"He died as he lived": Biopolitical Mediatization in the Death of David Goodall

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Abstract: This article explores the nexus of biopolitics, mediatization and secularization, drawing out their relationship as it pertains to matters of assisted dying and euthanasia. In particular, it examines the dynamics of the media coverage of a highly-publicized case of euthanasia, namely, that of scientist David Goodall, based in Perth, Australia, who flew to Switzerland in May 2018 to end his own life at the age of 104. Focusing on the Australian Broadcasting Corporation's coverage, the article keys in on the theme of embodiment, discussing it within recent developments in social theory on the "secular body" and pain, suggesting that the mediatization of his death facilitated and structured an "environment" for staging and negotiating issues of biopolitical import. It then contextualizes this analysis within broader discussions on biopolitics and secularity.

Keywords: mediatization; biopolitics; Australia; euthanasia; embodiment; David Goodall

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> "What in fact remains uninterrogated in contemporary debates on bioethics and biopolitics is precisely what is above all worthy of interrogation, mainly, the very biological concept of life. This concept—which today appears in the garb of a scientific notion—is in reality a secularized political concept". —Agamben (2016)

1. Introduction

Across the world, euthanasia, assisted dying and physician-assisted suicide have become the subject of intense political and legal wrangling and media scrutiny (Norwood 2007, p. 139).[1] In liberal, secular, capitalist democracies in the West and increasingly elsewhere, the question of voluntary death makes clear the unsettled nature of our collective understanding of not only when life begins, a question which has more resonance culturally in the wake of the abortion debates that *preceded* the current wave of discussion about assisted dying, but also when it ends (Kalwinsky 1998).

There are several reasons for this. One could argue that this has to do with the waning power of religion in public life. As religion alone no longer provides solace and meaning in the process of dying, the question of what happens in the afterlife takes a backseat to *how* one dies. Indeed, for many so-called secular societies today, the lack of dominant institutional religious structures makes the process of dying open-ended but also uncertain, leaving room for medical and healthcare organizations to play fill the gap left by churches and other religious institutions. Even for those societies where religious structures play a significant role in public life, the matters of life and death are not simply "defined" by religion. There are always processes of negotiation and interpretation.

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[1] The term euthanasia is contested because it entails many other technically and legally distinct phenomena such as assisted suicide, assisted dying and physician-assisted dying. "Euthanasia" simply means "good death" but it has been often times associated something like "mercy killing". Following Frances Norwood, I do not view "euthanasia" as specifically a singular form of death but rather a discourse, that is, as a "script for how people think, feel, and act at the end of . . . life" (Norwood 2007, p. 139).

The ambiguity of "life" and "death" is a symptom of the "incomplete project of secularization", as some scholars have argued, for demographic and political reasons. The sorts of societies just mentioned reach a level of modernization where, for various reasons, the birth rate of the population plateaus or drops off. Meanwhile, life expectancy at that stage in the process of modernization tends to rise (Hirschman 1994; Kelly and Cutright 1980; Inglehart 1997; Riley 2001). The combination of these trends has resulted in many societies today dealing with the issue of what has been called an "aging society" (Bond et al. 2007). The "aging society", as a problematic, emerges from a particular history, one that is arguably linked to the end of a political formation known as "the welfare state" (Offe 1972).

The critical history of the welfare state is too vast and actually stands outside of the main focus of this article. However, it is important to note that the recent discussions of the "aging society" have been made in connection to matters of financial expenditure, which has a direct relationship to the obvious decline of the welfare state in an era of globalization. The neoliberal state, with its orientation towards privatization and "entitlement reform", a uniquely American invention targeting benefits promised by the federal government to its citizens, especially social security, tries to cut down on welfare programs such as government-funded pensions and retirement plans, public healthcare and other benefits. In the United States, entitlement reform became a mantra not only among conservatives with traditional ideological attachments to "fiscal responsibility" but among the so-called "New Democrats" under the Clinton Administration in the 1990s, which had campaigned and successfully executed what they called "welfare reform" (Fraser 1993).

The decline of the welfare state in the US and other nations, including Australia, has placed specific attention on vulnerable populations, including the elderly, who in most nations are counted as those over the age of 65. Within this trend toward reducing benefits and offloading costs previously taken on by the state onto the individual (which social theorists have dubbed "individualization"), the elderly is viewed as a "problem" to be solved. As Andrew Scott of the London Business School puts it: "aging populations of industrial and post-industrial countries represent a 'demographic time bomb'" (Scott 2018). It means "fewer people work and contribute to economic growth, and more people collect pensions and demand health care". The accuracy of this assumption is debatable. However, it is an overwhelmingly popular idea that is now felt more acutely than ever before due to the demographic realities of many post-industrial societies. This is borne out by what economists call "the old-age dependency ratio (OADR)—the proportion of the population over 64, relative to the working-age population (those aged 15–64)" (Scott 2018).

As Brett Neilson suggests, these discussions involving "the aging of people and populations . . . especially as they bear upon questions of fertility and mortality" as in the OADR, are biopolitical, in that they refer to "the general administration of human populations". As he notes, there is a "tendency under current policy arrangements for aging to become more of an individual risk and less of a collective responsibility, [which] means that increasing numbers of people are compelled to care for themselves, whether economically or physically, as they age". "These changes", he rightly points out, "are relevant to a biopolitical consideration of aging because they shift the parameters within which people experience the trajectories and transitions that punctuate their lives" (Neilson 2012, p. 45).

We can see all of this distilled in the recent political history of the United States, where, it was not too long ago (although contemporary political realities have us feeling it was really quite long ago) under the Obama administration, that there were talks about "death panels". Sarah Palin, vice-presidential nominee for the Republican Party in the 2008 election, had used the term "death panels" in a Facebook post rather harmlessly titled "Statement of the Current Health Care Debate". She wrote that the reforms underway would result in an America where "[her] parents or [her] baby with Down Syndrome will have to stand in front of Obama's 'death panel.'" For her, the concern was that there would be "bureaucrats" that would decide on whether the elderly or those born with certain conditions would be dubbed "unproductive" in society. The conservative media push was on. The "death panel" became one of the favorite talking-points of the Tea Party, hell bent on undermining

support of the Affordable Care Act, now known as Obamacare. One of the tropes that came up over and over again among conservatives was "pulling the plug on grandma" (Gonyea 2017).

The end-of-life provisions of the Affordable Care Act obviously did not actually include panels to determine whether one should live or die. Nevertheless, the false claims of Palin and the broader conservative movement attained a good deal of circulation in part due to Obama himself having to address it in stump speeches around the country. Characterizing it as "dishonest", Obama also had some help from fact-checking groups like PolitiFact, who called "death panels" the "Lie of the Year" in 2010. The "death panel" nevertheless stuck. Even the White House communications director in 2009 subsequently admitted that "a huge part" of why it is that people did not know the details of Obamacare, and the potential benefits of it, was due to "how it was defined early by the opposition". As other commentators have noted, however, the talk of death panels was efficacious. Its emergence in the discourse lined up with an existing narrative, as noted by Ruy Texeira, an analyst with the liberal think-tank Center for American Progress, that "the government is up to no good" (Gonyea 2017).

Palin's post and the resultant discourse of "death panels" could be seen as offering up a representative example of what scholars have been calling "mediatization", albeit, a very specific mode which I am calling *biopolitical mediatization*. In this instance, "death panels" became a way in which matters of life and death or, what Neilson dubs, "the general administration of human populations" (in line with Foucault's formulation (Foucault 2010)) were discussed and reported upon, not just on social media or conservative news outlets but elsewhere. In naming them as such and then posting about them and having that particular term circulate not only among her social media followers and ideological fellow travelers but also mainstream media, Palin unwittingly revealed a specific dynamic of mediatization. "Death panels" discourse not only demonstrates how the "logic of media" extends upon other aspects of social life, making the "institutional, aesthetic and technological modus operandi" of media more depended upon, as Hjarvard notes in his influential definition of mediatization (Hjarvard 2008). But, additionally, it shows that matters of life and death have a particular way of catching widespread attention, especially in the religious and political context of the United States and other parts of the West, including Australia. Palin's term brought forth the biopolitical structure of extant contentious issues having to do with abortion rights, religion, and government oversight in American culture. In other words, the effectiveness of the term had everything to do with its evocation of biopower.

The present article aims to explore biopolitical mediatization further. In particular, it looks at recent developments in the discourse on assisted dying in Australia. Australia serves as an interesting context to explore matters of biopolitical mediatization because, like some European nations (and unlike the United States), it has not avoided the debates on euthanasia and assisted dying but rather tackled it head on. In fact, it has a history of debating and passing (state) legislation on assisted dying since the 1990s (in the Northern Territory). There are bills that allow assisted dying to some degree currently in various points in the legislative process in a couple of other states (Victoria and Western Australia). This may have to do with the fact that Australia sees itself as largely secular (although the definition of the secular is quite up for debate). Australia lacks a state church and, according to recent information from the Australian Bureau of Statistics, the category of "no religion" has been on the rise for decades with the a third of the population identifying that way. This category in the census has gone up from 19 percent in 2006 to 30 percent in 2016 (Australian Bureau of Statistics 2017).[2] This may suggest that Australia most obviously sits well within the narrative of secularization. Without a state church and a population that seems to affiliate less religiously, Australia, like much of northern Europe, seems to be uncomplicated with regard to religion.

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[2] As a point of indirect comparison, as there is no equivalent to "no religion" in statistical research in the US, 22.8% of Americans have responded as "unaffiliated" in 2014 (Pew Research Center 2015).

This is not the reality, however, as the debates around euthanasia and assisted dying have shown. While discussions and debates in this regard have actually taken place on a national stage without a great deal of attempted political intervention from religious groups (although there have been some), there has been some general, popular reticence and even pushback (Burrell 2019; Kagi 2019; Shine 2019). By reading some of the ways in which euthanasia and assisted dying have been presented in certain media forms, this article will demonstrate that biopolitical mediatization can be viewed as a mode of secularization. Bringing together the mediatization literature and theoretical developments on biopolitics, I argue, opens up an opportunity for the drawing out their relation to secularization and religion, especially as it pertains to matters of assisted dying and euthanasia.

This article will do so by concentrating on the death of David Goodall, a retired scientist based in Perth, Australia, with a bit of local celebrity, whose journey to end his life was highly publicized both in Australian and global media (Joseph and Magra 2018). Exploring the dynamics of the mediatization of Goodall's death, in particular, the mediatization of his life and the larger political and cultural issues in Australia by the national broadcaster the Australian Broadcasting Corporation (ABC), raises opportunities to think about the mediatization of religion via biopolitics. As I hope to show, biopolitical mediatization is a way of describing how media "stages" and "negotiates" social issues of religious import, of which matters of life and death—that is, issues of what Paul Tillich calls "ultimate concern"—are central (Kronert and Hepp 2011, p. 94).

It will proceed in the following manner. First, it begins with background on David Goodall, examining and analyzing the ways in which the ABC covered him before and after his suicide, selecting significant moments of coverage, particularly the hour-long documentary which followed Goodall to Switzerland. Drawing attention to the theme of embodiment, it moves on to connect Goodall's case to previous scholarship on Australian press coverage of euthanasia debates with recent developments in social theory having to do with of the "secular body" and pain. It then moves on to argue that Goodall's death was an instance of *biopolitical* mediatization that effectively challenges the conceptual binary of religious/secular.

2. The Death of David Goodall

The mediatization of Goodall's death began even before his announcement that he would seek euthanasia in Switzerland. It started in 2017, a year prior to his announcement, when, the ABC had published a series of articles on its website on a spat between Goodall, who it called "Australia's oldest working scientist", and his employer Edith Cowan University (ECU). From this point, the eventual dynamics of mediatization that emerges later in the coverage of his suicide already began to take shape.

In an article called "Australia's oldest working scientist fights to stay at university", the ABC reported on a disagreement sparked by ECU declaring that Goodall was no longer "fit to be on campus". At this point, retired and with an honorary research associate position, Goodall "[lived] alone unassisted" and commuted to campus by himself on public transportation, which involved two buses and a train and took a total of 90 minutes, as the article duly noted. Out of concern for his safety, the university had told him to "pack up his office" and was told that "he will only be permitted on campus for prearranged meetings, to which he will have to be accompanied". The article stated that this decision had been reached as a result of numerous concerns raised by staff and students about Dr Goodall's safety and wellbeing. The university had attempted to "[reach] an agreement to set up a home office at a location of his choosing". Goodall wished to keep his office and be allowed back on campus.

The language used by the ABC in reporting this article prefigures the motifs that eventually emerge in the coverage of his suicide and revolves around themes of dignity and empowerment. In fact, the article detailing this saga spends an enormous amount of text and images on the various accomplishments of Goodall in his advanced age, describing his life as "exceptional". It emphasized his mobility, taking pains to detail his recent travel.

Still an avid traveler, he took a trip to the Abrolhos Islands, 60 km off the West Australian coast with his daughter and a naturalist group in May this year. Dr Goodall went on small boat tour to observe the seals and explored the deserted islands looking for wildlife.

Dr Goodall also took The Ghan train journey from Darwin to Adelaide solo at the end of 2015. (Gartry 2016)

In addition, the article also made sure to include smaller details about Goodall's life, emphasizing his independence. Not only did he "live alone unassisted", but that "he does his own shopping". He also "enjoys reading Shakespeare and performs poetry" with a group that performs throughout the city of Perth.

Later, in its coverage of Goodall's plans for suicide, the ABC maintains this thematic line, whereby Goodall is portrayed as impressively independent. We can see this most plainly in the sustained treatments of Goodall, which include an entire episode of *Foreign Correspondent*, its flagship international current affairs program, which sent a camera crew to follow Goodall's trip to Switzerland. In addition, the ABC also published two long written pieces on its website. Entitled "On His Own Terms" and narrated by correspondent Charlotte Hamlyn, the *Foreign Correspondent* episode presents itself as a documentary and also a magazine show in the vein of *60 Minutes*. The reporter admits that she herself cannot "understand [Goodall's] decision" to take his own life and to fly all the way to Switzerland to do so. This is especially so because Goodall has neither an incurable illness nor acute pain. Goodall simply was "not happy" and wished to die. His life, he says, "has now become so, so poor that it's not worth continuing". And thus, there are many moments in the episode that highlight the limitations of Goodall's mobility. He is reliant on a walker and also a wheelchair. In his last visit with his family in Bourdeaux, France, he must be helped up the stairs of an older country home. There are moments that due to this poor hearing and eyesight, he is not aware of what is going on around him. He feels "cut off" from what is happening around him. But the episode does not only portray Goodall's physical limitations. Simultaneously, he is seen as having a degree of agency and even moral courage, even to the point where his death, more specifically, his decision to make his death public, is portrayed almost as activism. As Hamyln, the narrator and reporter says, Goodall's "very personal journey . . . [turned] into a major *media event*" (Foreign Correspondent 2018).

There is a particularly striking moment in the episode that encapsulates this. As Goodall's story had garnered more international attention, his hotel had drawn so many cameras that a makeshift press conference had to be called for. The room provided was so small that the "phalanx of journalists and photographers" had to make way for Goodall to enter on his wheelchair. Hamlyn describes it thusly: "Down the corridor, there's a posse of international media who've been following the story of the outspoken scientist since he arrived in Switzerland four days ago. Fingers are poised to tweet news of the final moment. Foreign Correspondent is the only Australian media here" (Hamlyn and McGregor 2018). Again, his curtailed mobility was on full display but this, one could argue, was a product of Goodall's own doing. After all, he did agree to allow access to the ABC. Furthermore, he was ready for the spotlight; he donned a shirt with the words "Aging disgracefully" printed on it. Goodall's grandson from the United States framed the mediatization of his grandfather's death with the language of sacrifice.

He could have very easily taken a different route. He could have said I'm going to gather my family around me, and everyone else leave. He could have very easily done that and he could've excluded the media. He could have just walked away and just done it the way that was good and comfortable for him. But he didn't do that. Instead he made a very difficult choice to bring everyone in and to make those sort of sacrifices and to change things for the better. (Foreign Correspondent 2018)

Goodall himself stated this when asked whether publicizing his suicide would get people talking more about end-of-life matters. He replied, "Certainly I'm happy that should be so, yes". He said as

much when he expressed regret at having to leave Australia to come to Switzerland, noting, "I greatly regret that Australia is behind Switzerland in this move" ([Joseph and Magra 2018](#)). The implication here is that by having to make a journey all the way to Basel, Switzerland, in his advanced age, he is intending to draw attention back home to the legal status of euthanasia.

The *Foreign Correspondent* episode ends with a post-mortem interview with Goodall's grandson who did the most in explaining to Goodall the bureaucratic process of signing the papers absolving doctors of liability as well as teaching Goodall how to work the mechanism to release the fatal dose of barbiturate. "He made his death have meaning". The grandson stated, "You know he, he saw this thing that he could do to help people that came after him". The suggestion here is actually not that most deaths today do not provide meaning for the dying. It is not a critique necessarily of medicalization and the entire rigmarole of hospitalization makes death lonely and cold, a line of critique spanning from the classic studies of historian Phillipe Aries to the popular writings of Kubler-Ross ([Aries 1975](#); [Kübler-Ross 2014](#)). In fact, as both he and Goodall state, the mediatization of his death, the very "media event" as the ABC described it, of the journey to voluntary euthanasia is what provided meaning.

3. Secular Embodiment and Pain

In analyzing the above, one could easily draw upon existing frameworks such as that of Fran McInerney, who has identified a "dramatic framing" in the reporting of the deaths that came in the wake of the passage of the 1995 legislation in the Northern Territory that allowed for physician-assisted suicide. In print publications, the dramatic framing takes on a strategy of "personalization", which, she notes, is in large part concentrated on the body and even specific bodily functions ([McInerney 2007](#)). For McInerney, the attention to embodiment, specifically "the association between bodily integrity and requested death", betrays the "modern preoccupations with corporeal presentation and identity" ([McInerney 2007](#), p. 384). For readers of these articles, the construction of dying around matters of the body hits at a particular "late modern sensitivity" to "corporeal imperfections and bodily control" ([McInerney 2007](#), p. 385).

Certainly, in the case of the ABC's coverage of Goodall's death, we can view it as an act of "personalization" in that sense. There is indeed a significant focus on the body and embodiment in the coverage preceding Goodall's expression of his wish to die in Switzerland and after. For McInerney, however, this strategy is a reflection of what she views as media's "predilection" for constructing "contemporary dying as horrific, intolerable, and beyond the ameliorative powers of medicine and palliative care" ([McInerney 2006](#), p. 664). The dramatization of individuals wishing to exercise their new right to lawful euthanasia "works" because of the existence of a "notion of dying as a chaotic state demanding the most extraordinary efforts to reassert control, namely requested death" ([McInerney 2007](#), p. 394).

There is arguably a missed opportunity here, especially with regards to thinking about biopolitics and secularization. McInerney suggests that with the focus on an individual's body, media, specifically newspapers, are engaging in "typification" whereby a particular example, and indeed a particular person, comes to represent the entire social problem. This comprises a "critical discourse moment", a term coined by Chilton to signify a moment in time where "the culture of an issue" is made visible. Studying these allows for the "framing of an issue" to come into view ([McInerney 2006](#), p. 656). McInerney concludes that the discourse of euthanasia in Australia is one that is reliant upon the melodrama of victim construction ([McInerney 2006](#), p. 658), whereby death becomes a way of wresting control away from nature into the hands of the individual. This exertion of individual will in the form of lawful euthanasia is thus viewed as "beautiful", with grace, dignity and choice emerging as major themes in the coverage ([McInerney 2007](#), p. 389). Left unexplored though is the *basis* for what McInerney herself identifies, which is the extant—or "default"—position whereby "contemporary dying is horrific", as she puts it. The very conditions that facilitate the rather dramatic and heroic framing of the dying person via the body are not expounded upon.

When looking at recent social theory, there has been work to foreground what Talal Asad and others have called "the secular body" (Asad 2011). The very idea of the secular body draws attention to the fact that the body and embodiment more broadly are situated within larger social forces, namely liberalism and modernity, rather than being concepts without culture or history. The body of secularism is one that functions as a site of "specific sensibilities and convictions". It reflects a particular "epistemology".

For Asad, the secular body is characterized by a specific relationship to pain and death. For the secular body, pain, while it is a "function of the living body", is associated with death (Asad 2011, p. 658). Pain, for the secular body, is a sign of its finitude. With the onset of pain, the body gets closer to death, which is final and after which there is nothing. A dead body can no longer feel pain—at least within the epistemology of modernity. Yet, there are exceptions. For instance, the law in many supposedly secular societies recognizes that "a person's will extends beyond death, disposing of his or her properties in prearranged ways". As Asad points out, although the body no longer lives, and thus cannot be injured or in pain, the personality is deemed as somehow continuing on. "[I]ndeed some aspects of the personality (its intentions regarding property)", as Asad writes, "can be put into effect only after bodily death" (Asad 2011, p. 662). Not to mention the extra-legal, cultural fact that a dead body retains respect and dignity that it possessed in life. For Asad, there is a contradiction at work in how the secular body is understood as finite but then is also treated as not fully dead in the context of modernity. It is secular but not fully.

According to Asad, the reason as to why can be found in biopolitics, which "assumes a particular mode of life and a polity in which some norms of health (social, theological, corporeal) are to be promoted and other norms discouraged, in which the illness, decay and death of the state is echoed in the disease, disintegration, and death of the individuals who make it up". The secular body is thus not simply a body but also a "living (ensouled) body", which can be traced to what he describes as a "17th-century political theory" that held a "metaphysical view that the individual in a state of nature has the same inalienable right to defend himself as the sovereign (state) does from the threat of death" (Asad 2011, p. 664). The secular body is therefore a product of a biopolitical modernity, which, as Foucault describes most famously, resulted in a "downward line" where the governmental logic of the state flows down into the individual ethos of the citizenry. The state that fights death, that is, a biopolitical state, requires bodies that also fight pain and death—in other words, secular bodies.

Philip Mellor and Chris Shilling discuss pain aversion as part of "bio-medicalization", which, according to them, is a crucial element of the overarching scientificity that played a significant role in the process of secularization (Taylor 2009). As religious authority over "ultimate matters of life and death" wanes (Mellor and Shilling 2014, p. 72), a "secular management" of pain comes into view. Modern bio-medicine therefore treats pain as a "technical problem" (Mellor and Shilling 2014, p. 73) to eliminate. There is no possibility for pain to "act as a bridge to religious experiences and identities" (Mellor and Shilling 2014, p. 75). For them, this can be traced back to the "bio-medical authority central to the extraordinary power of bio-political governance" that occurred in the 19th century (Mellor and Shilling 2014, p. 75). Pain, then, is a "natural symptom, removed from associations with other-worldly matters". In other words, it is a "physiological problem" that can be subject to "surveillance, control and treatment" (Mellor and Shilling 2014, p. 75).

For Mellor and Shilling, in line with Asad (although their exact periodizations differ), secularization in modernity was not simply a process of the "declining social significance of religion" but also "the colonization of religious forms and identities by bio-economic and bio-political modalities of the sacred" (Mellor and Shilling 2014, p. 2). Secularization thus includes the infusion of biopolitical governance into aspects of life—what they call "forms"—which were previously considered to be religious. Drawing on Max Weber and Giorgio Agamben, Mellor and Shilling give an account of this process by suggesting that we can read "biopolitical governance" as an "extension" of the Weberian argument regarding the spread of rationalization and bureaucracy (Mellor and Shilling 2014, p. 15). As they see it, the "*extraordinary scope* and *power* of the technological domination of science"

extends to "the management of life" whereby "mere existence" can be leveraged for the extraction of value (Mellor and Shilling 2014, p. 23 Emphasis added.). They suggest that there is evidence for the pervasiveness of what they dub the "biopolitical sacred" in various areas of contemporary society.

> In legal debates about euthanasia, the notion of a "life unworthy of being lived" reminds us of the state's power over "bare" ("sacred") life, while technological interventions into the bodies of coma patients have facilitated new legal definitions of life, death, or liminal states between these. (Mellor and Shilling 2014, p. 33)

In listing euthanasia among other examples, Mellor and Shilling reveal their basic argument regarding secularization and biopolitics. The rise of the biopolitical state most certainly meant the challenging of the religious authority over life. In its place was not simply "the state" but also specific techniques and technologies whereby the power and reach of biopolitical governance could be maximized. These techniques and technologies have their own way have recast definitions of life, death and other states. This is precisely the case for pain. Whereas pain and suffering in Christianity, for instance, was at times understood a mystical attempt to get "closer to God", as in the case of Job or in certain self-flagellation practices of certain sects, in modern, biopolitical contexts, pain and suffering are the target of eradication. They have no place in an era marked by the secular ethics of utilitarianism where the principle of greatest happiness for all is equated with rationality. Any sort of preference of pain over happiness is deemed "irrational", that is, not in line with modern, secular sensibilities (Mellor and Shilling 2014, p. 76).[3]

In some sense, Goodall's mediatized body was imbued with epistemological secularism. The ABC's focus on its degradation and Goodall's overall dissatisfaction with aging could be said to fall right in line with the melodrama of victim construction (McInerney 2006, p. 658). Goodall was not only a victim of his own body; he was a victim of a political reality (McInerney 2006, p. 659), which, as a result of a lack political will or an out-of-date mindset, had forced him to travel all the way to Switzerland. Yet, Goodall was also a "heroic victim" or even a "martyr" (McInerney 2006, p. 661), who emerged "from [his] situation triumphant, having successfully accessed" suicide (McInerney 2006, p. 662). As his grandson stated, he sought lawful euthanasia not only for himself but for the "right of others", demonstrating a "heroic altruism" (McInerney 2006, p. 663).

4. Biopolitical Mediatization and Secularization

Anti-euthanasia scholar Margaret Somerville, who occasionally appears on the ABC, argues that media most certainly has a "utilitarian" bias (Somerville 2001, p. 289). Somerville's understanding of the effect of "mediatization" (her words) on these debates is significant. For her, mediatization is "'the shared story' on which we base our societal paradigm", meaning "the store of values, attitudes, beliefs, commitments, and myths that inform collective life (and, therefore, individual lives) and help to give them meaning" (Somerville 2001, p. 290). She calls this a "frame", defining it as how mass media "make an issue visible (or invisible)". A frame "can determine which related issues are taken into account" (Somerville 2001, p. 291). The particular bias of this frame, she argues, consists of the "rights to autonomy and self-determination", which are considered "almost absolute" (Somerville 2001, p. 292). This frame is held up by members of the media, especially journalists, due to the "adoption of an informing principle . . . the right of individuals to control, choose and change what happens to them". In addition, Somerville identifies "utilitarianism" and "moral relativism" as contributing to the lack of anti-euthanasia voices in media. Utilitarianism, for Somerville, is the logic that emerges from the lack "a sense of the sacred". With "nothing absolutely right or wrong, it all depends on the on the situation, there are no absolute principles, givens or truths" (Somerville 2018, p. 7). Somerville

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[3] David Theo Goldberg has critiqued the centrality rationality in Western philosophy as it relates to the construction of racial categories (Goldberg 1993).

ascribes this to "the impact of intense individualism of postmodern, secular, Western democracies" (Somerville 2001, p. 292). Ultimately, Somerville understands mediatization as secularization.

However, when looking at a different, more social scientific, definition of mediatization, we see a complicated picture. In line with the work of Stig Hjarvard and others associated with the "mediatization" approach, media are not simply secular frames through which issues, such as euthanasia and assisted dying, are processed. In Hjarvard's analysis of religion specifically in the context of mediatization, he suggests that media not only "facilitate changes in in the amount, content and direction of religious messages in society" but that, contrariwise, they transform religious representations and challenge and replace the authority of the institutionalized religions" (Hjarvard 2008, p. 14). Therefore, the mediatization of religion is not simply secularization. Yet, it is also not simply de-secularization nor re-sacralization either but rather a "restructuring of religion" whereby "media adopt many of the social functions previously performed by religious institutions" (Hjarvard 2013, p. 79). Of these, Hjarvard's notion of media as "environment" is of particular import here as it refers to media's "taking over as provider of information and moral orientation" (Hjarvard 2013, p. 83). I take this to mean that media systems "facilitate and structure" interaction and communication about matters that could be labeled as "religious". While Somerville pits the utilitarian logic of media against a "religious" one—constructing a religious/secular binary, it is clear from the analysis of the ABC's coverage of Goodall's death that there is a staging of a discussion of what is "sacred", or, to use the words of theologian Paul Tillich, "ultimate concern" (Midgley 1967).

If anything, one could characterize the mediatization of matters of "ultimate concern" in the coverage of Goodall's death as "didactic" (Copeman and Reddy 2012). According to Copeman and Reddy, a didactic death is one where the death of a person becomes a "rhetorical [site] for elaborate public contests over biomoralities particularly tensions between claims to modernization, reason, and scientific temperament on the one hand and the perceived superstition, ritual and cultural narrow-mindedness on the other" (Copeman and Reddy 2012, p. 60). As they argue, media are "exemplary narratives" able to "endure". "Exemplary lives (and deaths) may now be writ far larger, thrust onto the national, even global, stage, courtesy of the processes of intense mediatization through which the genre persists" (Copeman and Reddy 2012, p. 61). While Copeman and Reddy are speaking about an entirely different example—organ donation in India, their work can nevertheless inform an analysis of Goodall's public suicide in the context of a secular Australia. The ABC's treatment of Goodall's death was "pedagogical" (Copeman and Reddy 2012, p. 62). As Naomi Richards points out, in the case of Goodall, what is highlighted in, or "taught" through, the media coverage of Goodall is "what a good death looks like".

> In light of the unprecedented ageing of the world's population and increasing longevity, it is important to think about what a good death looks like in deep old age. In an era when more jurisdictions are passing laws to permit doctor-assisted dying, the choreographed death of a 104-year-old, who died listening to Ode to Joy after enjoying a last fish supper, starts to look like a socially approved good death. (Richards 2018)

As Richards' comments make clear, the particular way that Goodall's death was mediatized reveals a focus on not only euthanasia but also the reasoning of the individual wishing to die. For Goodall, the lack of autonomy and the "deep sense of loneliness, tiredness, an inability to express [his] individuality by taking part in activities that are important . . . and a hatred of dependency"—what Richards righty puts together under the heading of "non-physical suffering"—was not only the stated reason for wanting to die but also how the ABC largely mediatized his death and specifically his body. It was a decision that was made, at least in its mediatized form, with a respect to how to *live* well.

5. Concluding Thoughts

In the preceding pages, this article has explored the death of David Goodall as an instance of biopolitical mediatization. Focusing on the dynamics of the media coverage of Goodall's

death, especially by the Australian Broadcasting Corporation, it argued that Goodall's death raises opportunities to think about the mediatization, biopolitics and secularization together. Focusing on embodiment, the article contextualized Goodall's death within recent developments in social theory having to do with of the "secular body" and pain, suggesting that Goodall's body, while mediatized, was not simply secular in the way that many of euthanasia's critics have declared. But rather, his death could be viewed as an example of mediatization as facilitating and structuring an "environment" for information and moral orientation. This took on a didactic form, whereby Goodall's death took on a pedagogical role in not only how to die well but also how to live well.

The entanglement of living well and dying well is precisely how Nikolas Rose has conceptualized what he calls "ethopolitics". A way of understanding the micro aspect of biopolitics, "ethopolitics" refers to the "individualized attention to habits of subjects", which includes personal hygiene, for instance. For Rose, "ethopolitics" speaks to the politics of life itself, that is, how life should be lived. Therefore, it is no surprise that the "etho-" of ethopolitics comes from "ethos", the root word for "ethics", which itself has religious connotations. It refers to, according to Rose, the "sentiments, moral nature or guiding beliefs of persons, groups or institutions" that have "become the 'medium' within which the self-government of the autonomous individual can be connected up with the imperatives of good government". Thus, the issue of one's "lifestyle" can be linked up to matters of communal vitality. Terms like "quality of life, right to life, right to choose, euthanasia, gene therapy, human cloning and the like" are ethopolitical. "Biological identity", Rose writes, "becomes bound up with more general norms of enterprising, self-actualizing, responsible personhood" (Rose 2001, p. 18).

Goodall's death reveals certain tension between "biological identity" and "enterprising, self-actualizing, responsible personhood", to use Rose's terms, that seem to exist side by side in the contemporary biopolitical era. The way that Goodall expresses his desire to take his own life, that is, to eradicate his biological identity, is precisely through self-enterprise. He decided to take matters into his own hands and decided to go abroad to do so as it was unavailable back home at the time. Put differently, Goodall's expression of self-actualization was self-annihilation. While "ethopolitics" describes a form of a biopolitical ethics, wherein the individual constructs a "lifestyle" in lock step with the larger biopolitical strategies of the state, which theoretically, in the famous words of Foucault, are to serve the motto of "make live and let die" (Foucault 2010), what Goodall's mediatized death actually represents is something approaching a "thanatopolitical" ethics whereby the entrepreneurial spirit of Goodall leads him to a "making [oneself] die", presenting a change to biopolitical ethopolitics. For him, the act of dying *is* the enactment of ethopolitical responsibility. The mediatization of Goodall's death, and the global response to it, is perhaps an indication of where biopolitics is headed in the decades to come. As societies continue to age and head toward the inevitable tipping of the OADR balance, the question of how to die as part and parcel of how to live will continue to be the subject of media and public discourse, hauling into crisis definitions of "the sacred" and "life".

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