrates how news media are instrumental in disseminating policy shifts and changes into public discourse. It is particularly evident in the dataset of reporting on grief that media outlets themselves are instrumental in developing a more open culture in terms of discussing mortality, with headlines not merely discussing death but discussing the act of discussing death - e.g. in coverage with titles including ‘Why do the Irish find it hard to discuss death?’ and ‘Death café serves students with opportunity to discuss the inevitable’ (Quann 2024; Wayman 2023)

The impetus to ‘talk more’ and to provide public education about death and grief can be tied to a revival in ars moriendi - the medieval 'art of dying well' – reintroduced as a contemporary concept with romanticised and nostalgic undertones. This offers a sophisticated alternative to both Catholic rituals of death and loss and to any secular avoidance of death and grief. Newstalk's three-item sequence across 2024 (Newstalk Breakfast 2024; Sean Moncrieff 2024a; Quann 2024) tracks the normalisation of death conversation in broadcast media in real time. The movement from 'easing the burden of heavy conversations' (Irish Times 2023l) to 'it's a privilege to talk about death and dying with people' (Irish Times 2025l) is representative of a broader ideological shift in public attitudes toward death and dying. However, headlines like ‘I'll be putting the 'fun' into funeral (Curran 2023) and The Bright Side of Death (The Irish Times 2024) also suggest ongoing discomfort with discussing the topics of death and grief. They can be understood to manage death-anxiety for audiences, making difficult terrain more approachable through humour and light-heartedness whilst betraying the complexity and challenge of these topics as beneath the explicit invitation to talk about death is an attempt to regulate fear. News media reporting is not simply opening a conversation about death but managing the emotional and ideological conditions under which that conversation

can take place. The work of the broad but fractured 'death positivity' movement project is visible in the discursive production of this dataset, which at times seems to uncomfortably navigate the challenges of engaging with sensitive content.

### Grief Tech

The quantity of articles with a focus on grief, mortality and technology have grown across the three years under discussion. One item featured in the selected dataset in 2023, two in 2024, and five in 2025. These considered topics including hologram memorialisation, virtual reality (VR) grief encounters, Artificial Intelligence (AI) and death, and research confirming digital mourning as mainstream Irish practice. The headline *If you could meet a dead parent via VR, would you? Technology is creating new moral dilemmas -- 'screen studies' may help us to answer the* (*Irish Times* 2024i) is a good example of the ethical questions being prompted in this reporting. This article is driven by academic involvement in media reporting with its focus on 'screen studies' as an area of research, and it reflects a significant academic interest in new technologies, grief and commemoration in research. For example, Bassett (2022) has argued that the concept and creation of digital afterlives have challenged and disrupted existing grief theories, and other research has surfaced how technological developments over recent years have led to significant changes in media practices where representations of death are concerned (Florea and Rabatel 2011).

In the article*, Death and grief in the digital age* (*Irish Times* 2025g)*,* the author explores how such innovations in technology are changing death, dying and bereavement. Technology has become so "intertwined with death that a word has spawned to describe the intersection between the two: thanotechnology" and so "death, just like life, has gone virtual." This article covers a myriad of ways in which thanotech is being deployed – from livestream funerals to QR codes on gravestones, AI griefbots which generate avatars of the deceased, commemoration tribute sites, and online condolence platforms – the range demonstrates the extent to which technologies have permeated death, dying and bereavement. The author notes for example, that the "recording of funerals lends permanence to something that once would have been ephemeral" and queries how this may influence traditions around death. The article frames thanotechnology as a double-edged phenomenon, recognising its utility but also its possible commodification of grief. It balances expert scepticism with real human stories without making a final judgement.

Recognising that thanotech is now firmly embedded in Irish death culture, the article *UCC research finds digital tools and technology are an integral part of Ireland's mourning practices* (*Irish Examiner* 2025e) set out to investigate how people experienced the use of technology in mourning rituals during the pandemic, when funeral attendance was restricted. The research team found that live-streamed funerals during COVID were viewed as "challenging and deeply unfulfilling" and that people have blended new digital practices into traditional death rituals. The overall

framing in this article accepts the normalisation of digital technology or thanotech, whilst recognising it is complex and still evolving.

These articles tend to focus on moral and ethical dilemmas around commemoration, or on the techno-utopian notion of technology being able to offer a 'solution' to death, such as in a radio programme titled asking *Can death be abolished?* (McCrea 2024) based on an interview with the author of a recently released book on the topic. Two news articles on the concept of technology, immortality and its pursuit are reported with disdain, disbelief and inherent critique, with the titles *AI gives life to the fantasy that we can cheat death itself* (*Irish Times* 2025d) and *'Why Tech Bros and Tyrants Want to Live Forever* (Fay 2025). This latter from the *Irish Independent* deploys hubris with the subheading 'misery ensues when human beings forget they are mere mortals'. The word 'mere' in 'mere mortals' acknowledges mortality as a limitation while positioning recognition of this limitation and vulnerability as wisdom, thereby positioning audiences of Irish news media as grounded and knowledgeable in comparison to elites who believe technology and economic privilege can help them to overcome mortality.

## Grief in Ireland

The dataset also contains a substantial cluster of headlines concerned with how grief is experienced and expressed within traditional social frameworks in Ireland, relating to the Irish funeral, the wake, community support, and religious comfort. This is highly specific to the Irish context of the news media under consideration. These headlines construct traditional grief as warm, relational, and publicly shared, but also as under pressure from modern life. Discourse around disenfranchised grief and the isolation of modern bereavement frequently positions tradition as a salve for contemporary grief practice (Henderson 2023). The headline Ancient patterns of dealing with death remain prevalent: In rural Ireland today it is still common for people to be buried in graveyards that have been in use since medieval times (Irish Times 2023h) anchors contemporary Irish grief practices to a deep historical continuum, constructing tradition as a living inheritance rather than a relic, whilst also producing a sense of nostalgia for the past.

Other relevant articles in relation to this trend of reporting include Funeral sandwiches are part of the Irish grieving process (Moncrieff 2023) and Traditional Irish wakes at home help bereaved heal more quickly (Sunday Independent 2023d). This nostalgic and culturally focused normalisation project is not neutral. It is built on the explicit construction of an Irish exceptionalism, and the view that the Irish are a society with both a strong history and reputation as a culture that is 'good' at death and simultaneously a contemporary, distinctive, and problematic silence around death. Headlines such as It's part of life, why do the Irish find it hard to discuss death? (Quann 2024) and Ireland's relationship with ritual has changed immensely Old ways of commemoration and connection are disappearing -- but what replaces them? Three creators share some new rituals they have made for themselves and

others (Irish Times 2023e) invoke an imagined Irish character in need of reform, a discursive move that simultaneously invites readers in and tells them something is lacking or lost in their inherited culture. The latter headline can also be seen as part of the broader focus on the individual identified in this research, with a lack of broad social and communal cultural tools being identified with a suggested solution focused on the individual and their capacity to 'make for themselves and others' new strategies for engaging with grief. This suggests both a renewed interest in community and social endeavour in relation to grief rituals, but also the sense that the responsibility for these sits with the individual as creator, producer and curator of their own experience.

## Chapter Summary

This chapter has demonstrated that representations of grief within Irish news media between 2023 and 2025 are marked by a complex interplay between continuity and change. Grief remains predominantly framed as a private, individualised experience, closely aligned with neoliberal ideals of self-management and emotional regulation. At the same time, this dominant framing is increasingly unsettled by a range of counter-discourses that challenge linear, medicalised, and resolution-oriented models of bereavement. News media coverage here differs from research into medical TV dramas which found that whilst death is often represented in such programs that displays of grief were avoided (Chartrand and Lazaro 2025). This suggests that news media play a powerful role in normalising conversations about death and grief.

Across the dataset, there is clear evidence of a growing cultural shift toward recognising grief as a collective and socially embedded experience. This is reflected in the expansion of public conversations around death, the rise of death literacy initiatives, and the increasing visibility of community-based approaches to mourning. Death Cafes, public talks, and reflective opinion pieces foreground the importance of talking about death openly, informally, and without expertise. News reporting here facilitates not simply the normalisation of conversations regarding death, but the emotional and ideological conditions under which such conversations take place. These spaces position death as something everyone can discuss, resisting medical or professional dominance and stressing equality, listening, and shared vulnerability. The impact of the Covid pandemic is particularly significant in this regard, functioning as a catalyst for the articulation of disenfranchised grief and for a broader reconsideration of how loss is experienced and represented. This impact of disrupted bereavement has been well documented in research, which clearly demonstrates that the ability to say goodbye and be present at time of death was a source of lasting trauma, leading to deferred grief responses (Selman et al., 2021; Torrens-Burton et al., 2022; Van Schaik et al., 2025).

Across the news media examined here, there are evident tensions between tradition and modernity, with reporting frequently invoking cultural narratives that position

Ireland as both historically attuned to death and contemporarily constrained in its ability to engage with it. Emerging debates around digital technologies further complicate these representations, introducing new ethical and existential questions.

Whilst the privatisation of grief remains a dominant framework, it is increasingly contested by discourses that foreground relationality, collective responsibility, and public engagement. The result is a discursive landscape in transition, in which grief is gradually being reimagined not solely as an internal emotional state but as a social and cultural condition requiring shared attention and response.

# Chapter 4: Death in Everyday Life

A strong theme emerging from the dataset is one oriented around the concept of personal responsibility. As in Chapter 2, where the emphasis is taking responsibility for your health, this theme asks consumers to take responsibility for their death. Framed as practical, civic, and moral, the tasks for death preparation include making a will, completing advance care directives, managing your possessions and your digital assets, as well as ensuring you have made financial provision for your funeral. This form of planning ahead is seen as a gift and a mark of maturity moving from morbid taboo to a practical administrative task like any other. The opposite framing to these actions is one of being a burden, particularly to adult children. Throughout the coverage, financial, insurance, legal, and funeral-industry experts are invoked to lend a practical, solution-oriented frame, in which planning ahead delivers peace of mind for next of kin.

The chapter examines this framing across two dominant clusters: the administrative preparation for end-of-life and death, and the influence of science and technology in everyday death.

## Practically Dead: Death Planning

The cluster of headlines here refers to the multiple dimensions of end-of-life and post-death planning. This is the primary focus of the chapter and includes the post-death administrative burden or 'sadmin', the decluttering practice of Swedish death cleaning, acts of generosity which include charitable bequests and donation, and the rising cost of funerals.

### Sadmin: Getting Affairs in Order

The cluster here relating to 'sadmin' frames death through the prism of its administrative aftermath, and the toll it takes on the bereaved (Shaw 2024). Actress Anna Maxwell Martin, recently widowed, states "there's lots of stuff that comes with grief, and one of them is financial terror." The article relies on the advice of financial experts to guide the steps people should take in preparing to "ease the pain of sadmin" for their loved ones. The article is full of practical advice and details that only 39% of people have written a will yet this is one of "life's most important documents" which if written can alleviate distress for those left to administer the estate. In a more recent article*, It's really hard… …. big companies should have bereavement teams - the stress of closing accounts after a loved one dies* (*Irish Independent* 2025e), the reporting again relies on legal experts to guide the administrative process. This article draws on viral social media posts of one family who tried to cancel services following the deaths of loved ones, and were repeatedly

transferred and requested to put their deceased relatives “on the phone” – all with little to no acknowledgement of their distress. As the reporter articulates “Dealing with admin is hard work at the best of times, but it is especially difficult after someone dies.” The reporter subsequently contacted the same companies to find a quite different and positive reception, conflicting with the actual experiences of the families included in the report. The framing is one critical of large utility companies who appear to lack bereavement teams or individuals with bereavement specific training in compassionate account closure.

The cluster of death planning articles also included those which relate to future healthcare wishes, and the use of legal documents called Advance Healthcare Directives. Advance Healthcare Directives enable others to know what a person would wish if they are unable to communicate their desires (Irish Hospice Foundation 2026). Future planning is the focus of *Planning for the provision of end-of-life care is critical, all-island report advises* (*Irish Independent* 2024l) which makes the structural argument that care planning should be integrated into healthcare systems, noting that formal engagement in advance care planning is "notably low" in the Republic and that this contributes to the gap between where people want to die and where they actually die.

2024 coverage includes an article by an accredited psychologist on the Advance Healthcare Directive, titled ‘*We need to be aware of the importance of a living will* (*Irish Times* 2024l)’. The following text is bolded and enlarged to grab attention “An institution (which cannot be named) where Lucy Chamberlain spent almost all her subsequent life refused to allow her to die and treated many infections that could have ended her life.” This quote focuses on an emotive personal narrative with the word ‘refused’ emphasising the patient’s lack of autonomy or choice. The author seeks to engage the reader through the strategy of asking them to recall a time when they have visited someone in a hospital who may not remember who they are, before leaving and asking their partner to ‘Promise you will never let that happen to me’. This implies a specific imagined audience for the article – likely those with ageing parents and those in a long-term romantic relationship, who may be in a position to dedicate time and energy to completing an Advance Healthcare Directive, and might do so with guidance on the matter. The article is educative, providing information on what an Advance Healthcare Directive is and how to gain further information. 2024 also saw the publication of the article *End-of-life planning: how 'thoughtful consideration' of life after our own is a skill* (*Irish Examiner* 2024b) which introduced the idea of death doulas, discusses planning for your own funeral, and positions end-of-life planning as cathartic for people who are dying. The focus of the article is initially on those with a terminal diagnosis but it shifts toward highlighting that end-of-life planning as something for everyone to consider. This article also emphasises a reduced burden on the bereaved if planning is done in advance: ‘can give our loved ones peace of mind knowing last wishes were carried out as requested, and thus the healing process can begin.’

End-of-life planning in everyday life is the explicit focus of the article: ‘*'I'm in my 50s and I've started my end-of-life planner - it's common sense'* (*Irish Independent*

2025c). The article uses humour to address the serious topic: “Newsflash! You're going to die. So am I. We all are - every single one of us. One day we will all be dead as dodos. So why are we so hopeless about squaring up to the fact? Why do so many of us bumble through life pretending death only happens to other people?” This message reinforces the idea that people often ‘deny’ their own death. The article stresses the notion of planning for death asking “who you want to make your medical decisions for you if you become unable to” and extends this to consideration of place of death, organ donation, and resuscitation. The article is comprehensive, asking “why do we expend so much more energy organising our tax affairs than we do our death affairs? This is bonkers” and in connecting death planning with taxes, frames it as something ordinary, dull, and boring but necessary. As the author suggests “relying on telepathy from beyond the grave doesn't work” when it comes to finding passwords, wills, and funeral planning. Therefore, to avoid becoming a burden after death, the article suggests “outlining your preferences for end-of-life” to save “loved ones a lot of time after your passing”. This type of first person reportage makes the article feel conversational and thereby human.

Together this cluster frames the administrative infrastructure regarding post-death care as a burden for the bereaved, and one which can be recalibrated or alleviated through effective death planning.

### A Clean Sweep: Personal Effects

Swedish death cleaning, a decluttering method to pare down your belongings to reduce the burden on loved ones after death, featured several times in the cluster. The Irish Independent's Health & Living section (2023k) featured an article titled *Swedish death cleaning could be the best thing you do for yourself and your loved ones, while leaving a lighter footprint on the planet.’* Swedish death cleaning is positioned as the ultimate ‘spring clean’ and ‘slightly morbid’. A popular book on the topic first published in 2017 and a TV adaptation released in 2024 drove fresh media attention to the concept. This article positions death cleaning as a gift to yourself, others, and the planet, referring to the originator’s experience of having to declutter after experiencing familial deaths, but distances itself from any real consideration of end-of-life.

*It’s not about being morbid. Irish people are beginning to embrace the Swedish practice of death cleaning, decluttering their lives to lessen the burden on loved ones when they die* (Donaghy 2024), similarly frames the Swedish practice of death cleaning as a gift to loved ones and reducing the potential administrative burden. This article engages more explicitly with issues of end-of-life, the need to discuss dying and death, and one interviewee’s decision to write his living will, specifically relating to a living will regarding decisions at end-of-life. This article foregrounds both the experience of those who are undertaking the death cleaning as a way to create more time and space for living, as well as on reducing a burden on loved ones. The title is explicit in saying that death planning and conversations about death and dying are rather “liberating”. Several photographs of the interviewees are

used in this article, smiling people sitting next to items being boxed, and an older and younger woman both smiling – the facial expressions and bright colours create a comforting, joyful tone to the article. *'It's not morbid' - how one man has planned for his funeral* (*Irish Independent* 2024i) features a man who started death planning after attending a death café during Palliative Care week, using the IHF Think Ahead planning pack as a guide. The man outlines his visit to his solicitor and a friend he has nominated to have power of attorney. These articles emphasise that death planning is just another part of mundane life planning, and through their titles refute the process as being morbid.

An article in the Irish Examiner's Property and Home section (2024f) further shows how issues of mortality can emerge outside of current affairs reporting and in news media of other kinds. The article is titled '*Swedish death cleaning is not just for old age and the process helps eliminate chaos at any stage, as Cork home organiser Vera Keohane tells Carol O'Callaghan'*. This article's use of the word old in the title and elderly in the text rather than older might be critiqued as failing to see age as relational and for suggesting that there is a category of age that might be clearly defined as old, showing how the use of language can be 'othering' and how it can have different connotations to different people. The article positions de-cluttering as the responsibility of those with children to ensure that they are not a burden after death, with the following section bolded and highlighted: 'It is not about waiting till near death. I have worked with clients whose parents have died suddenly leaving them with the onerous task of clearing out to prepare the house for sale'.

Collectively, death cleaning is framed as liberating, life-affirming, and environmentally friendly, however, its primary frame is one of being personally responsible for organising your own life and death and thereby, a gift to the bereaved.

### Generosity After Death

An article titled 'Leaving a gift to charity in your will could be your best legacy: Too few Irish people make wills or leave money to good causes after their death, but this could change (Sunday Independent 2024) relays the findings of a survey into charitable giving in wills, encouraging donations with the sentence: 'we think of ourselves as a generous nation, so let more of us be generous in death as well as in life.' The sentence uses the collective pronoun we to create an image of an imagined community with the quality of generosity, encouraging this to be practised in life and in death. The article also expresses that those without a will are likely to cite the cost as their reason for not having one.

A more personal version is titled 'It's a lovely tribute to my dad' - Dubliner's legacy for hospice (Irish Independent 2025d) in which an ordinary person, John O'Brien describes how he has decided to leave a percentage of his estate as a tribute to his deceased father. His father who died from cancer had been cared for by the hospice

palliative care team at his home which had been a significant source of support and relief to the family.

Whilst financial generosity is something people can plan for in advance in their wills to benefit others after their death, they can similarly make provision for their body. An Irish Examiner (2023f) article titled More than 100 bodies left to medical science in Ireland last year positions the practice as essential within the first sentence, signalling a public awareness that other means are now becoming available through technological developments. The article quotes a professor who states: 'the donation of human remains to science is "essential for teaching" and cannot be replicated using other methods.' Guidance is provided on how to explore body donation as an option. The headline's positive positioning of the choice as something people are doing, rather than as something for which there is a demand, helps to frame the issue as a choice and one that people may be encouraged to consider. The article It is nice to know future surgeons gained skills because of my dad: Body of man who suffered from chronic asthma returned to family two years after donation to science (Irish Times 2025k) is similarly focused on the altruistic potential of body donation.

With the introduction of new legislation (the Human Tissue Act 2024), Dr Catherine Motherway, HSE Organ Donation and Transplant Ireland clinical lead, described organ donation as "one last huge gift" that can offer grieving families some comfort (Hospitals must have enough staff to fulfil new organ donation legislation), says expert (Irish Examiner 2023d). Dr Motherway conveys both the gravity of the decision and the clinical skill it demands, indicating that the clinical relationship is essential, and would be an "utter failure of my contract with the patient and the patient's family not to offer them the opportunity to donate,". The recipient perspective is covered in broadcast media by RTÉ (2025) in a news segment which interviewed two organ recipients, who chronicle their journey of ill health and how their lives have been transformed. There the framing is more personal with the recipients referring to the generosity of the donor and their families, with a plea urging people to consider it as an option. Yet by the end of 2025, the HSE reported there had been a decline in organ donation.

### The Cost of Death

Disposition and funerary practices are reported with differing frames, including as a culture-specific practice, as an industry with a commercial focus, and as personal cost, which is causing concern to families. This section refers to costs; the former categories are referenced in Chapter 5.

*Soaring funeral costs leaving many worried about burden on family* (Weston 2024b) references research conducted by an insurance provider, reporting the average cost of a funeral had risen 42% since 2016, with a 14% rise in just two years. This survey gives a breakdown of average costs of a funeral, but stresses that 90% of people surveyed, over the age of 50, worried that funeral costs would be a financial burden

for their family. *Most people have made no preparations to pay for their funeral, new survey finds* (Weston 2024a) is another lifestyle piece of reportage based on research commissioned by a different insurance firm, showing that 80% of people surveyed had made no provision for their funeral, with 25% maintaining they have no plans to do so. Quoting the same research, this sentiment is echoed in *Consumer Corner: How much will a funeral cost and should you start planning now?* (*Irish Examiner* 2024a). The article starts "It's not the most pleasant of things to plan for but making financial provisions for your funeral can be a very practical step". This has more practical suggestions including checking what financial options may be available to consumers. The article makes the link back to caring for the bereaved after death by planning now to reduce this emotional strain. Referencing the same research, *Planning my own funeral to lighten load on loved ones* (*Irish Independent* 2024m) has a headline that perfectly encapsulates the altruistic framing that funeral planning is an act of love, not vanity. The article is authored by a widow who discusses the surprising costs attached to a funeral saying "And you know all those lovely eco-friendly wicker coffins that have become so de rigueur? Very expensive". This frames the issue of cost as a decision between what might ideally be conceived by the deceased and the practical decisions that the bereaved may need to make due to costs. This failure to accept the reality of our deaths means that we "pass the buck" to the living. The article concludes with a simple message, drawing again on the conversational style "We plan in advance for every important milestone in our lives, so why not our funeral?"

Funeral planning, both by the healthy and the unwell, is presented as a gap that requires attention to avoid undue stress for loved ones, and the industry perspective provides a practical scaffolding for the conversation.

## Science & Technology

Scientific rethinking of death is considered in the 2024 article *Near death experiences open door for scientific experiments* (*Irish Times* 2024d). The article considers research on near death experiences, emphasising that most experiences are considered positive by those who have them, and reflects on whether near death experiences are a biological process or evidence of a soul that might support religious beliefs in an afterlife. The contention between Christianity and science is left to the reader to determine with a final question: 'Do NDEs offer evidence of the soul's existence? If science shows that NDEs are simply hallucinations of the dying brain, then not, but if not, well…'

What this framing does is treat death as a phenomenon with an experiential dimension, drawing on the growing field of research on dying experiences to suggest that what lies beyond consciousness may not be terrifying. This theoretically feeds into the broader cultural project of making death less frightening, in essence a form of death literacy through scientific investigation.

The article *Grief tech: 'It starts in small ways, like making a hologram of the deceased* (*Irish Times* 2024a) a theatre group integrating new technology into performances of death highlights how "there's an entire industry growing around grief tech and digital memory. It starts in small ways, like receiving or sending messages from a bereaved person's social media or making a hologram of the deceased." As previously identified, in other thanotech reporting, the permanence of death tech extends what may be viewed as digital assets, recognising the capacity for the commodification of the self after death (*Irish Times* 2025g). Considering the multiple ways in which our post-death selves may leave a digital footprint, the issue of digital death planning thus comes to the fore. The article *Most people have no plan for digital assets upon death, Which? Warns* (*Irish Examiner* 2024d) however focuses on social media accounts. Based on research by the consumer watch group, 76% of people have made no provision for what should happen to their social media accounts after death, and only 18% intended to leave passwords to enable access to them. Similar to utility companies, the process of taking over digital assets can be cumbersome and the articles suggest people include this in death planning, as a 'digital legacy plan' alongside a conventional will.

## Chapter Summary

Across the cluster featured here, planning for death, decluttering, body donation, and documenting wishes are framed as ethical acts that extend care beyond life itself, reinforcing relational understandings of dying, and tie ideas of a 'good death' to those of a 'good life'. Death is framed as part of ordinary life rather than an exceptional or purely medical event. The focus on administrative planning as an everyday action, normalises death planning as an extension of the mundanity of life.

Considering the multiple ways in which our post-death selves may leave a digital footprint, the issue of digital death planning comes to the fore. The cluster broadly frames thanotechnology as a double-edged phenomenon: it accepts digital grief practices as inevitable and often useful, while raising cautionary concerns about commodification, emotional avoidance, and the risk of trivialising death. It balances expert scepticism with real human stories, landing on a cautiously optimistic conclusion. That the post-death self may be subject to commodification through the reuse of voice, or creation of a virtual avatar, or indeed prolong grief for the bereaved, it may be wise to include a 'digital legacy plan' alongside a conventional will. If the purpose of death planning is to alleviate distress for loved ones, then being firm about what you want to happen with regard to your digital self, post-death, makes sense, especially with regard to unproven technologies which may cause prolonged grief.

Read cumulatively, this cluster suggests a person's legacy should be a no-fuss death; the body should be useful beyond death; and the digital self can be commodified after death. The overarching frame however is one in which the individual is personally responsible for organising their own life and their own death.

This echoes earlier reporting which emphasises that a person is also personally responsible for their own health. This emphasis on personal responsibility, particularly relating to the cost of dying, may reflect the Covid period of mass death, in which families were confronted with multiple bereavements and consequently a deluge of administrative work and unforeseen cost. Thereby, the focus on death cleaning and death planning in the dataset, may reflect a population pushed past their emotional and financial limits where no provision was made for the administration of an estate or the costs of disposition.

# Chapter 5: Transformation of Irish Death Culture

This chapter examines how Irish media constructs death as a cultural phenomenon - not merely a medical event or private grief, but a site where national identity, religious change, environmental concern, and individual agency converge. Across a wide range of print and broadcast sources, a consistent narrative emerges: Ireland is a culture that prides itself on doing death well, yet finds its familiar rituals under pressure from secularisation, commercialisation, and ecological reckoning. The following sections trace that tension, from the pandemic's rupture of death rituals to the quiet return of home wakes; from priestless ceremonies to personalised, planet-conscious burials. Together, they map a society that is neither abandoning its death traditions nor simply preserving them, but actively, and sometimes anxiously, remaking them.

## The Irish Way of Death

A persistent claim runs through the cluster, that Ireland does death differently and better than elsewhere. This distinction is most clear in the headline *'In England it would be odd and even intrusive to go to a colleague's family funeral'* (*Irish Times* 2025j) which suggests that Ireland is more communal, open and ritualistic than its closest neighbour. This framing is made clear in an article on the *Irish Wake Museum* (*Irish Independent* 2023i) which frames Irish death culture, and specifically the Irish wake, as something valuable enough to memorialise. Quoting the Mayor of Waterford, who states "it brings communities together…it is a time to grieve but also a celebration of life" gives institutional authority to the argument that Irish death customs are distinctive and worth preserving.

The concept of Ireland doing death well is referred to in several articles, articulated by actor Brendan Gleeson, who describes this as a defining national characteristic (*Irish Times* 2023m; *Irish Independent* 2023h). Describing the Irish wake, he says "I think we do death very well in Ireland, that's an important thing. People go to a wake and think about the life that went on, and usually, the stories get increasingly funnier as they go on." In an article on a forthcoming death conference, Dr Georgina Laragy connects the idea that the Irish 'do death differently' to the country's social history (*Irish Times* 2023g) The article foregrounds the importance of not only death but the dead and their treatment, "graves and cemeteries are important spaces – even more so recently, as we've had controversies about where people are buried'. This sentiment is reinforced in article titled '*We risk losing an awful lot when we forget our peasant past'* written by Patrick Joyce and forms part of the promotion of his book *Remembering Peasants* (*Irish Independent* 2024n). The article concludes with the idea that peasants: 'had a vision of a world that included the recognition that the dead - and, with them, the past itself - have a foundational role in human existence."

### Irish Death as Natural

The cluster of articles relating to Irish deathcare as 'natural' positions Irish death within an older, pre-institutional framework, one that is rooted in landscape, embodied ritual, and the rhythm of the natural world. The headline *Gabriel Byrne looking for a 'simple' Irish burial place* (*Irish Times* 2025h) exemplifies this framing. That a famous actor's desire for simple burial is published as newsworthy reveals a normative assumption, that to be 'celebrity' in life is also to be a spectacle in death. Gabriel Byrne rejects this, commenting on graves in Hollywood "my God what monuments to vanity they are". This then represents 'simple burial' as a cultural act that rejects excess in favour of Irish simplicity, and in doing so positions Irish death as implicitly non-performative, grounded and authentic. Gabriel Byrne's search for the right place is not just a matter of death planning, but an act of cultural belonging.

References to nature recur through this cluster, to the hawthorn tree and its use in Irish death tradition, Irish willow to weave environmentally conscious coffins, and the sea as therapeutic for grief. In *It's a spiritual path where we look to the landscape* (*Irish Times* 2023s) a widow describes her husband's funeral, "we had his funeral in the garden, and the ceremony was completely personalised. People were blown away by that". This naturalness relating to death is partly spatial, death belongs in the home, and the body returns to nature in the garden outside – it omits any mention of professional deathcare which keeps 'natural' death and burial intimate.

### Reviving the Past: Traditions of Death & Grief

The article Is now the time to bring back the idea of a good death?: 'Ars moriendi' – the art of dying – encouraged people to live better lives (Irish Times 2023r) engages explicitly with ideas about what constitutes a 'good' and 'bad' death. Reporting on a two-day conference held in Dublin, the article includes discussion with historian Clodagh Tait. The article, similar to this research, utilises quotation marks around terms like 'good death' to denote that they are culturally constructed and socially contested. The article focuses on the concept of 'ars moriendi' or the 'art of dying' and on living a good life. The article ends with a section on ghosts, where Tait points out that assumptions about apparitions are not a feature of people's conversation in Ireland. This is flawed, in her experience, stating instead that: "If you give people space to speak about ghosts they do, and the stories may be funny or serious, but they're often very meaningful to the people who tell them." The article is framed as a thought provoking, light opinion piece of general interest, but its title betrays the underlying current of opinion that discussing death is something that needs to be 'brought back', having disappeared from public discourse.

Tradition in death practices operates discursively as both a resource and a source of tension throughout the dataset. Headlines invoke Irish wake culture, Catholic funeral rites, ancient mourning customs, and communal burial practices, often framed as under threat from secularisation, urbanisation, or modern individualism. The discourse is nostalgic in register but also contested - some headlines defend tradition as emotionally meaningful, while others signal its decline or adaptation. The

tension between old and new is particularly visible in the headline The Wake at Home has Come Back Again: One of Ireland's Relatively Few Women Undertakers Reflects on How Ireland's Culture of Death has Changed over the Decades (Irish Times, Mar 2024), which frames the return of home wakes as a reclamation of something culturally lost, positioning tradition as both fragile and resilient.

The evolution of Irish funeral rituals is described in an RTÉ reflection (McGarry 2023) and reaffirms how despite such changes the "deep-seated respect for death that is innate" in Ireland has not wavered. This is reflected in other articles (Irish Times 2023u) but is perhaps most prevalent in reportage relating to author Manchán Magan, who died in 2025. Manchán Magan's death was framed as a cultural loss, through headlines such as 'Gatherer of light' celebrated with music and poetry: Mourners crowd into the chapel at Gonzaga for funeral of 'fire-starter' Manchán Magan (Irish Times 2025i). Described as someone who defied 'the conventions of modern society' and 'radiated infectious curiosity, cultural nuance and a sense of the mystical' (Irish Times 2025; Wilson 2025), his philosophical beliefs about death meant he expressed no fear of it (O'Connor 2025). His death, and the death of Irish poet Pat Ingoldsby earlier in 2025, both represented a significant cultural shift in the expression of death traditions, with dancing performed at both funerals (Irish Times 2025f; Ingle 2025). At a memorial service on a hilltop in Westmeath, an excerpt of Manchán Magan's unfinished book was read "So many of us are feeling a stirring inside. A wish to reconnect to something deeper that our forebearer had, but which we may have lost…" – in this writing Manchán Magan represents both a stirring and embodiment of the Irish zeitgeist (Boland 2025).

## Remaking Religion in Ireland

Religion was not a dominant cluster in the dataset here, however, there is reference to increasing secularisation and accordant changes in death customs. The article *Funerals without priest 'to be the norm' as vocations fall and clergy overworked* (*Irish Independent* 2023g) outlines how a shortage of priests is impacting funeral services. The article details how "priestless funerals" will be common within ten years, and laity led ceremonies without funeral masses will be the future of Irish funerals. The article details the actions taken by various dioceses to introduce training programmes for parishioners to take on these duties. *Parishioners will oversee funerals in Clogher due to lack of priests* (Donald 2023) details similar information but illustrates how lay people have gradually been introduced into church duties since the 1960s. This positions the reliance on lay people as part of a continuum rather than as a radical change in practice. This change represents an evolution of religious practice based on a population that is becoming more secular. It also suggests that Irish death custom is losing its primary custodian without yet finding a clear successor. This shift in religious practice may have prompted the decline in funeral home use for repose of the dead, which has been replaced with a trend towards waking the dead at home (Deegan 2024b).

An increasingly secular Ireland does not mean a less spiritual one. In the dataset here, public figures expressed a belief in spirituality rather than religion. Christy Dignam summarised it as follows 'I believe we're all spiritual beings in one sense or other…there used to be an old saying - that religion is for people who want to go to Heaven, spirituality is for people who have been to Hell (Mulgrew 2023). Manchán Magan had an equally strong belief in Irish cultural traditions in which death and the afterlife co-exist as part of a continuum of life (Henderson 2025). His philosophy of death reflected his philosophy of living, bound to the land, language and nature. In the article *The druid: 'I was nine in religion class and it just dawned on me that the god the nun was talking about didn't exist for me,*(*Irish Times* 2023s) druid Eimear Burke describes her journey towards a nature-based spiritual path and away from organised religion. In this article, she describes how this belief system tethers people to the landscape and seasons, with the ability to create meaningful rituals and taking responsibility for your life and your actions. Collectively, these accounts point to an orientation away from religion and towards a more secularised view of mortality in contemporary Irish society.

## Changes in Deathcare

Death is many things including a business. The commercial side of the funeral sector is covered with journalistic neutrality in a number of articles, featuring planning permission for funeral homes, an increase in funeral costs, and a change in the use of crematoria. One article features Glasnevin Cemetery Crematorium *Profits rise to €1.22m at firm that runs Dublin cremations: Glasnevin Crematorium Ltd says the move away from traditional burials led to increased demand for its services* (Deegan 2024a), noting the increased demand for its services. This headline subtly encodes a considerable social change, the departure from traditional burial to other forms of disposition. The article projects that an ageing population is likely to increase demand.

*A rich life led, by some - especially if we factor in new €100 RIP.ie charge* (*Irish Independent* 2024c) captures a moment of genuine public controversy, with a decision by the operators of the social media platform to charge a death notice fee. It incensed so many people that the letter to the editor that was published, constructs it as a civil right as opposed to a commercial transaction.

In what is a direct contrast to Irish death traditions which are collective, an emerging trend positions death as a deeply personal, self-directed event rather than a communal or institutionally managed one. Headlines frame end-of-life choices, funerary aesthetics, and grief responses as expressions of individual identity and agency, reflecting a liberalism in which the 'good death' is one curated by the self. This individualisation is articulated through first-person voices, personalisation of rituals, and consumer-style decision-making around death. The language of autonomy and self-expression displaces older communal perceptions. Titles such as *Burial is not for me. My final journey will be a sparkling affair* (*Irish Independent*

2024d) and *I'll be putting the 'fun' into funeral – and you should too* (Curran 2023) exemplify how death is reframed as a site of personal creativity and individual expression, echoing the wider cultural move away from prescribed mourning toward bespoke, self-authored endings.

### The Commodification of Eco-Death

Environmental discourse intersects with death care in a cluster of headlines that position conventional burial and cremation as ecologically costly and position "green" alternatives as ethical choices. Aquamation, also known as resomation, green coffins, human composting, and lower-carbon burials are presented as both ecologically responsible and modern. The framing is largely positive with these practices coded as progressive, forward-thinking, and in harmony with nature, for example, *I make green coffins out of Irish willow: After suffering a heart attack Martin Boyle switched careers to become a green coffin-maker* (*Irish Times* 2024c). As noted though these are conceived as eco-friendly choices, significant cost can also attach to these options (*Irish Independent* 2024m)

Where once disposition in Ireland was restricted to burial, increasingly the trend for cremation is tipping towards 50% in Dublin, and about 14% nationally (*How do you plan for your death?* (Moncrieff 2024b). The *Church of England considering human composting 'to meet its net-zero targets'* (*Irish Independent* 2023a) is a revealing article. Not only is it a debate about institutional carbon accounting applied to the dead, but that it is published in the Irish news media, demonstrates how matters of theology are being driven by disposition and climate impact, and consequently how religion needs to adapt. In another article focusing on aquamation, cremation is presented as costly to the environment, with the author noting that cremation adds 245kg of carbon dioxide into the atmosphere, a combination of the fuel used in the process, and the carbon released from your body (*Sunday Independent* 2023a). The author contrasts this to the aquamation, which releases “just 28kg, and we all know how important it is to reduce carbon emissions to slow down the greenhouse effect and global warming” (*Sunday Independent* 2023a).

Whilst the same article, titled *Dying to Have a More Eco-Friendly Ending? Aquamation is a new alternative to cremation or burial - and it's also far better for the environment’* (*Sunday Independent* 2023a) details other eco-friendly options such as human composting and a mushroom mycelium suit, it exemplifies how green death care is positioned as a rational, virtuous consumer choice, bringing environmentalism into the most intimate of life events.

This article frames an emerging area of public debate about death and disposition, and in an era of epidemic infectious disease, has an additional relevance to public health. The scientist author frames this article as partly a technology explainer but also a consumer provocation – it is practical but soothing. Going with the safety framing, aquamation “kills all known germs dead” and the “resulting liquid is therefore sterile, so the whole process is very safe” appeals to those concerned by

disease. The alternative framing for choosing aquamation “your remains are bathed in warm water until you're dissolved away” sounds like a blissful slipping away. The article finishes by reminding the reader that this is not the traditional disposition “you won't be pushing up daisies, but instead you'll have done your bit for the environment, even after you've died” (*Sunday Independent* 2023a).

Green funeral practices are framed as consumer choices in a growing commercial market and as lifestyle options to be evaluated in the funeral marketplace. Eco is a product feature, not a political commitment. This is underscored in the article *Swedish death cleaning could be the best thing you do for yourself and your loved ones, while leaving a lighter footprint on the planet the environmental benefit* (*Irish Independent* 2023k) appears as a subordinate clause - 'while leaving a lighter footprint on the planet'. The main concern is personal and familial benefit. The planet comes after the self.

### Death & the Environment

A single Irish Times item asks a simple question 'Why did governments act decisively on Covid but not climate change? (Irish Times 2025c) and makes the explicit political argument that the state's failure on climate is comparable to, and more culpable than, its pandemic failures. It stands entirely alone in the dataset. Its isolation is the finding. Whereas the dataset was dominated by policy reportage seeking accountability for healthcare related deaths due to overcrowding and under resourcing, climate death generated one.

In climate related reporting in this cluster, Over half a million people are dying every year due to rising heat globally (The Journal 2024) demonstrates the scale of the problem. Such headlines co-exist as a depersonalised problem – no headline names a person who has died from heat, or air pollution. The scale is so vast it seems to defeat journalism’s narrative resources

In Cities need to plant trees to reduce deaths from hot summer temperatures (O’Regan 2023a), the article refers to the first of its kind research, published in The Lancet medical journal, which maps premature deaths to higher temperatures in European cities, including Dublin. The research found that increasing urban tree cover to 30% reduces urban temperatures and associated heat associated deaths. The reporting here is replicated in the Irish Examiner, and both directly quote the research with no wider context. That the article is republished from the medical literature underscores how climate is a public health issue. Seven months later, the Irish Examiner returns to this research in a more contextual way, mapping parks and tree cover for Cork city, in the article More trees, please - especially in cities - to improve temperatures, air quality and health (Irish Examiner 2023g). The reporter opines “we need to see far more trees planted in our cities and built-up areas generally. And not just for their natural beauty. There’s a solid, practical reason - to provide shade and keep things cooler in an era of rising temperatures and people

dying because of heat." The framing this time makes this feel like a local issue and also one that can be partially resolved by people within their communities.

The personal framing of tree planting in a community, taps again into a surge in tradition. In Death, sex, superstition and fear: the hawthorn tree in Ireland (McGarry 2024), the framing shifts towards trees having a more primal, ancient quality. Referring to the felling of an ancient sycamore tree in England, the article Channelling our frequently unarticulated love for trees (Irish Times 2025e) underscores that we can indeed love individual trees, and thereby experience the loss of a familiar tree as a bereavement. This is ecological grief for non-human death entering mainstream Irish media, albeit in a subtle way.

Whilst More trees, please - especially in cities - to improve temperatures, air quality and health (Irish Examiner 2023g) focused on trees, the article also makes a link to air quality. Exposure to air pollution linked to increased risk of hospitalisation for mental illness, study finds (Gregory 2024) features the most comprehensive study of its kind, based on Scottish research, which found that there was a risk to both physical and mental health from high levels of air pollution, which had previously only referred to deaths from air pollution. Ireland set to miss WHO air pollution targets, warns EPA (O'Sullivan 2024) also focuses on air pollution as a health hazard, referring to the four million deaths caused by outdoor air pollution globally but the article skilfully returns the focus from a global to local issue by detailing that 1,600 premature deaths occur annually in Ireland due to poor air quality.

Similar to the cluster relating to tips for staying healthy in Chapter 2, food and dietary choices are framed in destructive terms (Food production fuelling premature death, says report (O'Sullivan 2023) Irish food habits a 'slow-motion disaster' for our health and climate, report warns (Nugent 2023) Eating large amounts of ultra-processed food increases risk of early death, study finds (Campbell 2025)). Thereby, the choices the consumer makes are bad but other framing positions dietary choices positively Planet-friendly diet could reduce risk of disease death by a quarter – research (Marshall 2023). The structural conditions of food poverty, food environment and access inequality are barely covered in this cluster. Overall, dietary choices are constructed as simultaneously good for the individual (reduces personal death risk) and also good for the planet (planet-friendly). The headline Changing How People Eat Could Save 15 Million Lives a Year is extraordinary in scale but, as with other reporting analysed here, routes responsibility to the individual consumer.

The environmental impact of healthcare is addressed in this article The GPs who are going green: Human health is simply not possible without a healthy planet (Chonchúir 2023), where the article identifies that the global carbon footprint of healthcare is 4.4%, meaning that if healthcare were a country it would be responsible for the fifth largest emissions on the planet. Such framing makes the scale of this environmental impact specific and relatable to an average reader. Referring to environmentally friendly medicine, one doctor interviewed says he was once considered "a fringe environmental weirdo" but with the launch of a new sustainability toolkit for GPs by the Irish College of General Practitioners (ICGP), it

illustrates that environmental medicine is mainstream. This article positions this a societal issue by using this final quote to close the article "we believe in one health, that of humans, animals, and the planet…our health is linked to that of our planet, and there is so much we can all do to safeguard human health and the health of the ecosystems upon which it depends."

The article Medicine's future needs more than technology: New medicine curriculum integrates digital health, climate medicine, and health equity – while emphasising the enduring importance of compassion (Irish Times 2025o) paints a progressive picture for educating the next generation of doctors. Recognising the new challenges that future doctors will face, the article details changes to the medical curriculum, outlined by the Head of School of Medicine, Trinity College Dublin. Referring to the challenges posed by disability, ageing populations, new and emerging infectious disease, antibiotic resistance, and digital health technologies, it also refers to premature deaths due to climate change. Buried at the end of the article is this quote relating to data and evidence "it is almost impossible to be a good doctor these days without a reasonably deep understanding of these concepts to counter the wild misinformation from sources as varied as TikTok, and even some governments that were once the gold standard for useful medical advice." This is perhaps one of the most important items in the interview and it is left without context. It shows how the public are relying on social media for medical advice, but also that once reliable scientific partners in other jurisdictions can no longer be considered trustworthy.

## Chapter Summary

Media representations of the cultural aspects of death and dying identify Ireland as a society in transition. It positions Ireland as having a strong collective self-image as uniquely good at death (the wake, communal mourning, ritual) while confronting the erosion of the Catholic structures that long underpinned those practices. In essence, Irish death culture is losing one set of structures while assembling another, and the media coverage examined in this chapter documents that transition with candour.

What the media representation performs here is a kind of cultural inventory. Arts coverage (poetry, essays, radio documentaries), lifestyle journalism, and personal reflection pieces provide alternative, less crisis-driven entry points into thinking about mortality. These forms allow death to be contemplated with openness, humour, creativity, and empathy.

The cluster of articles relating to Irish deathcare as 'natural' positions Irish death within an ancient framework, one that is rooted in landscape, embodied ritual, and the rhythm of the natural world. Collectively, what the cluster represents is a counter-movement which is quietly asserting itself with regard to a revival of old traditions - a return to home wakes, eco or 'natural' burial, the incorporation of the outdoors into ritual, and a spirituality tethered to place rather than institution. This constitutes a coherent if dispersed cultural argument that death belongs to the

natural world, not the medical or commercial one, and that Irish culture retains, or is actively reclaiming, a relationship to that truth.

That commercial world is nonetheless expanding, driven by larger macro changes. Death is increasingly framed as a site of individual consumer choice with eco-friendly choices, personalised ceremonies, and self-authored endings which reposition the "good death" as a lifestyle expression. Environmental themes enter this space but remain largely depoliticised and disjointed, producing what is perhaps the chapter's central ideological contradiction. The macro frame of climate death does not intersect with other factors relating to death and disposition. Ecological grief is barely present, instead, as with other areas of reportage across the dataset, the ideological framing is to make personal consumer choices feel like adequate responses to collective, global catastrophe.

Secularisation represents the most visible structural unravelling in Irish culture. Changes in organised religion are partially being driven by practical factors, but also larger macro trends towards spiritualism. The Catholic funeral infrastructure is declining rapidly, and priestless funerals are set to become the norm, creating what is a custodial vacuum. The druid and secular facilitators emerge as partial answers, though notably, tradition may hold the key to its resolution. As noted by Henderson (2023), pre-twentieth century Irish rural funerals frequently took place without priests, meaning what reads as radical change may in fact be a return to older practice.

The defining tension running through the dataset is between institutional failure and cultural resilience. Death in Ireland is consistently framed as poorly served by its hospitals, healthcare system, and government, yet unusually well served by its social traditions - the wake, the informality of funerals, the communal blueprint of mourning. What this media discourse produces is, at its best, genuinely humane. It normalises openness about dying, and insists that death is part of life. It is a discourse that is nostalgic, restorative and as yet, unresolved and points to what a more complete public conversation about death in Ireland might still need to consider.

# Chapter 6: Where the Medium Meets the Message

How death is represented visually, and how that representation varies across different media platforms, reveals as much about a culture's relationship with mortality as the words used to describe it. This chapter examines two dimensions of modality, firstly focusing on the visual language of dying and death in Irish news coverage and its recurrent imagery. Secondly, the chapter explores the comparative patterns that emerge when newspaper, radio, and television coverage are read alongside each other. Together, these two lenses reveal not just what Irish media says about death, but how the medium itself shapes what can be said, how the experience of dying is made visible.

## Guiding Hands: the use of Imagery in Media

This section considers the overall trends in how the news media examined framed and communicated the topics of dying and death visually through image use before offering a comparison of how the three different media forms sampled (newspapers, television and radio) differ in their reporting trends.



*Figure 1: Image retrieved from Shutterstock for the prompt palliative care, 26 May 2026, UK*

The use of imagery in the news media coverage considered in this research on normal, ordinary or natural dying and death forms a significant part of the messages conveyed to the public about these experiences. Here we identify and discuss four frequently featured categories of images and draw conclusions about the main repertoires, themes and discourses associated with the media coverage of dying and death in Irish national media from 2023-2025.

## Hands



*Figure 2: Shutterstock Result for the prompt dying, 29 April 2026, UK*

A frequently recurring image in reporting of dying and death is a close up of two individuals holding hands. The above images represent the first three results provided on Shutterstock in a search conducted on 29 April 2026 using the keyword 'dying'. Shutterstock is a website used by news outlets offering royalty-free images. Many of the images included as a part of the news media in this research (within print and online newspaper articles and accompanying radio and television content online) featured hands, in particular in relation to coverage of end-of-life and palliative care but also in relation to grief. Typically, only hands are shown and not faces, though at times a full or obscured patient and/or carer face is shown. This form of disembodied media photography is common in other areas of health related reporting (Cattapan and Mastromatteo 2024).

Two people's hands touching suggest connection and intimacy, with a focus only on hands allowing for a loved one or oneself to be imagined, whilst also providing a sense of distance and emotional safety. Carers are predominantly represented as feminine/female. Hands can indicate age, and in the imagery dominant in this research and in the examples above, younger hands typically encased older hands, connoting a younger generation caring for an ageing one, and associating death with older age. Medical gloves suggested the presence of a caring professional whilst casually clothed carers suggested family members. A sense of hierarchy is generated by the prominence of the caring hand placed above and typically that of a standing individual, with the cared for in a reclined position beneath them. The majority of images examined in this research were of white people, both as carer and cared for. A tendency to represent only two people was also evident, representing the experience of approaching death with another present, neither alone nor within a large or communal gathering. A Newstalk segment entitled *Was anybody holding their hand? - call for inquiry into nursing home deaths during the pandemic* (Maguire 2023) features an example [below] of an image of hands, with younger white hands clasping an older white hand. The title of this article makes explicit concerns about dying alone and the culturally perceived importance of hands being held during the process of dying. Colours in the hand holding images featured are typically muted and pale with an out of focus background, connoting a sense of calm and comfort, with hospital bedding and medical apparatus suggesting a medicalised professional setting. However, in the image below darker colours are utilised along with dark shadowing, conveying the difficult content of this article.




*Figure 3: Newstalk Radio Segment Image*

As with the above example, there was a tension identified in this research between the use of sanitised and distancing imagery in articles featuring distressing content. A further example [below], this time of a single hand, was an image of a neatly manicured young female hand in a hospital setting being used with the caption *A fifth of the nurses surveyed said they had dealt with end-of-life cancer patients who said they were struggling to afford food* in an article by Power (2023). The article focused on cancer patients dying in cold homes, discussing research into the experiences of palliative care nurses who report visiting homes where mould was present, with patients unable to afford heating or food. However, the image offered a sanitised, distancing depiction of a medical setting rather than one that reflects more clearly the content of the article.



A fifth of the nurses surveyed said they had dealt with end-of-life cancer patients who said they were struggling to afford food. Photograph: agency stock

*Figure 4: Irish Times article Power (2023)*

The challenges for journalists of offering accurate depictions in relation to distressing content are clear. The images are largely secular with few religious or traditional connotations and may be popular due to a perceived universality. However, the homogeneity and repetition of distancing and sanitised images both reflects and reinforces established cultural values about dying and death. They depict an attended process of dying predominantly in a formal care environment, contributing to cultural understandings of a romanticised 'good death' as a sanitised, intimate, calm, controlled and private. Whilst they may offer a comforting and compassionate depiction alongside potentially distressing or emotive coverage of dying and death for some, the dominant imagery of disembodied hands is unlikely to reflect the lived experience of many, or their preferences. Yet disembodied hands, whilst they may be intended to offer a sense of universality, are also dehumanising. The organisation Compassion in Dying (2023), in a blog post entitled No more bodiless hands, state their commitment to avoiding disembodied imagery. This organisation rejects euphemisms relating to death and instead have prioritised honesty in the imagery of death and dying, using imagery that reflects the reality and diversity of lived experiences. Whilst it is important to acknowledge that not all experience can be

conveyed, a greater diversity of images in terms of the quantity, age and ethnicity of those represented, for example, and of environments and contexts, as well as images that dismantle connotations of a hierarchy of carer and cared for could offer different perspectives and opportunities for reflecting a range of experience.

## Institutions



*Figure 5: (Images Retrieved L-R) Irish Examiner, 2025-01-18; Irish Examiner, 2023-09-08; Irish Examiner, 2023-11-20; Irish Examiner, 2024-01-03*

Images of medical trolleys in hospital corridors, unattended, faceless bodies in hospital beds, medical signage or hospital interiors, and images of medical procedures such as x-ray images or injections dominate depictions in coverage of contentious, divisive or challenging topics such as assisted dying, hospital overcrowding or potentially avoidable deaths. These tend to be blue toned or feature blue, with a cold tone, close proximity shots from above or below, and be highly medicalised through the inclusion of apparatus and institutional care contexts, but do not include medical professionals, who are typically portrayed sympathetically in written coverage.

The below example from an article (*Irish Examiner* 2024e) entitled *Rural Ireland Thinks poll: Majority of rural Ireland would favour assisted dying* ties the sensitive and contentious issue of assisted dying to anxieties about dying alone, the medicalisation of the process of dying and to overburdened healthcare systems. The inclusions of a hospital gown on the bed coupled with the absence of a person is striking, as is the angle from above, looking down on a confined, small, medicalised, dark space. This image is likely to raise feelings of fear and anxiety about mortality

and care, and the choice of this disturbing image alongside the caption ‘A majority of people in rural Ireland would support laws to enable assisted dying or euthanasia, with 57% in favour of the measure and 21% opposed’ positions the article as ideologically opposed to assisted dying.



Enlarge this image.
A majority of people in rural Ireland would support laws to enable assisted dying or euthanasia, with 57% in favour of the measure and 21% opposed.

*Figure 6: Irish Examiner, 2024d*

These medicalised institutional images reinforce the notion that the challenges facing medical care at end-of-life are systemic rather than related to individual healthcare professionals. They may feed into anxieties about dying alone in a medical setting and convey that a hospital death cannot be experienced as a ‘good death’ by the dying or bereaved. They also tend to convey hospital settings as quiet and subdued spaces, conflicting with the realities of the busy and often noisy and crowded environments of hospitals.

## Faces



*Figure 7: (Images retrieved L-R): Irish Examiner, 2023-01-31; Irish Examiner, 2023-02-01; Irish Examiner, 2023-08-19, Irish Examiner, 2024-12-17*

A headshot of the individual whose opinion is being conveyed, the expert or politician being cited or of the politician associated with decision making is a common feature of reporting focusing on policy change, emerging research or opinion pieces in relation to dying and death. This emphasises expertise and individual contribution. More anonymous images of staff in medical uniform also feature in reporting across the dataset, with images of experts and professionals in contention with the reporting. For example, the article *Lack of support for families and carers barrier to a good death, says hospice body* (*Irish Times* 2023t) is accompanied by an image of a uniformed care worker, privileging a professionalised, medicalised frame visually, whilst simultaneously focusing in content on families and non-professional carers.

Images of the faces of families, individuals and the deceased tend to be photographed in relation to bereavement and loss over dying and death. In reporting on the aftermath of death or reflections on the experiences of the dying and bereaved after a death, images of the bereaved in grief or stock images of faces experiencing emotional pain and discomfort are used. In stories focused on individuals, images of the deceased smiling and happy in earlier stages of life are typically also included. This can convey that dying and death are not a part of life, and is indicative of an absence of coverage of the process and experience of dying from the point of view of those experiencing end-of-life care. Coverage of hospice at times challenges this, with images of those who are experiencing end-of-life care featured during this stage of their life.

## Symbols



*Figure 8: (Images Retrieved L-R) Irish Examiner,2025-01-11; Irish Examiner, 2023-09-22; Newstalk, 2024–09-22*

Reporting on grief and bereavement often features images of candles, flowers and coffins, though these also extend to broader coverage of death. These can contain

religious and cultural connotations to some extent avoided by the use of hands, the images that dominate the coverage, and which can be interpreted as more universal to human experience. However, like the use of hands, images of symbols such as candles, flowers and overtly religious if non-denominational coffins tend to focus on the image without the inclusion of faces or people. These often include images of hands, showing a human relationship to the symbol, e.g. lighting a candle, holding flowers or carrying a coffin. This accentuates their capacity to be relatable to audiences without a specific individual being pictured. These symbols connote remembrance and carry layered meanings that have built up over time as a consequence of their practical day-to-day use, their spiritual and religious meanings, and cultural traditions that have accumulated over centuries. The use of these images may be waning in response to more widespread secularism, varied cultural practices, environmental concerns and the shifting landscape of human disposal, though more longitudinal research would be required to ascertain clear trends.

## Image Summary

Images form a part of the multimodal ensembles of news reporting and can reflect and further ingrain cultural biases and assumptions of dying, death and the conditions of care. As such they represent a significant challenge for those producing news media who are responsible for making editorial decisions that are sensitive and ethically sound.

Hanusch (2010) has argued that death itself is rarely represented visually in Western news media and that such avoidance constitutes a feature of 'death denying' societies that are reluctant to visually represent the graphic realities of death.

Image selection represents a significant challenge for journalists. News media producers are often working under pressure and within the constraints of what is available to them and are required to consider the risks of causing distress to audiences. To diversify the imagery represented in news media of coverage of topics relating to dying and death, an easily accessible resource of diverse royalty-free images akin to that produced by the *Centre for Ageing Better* (2023) alongside supportive, compassionate training opportunities in which journalists might discuss the difficult decisions of image selection may be beneficial. Opportunities for public education around normalising the processes of dying and death could also support acceptance of and receptivity toward respectful, honest and diverse depictions of dying and attendant experiences. Participatory arts projects such as *Life: Moving* (2019) have sought to use filmmaking techniques to provide those experiencing end-of-life care with the 'opportunity, skills and platforms to tell their own stories' and to share them through visual media. A growth in such projects in recent research suggests that enabling those working in and experiencing end-of-life care as patients and family members might offer avenues for the production of images that speak to a diversity of lived experience.

## Cross Platform Analysis

This section synthesises the research findings across the three modalities (radio, television, and newspapers) to identify convergent and divergent patterns. One pattern was evident across all search terms, that is, a comparable decline in death-related coverage from 2023 to 2025. For example, the word 'death' returned 12,893 results for 2023 reducing to 8,997 by 2025 (across three print titles in one archive search). Though this analysis is qualitative rather than quantitative, the searches were instructive, indicating that as Covid stabilised the media's focus on death was beginning to shift.

The boundaries that once clearly separated media formats are increasingly difficult to sustain. Digital distribution is collapsing traditional distinctions across modalities. Radio and television content is transcribed and published as text on RTÉ's website; or dispersed across social media accounts. Broadcast material is repackaged for print, and print for broadcast, sometimes to the point of near-identical headlines and programme titles. The line between podcast and radio is no longer clear-cut, and video content now routinely appears on what were once purely print platforms. These convergences present a methodological note worth acknowledging in this chapter. While keyword frequencies offered a useful initial signal, the fluidity of format therefore directs the concentration of effort to deeper patterns derived from close comparative reading, rather than frequency counts alone, which hold little value.

Comparing the daily newspapers (Irish Independent, Irish Examiner, and the Irish Times) with the Sunday Independent, the daily papers tend towards pragmatism, prioritising policy, legislative issues, and systemic healthcare failures. As a weekly publication, the Sunday Independent generates a different sensibility, foregrounding personal and emotional experiences of lived testimony, grief narratives, and cultural reflections. For example, the Sunday Independent was the only publication to explore the theme of charitable giving, via wills and posthumous gifts.

Newspapers tend toward a more detached and informational register, with expert sources dominant, though opinion, features and letters to the editors, can provide important counter-narratives. By contrast, radio and television produce experiential and first-person content. Radio in particular, produces the most intimate and emotionally authentic content, with long-form interview formats affording space for personal testimony and disclosure. Television combines documentary realism with visual dimension, though this also makes it most susceptible to sentimentalisation.

When examined cumulatively, each media format produces its own thematic signature. Each format, in effect, addresses a different audience relationship with death. Newspapers address citizens with a focus on policy, rights, and institutional crises. Sunday papers address reflective layers of meaning, feeling, and cultural identity. Radio and television address the emotional and unusual. No single modality sustains all three registers yet together they span the spectrum from bureaucratic failure to personal transformation.

When the broadcast and print formats are read alongside each other, several patterns emerge that neither dataset makes fully visible alone. Public figures recur across both formats, serving as cultural mediators between audiences and their own grief and mortality - a device that is editorially coherent but which risks equating a 'good life' with a 'good death' in ways that do not reflect the reality for many people. The print dataset, by contrast, tends toward the analytical and the investigative, with personal stories more often embedded within broader policy arguments. Together they suggest a loose but consistent division of labour in Irish media: broadcast humanises and personalises; print contextualises and holds accountable.

Both formats share an implicit normative framework in which the good death is home-centred, prepared, accompanied, and recognised - and the bad death is institutional, undignified, solitary, or premature through system failure. Both also share a tension between optimism and critique: optimism about the science and about cultural practices of mourning; critique about institutions, funding, and political will. And both register the pandemic as a watershed - a period in which Irish death culture was most visibly disrupted, most publicly mourned, and most urgently in need of reform.

What the broadcast dataset adds that is largely absent from the print dataset is the explicit cultural and spiritual dimension of death: the hawthorn tree and superstition, the reminder of how religion has shaped Irish life, near-death experience coverage, and the Irish language tradition that Manchán Magan embodied. These items suggest that Irish broadcast media is attentive to a dimension of death that print tends to bracket i.e. the non-clinical, non-institutional, deeply cultural relationship with dying that is perhaps the most distinctive feature of Irish death culture and the least well captured by news policy analysis.

When reading all these media titles cumulatively two themes emerge. The use of public figures acts as a way to frame the overall experience of death and dying with recurring themes across the formats. This coherence is appealing because it makes the ‘good life’ equate to a ‘good death’ – yet this is not a reality for many people. This is not to say such story forms lack value – clearly these stories resonated with the public audiences and particularly in the case of Manchán Magan tapped into a new zeitgeist – a culture in transition. The use of public figures for raising awareness is well documented in the literature (Nownes 2019).

The second more significant theme is the one that emerges of the hospice as a value system. There is a consistent moral positioning of palliative and hospice care as compassionate and dignified and therefore a preferable place to die. Deaths in hospital are never presented in the same register as those of the hospice. The persistent binary across all platforms suggests a hospital death is bad compared to a hospice death which is good. Ideologically, it naturalises one mode of dying as desirable while rendering others as undesirable, without adequately interrogating the structural conditions that determine where and how most people actually die.

What this comparative lens exposes is a broader pattern: the experience of terminal illness, palliative care, dying, and bereavement continues to receive coverage that is,

across the media landscape, sporadic, marginal, or formulaic. That gap suggests that there is scope for public conversation about what dying will be for most people.

## Chapter Summary

This chapter analyses the visual and cross-platform dimensions of Irish media coverage of death between 2023 and 2025. Covid was still an active issue in early 2023 with hospitals and healthcare systems rationing care and struggling to maintain services – a preoccupation clearly reflected in early reporting that gradually recedes across the period reviewed.

Four dominant image categories were identified (hands, institutions, faces, and symbols), each carrying distinct cultural assumptions about what a good death looks like: attended, calm, medicalised, and largely white. These sanitised repertoires sit in tension with the sometimes distressing content they accompany, and collectively reinforce a romanticised, privatised vision of dying that is unlikely to reflect many people's lived experience.

The cross-platform analysis reveals a loose but consistent division of labour: print contextualises and holds institutions accountable; radio and television humanise and personalise; and Sunday papers occupy a reflective middle ground of feeling, identity, and cultural meaning. Two themes emerge across all formats - the recurring use of public figures as cultural mediators between audiences and their own mortality; and the consistent moral positioning of hospice as the site of the good death, against which hospital death is implicitly perceived badly. What no single platform fully sustains, and what the dataset as a whole only partially delivers, is coverage that reflects the ordinary, diverse, and for some, undignified reality of dying in contemporary Ireland.

# Limitations

The challenge in this study was creating a dataset of relevant content for analysis, the decision making process is outlined in the Methodology section above. The final dataset reflects an extensive but not exhaustive search of relevant media. The most significant limitation of this study is the imbalance across media formats. Newspaper coverage forms the backbone of the dataset, with very few television programmes available for analysis and a consequent over-reliance on radio. While radio reaches the majority of the Irish population on a daily basis, any comparative claims about the prevalence of topics or discursive patterns in broadcast media should be treated with caution given this skew. A more evenly distributed dataset across print, radio, and television would strengthen future comparative work.

Whilst the dataset of newspapers analysed represents the most widely read publications, integrating the tabloid papers into a broader analysis – or comparative analysis – may yield some interesting contrasts. It should also be noted that only digital publications were examined; print copies of these titles may offer other valuable insights, as might full broadcast program content, along with closer attention to the timing of broadcast coverage.

A further limitation concerns temporal distribution. Initial database searches revealed that death-related topics received considerably more coverage in 2023 than in 2025. This is an interesting finding in itself, and may reflect the cultural and psychological impact of Covid during which death became a prominent feature of public life.

# Recommendations for Media Reporting

News media texts, such as newspaper articles, are not inert documents but reflect sociocultural values that shape people's experiences and understanding with regard to specified topics, and how these are resisted or incorporated (Nownes 2019). The following recommendations are derived from the findings of this research and are directed toward Irish Hospice Foundation (IHF) and its partners in healthcare, media, and public education. Each is grounded in the evidence base established across the preceding chapters.

## Media Literacy and Education

Media representations of death are not neutral. They shape what people believe is possible, normal, or desirable when it comes to dying. Developing critical awareness of how death is framed, idealised, or avoided in media coverage could form part of broader public health and community education initiatives.

This matters because the gap between how death is represented and how it is actually experienced in Ireland is considerable. Media coverage, and increasingly public interest in natural burial, home waking, and traditional death practices, tends to frame dying at home surrounded by family as the ideal, and for many people it is a deeply comforting one. The reality, however, is that most people in Ireland die in acute hospital environments. Set against a backdrop of secularisation, shrinking family sizes, labour mobility, and a rapidly ageing population, the traditional supports that equipped previous generations to care for the dying at home have largely faded. The result is a generation of people unfamiliar with the realities of dying at home - what it looks like, what it requires, and how to be present for it.

This is not simply a cultural shift; it is also a practical one. Not everyone has the home environment, the family network, or the financial resources to make a home death possible or peaceful. The aspiration to die at home, while meaningful, can also carry an implicit burden for those who cannot achieve it. For many people, a hospice will be the closest available equivalent to a 'good death', and public understanding of what hospice care offers remains limited.

Media literacy in this context means more than identifying bias or sensationalism. It means helping communities recognise the distance between the deaths they see represented and the deaths they are likely to encounter, and building the knowledge and confidence to navigate that gap. One consequence of the dominant framing identified in this research is that death is understood almost entirely through the lens of the healthcare system, which crowds out sustained attention to the quality of end-of-life care within the hospital environment. This is a gap that media literacy initiatives might usefully address.

The research also identifies that grief and bereavement coverage, is likely to require additional support, particularly if the observed trend towards 'natural' or home based death continues. Death cafés, which have emerged as a growing feature of Irish community life across the period studied, offer a potential vehicle for such education. Their egalitarian ethos, with the principle that there are no experts, only people talking and being heard aligns well with a media literacy approach that invites communities to reflect on the representations of death they consume and to consider how those representations relate to their own lived experience. IHF's Think Ahead programme and its existing community engagement work provide a foundation on which such initiatives could be built. Death literacy coverage is growing but remains largely confined to features and lifestyle sections rather than being integrated into news and current affairs reporting. IHF could advocate for and support content that bridges this gap, or conversely, optimise features coverage, to bring the experiences of the bereaved into more prominent public view.

## Developing Counter Frames

Where medicalisation is identified as a dominant frame in Irish media coverage of dying, IHF communications and public information materials should explicitly

mobilise counter-frames emphasising personhood, home-based dying, dignity, and community. This includes making a clear distinction between palliative care and end-of-life care, between managing an illness and managing a death. Palliative care is for the living; end-of-life care is for the dying. The conflation of these terms was identified across the dataset as widespread, with definitions rarely provided or distinguished (see also Borgstrom and Visser (2024)). IHF is well placed to lead in clarifying this distinction in public communications.

Critically, however, the counter-framing effort should not inadvertently reinforce the persistent binary identified in this research, in which hospice death is constructed as good and hospital death as inherently bad. An estimated 45% of people in Ireland die in hospital (Irish Hospice Foundation 2026), and many of those deaths are handled with care, compassion, and clinical skill. The current media landscape offers almost no representation of dignified hospital dying. Coverage of hospital death is dominated by narratives of crisis - overcrowding, trolley crises, and system failure - producing a distorted public picture that may increase anxiety rather than reduce it. IHF should actively seek out and support the telling of stories in which hospital deaths are experienced as good deaths and where end-of-life care is delivered with dignity, where families are supported, and where clinical environments are made humane through initiatives such as IHF's own Design & Dignity programme. Making these stories visible is not a matter of softening critique of systemic failure; it is a matter of ensuring the public has a realistic and differentiated understanding of what dying in hospital can look like when adequately resourced and supported.

In contrast to the conceptual idea of the Irish ‘doing death well’, the media reporting here suggests that dying well is less apparent in Irish society. IHF's existing relationships with media outlets, position it well to act as a facilitating intermediary between those with lived experience and media producers seeking authentic content. Research on strategic health communication supports the efficacy of narrative-based media campaigns in shifting public attitudes (Noar 2006).

## Improving Quality of Care

If hospice care is consistently framed as the gold standard for dignified dying, the question that follows is what can be transferred from hospice practice into the acute hospital settings where most Irish people actually die. Research benchmarks indicate that average ward-round consultations last three to six minutes and average GP consultations 13.7 minutes (Collins and Homeniuk 2021; Creamer et al. 2010; Lehtimaja and Kurhila 2022), while specific clinical scenarios may take considerably longer in practice. What can be learned from hospice rounds, where the quality and relational depth of interaction is recognised as central to care, that could be deployed in hospital settings? Given the evidence that so few doctors receive formal training in breaking bad news (Alshami et al. 2020) or in caring for themselves when experiencing patient deaths, optimal skills focused on the quality rather than the

duration of interaction may make a meaningful difference even where no additional time can be found, in a time poor clinical environment. IHF might usefully advocate for the integration of such skills into clinical education, including the emergency medicine curriculum where research identified a clear training gap (Kelleher 2024a).

Celebrity advocacy might also be redirected in this area. Nownes (2019) argues that celebrities are much more important players in the political and policy-making process than many scholars would have us believe. The current dataset shows public figures consistently fronting hospice fundraising - but not hospital death campaigns. Given IHF is explicitly focused on providing resources and advocating for the needs of the 92% of people who do not get to die in hospice, to enable them to die well (Irish Hospice Foundation 2026), IHF might consider whether high-profile advocates could be engaged to front targeted policy agendas: policy campaigns for ring-fenced funding for dedicated end-of-life rooms in acute hospitals, bereavement or end-of-life specialist support roles in emergency departments, or broader investment in the conditions that make dignified hospital dying possible.

## Amplifying Marginalised Voices

With the exception of a small number of articles that referred to poverty, homelessness, and a tangential reference to religions other than Catholicism in the context of assisted dying, the cumulative data here was relatively homogenous. Coverage of marginalised deaths, those shaped by homelessness, addiction, poverty, disability, or minority ethnic and cultural backgrounds, requires specific attention, as these deaths are barely visible in the current media landscape. The article on the death of Ann Delany (*Irish Times* 2024g) demonstrated what such coverage can achieve when it restores the full humanity of a person whose circumstances of death might otherwise define and diminish them. Such reporting remains exceptional rather than typical.

IHF may consider commissioning or supporting media content that centres the first-person voices of dying individuals, family carers, and bereaved persons, particularly from under-represented or minority communities. This may be supported through media partnerships or through the strategic involvement of high-profile figures to increase authentic representation of otherwise marginalised deaths. This aligns with IHF's public advocacy mission and with the broader findings of this research, which demonstrate that media coverage of palliative care should centre the voice and experience of the dying person, not only institutional or political voices.

## Best Practice Media Toolkits

The findings of this research identify a number of areas where the quality and sensitivity of media reporting on dying, death, and bereavement could be improved. These include the conflation of palliative care and end-of-life terminology, the

reliance on sanitised and homogenous imagery, the dominance of crisis-driven hospital reporting at the expense of quality end-of-life care narratives, and the tendency to frame death as a healthcare system failure rather than as a universal human experience requiring social and community responses.

Toolkits for responsible and ethical media reporting on sensitive topics already exist in related fields. The media reporting toolkit for suicide, developed at Bournemouth University (Luce 2026), provides a model for how evidence-based guidance can be made available to journalists covering topics where reporting itself can shape public understanding and behaviour. IHF might explore whether a comparable resource could be developed for end-of-life reporting in the Irish context, potentially in partnership with journalism schools, and/or the National Union of Journalists, or organisations with established expertise in death, grief, and traumatic events.

Such an initiative might address specific areas identified in this research, including guidance on appropriate image selection that reflects the realities of end-of-life, death, dying, and bereavement rather than relying on the sanitised, repetitive, and largely homogenous stock imagery that currently dominates (see Chapter 6). It could also provide guidance on the accurate use of terminology - distinguishing palliative care from end-of-life care, hospice from hospital, and the multiple forms of community-based support available - and on the ethical considerations involved in reporting the deaths of marginalised or vulnerable individuals.

Media partnerships represent an additional avenue for consideration. IHF might work with Irish media organisations to develop editorial guidance or best-practice frameworks for end-of-life reporting, drawing on the evidence base of this research. The healthcare system–death framing that dominates current coverage to the exclusion of quality end-of-life care is a gap that such editorial guidance could usefully address.

## Image Banks

The visual analysis conducted in Chapter 6 identified four dominant image categories in Irish media coverage of dying and death, each carrying distinct cultural assumptions about what a good death looks like. The overwhelming reliance on sanitised, intimate, and predominantly white imagery produces a homogenous visual vocabulary that is unlikely to reflect the lived experience or preferences of many people, and which reinforces romanticised, privatised conceptions of dying as calm, attended, and medicalised.

Image selection represents a significant challenge for journalists, who are often working under pressure and within the constraints of what is available to them through stock image libraries. To diversify the imagery used in coverage of dying and death, IHF may consider developing or commissioning an easily accessible bank of royalty-free images that reflect a wider range of dying experiences, particularly including diverse ethnicities, ages, family structures, care environments,

and emotional registers. Such a resource could be developed in partnership with participatory arts projects, hospice services, and community organisations, drawing on the experiences of those in end-of-life care who consent to have their stories told visually.

Projects such as *Life: Moving* (2019) which use filmmaking techniques to provide those experiencing end-of-life care with the opportunity, skills, and platforms to tell their own stories, suggest that enabling those working in and experiencing end-of-life care as patients and family members might offer avenues for the production of images that speak to a diversity of lived experience. A resource of this kind, accompanied by guidance on compassionate and representative image selection, could be offered to Irish media organisations as a practical contribution to improving the quality and authenticity of visual reporting on dying and death.

# Future Research

This study provides a baseline analysis of how Irish news media frames death and dying, and identifies clear trends, including a growing openness about death, an increasing challenge to medicalised and stage-based models of grief, and a cultural transition in Irish death practices shaped by secularisation, environmental concern, and the legacy of the Covid pandemic. However, the study is necessarily limited by its timeframe and by its focus on traditional news media i.e. print newspapers, radio, and television. The following directions for further work emerge from these limitations and from the findings themselves.

## Audience Research

This study analyses how death is represented in Irish media; it cannot tell us how those representations are received or what effect they have on public understanding. That question warrants its own dedicated study.

The gap between how death is represented and how it is actually experienced in Ireland has been identified as considerable throughout this analysis, but dedicated research into how audiences interpret, resist, or incorporate these media framings into their own understanding of dying and death would add an essential dimension that the present study cannot provide. This is particularly the case in relation to the concept of assisted dying. Whilst we make no judgement about the right to choose to die, this theme warrants sustained attention. At first glance, it appears to be a debate stemming from a rights-based framework and bodily autonomy cast against the vested interests of a medical profession. The fact that the issue appears in this

dataset in other jurisdictions reflects a debate that is accelerating well beyond Ireland, connecting to wider and urgent questions about public health, bodily autonomy, and the politics of dying globally.

Since the pandemic, the influence of anti-science sentiment has made its presence felt, and we know from other health-related research that what happens in America does not stay in America (Cann and Troyer 2017; Reagan 2003). This was most evident at the height of the pandemic and the deliberate choices made within different jurisdictions as to how they would protect their most vulnerable members of society. The individualisation of public health, the "you do you" trend identified in this analysis, has consequences for policy-level decision making about which lives are considered worth saving, a question explored extensively in disability scholarship and by bodies such as the United Nations (https://social.desa.un.org/issues/disability/crpd/convention-on-the-rights-of-persons-with-disabilities-articles). How Irish media and Irish society navigate and position themselves within that international conversation is a subject of considerable importance and urgency that merits sustained and dedicated research.

## Digital and Social Media

Social media platforms remain entirely unexamined in this study, yet they are increasingly where public conversations about death and dying take place. There were glimpses of this phenomenon during the research process, as some broadcast material was not available on the original platforms but was sourced on social media platforms such as TikTok and YouTube, illustrating how digital distribution is reshaping the circulation and consumption of death-related content (Florea and Rabatel 2011). The growth in grief technology, digital mourning practices, online condolence platforms, and social media-driven conversation about death, including viral posts about bereavement administration and end-of-life planning, all point to a media landscape that this research has only partially captured. A dedicated study of digital platforms, including TikTok, Instagram, podcasting, and online community forums, would provide a more complete picture of how death is represented and discussed in contemporary Irish public life.

## Death over Time

As anticipated, the remnants of Covid were evident throughout this work. Covid-related news articles were not purposely searched for in this dataset but appeared organically and were analysed where relevant. Longitudinal research tracking how media representations of death shift over time would add important context to the findings presented here, including whether the higher volume of death coverage observed in 2023 reflects a lasting post-Covid shift or a temporary pattern. Such work would enable the identification of sustained trends rather than snapshot patterns, and would permit analysis of whether the shifts identified here toward

greater openness, death literacy, and community engagement are consolidated or reversed over time. There may be instructive historical parallels, for example, research into media and public responses following the 1918 influenza pandemic could illuminate whether the cultural recalibrations observed in the present dataset follow patterns established after earlier periods of mass death.

## Tabloid Media

Tabloid newspapers were excluded from this dataset on the grounds that their sensationalised framing of death, while significant, fell outside the scope of this study. We recommend tabloid coverage of death and dying as a discrete follow-on study. A dedicated tabloid analysis would offer valuable comparative insight into how death is represented across different readerships and editorial registers, and would extend the findings of this research into a media space that reaches a substantial proportion of the Irish public.

## Reproductive Loss

Reproductive loss has increasingly captured scholarly attention since 2011 (Frøen et al. 2011; Henderson 2023) and there has been an equivalent shift in public attention to the issue. This is a complex area of research, and there has been little coherent research specifically into media representations of stillbirth, miscarriage, and neonatal death. As the Irish Hospice Foundation is involved with the provision of palliative perinatal care and other supports (Irish Hospice Foundation 2019), it would make sense to explore how the topic of reproductive loss is perceived or shaped by media consumption, and compare it to broader representations of death in Irish news media.

## Visual Framing

The visual framing completed in this study was restricted to a selection of curated articles. The aim was to identify common visual features used in reporting of death and dying. The use of these images may be waning in response to more widespread secularism, varied cultural practices, environmental concerns, and the shifting landscape of human disposal, though more longitudinal research would be required to ascertain clear trends. A more expansive visual analysis, potentially incorporating quantitative content analysis of image use across a larger sample and over a longer timeframe, would strengthen the preliminary findings presented here.

### A Culture in Transition

Finally, the cultural transition identified across this research with its revivalist turn and a growing secularisation may be symptomatic of a broader social change. The simultaneous movement toward individualisation of death, and tradition and ecological consciousness, while appearing to pull in different directions, may in fact express a single underlying impulse: a desire to reclaim death from its institutional, commercialised, and medicalised settings and to return it to frameworks felt to be more authentic, grounded, and human. Whether this constitutes a durable cultural shift or a transitional moment of negotiation between old and new structures of meaning remains an open question, and one that the present study can identify but not resolve. Sustained, interdisciplinary research drawing on media studies, cultural history, thanatology, and public health would be required to track this transition as it unfolds and to understand its implications for how Ireland cares for its dying.

## Conclusions

Whilst death is something most of us would rather not think about, as this study illustrates, Irish media talks about it constantly. The question is not whether death is covered, but how, and what that coverage does to our collective understanding of death, dying, and bereavement. Through what gets published - whether this is advocacy work, research or letters from the public - the media do not simply reflect public attitudes toward death; they set the terms on which dying, grief, and end-of-life care enter political consciousness. This is important for public policy because if an issue is not on the public agenda, it may not be acted upon by the government (Nownes 2019)

Death is simultaneously ubiquitous and systematically marginalised in national media discourse. While violent, accidental, and public figures' deaths attract sensational coverage and the majority of headlines, the everyday realities of dying from illness or old age remain largely invisible or framed through clinical, institutional, or grief-management lenses. This absence carries policy consequences: it shapes public literacy around end-of-life care, informs or distorts expectations of hospice and palliative services, and influences political will to legislate on related issues.

By focusing on news media coverage of "ordinary' end-of-life - that is, death toward the end of an expected life course, and not the deaths of children or young people, suicides, or violent deaths, what becomes apparent is the Irish media, in the period studied, is actively engaged in a cultural project of bringing death into ordinary public conversation. The role of notable public figures matters more than it may first appear. They represent a vehicle for larger conversations about death, dying and bereavement but also through the media coverage analysed here construct a version of Irishness in which how we face death says something about who we are, individually and collectively.

Four principal conclusions emerge from a reading across the full dataset:

The first, and perhaps the most important, is that how we die is deeply unequal. Media coverage consistently presents two contrasting models: the bad death - in a hospital corridor, in pain, alone, without adequate support, versus the good death - which occurs preferentially at home or in a hospice, pain-free and dignified, surrounded by family, with time to say goodbye. These are not just media framings; they reflect real differences in experience. The contrast between what hospice care can offer and what the hospital system currently delivers is one of the most persistent and troubling themes across the dataset.

The second conclusion is that hospice care is not simply represented as a service but as a set of values - compassion, dignity, not being afraid, having time. This framing only becomes fully visible when all formats are read together, but once seen it is unmistakable: Irish media has positioned palliative and hospice care as morally preferable to the prevailing hospital model. That is a significant cultural statement, and one with real implications for public expectations and policy.

The third conclusion concerns grief. Across individual formats, grief tends to appear as a personal and emotional experience. Taken together, however, the full picture is different. Children's bereavement services, pandemic grief, bereavement leave policy, and disenfranchised grief collectively tell a story of grieving as an under-resourced public health issue that requires structural, not just personal, responses.

The fourth conclusion is that Irish death culture is changing, and rapidly. From the traditional wake to aquamation, from RIP.ie to death cafés, from green burial to digital memorialisation, the dataset reveals a society that is actively renegotiating how it handles death at every level. No single format captures this fully. It is only in combination that the scale of this cultural transition becomes clear.

The overarching frame across the dataset is one in which the individual is personally responsible for organising their own life and their own death. This thread is a constant throughout the analysis and may be linked to the lingering effects of the Covid pandemic, and reflect a population pushed past their emotional and financial limits. It may also reflect larger trends being observed in global science and public health which shifted to ‘individualised public health’ during the height of the pandemic. That logic of personal responsibility extends, in the death-related coverage, into every dimension of dying and its aftermath – you are responsible for your health and making responsible choices to reduce the risk of premature death, you are thus responsible for not overwhelming the health services. You are also responsible for planning your death, for what happens to your body after your death, for making your body useful beyond death, for making choices that eliminate inconvenience for those left behind, for minimising the emotional ‘footprint’ of your death on the bereaved, for being digitally available after your death, and for minimising harm to the planet. Considering the extent of the ask, it is no wonder that conversations relating to death and dying may pose challenges.

Across the full dataset, Irish media is engaged in something more than reporting death - it is actively renegotiating where death belongs in public life. What this study ultimately reveals is a media ecosystem that is doing serious and important work

around death, but doing it unevenly, and often without recognising what it is doing. The coverage collectively constructs death and dying as both an Irish social and/or health crisis and a deeply human, navigable experience. The challenge now is to make that conversation more conscious, more inclusive, and more useful to the people who need it most.

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# Appendix 1: Extended Methodology

This chapter sets out the methodological framework underpinning the study and the considerations informing each stage of the project. The study examines how national Irish media platforms (radio, television, and print and digital newspapers) represent natural death, dying, and bereavement. It is guided by a primary interest in the discursive and ideological dimensions of these representations and their implications for public understanding of end-of-life care and for the advocacy work of IHF.

## Research Design

The study adopts a qualitative, interpretivist research design. News is socially constructed through its reliance on specified news values (Hanusch 2010), and therefore this study draws on social constructionism as a mechanism which recognises the active construction of meaning, through interpretive and reflexive engagement with the data (Berger and Luckmann 1991). From this perspective, media representations of death and dying are not neutral or transparent reflections of social reality but are themselves productive of the meanings, values, and ideological frameworks through which death is understood and experienced in contemporary Irish society. This theoretical position has direct implications for analysis, which is to understand the ideological work that news performs – what news makes visible and invisible, whose voices are privileged, and what assumptions about death and dying are rendered 'natural' (Fairclough, 2003).

The study employs a blended or syncretic analytic framework that draws on complementary methodological approaches: Framing Analysis (FA) and Critical Discourse Analysis (CDA). These complementary methodological traditions are applied in a layered, iterative sequence, to enable movement from description (what is said) to interpretation (what it means), to critique (what ideological work it performs).

**Framing Analysis (FA)** (Entman 1993) is used for the initial organising phase or architecture, identifying recurrent patterns across the dataset and thus acts as the central organising framework for multiple data sources.

**Critical Discourse Analysis (CDA)** (Fairclough 1993) is an inductive-abductive method, used to foreground how language produces, reproduces and contests power and ideology.

The two approaches are methodologically complementary and share a foundational concern with the relationship between language, representation, and power. FA maps the terrain across the whole dataset, identifying what topics are covered, how they are categorised, and which aspects of an issue are consistently highlighted or left out. CDA then zooms in on individual texts to ask why particular words, images,

and narrative choices were made, and what assumptions about power and society those choices reflect. Used together, the two methods allow the study to move beyond describing what Irish news media says about death and dying, to examining how that coverage shapes the way these issues are understood by the public, and whose interests that understanding serves. The value of this dual analytic approach is that it produces a richer picture than either methodology would yield alone.

## Defining the Dataset

### Temporal Scope

Whilst some features of how dying and death are represented are likely to remain consistent over time, how death is mediated in culture is also subject to change (Michael-Fox et al, 2023). Data for this project was restricted to the calendar years 2023 to 2025. The three-year date range aimed to provide an analysis of recent reporting at the time of the research being conducted, and to mitigate a potentially skewing impact of the COVID pandemic that dominated reporting between late 2019 and early 2023.

### Media Selection

A range of archive searches was necessary, to enable cross-platform comparative analysis and provide breadth of media coverage. The final modalities were selected based on their market circulation or audience share. It is important to note that in general, there is a high degree of public trust in national media outlets, as detailed in Table 1: Public Trust in Selected Media Outlets below (Newman et al. 2025).

| Title Selected for Study | Public Trust (n=2000) | Format |
|---|---|---|
| Irish Times | 70% | Daily Print & Digital |
| Irish Examiner | 65% | Daily Print & Digital |
| Irish Independent | 68% | Daily Print & Digital |
| Sunday Independent* | - | Sunday Print & Digital |
| TheJournal.ie | 60% | Daily Digital |
| RTE News | 72% | TV & Radio |
| Today FM | 66% | Radio |
| Newstalk | 66% | Radio |
| Virgin Media News | 65% | TV |
| Sources: Reuters Institute (2025) | | *not included in the survey |

*Table 3: Survey Results Showing the Percentage of People Who Rated a Publication/Outlet as Being Trustworthy (Public Trust), for Selected Media Outlets (Newman et al. 2025, 128)*

### Print and Digital Newspapers

Whilst the ways in which people access news are now distributed between print and digital sources, news consumption remains steady in Ireland. In 2023, 65% of Irish people aged 16+ responded that they read a print newspaper once per week, or more, equating to 2.6m people approx. (Media Ownership Monitor, 2023). The three titles with the largest daily newspaper circulation figures, Irish Times, Irish Independent, and Irish Examiner, were selected for inclusion (with average readership of 366k, 288k, 180k respectively (MediaLive 2026)). These three titles are national daily titles with a digital presence, and are widely read by a cross-section of Irish society. Additionally, the most widely read Sunday paper, the Sunday Independent (488k) was included, as well as TheJournal.ie, Ireland's second leading digital only news platform, to enable comparative analysis.

### Broadcast Programming

The state owned Raidió Teilifís Éireann (RTÉ) public service broadcaster dominates the Irish market, with RTÉ news consumers getting their news split between broadcast (55%) and online news (36%) (Newman et al. 2025). Unlike the UK, there is no central archive for broadcast media, therefore, the newspaper dataset was used to direct more targeted searching of radio and TV archives, including RTÉ Archives, Newstalk, Today FM, and Virgin Media.[1]

#### Radio

National and local radio are widely consumed in Ireland. Approx 80% of the Irish population listen to radio daily (3.4 million), with 1 million+ listening to the main national station RTÉ 1 (JNLR 2025). The audience share commanded by the three radio stations operated by RTÉ (29% approx.) is the largest of any radio group in Ireland market. The next biggest audience share are Newstalk Radio, and Today FM, with approx. 11%, and the remainder of radio listeners listen to regional stations (JNLR 2025). For this study, RTÉ, Newstalk and Today FM as the three largest radio stations were selected for searching.

#### Television

Whilst radio is widely consumed on a daily basis in Ireland, TV remains the primary news source, with 58% of people responding that at least once a week, they consumed news via television (Lloyd et al., 2025; Media Ownership Monitor Ireland, 2024). RTÉ also retains the highest audience, with its three stations commanding approx. 28% linear audience share. Irish language station TG4 was excluded from analysis due to its small market share (2%). Virgin Media acquired TV3 and UTV Ireland in 2015/16 (Media Ownership Monitor Ireland 2024) and retain an approx. 18% audience share, though since 2023, Virgin Media has reduced its current affairs programming (Newman et al. 2025). In this study, Virgin Media and RTE were thus selected for inclusion.

These market shares are not reflected in the final dataset due to difficulties in sourcing archived broadcast material.

## Data Collection

### Search Strategy

Data collection followed an iterative process of search and refinement, proceeding through a number of defined stages. To keep the project focused and within scope for the timeline and objectives, we completed a preliminary search of three digital news archives (ProQuest, Irish News Archives, and the National Library of Ireland)

[1] BoB is Learning on Screen's on demand TV and radio service for education, with a searchable archive of over 2.2 million broadcasts https://learningonscreen.ac.uk/ondemand/help.php/about

and supplemented with targeted manual searches of broadcast platform archives and social media, to ascertain the breadth and volume of potential material.

Following this, we completed a series of death related keyword searches, and across all our search terms, we noticed a comparable pattern of decline from 2023 to 2025; this informed our search strategy but is also a notable finding, addressed further in Chapter 6. To narrow the selection of news items, inclusion and exclusion criteria were applied (see below).

### Search Criteria

This report examines news media coverage of natural, age-associated or 'typical' death. To narrow the selection of news items, inclusion and exclusion words were applied.

#### Inclusion

A series of death related keyword searches (e.g. palliative care, end-of-life, hospice, terminal illness, good death, cremation, etc) were completed to establish the range of data available in ProQuest. Following this, we noticed a comparable pattern of decline in death related topics from 2023 to 2025; this informed our search strategy but is also a notable finding, addressed further in Chapter 6. The final search terms were restricted to five core keywords (Death, Dying, Bereavement, Grief, and Funeral) on the basis that other death related keywords (e.g. palliative care) would be subsumed within them. Search terms were limited to the English language.

#### Exclusions

As the aim and objectives are expressly limited to representations of natural death and dying, the research explicitly excludes certain categories of death, this demarcation focuses attention on the discursive construction of dying as an everyday or expected process.

Exclusion keywords were extensive and used to eliminate news items that were out of scope. The following categories are explicitly excluded from the dataset:

- Violent deaths (homicide, manslaughter, war, terrorism, natural disasters)
- Accidental deaths (road traffic collisions, drowning, workplace accidents)
- Suicide and self-harm related deaths (substance related)
- Child deaths, including reproductive loss
- Coroner's court proceedings and inquests
- Obituaries and death notices (classifieds)
- Celebrity deaths (though certain public figures are included)

## Search Results

Using automated filtering within the news databases, 4,869 newspaper reports were identified. These results were then manually curated to exclude articles that were not relevant to the topic under investigation (e.g. death of a pet). To supplement the use of newspaper databases, manual searches were also conducted for other sources including Google, RTÉ News Archives, the National Library of Ireland archive, and social media platforms. The cumulative search yielded a high number of relevant reports, with the final dataset comprised of 708 news items (see Table 2: Database Search Results).

| **Search Results** | Death, Dying, Bereavement, Grief & Funeral | |
|---|---|---|
| Newspaper | Digital newspapers | 630 |
| Broadcast TV & Radio | TV x 7 - Radio x 71 | 78 |
| **Total News Items** | | 708 |

*Table 4: Database Search Results*

### Print Media

Selected keywords were searched across the main daily newspapers and yielded variable results, with a preponderance of violent death articles represented in certain news titles (the tabloids). As an illustrative example, a word search for 'death' between 2023 and 2025 for the Irish Times returned 7,189 results, which strongly contrasted to the Daily Mirror 26,050 for the same term. A sample of articles from each news title was reviewed. We then applied a basic set of exclusion words (e.g. homicide) to the Daily Mirror results which reduced the count to 5,207. Based on this, a determination was made that the tabloids skewed towards sensationalist style headline writing, and also relied on syndicated content i.e. comparable stories were repeated across a stable of newspapers giving a higher yield of stories that did not fit the criteria being sought. After consultation with IHF research team, a decision was made to exclude these titles.

The daily newspapers thus included were those three with the highest circulation figures (Irish Times, Irish Independent, and the Irish Examiner). The Sunday Independent title completed the print titles selection. This is the most widely read Sunday paper in Ireland, and with the exception of the business papers, the only Irish title that is not a Sunday tabloid. These titles were expected to provide a

deeper insight into issues that may have been reported by the daily papers earlier in the week.

TheJournal.ie does not have a searchable index, and though TheJournal.ie is archived via the National Library website, the indexing only captures snapshots of the website content, and it was not possible to systematically search for specified articles, headlines by title, or specific dates. Subsequent manual searching of TheJournal.ie special features index did not surface any relevant news items, though a more general internet search did yield a small number of relevant articles, and these were included for analysis.

**Broadcast**

Searching for TV and radio programming was significantly more difficult than searching for print news. Unlike in the UK, there is no central broadcast archiving system. RTÉ archives did have a list of some programming referring to death, however, unless the program clip contained a relevant keyword in the title, we could not source the material. Whilst some program content was available via platform specific archives, such as RTÉ Player, other items were dispersed across various social media platforms i.e. a copy of the original broadcast content existed on alternative platforms such as YouTube.

To improve the search, we used the print media results to do more targeted manual searches of YouTube and other platforms which yielded a small number of relevant programs. In some instances, though the title and link to the program was still available, unfortunately the actual content was no longer published. This meant we had a record of the existence of an item, and a program title to analyse – just not always the program content. Where possible, selected and relevant program clips were transcribed for analysis.

## Sampling Strategy

Choices must be made about what to include in any qualitative study, as not everything can be analysed; sampling therefore becomes strategically important (Punch, 2005; Moser & Korstjens, 2018). Once the final dataset was constructed, an initial headline / program title analysis was conducted across the full dataset to identify the range of topics, frames, and discursive patterns present in the data. Given that the assembled dataset exceeds what is feasible for full close qualitative analysis, a purposive sample was drawn from the dataset for closer reading and full discourse analysis (Punch, 2005). This strategy is consistent with Malterud et al's (2016) concept of information power, in which cases are selected for the depth and richness of data they provide rather than for representativeness. The selection was also shaped by a practical constraint: although a programme title often existed, the associated broadcast content was sometimes no longer available. The images used in the analysis are those provided by the platform. Not all articles carry visual content; where they do, a consistent pattern in image selection was identified and forms part of the visual discourse analysis.

### Data Management

Data was manually downloaded and organised from digital news archives and broadcast platforms. Where necessary, broadcast content was transcribed for analysis. All data was stored securely and organised by platform, year, and categorised to facilitate systematic retrieval and analysis. An Excel spreadsheet was used as the primary data management tool in the initial coding phase, enabling the research team to review headlines systematically and record analytic decisions.

## Data Analysis

### Analytic Process

The first hurdle in using multiple data sources, is finding analytic techniques that work for the type of data, purpose of the study, results required and the kind of knowledge already available (Gerson 2017).

Analysis proceeded through three iterative phases, consistent with the research design, reflecting the layered description to interpretation to critique pathway set out above. Once the final dataset was constructed, an initial headline or program title analysis was conducted across the full dataset to identify the range of topics, frames, and discursive patterns present in the data.

#### Phase 1: Framing Analysis

Following Entman's (1993) principles, framing analysis was conducted across the full set of headlines and programme titles to map the terrain of the dataset and identify what topics are covered, how they are categorised, and which aspects of death and dying are consistently highlighted or left out. This inductive analysis identified the recurrent frames shaping the reporting of death and dying and formed the central organising structure for the data; in the findings, the frames relating to a given topic are referred to as clusters.

#### Phase 2: Discourse Analysis

The frames identified in Phase 1 were then interrogated through close reading of the purposively sampled texts, following the principles of Critical Discourse Analysis (CDA) (Fairclough, 2003; van Dijk, 1993). Whilst Phase 1 established what was said, Phase 2 asked why particular words, images, and narrative choices were made, attending to the ideological assumptions embedded in apparently neutral language. Phase 2 examined what dominant frames structure media representations of death and dying, and assessed whether and how those representations reflect or challenge medicalised, religious, or secularised understandings of death and dying.

### Phase 3: Cross Comparative Analysis

The third phase applied the same critical sensibility to the dataset comparing how death and dying are cumulatively represented across multimodalities (or cross-platform comparisons), to identify convergent and divergent discursive patterns. Cross-platform analysis was completed in two ways. First, images are used across all media modalities, and a decision was made to analyse these collectively. Second, a brief cross platform comparison of the findings was conducted to identify specific conventions or variations across media platforms.

Findings are presented in a blended format that integrates data presentation and interpretive discussion, consistent with constructionist qualitative research (Burnard et al. 2008). This descriptive way of presenting data, reflects the contextual narrative structure appropriate to interpretive research rather than the bifurcated findings/discussion structure more typical of quantitative work (Burnard et al. 2008; Braun & Clarke 2013).

## Reflexivity

Reflexivity is essential in qualitative research and adopting a reflexive team working approach (Borgstrom et al. 2023) enabled us to combine our different interdisciplinary backgrounds. We reviewed the data independently prior to discussion, so that we could compare and challenge our different interpretations. This collaborative reflexive practice is a resource, enabling us to integrate our different disciplinary perspectives, allowing space to consider each other's interpretations, and reflect on our idiosyncrasies and influences on the data we coded and how we coded it.

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