This is a repository copy of *The multiple streams framework and non-politicized issues: The case of assisted dying/assisted suicide*.

White Rose Research Online URL for this paper:
https://eprints.whiterose.ac.uk/224510/

Version: Published Version

Article:

Bache, I. orcid.org/0000-0002-2149-210X (2025) The multiple streams framework and non-politicized issues: The case of assisted dying/assisted suicide. Politics & Policy, 53 (1). e70016. ISSN 1555-5623

https://doi.org/10.1111/polp.70016

Reuse

This article is distributed under the terms of the Creative Commons Attribution-NonCommercial (CC BY-NC) licence. This licence allows you to remix, tweak, and build upon this work non-commercially, and any new works must also acknowledge the authors and be non-commercial. You don't have to license any derivative works on the same terms. More information and the full terms of the licence here: https://creativecommons.org/licenses/

Takedown

If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing eprints@whiterose.ac.uk including the URL of the record and the reason for the withdrawal request.

eprints@whiterose.ac.uk
https://eprints.whiterose.ac.uk/

Check for updates

Politics & Policy

P&P POLITICS & POLICY

ORIGINAL ARTICLE OPEN ACCESS

The Multiple Streams Framework and Non-Politicized Issues: The Case of Assisted Dying/Assisted Suicide

Ian Bache

Department of Politics and International Relations, University of Sheffield, Sheffield, UK

Correspondence: Ian Bache (i.bache@sheffield.ac.uk)

Received: 24 September 2024 | **Revised:** 19 December 2024 | **Accepted:** 25 January 2025

Keywords: agenda-setting | assisted dying | assisted suicide | euthanasia | morality policy | MSF | multiple streams framework | nonpoliticized policy processes | policy change | United Kingdom

Palabras Clave: Cambio de políticas | Establecimiento de agenda | Eutanasia | Marco de múltiples corrientes | MSF | Muerte asistida | Política moral | Procesos políticos no politizados | Reino Unido | Suicidio asistido

关键词: 安乐死 | 辅助死亡 | 辅助自杀 | 道德政策 | 多流框架 | 非政治化政策进程 | 英国 | 无国界医生组织 | 议程设定 | 政策变化

ABSTRACT

This article applies agenda-setting theory, and the multiple streams framework in particular, to consider why assisted dying/assisted suicide (AD/AS) has not been legalized in the United Kingdom, and also what the prospects are for policy change. AD/AS provides an interesting test case for agenda-setting theory, which tends to focus on governmental agendas (Kingdon 2011, 3) and has thus been said to 'say less about the policy outcomes of such nonpoliticized policy processes' (Green-Pedersen 2007, 286) that generally characterize morality polices. Agenda-setting theory provides valuable insights into this case, which reveals an important role for government even on this free vote matter of conscience. However, the case highlights aspects of agenda-setting theory relating to assumptions on legitimacy and the power of persuasion that fare less well, and which have implications for the future study of morality policies.

Related Articles:

Angervil, G. 2021. "A Comprehensive Application of Kingdon's Multiple Streams Framework: An Analysis of the Obama Administration's No Child Left Behind Waiver Policy." *Politics & Policy* 49, no. 5: 980–1020. https://doi.org/10.1111/polp.12432.

Knackmuhs, E., Farmer, J., and Knapp, D. 2020. "The Interaction of Policy Narratives, Moral Politics, and Criminal Justice Policy Beliefs." *Politics & Policy* 48, no. 2: 288–313. https://doi.org/10.1111/polp.12343.

Silagadze, N. 2021. "Abortion Referendums: Is There a Recipe for Success?" *Politics & Policy* 49, no. 2: 352–389. https://doi.org/10.1111/polp.12398.

RESUMEN

Este artículo aplica la teoría del establecimiento de agenda, y el marco de corrientes múltiples en particular, para considerar por qué la muerte asistida/suicidio asistido (AD/AS) no se ha legalizado en el Reino Unido, y también cuáles son las perspectivas de cambio de políticas. AD/AS proporciona un caso de prueba interesante para la teoría del establecimiento de agenda, que tiende a centrarse en las agendas gubernamentales y, por lo tanto, se ha dicho que "dice menos sobre los resultados políticos de tales procesos políticos no politizados" que generalmente caracterizan a las políticas morales. La teoría del establecimiento de la agenda proporciona información valiosa sobre este caso, que revela un papel importante para el gobierno incluso en esta cuestión de conciencia del voto libre. Sin embargo, el caso resalta aspectos de la teoría del establecimiento de agenda relacionados con supuestos

This is an open access article under the terms of the Creative Commons Attribution-NonCommercial License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited and is not used for commercial purposes.

© 2025 The Author(s). *Politics & Policy* published by Wiley Periodicals LLC on behalf of Policy Studies Organization.

sobre la legitimidad y el poder de persuasión que no obtienen buenos resultados y que tienen implicaciones para el estudio futuro de las políticas de moralidad.

抽象的

本文应用议程设置理论，特别是多流框架，来考虑为什么辅助死亡/辅助自杀(AD/AS)在英国尚未合法化，以及政策变革的前景如何。AD/AS 为议程设置理论提供了一个有趣的测试案例，该理论往往侧重于政府议程，因此被认为"较少谈论这种非政治化政策过程的政策结果"，而这些非政治化政策过程通常是道德政策的特征。议程设定理论为这一案例提供了宝贵的见解，揭示了政府即使在良心自由投票问题上也发挥着重要作用。然而，这个案例凸显了议程设置理论中与合法性和说服力假设相关的方面，表现不佳，这对道德政策的未来研究具有影响。

1 | Introduction

Assisted dying/assisted suicide (AD/AS)[1] has emerged as an important policy issue across the world, with an increasing number of jurisdictions legalizing the practice. While this occurred early in Switzerland (1942), legalization at the national level has accelerated in recent decades, beginning with Colombia (1997), Netherlands (2002), Belgium (2002), Luxembourg (2009), Canada (2016; Quebec 2014), Germany (2020), Austria (2021), New Zealand (2021), Spain (2021), and Portugal (2023). Where authority lies at subnational level, AD/AS is now permitted in 11 US states, beginning with Oregon in 1997; and all six Australian states, beginning with Victoria in 2017.

In this context, this article applies agenda-setting theory, and the multiple streams framework (MSF) in particular, to consider why AD/AS has not been legalized in the United Kingdom (UK) despite consistently high levels of public support, and also what the prospects are for policy change.[2] This dual focus not only responds to calls for more research on unsuccessful stream couplings (Zohlnhöfer, Herweg, and Zahariadis 2022, 39), but goes beyond this by using the MSF to analyze why recent developments might lead to policy change in the near future. Further, the study reflects on the utility of the MSF in relation to an issue which, unlike most agenda-setting case studies, is not politicized (party political) and thus is not a matter for government legislation. Instead, the means through which AD/AS can emerge on the political agenda in the UK is through a non-governmental Private Members Bill (PMB), and any policy change would be through a free vote in Parliament. As such, AD/AS provides an interesting test case for agenda-setting theory, which tends to focus on governmental agendas (Kingdon 2011, 3) and has thus been said to "say less about the policy outcomes of such nonpoliticized policy processes" (Green-Pederson 2007, 286).

The focus is on developments as they relate to law that would apply to England and Wales, as the issue is devolved to other parts of the UK.

2 | Theorizing Agenda Setting

At the core of agenda-setting theory is a focus on the dynamics of how ideas get taken seriously by decision-makers or are ignored—'non-decisions' in Bachrach and Baratz's (1963) terms. Studies of agenda-setting usually begin by defining the 'agenda,' providing a broad distinction between public (or systemic) and political (or institutional agendas). The former refers to "a general set of political controversies that will be viewed as falling within the range of legitimate concerns meriting the attention of the polity" and the latter refers to "a set of concrete items scheduled for active and serious consideration by a particular institutional decision-making body" (Cobb and Elder 1971, 905). Institutional agendas tend to lag public concerns because of their inherent tendency toward inertia. However, it is also suggested that this lag must be kept within "tolerable limits" to ensure institutions retain legitimacy (Cobb and Elder 1971, 905).

John Kingdon's foundational contribution on the MSF has "become more relevant and suitable than ever before for the analysis of policy making in advanced democracies" (Zohlnhöfer, Herweg, and Rüb 2015, 412). While initially focusing on agenda-setting, the MSF has subsequently been applied to analyze other stages of the policy process, including policy change (DeLeo, Zohlnhöfer, and Zahariadis 2024). It identifies three streams of activity as important in determining whether an idea reaches the political agenda: problems, policy, and politics. These three streams operate in relative isolation from each other, and each "can serve as an impetus or constraint" (Kingdon 2011, 18). However, the greatest opportunity for an idea to reach the political agenda and lead to policy change is when all three streams are connected.

Problems can press the political agenda through the occurrence of a crisis or high-profile 'focusing event,' or less dramatically through a shift in respected indicators or feedback from existing policies. Issues become defined as problems "when we come to believe that we should do something about them" (Kingdon 2011, 109) and central to this is how a problem is defined or 'framed.' As Rochefort and Cobb (1994, 15) put it: "the function of problem definition is at once to explain, to describe, to recommend, and, above all, to persuade." Framing is thus central to whether a problem is recognized by decision-makers and how (if at all) it is subsequently addressed through public policy. Policy problems are surrounded by frame conflicts in which rival accounts of the definition of the problem vie with each to create a dominant understanding of the nature of the problem.

Policies develop through the accumulation of knowledge by experts and their subsequent proposals. The alternatives available to policy makers tend to develop incrementally. Here comparisons are made with the Darwinian process of natural selection in which the 'fittest' proposals are more likely to survive and prosper, but where consensus is generally achieved through persuasion. Generally, there is a gradual accumulation of knowledge among experts that leads to the development of new policy

1747134б, 2025, 1, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/polp.70016 by Test, Wiley Online Library on [17/03/2025]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

proposals, and the ideas that survive to receive serious consideration meet a number of criteria, "including their technical feasibility, their fit with dominant values and the current national mood, their budgetary workability, and the political support or opposition they might experience" (Kingdon 2011, 19–20).

Politics in the MSF is defined narrowly to refer to activities that relate specifically to electoral, partisan or pressure group factors, with government and parliament seen as the "most relevant actors" in this stream (Zohlnhöfer, Herweg, and Zahariadis 2022, 35). In contrast to the policy stream, agreement in the politics stream is generally achieved by bargaining rather than persuasion, and change can occur quickly rather than incrementally. Politics can affect the agenda through shifts in the national mood, interest group campaigns, changes in government or the composition of parliament, and similar dynamics. The 'national mood' refers to common ways of thinking beyond the narrow confines of policy communities and can have a significant influence on politicians. Kingdon (2011, 164) suggests that "the complex of national mood and elections seems to create extremely powerful impacts on policy agendas, impacts capable of overwhelming the balance of organizational forces."

Within the streams, policy entrepreneurs are key actors who, in the context of ambiguity, seek to manipulate the policy process to advance their aims. They can play a key role in problem definition, acting to shape norms and framing problems in ways that advance their view of how things should change. In particular, policy entrepreneurs play a central role in connecting the three streams when a 'window of opportunity' has opened by events in either the political stream (e.g., a change of government or a shift in national mood) or the problem stream (e.g., a high-profile event or a shift in key indicators). These 'political' and 'problem' windows can close for a variety of reasons, such as the problem being addressed, the failure of participants to get the desired action, through a subsequent change in key personnel, or because there is no available alternative (Kingdon 2011, 169–70).

It was noted above that agenda-setting theory has been seen to 'say less' about 'nonpoliticized' policy processes: a term which requires some clarification. In this context, the use of the term 'nonpoliticized' is taken from the morality policy literature to refer to matters that are not subject to party-political contestation in parliamentary systems, in which party agendas are generally the same as the political (or governmental) agenda (Green-Pederson 2007, 274): a definition of nonpoliticization that highlights different dynamics for morality policy issues that are subject to a free vote and are not whipped by parties. This distinction presents a challenge to agenda-setting theory in two ways. First, it shifts the focus away from how party (and thus governmental) agendas are developed to draw attention to "the interests that can be mobilized around a particular issue and the initiatives of individual MPs and interest groups" and toward the space "for other actors, like churches, to exercise political influence" (Green-Pedersen and Little 2021, 1394). Second, a focus on issues that do not have explicit party backing necessarily draws attention to issues that are less likely to succeed in parliamentary systems, and particularly to cases of agenda denial (Cobb and Elder 1971; Cobb and Ross 1997). The lack of focus on such cases is widely acknowledged by scholars, despite the frequency with which even highly salient issues fail to reach the political agenda (see DeLeo and Duarte 2022, 706).

In this context, the MSF is employed here to analyze two questions: why has AD/AS not been legalized in the UK to date; and what are the prospects are for policy change? In addressing these questions, the research adopts an established hypothesis for the entire MSF framework, namely: "Agenda change becomes more likely if (a) a policy window opens; (b) the streams are ready for coupling; and (c) a policy entrepreneur promotes agenda change" (Herweg, Zahariaidis, and Zohlnhöfer 2018, 17; see also DeLeo, Zohlnhöfer, and Zahariadis 2024, 27). Using this existing hypothesis to structure the analysis allows comparison with other studies to promote knowledge accumulation and theoretical development.

3 | Methodology

Drawing on the literature discussed above, a number of topics were developed to guide the interview questions. These topics related to: problem definition, policy alternatives, political dynamics, the opportunities for agenda change, and the role of policy entrepreneurs. Interviews were the preferred choice of data collection in order to provide a deep understanding of the political dynamics of a complex and contentious issue, and to provide insight into the meanings of the interviewees' experiences. The use of semi-structured interviews ensured that the main topics were addressed in all interviews but also treated the interviewees as "active subjects" able to organize their responses within their own frameworks (Halperin and Heath 2012, 299).

Before conducting fieldwork, a range of primary and secondary materials were reviewed on developments in the UK and other jurisdictions where significant AD/AS debates have taken place (e.g., Canada, Netherlands, United States). Interviewees were subsequently identified through their engagement with UK processes. These included parliamentary debates and evidence submissions to the Health and Social Care Select Committee (HSCSC) hearings on AD/AS, which took place in 2023. Further interviewees were identified through initial interviews, following the snowball sampling method (Goodman 1961; Parker, Scott, and Geddes 2019). The research was approved by the Research Ethics Committee of the University of Sheffield and all participants completed a consent form, which allowed data to be used (anonymously) in publications.

While the research sought to avoid the moral issues involved, it was felt necessary to strike a reasonable balance of interviewees for and against legalization, which potentially offered different perspectives on the political dynamics. Thus, interviews were conducted with 22 individuals in favor of legalization, 18 against, and four neutral or undecided. These 44 interviewees came from the following backgrounds: parliamentarians (15); academics/researchers from a range of fields, including; bioethics, law, palliative care, philosophy, politics, and public health (11); religious/secular/humanist organizations (9); issue-specific campaign groups (6); and medical professionals (3). Two initial interviews were conducted in July 2022, 40 between May 2023 and January 2024, with two follow-up interviews in July 2024. Interviews were mainly online, with a small number conducted

17471346, 2025, 1, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/polp.70016 by Test, Wiley Online Library on [17/03/2025]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

by telephone or face-to-face. The length of interviews ranged from 23 min to 76 min, with the typical interview length around 45 min. The interviews were all recorded and transcribed using Trint software, which provided a Word document that was then checked against the voice recording and corrected.

In the first stage of analyzing the findings, the interview transcripts were read holistically, looking at patterns (similarities and differences) in the data to facilitate the identification of important themes beyond those that provided the guide to the interview questions. The most important and interesting parts of the text were highlighted to provide a coding frame: all material was coded for relevant themes. The sections of text marked with each code were drawn together and conclusions drawn by analyzing the meanings of the data and their implications for the research questions. The data from different respondents was cross checked to validate key findings. To provide verification, a working paper containing the main findings was sent to interviewees for comment in early 2024.

4 | Background to the Issue

Under the Suicide Act 1961 it is no longer a crime for a person to commit suicide in England and Wales, but under Section 2 of the Act it remains an offense for a person to assist the suicide (or attempted suicide) of another. This offense is liable to imprisonment for up to 14 years. However, any prosecutions can only be brought by or with the consent of the Director of Public Prosecutions (DPP) and such prosecutions are rare.

Parliamentary engagement with the issue of AD/AS in the UK has accelerated in recent decades in line with developments elsewhere, as the right to die is increasingly viewed as an extension of "the choice and control people now expect to have in all aspects of their life" (Richards 2016, 66). While in some cases, policy change elsewhere has resulted from party-political conflict driven by a secular-religious divide (e.g., Netherlands and Belgium - see Green-Pedersen 2007), the absence of such politicization in the UK has meant that all attempts to change UK law have come in the form of PMBs, in both the Lords and Commons.

In 1997, the Doctor Assisted Dying Bill proposed by Labour MP Joe Ashton was defeated by 234 to 89. This Bill aimed to enable a person suffering distress as a result of their terminal illness or incurable physical condition to obtain assistance from a doctor, who would administer the drugs to end their life. In 2006 the Assisted Dying for the Terminally Ill brought by Labour peer Lord Joffe fell in the Lords by 148 votes to 100. This Bill would have allowed a doctor, at the patient's request, to either provide the patient with the means to end the patient's life or, if the patient were unable to do so, end the patient's life.

In 2013, Labour peer Lord Falconer introduced the Assisted Dying Bill [HL] (2013–14), which sought to enable competent adults who were terminally ill and "reasonably expected to die within six months" to be allowed assistance with ending their life. This Bill was based on the Oregon Death in Dignity Act (1997) and provided for the self-administration of the lethal medication only: a shift away from previous UK bills. The Bill was debated over a 2-year period before time ran out because of the 2015 General Election. It was subsequently reintroduced in the following parliamentary session by Falconer, but this did not progress beyond its first reading in the Lords. In the same session, the Assisted Dying Bill No. 2, (2015–16), which mirrored Falconer's Bill, was brought to the Commons by Labour MP Rob Marris. In the first Commons vote on the issue since 1997, Marris's Bill was rejected by 330 to 118, following a 4-h debate. The most recent PMB came in October 2021 through crossbench peer Baroness Meacher's Assisted Dying Bill, which also mirrored Falconer's Bill. This Bill ran out of time before the parliamentary session ended.

Thus, to date, there has been no vote in favor of AD/AS in either House. The most striking feature of the level of parliamentary opposition is that it stands in stark contrast to public opinion, which has for decades shown clear support for AD/AS for terminally ill people: the terms of the legislation rejected in 2015. Since the 1980s, UK public support for AD/AS undertaken by a doctor for people with a painful incurable disease has consistently hovered around the 80% mark (BSA 2017, 26). There is less clear-cut support for the other scenarios; for example, where the person is not suffering from a terminal disease (51%), or is completely dependent but not in pain or danger of death (50%) (BSA 2017, 24–5). It is also notable that, despite this being a non-politicized issue, parliamentary voting has revealed contrasting patterns across the major political parties: for example, in the last Commons vote in 2015, 44.2% of Labour MPs who voted were in favor of AD/AS, compared with only 11.5% of Conservatives (The Public Whip 2015).

Despite the scale of the parliamentary opposition in the past, interviews for this research and the internal polling of campaigning organizations suggest that a future vote would be much closer and could be in favor. Yet without government support in the form of allocating sufficient parliamentary time, a PMB on a controversial issue such as AD/AS is likely to fail even if it has majority support. In an exchange on the issue during the HSCSC hearings in 2023, Health Minister Helen Wheatly stated that "should the will of Parliament change, the Government will not stand in its way, but Parliament needs to take that step" (Whately 2023). However, advocates of legislation have identified tacit opposition from recent Conservative-led governments since 2010, suggesting that: "There is a difference between not standing in its way and enabling proper debate… It was very clear that had the [2015] motion been carried it would still have stalled had the Government not found time for there to be proper consideration" (Blomfield 2023). Historically, it is only through government support of this kind for controversial PMBs that they were ultimately successful: the 1967 Abortion Act being a prominent example (Brooke 2011; Cruddas 2024).

In short, it is clear that while AD/AS has periodically been on the parliamentary agenda through individual parliamentarians using the PMB process, the streams have yet to align to facilitate policy change. We now turn to the key components of the MSF to consider why this is the case.

5 | The Problem Stream

For pro-AD/AS campaigners, the central problem is that the existing law denies individuals autonomy over the timing and nature of their death. The consequences of this are said to be that

1747134б, 2025, 1, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/polp.70016 by Test, Wiley Online Library on [17/03/2025]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

it causes unnecessary suffering and/or can lead to premature and lonely deaths, as those suffering choose to take their own lives rather than endure extended suffering. This scenario was described by Paul Blomfield MP in a speech about his father in the House of Commons:

> He was not afraid of pain, but he could not face the indignity of that lingering degrading death. I am sure that he made up his mind soon after receiving a terminal diagnosis of lung cancer but he still died prematurely. I am sure that what drove him to end his life when he did was the fear that if he did not act while he could, he would lose the opportunity to act at all. If the law had made it possible, he could, and I am sure he would, have shared his plans. He would have been able to say goodbye and to die with his family around him and not alone in a carbon monoxide-filled garage. He and many more like him deserved better
>
> (Hansard 2012).

In addition, the existing law is also seen as unfair in socioeconomic terms as those who seek AD/AS and have sufficient funds can access this via the Swiss clinic Dignitas, which is unique in providing this option to non-nationals. However, even for those who can afford it, this option is viewed as unsatisfactory by some campaigners because anyone who accompanies a patient to Switzerland for this purpose can be questioned and ultimately charged by the police under the Suicide Act 1961. Anti-AD/AS campaigners dispute this construction of the problem. For them, individual choice in this matter is seen as a threat to the wider society, with legalization seen likely to lead to the coercion of vulnerable people (disabled, elderly, or sick) to request AD/AS. Thus, the campaigning group Care Not Killing (2024) states that: "The pressure people will feel to end their lives if assisted suicide or euthanasia is legalised will be greatly accentuated... Elder abuse and neglect by families, carers and institutions are real and dangerous and this is why strong laws are necessary."

Further, anti-AD/AS campaigners argue that suffering can be treated by effective palliative care, which is currently under-resourced: this, they suggest, is the problem relating to end of life suffering that needs to be addressed. In addition, they highlight that while, in theory, those accompanying patients to Dignitas can be questioned and charged, very few charges are brought in practice and prosecutions are rare. As such, anti-AD/AS campaigners do not identify a problem with the current law, which they suggest "is clear and right and does not need changing. The penalties it holds in reserve act as a strong deterrent to exploitation and abuse whilst giving discretion to prosecutors and judges in hard cases" (Care Not Killing 2024).

In the UK, the current law has been identified as a problem through a number of high-profile court cases. The cases of Diane Pretty (2001) and Debbie Purdy (2008) ultimately led to the DPP in 2009 agreeing to clarify the criteria that would be applied to decide whether or not an individual would be prosecuted for assisting suicide. A further case in 2014 was brought by Tony Nicklinson, Paul Lamb, and AM ('Martin'), each of whom wished to end their life but could do not so themselves because of physical incapacity. The Supreme Court's response on this case was to defer to Parliament on the matter. Subsequent cases brought by Noel Conway in 2017 and Phil Newby in 2019 were again important in bringing attention to the issue, but brought no change in the law or in the position of the courts.

In addition to highlighting major court cases, the media has periodically given attention to AD/AS in response to campaigning from various groups or because of individual stories. Of particular recent significance was the intervention of high-profile TV personality Dame Esther Rantzen, who, having been diagnosed with lung cancer, announced her decision to join the Dignitas clinic. In response to the coverage of this story, Sir Keir Starmer, then leader of the opposition Labour Party, made it clear in a phone call with Rantzen in March 2024 that a future Labour government would allow MPs sufficient time to fully debate and vote on a change in the law (Sky News 2024). Such a commitment had never been given by a major party leader before and this was viewed by pro-AD/AS campaigners as a significant moment: Starmer had been the DPP responsible for clarifying the prosecution criteria in 2009, and, as an MP, had subsequently voted for legalization of AD/AS in 2015.

In Kingdon's terms, the way in which 'the problem' can press the agenda on this issue is often through such 'focusing events.' Frustrated by parliamentary decisions, pro-campaigners have turned to the courts and media to build pressure for change, focusing on "high-profile legal cases, personal interest stories and celebrity endorsement" (Saunders 2011, 245). Anti-AD/AS campaigners argue that arguments relating to the potential harm to the wider society are more difficult to present than individual stories of suffering, putting their construction of the problem at a disadvantage. As Somerville (2014, 293) put it: "Society cannot be interviewed on television and become a familiar, empathy-evoking figure to the viewing public." Thus, the dominant framing of the issue in the media and the public mind has become that of individual suffering, which has proven increasingly difficult for anti-AD/AS campaigners to counter. The intervention of Starmer appeared to reinforce this dominant framing.

6 | Policy Stream

Anti-legalization campaigners remain opposed to any form of AD/AS and their preferred policy option is the status quo. This position has remained constant over time and there are no disagreements on this between the various groups on the anti-AD/AS side. Here, sanctity of life is a central argument against AD/AS: often, but not always, informed by religious belief. In addition, and as noted above, they seek the protection of vulnerable people and argue for policies that prioritize effective palliative care instead. These campaigners are also suspicious that attempts to legalize AD/AS for the terminally ill only would be the beginning of a 'slippery slope,' meaning that initial legislation would be broadened subsequently to cover wider categories of patients.

In the pro-legalization camp there have been a number of debates on the preferred procedure for AD/AS and on who should be eligible; debates that have been informed by developments

17471346, 2025, 1, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/polp.70016 by Test, Wiley Online Library on [17/03/2025]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

elsewhere. On procedural issue, the key distinction is between whether a doctor should administer the lethal dose (euthanasia) or the patient should self-administer, and practices vary across jurisdictions. Thus, for example, in the Netherlands, medication is administered by doctors, which is said to be the preferred option because, in the context of the high levels of doctor-patient trust, it is viewed as safer and more reliable (Patel 2004, 52). By contrast, in the case of Oregon and several other US states, medication is administered by the patient. In the United States there are lower levels of trust in doctors, and notorious cases of the abuse of power by physicians, such as that of Jack Kevorkian, who performed assisted dying for a number of years before being convicted of second-degree murder in 1999. This case highlighted the kinds of safeguards that needed to be incorporated into laws legalizing assisted dying (Meisel 2020, 142). It was for these reasons that "assisted suicide initiatives got nowhere in the United States until euthanasia was dropped as an option" (Stefan 2016, 136). On the eligibility issue, the law introduced in the Netherlands in 2002 covered patients in a state of continuous, unbearable, and incurable suffering. By contrast the Oregon law applied only to terminally ill patients. While the Dutch law has been criticized by opponents for subsequently broadening the categories of patients that are eligible for assistance, the Oregon law has remained unchanged in this respect. In addition to drawing lessons on these two issues, UK proposals have also adopted various safeguards that have been put in place in Oregon, the Netherlands, and elsewhere.

In the UK there has been extensive debate on all of these issues, but particularly in relation to the coverage of AD/AS. While some pro-campaigners prefer limiting coverage to the terminally ill, others feel this does not go far enough. They note that many of the individuals who have campaigned and/or brought high-profile court cases on the issue suffered from conditions that were non-terminal. As such, individuals with these conditions would continue to suffer unnecessarily under a narrowly drawn law. It is in this context that anti-AD/AS campaigners make their 'slippery slope' argument, suggesting that a narrow law would inevitably lead to attempts to broaden its coverage.

Despite passionate debates on these issues, a clear and settled position has emerged among most pro-AD/AS campaigners in the UK, which is to follow the Oregon model. This model provides a clear statement of who is eligible that has remained consistent since 1997, thus addressing the slippery slope arguments. This is also the approach that most closely fits with the national mood, as it is AD/AS for the terminally ill only that secures greatest public support in opinion polls (above), and also the least likely to face political opposition. UK proposals also adopt voluntary self-administration as the procedure, which addresses concerns relating to potential abuse: concerns that has been particularly prevalent in the UK since the activities of the serial killer physician Harold Shipman were revealed in the late 1990s (see Gunn 2010). Again, this approach is one that chimes most with both the national mood and political preferences. In addition, for pro-AD/AS campaigners, the long-standing Oregon model also indicates, in Kingdon's terms, evidence of both technical feasibility and budgetary workability. Interviewees also highlighted Australia and New Zealand as cases in similar parliamentary systems where these criteria had been met successfully.

7 | Politics Stream

In important respects, both the dominant framing of the problem and the dominant policy solution have been relatively settled for some years. As such, the key challenge for pro-AD/AS campaigners has been to successfully connect the politics stream, and only recently has this stream looked likely to align. Three factors were identified by interviewees as particularly important to the dynamics of the politics stream: religious lobbying, the role of medical associations, and developments in other jurisdictions. Also mentioned by interviewees as important to some decision-makers, were the importance of their personal experiences; concern for vulnerable groups; the role of issue-specific campaign groups; and public opinion and the media. Some of these factors have been touched on already, and there is insufficient space to discuss all of them further here. However, as the role of public opinion and the media relates directly to the arguments of the MSF on the importance of the national mood, further reflection on this issue is provided.

7.1 | Religious Lobbying

Religious groups have long been identified as being at the forefront of attempts to prevent legalization of AD/AS (Kettell 2019, 387). Religious actors make representations on the issue both directly to politicians and through the media. For example, Saunders (2011, 243) reported that just before the House of Lords debate on the Committee report on Lord Joffe's second Bill in 2005, "nine high British faith leaders, representing the six major world faiths of Christianity, Judaism, Islam, Hinduism, Buddhism and Sikhism wrote to every member of the House of Lords expressing their opposition to any change in the law." In relation to Lord Falconer's 2013–14 Bill, leaders of 'all major faiths' signed and publicized a joint letter to peers describing the Bill as a 'grave error' that would change British society forever (Bingham 2014). In 2015, the Church of England released a statement encouraging parishioners to either make an appointment to see their MP or write to them expressing their concerns about the Marris Bill (CofE 2015).

Over time though, a more nuanced picture of religious activity has emerged. In the context of the Assisted Dying Bill of 2021, former Archbishop of Canterbury George Carey and rabbi Jonathan Romain announced a new religious alliance in support of AD/AS to counter the impression that all faith groups are 'implacably opposed' to changes in the law. They suggested that a 'massive change' is taking place in religious attitudes to AD/AS, noting that most church goers are in favor, and that "there is nothing in our bibles or prayer groups that directly mentions this matter" (Romain and Carey 2001, 1). While recognizing that certain faiths were 'undoubtedly opposed' to AD/AS, such as Roman Catholicism, Anglicanism (as far as the leadership is concerned), Jewish Orthodoxy, and Muslim sects, they noted that a number of faiths were now in favor, with Liberal Judaism and Unitarians backing the Bill. Religious support for the new alliance came primarily from Anglicans but they also noted a wider range of denominations—Methodist, Baptist, Congregationalist, Unitarian—along with Reform and Liberal rabbis.

17471346, 2025, 1, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/polp.70016 by Test, Wiley Online Library on [17/03/2025]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

Despite this more nuanced picture, religious opposition remains a key obstacle to legalization in the view of some campaigners. As one pro-AD/AS campaigner put it: "The churches are the main source [of opposition] and obviously they've not just got the money, they've got the organization. The Church of England is a huge lobbying machine." Yet the importance of religious lobbying emerged from interviews as probably the most contested factor in shaping the contemporary UK debate on AD/AS. As one pro-AD/AS parliamentarian said: "You don't get the impression that the church is campaigning as such. I mean, it's expressing disapproval through its hierarchy… But I don't get the impression they're devoting huge amount of resource to it" (INT33). The lack of clarity on the level of religious influence is not aided by religious actors moving away from theological arguments to more secular ones, because, as one anti-AD/AS campaigner put it: "arguments based on faith, on historic Christian or other faith understandings don't cut it in the modern world, and so such organizations are looking to the evidence base to bolster their own opinions" (INT29).

7.2 | Medical Associations

If the contemporary influence of the religious lobby is disputed, this is not the case in relation to the influence of the medical profession, with the opposition of key medical associations being identified by most interviewees as the main barrier to change in recent decades. However, important shifts in the position of medical associations have taken place of late. In 2009, the Royal College of Nursing moved from opposition to neutral on the issue and in 2019 the Royal College of Physicians followed suit. Most significantly, however, in September 2021, the British Medical Association (BMA) voted 49%–48% in favor of a shift to neutrality. In April 2023 the Royal College of Surgeons also moved to this position.

There was a clear view among interviewees on both sides of the debate that the shift to neutrality of some medical associations, and particularly the BMA, was an important development. One pro-AD/AS interviewee described the position of the medical associations as the "driving factor" on the issue, and these shifts in position "could cause a change in the law" (INT03). While another pro AD/AS interviewee (#17) said that "around the time of the Marris Bill, many politicians said they objected as much as anything because the medical profession objected… I don't think that politicians can hide behind that anymore." In a similar vein, one anti-AD/AS campaigner suggested the shift to neutrality "could be one of the key tipping points" (INT12) and another said it "certainly has the potential to win over MPs and peers who were wavering" (INT04).

While for some interviewees, the shifts to neutrality were seen as a reflection of broad shifts in societal norms and/or generational changes within the medical profession, others were keen to emphasize the role of effective lobbying within the associations by pro-AD/AS campaigners; most notably, Healthcare Professionals for Assisted Dying. As one anti-AD/AS campaigner commented: "I think that's been a very effective campaigning tactic by our opponents on this issue to chip away at the medical opposition" (INT24).

7.3 | Developments in Other Jurisdictions

Developments in other jurisdictions have played an increasing role in UK debates. The importance of Oregon has been noted already, but pro-campaigners also highlight the more recent cases of Australia and New Zealand in making the case for a narrow law that is implemented effectively. In introducing her bill in 2021, Baroness Meacher noted that in the 6 years since the Marris Bill was defeated in the Commons, seven more US states had legalized assisted dying, along with five states in Australia, and that New Zealand was about to. She stated that "All those jurisdictions have an Act of Parliament very similar to the Bill that we are discussing today" (Hansard 2021). By contrast, anti-AD/AS campaigners point to the cases of Canada and the Netherlands as jurisdictions where there has been a 'slippery slope' and where they identify deficiencies in implementation and even abuses in the system. As one pro-AD/AS campaigner acknowledged, "Canada has become a kind of living example of the slippery slope" (INT11); and one anti-AD/AS campaigner suggested that "the slippery slope is definitely an argument that holds sway" (INT4).

Variation in important aspects of AD/AS across countries leave scope for the selective use of evidence from other jurisdictions, which certainly happens in UK debates. Not least for this reason, interviewees had mixed views on the importance of practices elsewhere for the destiny of the issue. More important for some interviewees was the increasing number of jurisdictions legalizing AD/AS, which raised the possibility of diffusion effects. For others, such a 'domino effect' was far from inevitable: it was noted that while Oregon had been followed by 10 other US jurisdictions, this left 39 states that had not enacted such a law. Moreover, while the experience of other jurisdictions is regularly cited by those close to the issue in the UK, interviewees also reported that the reach of overseas evidence is limited beyond this narrow policy community.

While the impact of developments in overseas jurisdictions was somewhat contested, there was less dispute over the potential significance for UK law if another jurisdiction in the UK legalized AD/AS. Since the 2021 Lords debate there have been significant developments in the Crown Dependencies of Jersey and the Isle of Man which indicate that a vote in favor could happen in the near future (Sherwood 2024; Bache forthcoming). However, more important is the possibility that Scotland could decide in favor in a vote scheduled for 2025. A bill brought to the Scottish Parliament by Liberal Democrat MSP Liam McArthur was said to have attracted more public responses than other bill in the history of the Parliament (HSCSC 2024, 18) and received double the required number of MSP signatories to grant the Bill the right to be introduced into Parliament. As one pro-AD/AS campaigner put it, "if a law passes in Scotland, there will be immense pressure to have a kind of a unified front" (INT13).

7.4 | Public Opinion and the Media

While the high level of public support for AD/AS in the UK may be seen as part of an international trend emerging from the rise of individualism, for some anti-ADAS interviewees in particular, the level of public support for AD/AS in the UK was seen to

1747346, 2025, 1, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/polp.70016 by Test, Wiley Online Library on [17/03/2025]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

be heavily influenced by a liberal media highlighting dramatic individual stories (above). Yet while the weight of public opinion in their favor is regularly cited in debates by pro-AD/AS campaigners, this has had little impact on parliamentary voting to date. Politicians interviewed for this research were generally of the view that, while they might consider public opinion in forming a view, issues of conscience such as AD/AS are a matter for their own judgment. Thus, while favorable public opinion may be a necessary condition for legalizing AD/AS—and this has been the case in other jurisdictions—it is far from sufficient.

8 | Analysis

Windows of opportunity to take AD/AS forward in the UK have opened at times due to events in either the problem or politics stream. On the former, high-profile court cases and other focusing events have brought significant attention to the issue and led to the calls for change. On the latter, politicians able to secure a PMB on the issue have opened a political window. However, policy entrepreneurs have thus far failed to connect all three streams while these windows have remained open, which has often been brief. Windows have closed because either a proposal has been defeated or has run out of parliamentary time. Thus, while the issue has periodically appeared on the political agenda, the politics stream has not connected sufficiently to lead to policy change.

In terms of the problem stream, there is a dominant if fiercely contested definition of the problem: that of the denial of individual autonomy over the timing and nature of their death. Frame conflict is ongoing, but there is no obvious reason why the current position should alter: the momentum for change is clearly with the pro-AD/AS camp. Indeed, one anti-AD/AS campaigner suggested that “we are in a sense trying to hold back an irresistible tide” (INT29). While other interviewees disputed the strength of this momentum, attempts to counter the dominant framing have not cut through sufficiently; not least because alleged cases of abuse in other jurisdictions have been of less interest to the UK media.

Similarly, in terms of policy solutions, conflict remains, but the momentum appears to be with the pro-AD/AS camp in persuading a wider audience of the suitability of a narrowly drawn law covering only the terminally ill. Attempts to counter this solution with calls for a greater focus on palliative care have been undermined by pro-AD/AS campaigners arguing that enhanced provision of palliative care should accompany legislation for AD/AS, as it has done in other jurisdictions. However, they also emphasize that palliative care cannot eradicate all suffering and that it does not address the desire for patient autonomy. Thus, while the MSF suggests that consensus on policy solutions generally emerge through persuasion, there is no scope for consensus between opponents on the substantive issue of whether AD/AS should be legalized: it relates to fundamental beliefs and principles that are not shifted by persuasion. Where there has been scope for consensus and persuasion has been within the pro-camp, where some have come to accept the proposal for AD/AS for the terminally ill alone as the only one that might command sufficient public and political support. In this sense, there has been a process akin to Kingdon's process of ‘natural selection’ where the ‘fittest’ proposal has survived and prospered in the pro-lobby.

In the politics stream, the inherent tendency of institutional agendas toward inertia identified in the agenda-setting literature is evident in the case of AD/AS. However, the related argument that the lag between public concerns and institutional agendas must be kept within ‘tolerable limits’ to retain legitimacy, fares less well: as AD/AS is not subject to party political contestation at elections the waters are somewhat muddied on this. Such issues are left to the conscience of individual MPs and, with no party whip or significant electoral pressure to respond to, politicians with no strong commitment to the issue have tended toward the status quo option traditionally backed by the major medical associations. Thus, in contrast to Kingdon's argument, the national mood has not had a significant impact on politicians to date, because in this case national mood does not combine with elections to create a powerful force.

Until relatively recently, factors other than the opposition of key medical associations, have also contributed to keeping the issue off the government agenda. However, things have begun to change. Religious lobbying has been viewed as a major obstacle in the past, but now appears to be a declining force, and religious actors have acknowledged this trend by focusing on more secular arguments. A further obstacle was that only a small number of jurisdictions were operating AD/AS at the time of the 2015 vote, providing slender evidence on which to build a case for legalization in the UK. Since 2015, legalization in various other jurisdictions, alongside almost a decade more of experience in Oregon and elsewhere, has given confidence to pro-campaigners to argue that a safe, robust, and resilient law can be introduced. In addition, while the Conservatives retained a majority in the 2017 and 2019 general elections, the generational shift in Parliament that resulted was seen to favor pro-AD/AS campaigners, with one anti-AD/AS campaigner suggesting that many of the newer generation were “probably more on what I would call the wrong side of the equation” (INT27).

While, in the absence of a parliamentary vote on the issue since 2015 it is impossible to be certain of the impact of these changes, both the interviewees for this research and the internal polling of campaigning groups suggested that these changes have increased parliamentary support for AD/AS. Moreover, Labour's victory at the July 2024 general election was viewed by interviewees as likely to further strengthen support for the legalization of AD/AS, given the greater proclivity among Labour MPs to support AD/AS in previous votes. Labour's return of 404 seats in 2024 compared to only 121 for the Conservatives could prove a decisive moment: in 2015 there were just 258 Labour MPs and 330 Conservatives. This change in the composition of Parliament added to the post-2015 developments described above and the support of the Prime Minister Starmer on the issue, which might also influence undecided Labour MPs, suggests that there is every reason to think that there will be a Commons majority in favor of AD/AS in the near future. However, as noted above, this would only lead to policy change should the government allow sufficient parliamentary time for a PMB to be fully debated, scrutinized and voted on: Starmer's commitment on this matter is thus also of great importance to the fate of the issue.

17471346, 2025, 1, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/polp.70016 by Test, Wiley Online Library on [17/03/2025]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

9 | Conclusion

Drawing on the insights of the MSF and other contributions to agenda-setting theory, this article has addressed two main questions: why has AD/AS not been legalized in the UK, and what are the prospects for policy change? On the first question, the most straightforward answer is that legalization of AD/AS has not received sufficient parliamentary support. A range of factors explain this, including the historic opposition of medical and religious groups, and, in recent times, the predominance of Conservatives in both government and Parliament. On the second question, shifts to neutrality by key medical associations, the decline in religious influence, evidence from other jurisdictions—in particular the adoption of the Oregon model—and generational and political changes in the composition of the Commons since 2015, and have all contributed to the greater likelihood of the legalization of AD/AS in the near future.

In theoretical terms, this study identified AD/AS as an interesting test case for agenda-setting theory, which has been seen to have less to say about non-politicized policy issues than other policy areas. On the surface, this is a reasonable claim: the MSF focuses on 'governmental agendas' and subsequent studies and reviews have paid less attention to morality policies subject to a free vote in Parliament (e.g., non-politicized processes do not feature in the meta-reviews of the MSF undertaken by either Jones et al. 2016 or DeLeo, Zohlnhöfer, and Zahariadis 2024). However, while it is clear that it is possible for AD/AS to reach the political agenda via a PMB without government action, it is also evident that such a controversial PMB is only likely to succeed with government support in the form of providing sufficient parliamentary time. Thus, on this matter of conscience, the government retains an important role and, in a broad sense, this can be considered to be (tacitly) part of the governmental agenda. In this respect, the MSF has more to say about nonpoliticized processes than has previously been assumed.

The MSF fares well in relation to other aspects of the case study also. The general hypothesis adopted for this paper highlights the importance of policy windows, the readiness of streams for coupling, and the role of policy entrepreneurs.[3] These conditions have been in place for putting AD/AS on the political agenda, but not for policy change. On this, the political stream has failed to couple. However, there is evidence that this situation may change in the near future, assisted by the new Prime Minister. While in some respects, Starmer might be seen as a policy entrepreneur on this issue, parliamentary convention suggests that on a free vote on a matter of conscience such as AD/AS he would be unlikely to seek to manipulate policy change beyond providing sufficient parliamentary time. In this sense, Starmer might be best viewed as a *policy enabler*, rather than a policy entrepreneur: a case of "leading from behind" (Hill 2010), perhaps.

Yet, there are findings from this study that do not sit squarely with the claims of the agenda-setting literature. Perhaps the most important in this respect relates to the national mood, in that public opinion matters little when politicization is absent. Thus, the argument that the institutional lag must be kept within 'tolerable limits' for the sake of legitimacy should be viewed differently on matters of conscience: in the absence of party-political and electoral contestation that characterizes most policy issues, the usual mechanisms of legitimacy are absent and the voting behavior of politicians less predictable. In addition, the idea that solutions tend to emerge through consensus in the policy stream is not a feature of this case study: it finds that there is little scope for persuasion on issues that relate to fundamental principles and beliefs.

Such findings are likely to have implications for other areas of policy that are subject to unconventional institutional arrangements and/or are subject to fierce contestation driven by deeply held beliefs. They indicate the value in taking the MSF into unfamiliar settings and drilling deeply into the specific cases to enrich the capacity of the framework to deal with the broadest range of cases of agenda-setting and policy change.

Acknowledgments

I would like to thank Michele Burley, Thomas Johnson, Felicity Matthews, Joseph Ward, and the anonymous referees for *Politics & Policy* for their very helpful comments on the paper.

Ethics Statement

The research for this paper approved by the Research Ethics Committee of the University of Sheffield and all participants completed a consent form, which allowed data to be used (anonymously) in publications.

Conflicts of Interest

The author declares no conflicts of interest.

Endnotes

[1] The use of terminology in this field is extremely contentious and these two terms are preferred by campaigners on either side. As such, this paper follows the most recent UK Health and Social Care Select Committee (2023) report in using both terms. However, other terms are adopted where it is more accurate to do so, for example, when these are used by contributions cited in the paper.

[2] POSTSCRIPT: The research for this article was completed in July 2024 and the article sent for review in early September. Later that month, Kim Leadbeater MP came first in the PMB ballot and put forward a bill on AD/AS - the Terminally Ill Adults (End of Life) Bill. On November 29th, the Commons voted 330-275 in favor of the principle of AD/AS. At the time of writing this postscript, the Bill had further stages to be completed ahead of a final vote in the Commons.

[3] There is insufficient space to detail the role of policy entrepreneurs in this article, but over a sustained period a number of individual politicians have brought bills and championed the issue, some of which have been mentioned in this article, and much effective lobbying has been undertaken on the pro-AD/AS side by DiD (2024). On the other side, this campaigning has been countered by individuals and groups often coordinated by Care Not Killing (2024).

References

Bache, I. forthcoming. "How and When Does Party Matter? Explaining MPs' Positions on Assisted Dying/Assisted Suicide." Parliamentary Affairs.

Bachrach, P., and M. Baratz. 1963. "Decisions and Non-Decisions: An Analytical Framework." *American Political Science Review* 57, no. 3: 632–642.

Bingham, J. 2014. "Religious leaders unite to condemn assisted dying law, Daily Telegraph July 15, 2014." Accessed May 1, 2024. https://

17471346, 2025, 1, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/polp.70016 by Test, Wiley Online Library on [17/03/2025]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

www.telegraph.co.uk/news/politics/10969783/Religious-leaders-unite-to-condemn-assisted-dying-law.html.

Blomfield, P. 2023. “Health and Social Care Committee Oral Evidence: Assisted Dying/Assisted Suicide, HC 711 Tuesday 4 July 2023, Q297.”

Brooke, S. 2011. *Sexual Politics: Sexuality, Family Planning, and the British Left From the 1880s to the Present Day*. Oxford: Oxford University Press.

BSA. 2017. “British Social Attitudes 34: Moral Issues, National Centre for Social Research.” BritishSocialAttitudes34|NationalCentreforSocialResearch(natcen.ac.uk).

Care Not Killing. 2024. “Care Not Killing: Opposing Euthanasia, Promoting Care.” Accessed April 18, 2024. about us - Care NOT Killing - Promoting care, Opposing euthanasia - Care Not Killing.

Cobb, R., and C. Elder. 1971. “The Politics of Agenda-Building: An Alternative Perspective for Modern Democratic Theory.” *Journal of Politics* 33, no. 4: 892–915.

Cobb, R., and M. H. Ross. 1997. *Cultural Strategies of Agenda Denial: Avoidance, Attack, and Redefinition*. Lawrence, KS: Kansas University Press.

CofE. 2015. “Churchgoers Urged to Voice Concerns Over Assisted Suicide Bill, Press Release, 16 July.” Accessed April 16, 2024. Churchgoers urged to voice concerns over assisted suicide Bill | The Church of England.

Cruddas, J. 2024. *A Century of Labour*. London: Wiley.

DeLeo, R., and A. Duarte. 2022. “Does Data Drive Policymaking? A Multiple Streams Perspective on the Relationship Between Indicators and Agenda Setting.” *Policy Studies Journal* 50, no. 3: 701–724.

DeLeo, R., R. Zohlnhöfer, and N. N. Zahariadis. 2024. *Multiple Streams and Policy Ambiguity*. Cambridge: Cambridge University Press.

DiD. 2024. “Dignity in Dying.” Accessed April 18, 2024. Dignity in Dying.

Goodman, L. 1961. “Snowball Sampling.” *Annals of Mathematical Statistics* 32: 148–170.

Green-Pedersen, C., and C. Little. 2021. “Without Enemies, Without Friends. Morality Policies, the Roman Catholic Church, and Ireland's “Secular” Party System.” *Journal of European Public Policy* 28, no. 9: 1391–1409.

Green-Pederson, C. 2007. “The Conflict of Conflicts in Comparative Perspective: Euthanasia as a Political Issue in Denmark, Belgium, and The Netherlands.” *Comparative Politics* 39, no. 3: 273–291.

Gunn, J. 2010. “Dr Harold Frederick Shipman: An Enigma.” *Criminal Behaviour and Mental Health* 20, no. 3: 190–198.

Halperin, S., and O. Heath. 2012. *Political Research: Methods and Skills*. Oxford: Oxford University Press.

Hansard. 2012. “Assisted Suicide.” Volume 542: Debated on Tuesday 27 March. Accessed April 18, 2024. Assisted Suicide - Hansard - UK Parliament.

Hansard. 2021. “Assisted Dying Bill [HL].” Volume 815: Debated on Friday 22 October 2021. Accessed March 21, 2024. Assisted Dying Bill [HL] - Hansard - UK Parliament.

Herweg, N., N. Zahariaidis, and R. R. Zohlnhöfer. 2018. “The Multiple Streams Framework: Foundations, Refinements, and Empirical Applications.” In *Theories of the Policy Process*, edited by C. Weible and P. Sabatier, 4th ed., 17–54. London: Routledge.

Hill, L. 2010. “Leading From Behind.” Jewish Leadership Academy. Leading%20From%20Behind.pdf.

HSCSC. 2024. “Assisted Dying/Assisted Suicide.” House of Commons Health and Social Care Committee Report, 20 February. Accessed April 5, 2021. Assisted Dying/Assisted Suicide - Health and Social Care Committee (parliament.uk).

Jones, M., H. Peterson, J. Pierce, et al. 2016. “A River Runs Through It: A Multiple Streams Meta-Review.” *Policy Studies Journal* 44, no. 1: 13–36.

Kettell, S. 2019. “How, When, and Why Do Religious Actors Use Public Reason? The Case Of Assisted Dying in Britain.” *Politics and Religion* 12, no. 2: 385–408.

Kingdon, J. 2011. *Agendas, Alternatives, and Public Policies*. 4th ed. London: HarperCollins College Publishers.

Meisel, A. 2020. “A History of the Law of Assisted Dying in the United States.” *South University Methodist Law Review* 73, no. 1: 119–154.

Parker, C., S. Scott, and A. Geddes. 2019. “Snowball Sampling.” In *SAGE Research Methods Foundations*, edited by P. Atkinson, S. Delamont, A. Cernat, J. Sakshaug, and R. Williams. London: Sage Publications Ltd. https://doi.org/10.4135/9781526421036831710135/.

Patel, K. 2004. “Euthanasia and Physician-Assisted Suicide Policy in The Netherlands and Oregon.” *Journal of Health & Social Policy* 19, no. 1: 37–55.

Richards, N. 2016. “Euthanasia and Policy – Choosing When to Die.” In *Death and Social Policy in Challenging Times*, edited by K. Woodthorpe and L. Foster, 53–70. Basingstoke: Palgrave Macmillan UK.

Rochefort, D., and R. Cobb. 1994. “Problem Definition: An Emerging Perspective.” In *The Politics of Problem Definition: Shaping the Policy Agenda*, edited by D. Rochefort and R. Cobb, 1–31. Lawrence, KS: University Press of Kansas.

Romain, J., and G. Carey. 2001. “There Is Nothing Holy About Agony: Religious People and Leaders Support Assisted Dying Too.” *British Medical Journal* 374: 2094.

Saunders, P. 2011. “The Role of the Media in Shaping the UK Debate on “Assisted Dying”.” *Medical Law International* 11, no. 3: 239–256.

Sherwood, H. 2024. “Jersey Approves Plans to Allow Assisted Dying for Terminally Ill Adults.” The Guardian. Accessed May 22, 2024. Jersey approves plans to allow assisted dying for terminally ill adults | Assisted dying | The Guardian.

Sky News. 2024. “Sir Keir Starmer Promises Dame Esther Rantzen a Vote on Assisted Dying if he Wins Election.” Wednesday 13 March. Accessed March 14 2024. Sir Keir Starmer promises Dame Esther Rantzen a vote on assisted dying if he wins election | Politics News | Sky News.

Somerville, M. 2014. *Death Talk: The Case Against Euthanasia and Physician-Assisted Suicide*. Montreal: McGill-Queen's University Press.

Stefan, S. 2016. *Rational Suicide, Irrational Laws: Examining Current Approaches to Suicide in Policy and Law*. Oxford: Oxford University Press.

The Public Whip. 2015. “Assisted Dying Bill – Second Reading – 11 Sep 2015 at 14:01.” Accessed February 13, 2024. The Public Whip — Assisted Dying Bill — Second Reading - 11 Sep 2015 at 14:01.

Whately, H. 2023. “Health and Social Care Committee Oral Evidence: Assisted Dying/Assisted Suicide, HC 711 Tuesday 4 July 2023, Q297.”

Zohlnhöfer, R., N. Herweg, and F. Rüb. 2015. “Theoretically Refining the Multiple Streams Framework: An Introduction.” *European Journal of Political Research* 54, no. 3: 412–418.

Zohlnhöfer, R., N. Herweg, and N. Zahariadis. 2022. “How to Conduct a Multiple Streams Study.” In *Methods of the Policy Process*, edited by C. Weible and S. Workman, 23–50. New York: Routledge.

17471346, 2025, 1, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/polp.70016 by Test, Wiley Online Library on [17/03/2025]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License