Irish Hospice Foundation

To die and grieve well wherever the place

Representations of Death: a Discourse Analysis of Irish National Media 2023-2025

Summary Version

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August 2026

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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-19) novel virus pandemic; the removal of public health restrictions that applied between 2020 and 2023; and the stabilisation of Covid-19 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, in a process known as a discourse analysis, to a manually curated dataset comprising approximately 708 relevant news items, and associated images. 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 from each theme in the following sections.

1. **Getting to Die Well**
2. **Bureaucracies of Death**
3. **Let's Talk About it: Death & Grief**
4. **Death in Everyday Life**
5. **Transformation of Irish Death Culture**

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 the Covid-19 pandemic** persist and are creating societal change 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	**Visual imagery used to accompany media coverage** 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.

Theme 1: Getting to Die Well

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.

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.

The dataset underscores 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. This reflects that news media, particularly short form writing, is required to simplify in order to find a balance between engaging and informing audiences.

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. 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."

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 not able to afford to sufficiently heat their 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.

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, several limitations are identified 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.

Theme 2: The Bureaucracy of Death

Running through this theme 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.

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: 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 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, policy makers and broader systems of leadership are positioned as at fault, emphasising the bureaucratic dimensions of healthcare provision. Medical professionals, by contrast, are predominantly presented sympathetically and with care: they are 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.

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

The paradox is that institutionalised dying is recurrently judged adverse to a good death, albeit essential to pain management and the provision of care. Most people die in hospitals or nursing homes, with an estimated 45% of people likely to die in hospital in Ireland. While this does not necessarily mean they will die in A&E or in a crowded corridor, news reporting tends to portray hospital death in alarmist and negative terms. Dying in hospital is consequently represented as the consequence of long-term political and bureaucratic neglect, and 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.

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 theme - a natural continuation of death-related care that is often overlooked. The legacy of Covid-19 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.

With striking consistency, death and dying within the hospital system is framed by bureaucracy and system-level failings. 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.

Theme 3: Let's Talk About It: Death & Grief

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. The findings of this research differ from previous research into medical TV dramas which found that whilst death is often represented in such programs, displays of grief were avoided. 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 openly & informally about death. 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-19 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. The impact of disrupted bereavement has been well documented in research, which clearly demonstrates that the inability to say goodbye and be present at time of death was a source of lasting trauma, leading to deferred grief responses.

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**, such as virtual reality and hologram memorialisation, further complicate these representations, introducing new ethical and existential questions around perceived immortality and even the notion of technology being able to offer a 'solution' to death.

Theme 4: Death in Everyday Life

Across this theme, 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 coverage broadly frames thanotechnology (the field of technology relating to death) 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. Given 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.

Read cumulatively, this coverage portrays that a person should die with minimal fuss; 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 emphasis on personal responsibility, particularly relating to the cost of dying, may reflect the Covid-19 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 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.

Theme 5: Transformation of Irish Death Culture

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.

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 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.

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. 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 shift 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 a custodial vacuum. As noted, 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.

Use of Imagery: 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.

Hands



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. 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.

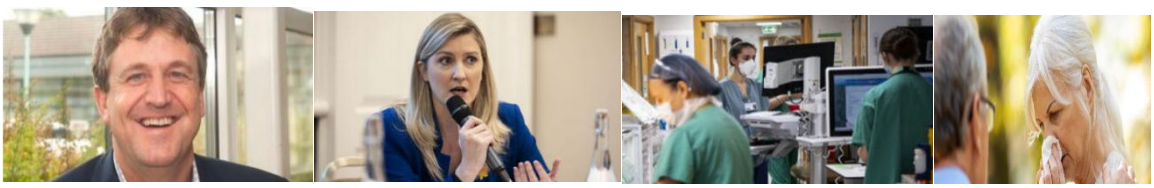
Institutions



(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 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. 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.

Faces



(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.

Symbols



(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.

Image selection

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.

Cross Platform Analysis

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.

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. The report includes recommendations derived from the findings of this research directed toward Irish Hospice Foundation (IHF), its partners in healthcare, media, and public education. These include media literacy and education, developing counter frames that emphasize personhood, home-based dying among other, amplifying marginalised voices and developing best-practice toolkits.

Conclusions

Whilst death is something most people 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 how and to what extent 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.

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. 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.

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

Directions for further work also emerged from the findings, with suggestions including (but not limited to) analyses on the effect of the portrayal of death in media on public understanding, studying the portrayal of death and dying in social media, expanding the visual analyses to a wider sample and a longer period of time. Sustained, interdisciplinary research will be relevant to track the ongoing cultural transition observed and to understand its implications for how Ireland cares for its dying.

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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