

THE FRAMING OF ORGAN AND TISSUE DONATION –
A FRAMING ANALYSIS OF THE NATION’S ELITE NEWSPAPERS

By

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This document is dedicated to my fiancé, J.P. Morton,
and to my parents, Dusty and Debbie Thompson.

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This study analyzed coverage of organ and tissue donation in the *New York Times*, the *Washington Post*, and *USA Today* from February 26, 1998, to October 1, 2003. The research questions were (1) what frames regarding organ and tissue donation dominate the major newspapers in the United States and (2) what sources do the major U.S. newspapers rely on in framing organ and tissue donation as an issue?

Many similar frames were found across all three publications in this study. The most common dominant frames were “renewed life,” “supply and demand,” “unsafe,” and “policy.” The most common frame (40.6%, n=49) in the articles was “renewed life.” The “renewed life” frame communicated a story about a person who had received a transplant and experienced a positive outcome. Within these articles were words and phrases that portrayed organ and tissue donation as a renewal, a continuation or a “gift” of life, “new life,” or a success story.

A “supply and demand” frame was found in 15.6% (n=19) of the articles in the publications. The “supply and demand” frame used terms such as “commodity,” “resource,” and “shortage” to portray organ and tissue donation as an issue of numbers or economics. Many of the articles actually used the words “supply” and “demand.”

The next most common frame was “unsafe,” found in 13.5% (n=16) of the articles. These articles portrayed organ and tissue transplantation as a risky medical procedure. The articles contained the report of a poor transplant outcome or unsound business practices that produced harmful outcomes for recipients.

A “policy” frame was evident in 10% (n=12) of the articles. These articles portrayed donation as a policy issue—for the most part a policy dispute—by referencing organ allocation disputes and policy arguments. Many of the articles discussed policy changes or proposals.

The most frequently quoted group was people affected by donation, followed by transplant surgeons. Government officials and spokespersons from the United Network for Organ Sharing were the most common source for paraphrased statements. Of the direct quotes, people affected by organ or tissue donation or transplantation were used most often—in 53% (n=343) of the 647 direct quotations. These were people who have had transplants, were currently waiting for transplants, donated an organ to someone or donated the organs of a family member. Surgeons were the second most commonly quoted group in each of the three papers (19%, n=123). Of the paraphrased quotations, government officials were cited more than 23.1% (n=24) of the time. Spokespersons from the United Network of Organ Sharing were paraphrased in more than 19.2% (n=20) of the paraphrased statements throughout the articles.

CHAPTER 1 INTRODUCTION

Due to the critical need for organ and tissue donors and low donation rates, thousands of people in need of transplants are dying each year (Coalition on Donation, 2003). The only hope for these patients is for more people to make the decision to be organ and tissue donors. However, it is not enough to make the decision to be a donor. Due to the fact that family consent often is necessary for donation to occur, people must share their wishes about donation with their families. Because most people are not aware of the need for family discussion and because fears, misconceptions and misinformation exist in the minds of many, public education is needed.

Many people receive their information about organ and tissue donation through the media or through public relations campaigns, which may include messages through the media, special events or interpersonal communication. An investigation of the content in media coverage will be useful for those professionals seeking the best way to convey to the public the need for, benefits of and facts surrounding organ and tissue donation, with the ultimate goal of increasing the number of people who decide to become donors and subsequently share those wishes with their families.

The purpose of this paper was to determine the content and discuss implications of media coverage that discusses organ and tissue donation. The paper first explored the need for donors, the benefits of transplantation, and the steps needed to become a donor. Next, the paper defined and summarized the concept of framing. Through a framing

analysis, the researcher explored the media's role in the social construction of reality related to organ and tissue donation.

The need for organ and tissue donors is paramount as the justification behind a study such as the one presented in this paper. Organ and tissue donation is a health issue that affects distinct populations, all very different in their needs and in their group characteristics. Central to the ultimate purpose of this paper is the knowledge that hundreds of thousands of individuals who await organ and tissue transplants in the United States are affected.

One cannot look at the needs of those waiting for transplants without simultaneously looking at those who are in the position to help them receive the transplants they need—potential donors and the families of potential donors. Both subgroups potentially are reached by messages through the mass media, and both subgroups' decisions of whether to donate potentially are affected by these messages.

Therefore, the central goal of the research was to discover, through a framing analysis, the nature of the messages reaching the general public regarding organ and tissue donation. To gain awareness of these messages, the researcher explored textual information in major print media outlets in the United States.

CHAPTER 2 BACKGROUND

The Critical Need for Organ and Tissue Donors

More than 80,000 men, women and children await life-saving organ transplants in the United States, while hundreds of thousands more are waiting for life-enhancing tissue transplants (United Network of Organ Sharing, 2003). There were about 6,000 deceased and 6,000 living organ donors in 2002, resulting in about 25,000 organ transplants (UNOS, 2003).

The medical need for transplantable organs far exceeds the supply, and the need is growing. The shortage of organs and tissues often is seen as the major barrier to transplantation (Spital, 1995). Because too few people choose to donate their organs and tissues, many patients in need of transplants are not receiving them in time (Parisi & Katz, 1986).

The severity of the problem is illustrated by some powerful statistics (UNOS, 2003). Every 13 minutes, another name is added to the national waiting list for organ transplants, and every day, 17 people die while waiting for a transplant that could have saved their lives (UNOS, 2003). These statistics are extreme because of the increasing number of those waiting, partnered with a steady number of those who donate their organs and tissues (DeJong, Drachman, Gortmaker, & Beasley, 1995).

While 12,000 to 15,000 cadaveric organ sets resulted from accident victims in 1998, only 5,800 organ donors were used, resulting in 21,000 organ transplantations. The number of people needing transplants is on the rise due to the increase of diseases such as

Hepatitis. This disparity between the number of those waiting and the number of those who donate results in a waiting time of about one to two years for those in need of an organ transplant. This waiting time period for a transplant can range from months to years, if a person is not yet on the waiting list. This extends the amount of time that a patient waits—from one or two years to up to five or more years (Roark, 2000).

Factors Affecting an Individual's Donation Decision

There are several factors that affect an individual's decision to be an organ and tissue donor, including the following: motivation and attitudes, the act of signing a donor card, family discussion about donation, altruism, the degree of perceived control over one's own destiny, "ick" and "jinx" factors, religious beliefs, and cultural beliefs.

Motivation and Attitudes

In a 1994 Southeastern Institute of Research study evaluating motivations and attitudes regarding organ donation, 89 percent of respondents recognized the donor shortage and 76 percent felt that transplant recipients live normal lives, but only 36 percent reported themselves as donors (Wolf, Servino, & Nathan, 1997). A 1993 Gallup survey found that nearly nine in 10 Americans support the concept of organ donation, while only 42 percent had made a personal decision regarding donation (Radecki & Jaccard, 1997). In other words, a great majority of the public approves of donation, but less than half actually have made any step toward being a donor, such as talking to family members about their decision, signing an organ donor card or placing a notification on their driver's license. This demonstrates that general attitudes and intentions are not necessarily predictive of specific behavioral actions (Radecki & Jaccard, 1997). A 1993 Gallup survey showed that 69 percent of Americans stated a desire to be organ donors upon death, but this support does not always lead to action in support of donation

(DeJong, Drachman, Gotmaker, & Beasley 1995). The same survey reported that only 28 percent of respondents had signed a donor card or had placed a notice on their driver's license (DeJong, et al., 1995). Of the respondents, 79 percent believed that a donor card was necessary for a person to become a donor (DeJong et al., 1995).

The Act of Signing a Donor Card

The most important role of the organ donor card is in stimulating discussion within the family unit (Horton & Horton, 1990; DeJong et al., 1995; Skumanich & Kintsfather, 1996; Thompson, Robinson, & Kenny 2002). Given that the signatures of two witnesses are requested on the donor card, the signing promotes discussion and awareness (Skumanich & Kintsfather, 1996). Because donor cards require that an action take place (the physical signing), the card serves as a public expression of commitment to donate. Thus, this action likely will lead to a lasting commitment for that individual (Skumanich & Kintsfather, 1996). The knowledge that the deceased had carried a signed donor card has been found to be an important determinant of family consent for organ and tissue donation (Horton & Horton, 1990; Thompson et al., 2002). A 1993 Gallup survey reported that 82 percent of those who had signed a donor card or placed a sticker on their driver's license had talked with their family about these wishes, compared with only 33 percent who had not secured this documentation (DeJong et al., 1995).

Altruism

Altruism is one of many positive determinants of choosing to be an organ and tissue donor (Morgan, 2002; Meisler & Trachtman, 1989; Morgan & Miller, 2001; Riether & Mahler, 1995; Thompson et al., 2002; Thompson, 1993). These values equate to a more humanitarian and charitable identity orientation for donors (Parisi & Katz, 1986). Altruistic individuals are thought to be broad-minded, cheerful, helpful,

courageous, truthful, caring, compassionate, empathetic and to have a desire to alleviate suffering (Morgan & Miller, 2001). The altruistic identity involves feelings of empathy toward the potential recipients of one's organs and tissues (Parisi & Katz, 1986).

Individuals who state a wish to be donors after death see their decision as a way to help others (Parisi & Katz, 1986). Donors tend to be more negatively aroused by the distress of others, feeling emotions of empathic concern and personal distress, according to the results of surveys completed by 22- to 55-year-old adults (Skumanich & Kintsfather, 1996). Donors attempt to relieve these feelings by attempting to help others in need. In the case of donation, individuals choose to be organ and tissue donors in order to help those in need of transplants (Skumanich & Kintsfather, 1996; Sanner, 1994).

The Degree of Perceived Control Over One's Own Destiny

It has been found that those who make the decision to be an organ and tissue donor are dedicated to control of their own destiny and bodies, according to results on the Rotter Locus of Control I-E Scale (Cleveland, 1975). This scale distinguishes between people who perceive the control of events as due to external factors such as fate or luck and those who attribute the control of events to their own efforts and behavior (Cleveland, 1975). As opposed to donors, non-donors tend to see events as beyond their individual control and do not rely on their own initiative (Cleveland, 1975). Donors also are characterized as having identities rich in independence, autonomy, high self-esteem, self-confidence, assertiveness and perseverance (Cleveland, 1975; Parisi & Katz, 1986). Donors report greater self-efficacy about donating their organs, feeling that they had the ability to sign a donor card and that they had the ability to make the choice of whether or not to be a donor (Morgan & Miller, 1991; Robbins, 1990).

“Ick” and “Jinx” Factors

An individual’s consideration of becoming a potential organ and tissue donor is closely tied with confronting his or her own mortality (Robbins, 1990; Radecki & Jaccard, 1997; Thompson, 1993; Thompson et al., 2002). Signing a donor card or verbally expressing wishes to become a donor equates to thinking and talking about one’s self as “not alive” or “dead” (Horton & Horton, 1991; Thompson et al., 2002). Fear of one’s own death, especially a premature death, was found to be a barrier to saying “yes” to the donation question (Callender, Hall, Yeager, Barber, Dunston, & Pinn-Wiggins, 1991; Meisler & Trachtman, 1989; Morgan & Miller, 2001; Parisi & Katz, 1986; Radecki & Jaccard, 1997; Robbins, 1990; Thompson, 1993; Thompson et al., 2002). Morgan (2002) refers to these concerns as “Ick” and “Jinx” factors. “Ick” factors include a desire not to have the body cut up and not to have one’s organs placed in another’s body (Morgan, 2002). Worry about body disfigurement is associated with the “Ick” factors and is negatively associated with the decision to be a donor (Morgan, 2002). “Jinx” factors include the fear that signing a donor card or giving consent for a family member’s organs and tissues to be donated will result in negative consequences (Morgan, 2002). Fears associated with “jinx” factors include the belief that all body parts must be present in order to have an afterlife existence or that the presence of an organ donor card will bring about a premature death (Morgan, 2002). Donors generally accept their mortality and are not significantly concerned about the prospect of nonexistence (Robbins, 1990). These individuals often plan for their death by executing a will (Cleveland, 1975). Indeed, a positive attitude toward death has been found to correlate with willingness to donate (Robbins, 1990). Those stating that they would not like to be donors express a fear and anxiety about personal death, admitting to concerns about issues such as the

possibility of a lingering death. Non-donors generally demonstrate avoidance of preparatory steps toward nonexistence or death (Cleveland, 1975; Robbins, 1990). Those expressing doubts about donation tend to associate organ and tissue donation with premature death and the fear that as a donor card signer one may receive inadequate medical treatment in a life-or-death emergency (Callendar et al., 1991; Meisler & Trachtman, 1989; Parisi & Katz, 1986; Thompson et al., 2002; Yuen, Burton, Chiraseveenuprapund, Elmore, Wong, Ozuah, & Mulvihill, 1998).

Religious Beliefs

The decision to be an organ and tissue donor upon death often evolves from one's spiritual identity, coordinating with religious beliefs (Burroughs, Hong, Kappe; & Freedman, 1998; Callendar et al., 1991; Morgan & Miller, 2001; Radecki & Jaccard, 1997; Riether & Mahler, 1995; Yuen et al., 1998). While organ and tissue donation is sanctioned within the tenets of most major religions (Morgan, 2002; NCOD, 2003; Radecki & Jaccard, 1997; Riether & Mahler, 1995), religion often serves as a barrier to donation if spiritual identity is perceived to be threatened by the decision to be a donor (Riether & Mahler, 1995). Religion was identified by Morgan (2002) as a "jinx" factor, as belief in religious myths often is a barrier to donation. Morgan (2002) suggests that the silence in the church regarding organ and tissue donation contributes to the lack of support for donation among congregants, yet Christian religions view organ donation as an act of charity and neighborly love (Radecki & Jaccard, 1997). The belief that absence of organs and tissues after death will have ill-effects in the afterlife can negatively impact potential donors' decisions (Radecki & Jaccard, 1997). Some people fear that organ and tissue donation will offend God or another superior power (Sanner, 1994). Many decline to donate because they are unsure of their religion's stance on donation (Darr &

Randhawa, 1999). Individuals for whom religion played only a small role were more likely to state a willingness to donate than those for whom religion played a major role (Burroughs et al., 1998). Similarly, donation rates were higher for people who felt that donation would not pose a problem for life after death (Burroughs et al., 1998).

Cultural Beliefs

Culture also plays a significant role in determining support for donation (Burroughs et al., 1998; Callendar et al., 1991; Radecki & Jaccard, 1997; Rene, Viera, Daniels & Santos, 1994; Riether & Mahler, 1995; Rubens, 1996; Thompson, 1993; Yuen et al., 1998). Support for organ and tissue donation is highest among white individuals and lowest among African-Americans and then Hispanics, such that the shortage of organs is even more severe in minority communities (Burroughs et al., 1998; Callendar et al., 1991; Morgan & Miller, 2001; Radecki & Jaccard, 1997; Yuen et al., 1998). Reasons for the discrepancy in support include differences in access to health care and donation information, religious beliefs, a lower degree of trust in the medical community among minorities, language differences and a varied role of the extended family in medical decision making (Rubens, 1996; Radecki & Jaccard, 1997; Rene, Viera, Daniels, & Santos 1994; Thompson, 1993; Yuen et al., 1998). African-Americans also express a sense of isolation—a fear that members of their ethnic community will not benefit from organ and tissue donation and transplantation (Radecki & Jaccard, 1997; Thompson, 1993). Minorities speak of a strong sense of alienation from society, leading them to refrain from donating (Riether & Mahler, 1995). African-Americans who have known another African-American transplant recipient were more likely to consent to donation than others (Creecy & Wright, 1990). Factors positively affecting African-Americans' deciding to be donors include being married, having higher incomes, a belief that many

blacks need organs or personal knowledge of a black recipient (Creecy & Wright, 1990). African-Americans who desire to be donors express confidence in medical doctors (Creecy & Wright, 1990; Radecki & Jaccard, 1997). Asian individuals tend to value superstition in everyday life, preserving the sanctity of the deceased and the mystery of death. These values are inconsistent with a decision to be an organ and tissue donor (Radecki & Jaccard, 1997).

Factors Affecting a Family's Donation Decision

The continuation of organ and tissue donation and transplantation depends on obtaining consent from the next of kin (Jasper, Harris, Lee, & Miller, 1991; Shanteau & Harris, 1990). Currently, most states require health care professionals to obtain the consent of the next of kin in order to recover a potential donor's organs and/or tissues. This means that regardless of a person's wishes, the final decision of whether to donate rests with the family members (National Coalition on Donation, 2003). This adds an additional barrier to donation—the communication of wishes before death (Spital, 1995). Factors affecting a family's donation decision include: knowledge of the deceased person's wishes, assigning meaning to a loved one's death, and media coverage and public perception of donation.

Lack of Knowledge of the Deceased Person's Wishes

Most Americans remain unaware that the family makes the final decision regarding organ and tissue donation in most states (DeJong et al., 1995; May et al., 2000). Among the respondents in a 1993 Gallup study who said they are likely to donate, almost half (48 percent) had never communicated this wish to a family member (DeJong et al., 1995). Only 29 percent said that a member of their family had expressed their wishes about organ and tissue donation (DeJong et al., 1995). Eighty-nine percent of those likely

donors said they would be willing to talk to their families about their donation intentions (DeJong et al., 1995). However, many individuals think that a driver's license notification or a signed donor card is enough to ensure that one's wishes to donate are carried out (May et al., 2000).

When a family member knows prior to the loved one's death that he or she wants to be a donor, ninety-three percent state a "somewhat" or "very likely" willingness to donate that deceased family member's organs. The effect of knowing family members' wishes was consistent across all key demographic variables (gender, age, race/ethnicity, education and income) (DeJong et al., 1995; Burroughs, et al., 1998; May et al., 2000).

Without knowing the deceased's wishes, less than half (47 percent) of survey respondents expressed a willingness to donate (DeJong et al., 1995). Next-of-kin refusal leads to the loss of many organs for transplantation (Radecki & Jaccard, 1997).

Assigning Meaning to a Loved One's Death

If the deceased's wishes regarding organ and tissue donation are unknown by the family, the family often engages in a process of assigning meaning to their loved one's behaviors, attitudes and conversations in order to decide what that person would have wanted to do (Sque & Payne, 1996; Radecki & Jaccard, 1997). In this process, the family often discusses the loved one's characteristics that they feel would coincide with the ideals of being a donor (i.e. being a caring and sharing person, donating to charities and volunteering) (Burroughs et al., 1998). Family members in this context often express that they feel liberated in being asked to help others identify what their loved one would have wanted to do (May et al., 2000). A 1982 study found that the most common motive for donating a loved one's organs was "to have something positive come out of a loved one's death" (Radecki & Jaccard, 1997). Donor families found this meaning to be a way to

personalize organ and tissue donation, believing that their loved one would “live on” through the donation (Radecki & Jaccard, 1997). Families who chose donation later reported that their decision served as a defense mechanism in the coping process. (Sque & Payne, 1996). By having an option to save others’ lives after the death of their own loved one, families felt they were turning a negative situation into a positive one.

Media Coverage and Public Perception of Donation

The language and metaphors used in portraying donation in the media contribute significantly to the overall picture of donation the public comes to understand. This picture can make or break individuals’ or families’ decisions about whether to choose organ and tissue donation as the option for them. In other words, the perceptions with which the individual and family members operate, and therefore their outlook on organ and tissue donation, are affected by the images and language used in the media, interactions in health care situations and the family’s demographic characteristics (Shanteau & Harris, 1990).

The Benefits of Organ and Tissue Donation and Transplantation

One organ and tissue donor potentially can save or enhance the lives of up to 100 people (Holtkamp, 2002). Organs recovered include heart, liver, lungs, pancreas, intestines and kidneys. Types of tissues recovered include bone, skin, heart valves, tendons, veins, corneas and pericardium (Holtkamp, 2002). Improvements in surgical techniques and immunosuppressive therapy have made transplantation the therapeutic choice for patients with organ failure (Siminoff et al., 2001) (Shanteau & Harris, 1990).

Many benefits to donation are cited. There is no cost to the donor’s family or estate for organ and tissue donation, and funeral costs remain the responsibility of the donor

family, costing the transplant recipient nothing. Further, donation does not interfere with one's desired funeral arrangements (National Coalition on Donation, 2003).

Individuals waiting for transplants are not discriminated against based on race, religion, sex or any other social factor. Organ and tissue donation only can be considered if the individual dies and after the family has been consulted. If the individual is sick or injured and admitted to the hospital, the number one priority is to save that person's life (National Coalition on Donation, 2003).

CHAPTER 3 THE THEORY OF FRAMING

Mass media studies are among the disciplines that have taken on framing analysis to explore in a unique way the phenomena that occur in textual, verbal and pictorial communication (Hertog & McLeod, 2001). Palenchar (2001) states that the media affect how individuals develop their “pictures of the world”—through both the journalist and the medium (p.1). Theorists studying framing posit that the frame—or the way an issue is presented in the media—can affect public perceptions of a particular issue (Palenchar, 2001).

Framing Definitions

Definitions of framing in the literature are numerous, and almost all definitions center around the concept of frames as social in nature. The general definition that Hertog and McLeod (2001) propose is: “Frames are *organizing principles* that are socially *shared* and *persistent* over time, that work *symbolically* to meaningfully *structure* the social world (italics in original)” (p. 140). Hertog & McLeod (2001) diverge by describing framing as “relatively comprehensive structures of meaning made up of a number of concepts and the relations among those concepts” (p. 140). Through the connection of these concepts in one story, the story acquires a “frame” that becomes the underlying theme throughout the story. “Frames have their own content, as well as a governing set of rules for processing new content that arises” (Hertog & McLeod, 2001).

Frames involve topics that garner public attention and that usually require policy decisions be made—called issues (Miller & Riechert, 2001). Framing includes the

context, content, topic, coverage and package of news events (Palenchar, 2001). Often frames are defined as sets of rules created for the purpose of creating messages and understanding those messages (Maher, 2001). Maher (2001) posits that framing can be broken down into four functions—defining problems, diagnosing causes, making moral judgments and suggesting remedies. Frames can exist in four sources of the communication process—the communicator, the text, the receiver and the culture and characteristically entail both salience and selection (Maher, 2001).

The Nature and Characteristics of Frames

Framing involves making more salient some aspects of a perceived reality, which serves to support certain definitions of problems, interpretations of proposed causes, moral evaluations and recommendations for treatments (Hertog & McLeod, 2001).

The textual components of a news frame include keywords, metaphors, stock phrases, sources of information, concepts, symbols and visual images (Entman, 1991; Entman, 1993). Together, these components provide clusters of facts and judgments that reinforce a particular theme (Entman, 1991). The language selected by journalists influences the public's perception of an issue or event. The media's use of language includes linguistic or grammatical structures, syntactic structures and lexical choices (Entman, 1991). Words in and of themselves, or the omission of words, also have specific meaning that can singularly change the meaning of a news story (Miller & Riechert, 2001).

The Relationship of Schema and Language to Frames

Frames are symbolically powerful; members of a particular culture closely identify with the morals, ideals, stories and definitions (i.e. symbols) of their culture—they connect with certain frames. People become familiar with certain words or phrases, trends or

themes that are shared by others in their culture. These symbols become ingrained in the culture and are recognized by members of that particular culture. For example, people living in the United States are familiar with the phrase “the American dream,” and certain ideas and connotations are associated with that phrase. Frames also carry excess meaning. In other words, frames consist of an understood set of ideas, concepts, connotations and symbols (Hertog & McLeod, 2001). Similarly, Cline (2001) discusses schemas, which are networks of meaning through which language labels a particular concept but also frames it within larger perspectives and develops relationships with other concepts. So the use of one term may conjure up an expanded set of meanings to create a sort of “blueprint” for human behavior (Cline, 2001). In other words, the use of a single symbol can bring with it an entire body of meaning that is relevant within a particular culture.

According to the framing theorists Gamson and Modigliani (1989), a frame is “a central organizing idea . . . for making sense of relevant events, suggesting what is at issue” (Maher, 2001, p. 86). Framing implies relationships among a message’s elements. Thus, the messages within a frame are organized as being mutually relevant, while those outside of the frame are less important (Maher, 2001). We come to recognize certain phenomena as falling within the frame, and thus, others fall outside the frame (Hertog & McLeod, 2001). Cognitive psychologist Friedman defines framing as “a function that specifies the relations that hold among the arguments comprising a particular conceptual bundle at a particular level of abstraction (Maher, 2001, p. 86).

The Role of Frames in Social Construction of Reality

Frames structure our understanding of reality. Frames also define the roles of individuals, groups, organizations and institutions in the defined reality. Frames outline

relationships between various actors and ideals, and even the language we use to describe particular phenomena is defined through frames (Hertog & McLeod, 2001). In this sense, frames serve as models that guide understanding and behaviors, much like schemas.

Frames also are cultural in nature and carry with them cultural structures with central ideas and broad concepts—this cultural nature of frames amounts to the resonating effect frames have on culturally aware individuals (Hertog & McLeod, 2001). Frames are widely recognized within a particular culture or group; the meaning of a frame is shared among the individuals that make up this group of people (Hertog & McLeod, 2001). Frames can serve to help create or socially construct this shared meaning, bringing about implications that are significant in defining public opinion as well as our sense of reality (Hertog & McLeod, 2001). For example, the framing of crime as the outcome of poor parenting can lead to the social understanding of crime as an individual problem. Contrastingly, a frame that defines crime as the result of poor law enforcement or poverty can construct crime as a social problem.

The Implications of Frames

Framing can have a significant influence on public understanding and public opinion of a particular issue, and thus, on policy formation (Andsager & Smiley, 1998). People and organizations compete to dominate the text presented through the media. For example, public relations practitioners desiring to get a particular topic into the media will send press releases, conduct special events and meet with the media in order to achieve the coverage. Further, practitioners will attempt to provide the media with a frame of the issue that will most advance the cause of their organization, in the hopes that the media will choose to frame that issue in that way. The topic at hand and the relative

power of the individuals or groups will affect the degree to which they influence the frame of an issue (Andsager & Smiley, 1998).

Because news coverage affects the actions of public relations practitioners, the framing of certain issues is of importance to them. Positive news coverage of issues affecting their organizations will influence their efforts in one direction, as will negative coverage influence them to take steps to reverse the damage that may result. In compiling press releases and planning special events, public relations practitioners are taking planned steps toward framing their issues in a positive light. Several factors influence the frames implemented by the media, including public relations efforts (Andsager & Smiley, 1998; Miller & Riechert, 2001).

The framing of news on various issues directly affects the public in that it helps to construct their understanding of those issues. The public is more likely to experience the issues through the media rather than through their own experiences (Andsager & Smiley, 1998). Framing also affects public relations practitioners and educators in their construction of messages and campaigns. Framing studies attempt to understand all of the above-mentioned phenomena that are created in the construction and delivery of the news through the media.

Approaches to Framing Research

Framing studies often seek to understand the nature of decisions made by journalists, while also exploring the influential environment outside of the news message system (Maher, 2001). Whereas frames can exist in four locations of the communication process—the communicator, the text, the receiver, and the culture—framing studies often focus on the framing constructed by the communicator.

The study of framing aims to identify the dominant frame for a particular social issue or phenomenon, while also identifying alternative frames that arise (Hertog & McLeod, 2001). Framing studies attempt to detect the strategies and tactics used by various groups in their attempts to influence the frame of the particular issue. Finally, framing studies seek to discover what is present in the form of reading material for the general public, such as newspaper stories and news coverage on television (Hertog & McLeod, 2001). Framing can provide a useful, strategic way to come to understand how the news media shape not only what we as audiences think and know, but also how we perceive and think about these issues (Miller & Riechert, 2001).

CHAPTER 4 MASS MEDIA COVERAGE ON ORGAN AND TISSUE DONATION

Morgan and Miller (2001) suggest that the media have played an important role in creating a significant level of awareness of donation. Jasper and colleagues (1991) discuss the usefulness of the media as a public opinion tool for increasing organ and tissue donation awareness and willingness. For example, public appeals on behalf of individuals awaiting transplants often have positive effects on public opinion of donation. The media are especially effective in this arena due to their ability to generate an “emotional and direct response” (Kluge, 1989, p. 10). Darr and Randhawa (1999) cite the rationale for organ donor media campaigns as informing the public about transplantation, the need for organs [and tissues] and how the public can indicate their decision to donate.

Recently, media campaigns such as the Coalition on Donation’s campaign have focused on the message of talking to one’s family about wishes to be a donor, with the key point being to share intentions with family members once the person has committed to donation (DeJong et al., 1995; Wolf et al., 1997). The Coalition on Donation multimedia campaign, using the key phrase, “Share your life, Share your decision,” resulted in more than 50 percent of survey respondents recalling that they had seen or heard an advertisement about organ and tissue donation on television or the radio (Wolf et al., 1997). Twenty-five to 30% of respondents took some action as a result of the coverage, including signing a donor card, talking to their family or phoning for more information (Servino, Nathan, & Wolf, 1997; Wolf et al., 1997). Forty percent of the

respondents said they had decided to become donors (Wolf et al., 1997). Of those deciding to become donors, 83% had discussed these wishes with family members (Wolf et al., 1997). Wolf and colleagues (1997) suggest that the coalition's efforts prove that a highly visible, unified, repetitive message giving a call to action will place organ and tissue donation higher on the public social agenda and will achieve a good deal of media coverage.

Persuasive messages in media stories have been found to be effective in increasing willingness to be an organ and tissue donor (Radecki & Jaccard, 1997). One successful persuasive strategy has been incorporating statistics and narratives in organ and tissue donation promotional messages to the media. This includes statistics regarding the number of those affected by donation and transplantation and stories about those people touched by the issue (Morgan & Miller, 2001).

African-Americans in favor of organ and tissue donation have reported that they learned about it in newspaper stories or through friends (Radecki & Jaccard, 1997). Results of a Minority Organ and Tissue Transplantation Education Program (MOTTEP) project to educate minorities about organ and tissue donation report that MOTTEP collaborated with more than 100 organizations to get the word out about donation (Miles & Callendar, 1997). During the first year of the MOTTEP grant, the program generated more than 33 million media impressions using radio, television and print media (Miles & Callendar, 1997). During the second year, more than 1.5 billion impressions were generated in the United States (Miles & Callendar, 1997). Donations increased by 29% within the African-American population between 1988 and 1994, 32% in the

Hispanic/Latino population and more than doubled to 1.8% in the Asian population (Miles & Callendar, 1997).

After a two-year extensive U.S. media campaign, the number of telephone survey respondents expressing positive attitudes to donation and who had signed a donor card rose by 60% (Weber, Philipp, Broelsch, & Lange, 1999). A German study, however, found that only changes in rates of donor registration, organ donations and transplantations, but not attitudes changed after a short-run media campaign (Weber et al., 1999).

Brady (1990) suggests that organ and tissue donation does not receive the type of news coverage as in years' past because the media's attention has shifted to the more unusual aspects of transplantation, including negative stories involving the sale of organs. A study in Argentina reported that with each new media-cited "case" of children being kidnapped for organ retrieval and sale, popular attitudes toward donation declined significantly. These results were reflected in the responses of families in the Intensive Care Unit after a request for donation (Cantarovich, Castro, Davalos, Cantarovich, Cerrajería, Cumpian, Abad, Bumada, & Rodriguez, 1989). Garcia, Goldani, and Neumann (1997) state that the media's coverage of donation is sensational rather than true, education-oriented information.

Media coverage of organ and tissue donation includes several fear- and distrust-producing topics such as: sale of organs from living donors, sale of body parts without family consent, tissue banks selling products in the international market, organ allocation using racial, economic or political criteria, and the use of organs from executed prisoners (Garcia et al., 1997). Other topics often covered by the media include dangers and

liabilities, the possibility of inadequate medical care for donors, high financial costs, and negative side effects for the recipients (Parisi & Katz, 1986). Negative coverage such as this can affect the public's attitudes toward donation (Matesanz & Miranda, 1996).

Especially after a consistent exposure to this mixed portrayal of donation, it is likely that the public will feel unable to make a decision regarding organ and tissue donation (Parisi & Katz, 1986).

The language used to talk about organ and tissue donation can be harmful to public perceptions of donation (Jasper et al., 1991). Unclear or inaccurate use of the terms "brain death" and "life support" may increase fears and confusion in the public (Radecki & Jaccard, 1997) (Riether & Mahler, 1995). Confusion can result from the language used in the medical community, which is then echoed in the media (Riether & Mahler, 1995). Families may not know that brain death is irreversible, believing that the organ and tissue recovery must take place during a state that falls in between life and death (Riether & Mahler, 1995). To speak of "harvesting an organ," we think of farmers, not physicians. The word "harvest" brings with it excess meaning, including the grim reaper's scythe, which implies the coming of death. The word "retrieval" implies that the organs belonged to the individual, and they are now being taken away without consent. While the idea of giving organs and tissues may imply altruism, the idea of the organs and tissues being taken away from the recently alive may be troublesome (Riether & Mahler, 1995).

In conducting a framing analysis of print media coverage on organ and tissue donation, this study attempted to answer the following research questions:

Research Question 1: What frames regarding organ and tissue donation dominate the major newspapers in the United States?

Research Question 2: What sources do the major U.S. newspapers rely on in framing organ and tissue donation as an issue?

CHAPTER 5 METHODOLOGY

The current study examined the framing of organ and tissue donation in elite U.S. newspapers. The three publications examined were *The New York Times*, *The Washington Post* and *USA Today*. The study examined coverage within a specified period—February 26, 1998, to September 1, 2003. On February 26, 1998, the Clinton Administration announced that it planned to dismantle the regional system for distributing organs, which had been in operation for 14 years, and replace it with one in which the sickest patients would go to the top of the waiting list, regardless of where in the United States they lived. The announcement was made in a letter from Department of Health and Human Services Secretary Donna E. Shalala to 89 members of Congress who had written to her on the issue. The announcement caused uproars within the donation and transplantation community, including arguments against the proposal from the federal government’s contracted organ donor network, the United Network of Organ Sharing. The sample period stopped on September 1, 2003, to allow for completion of the paper.

Newspaper Selection

The proposed study examined coverage from three of the nation’s “elite” newspapers—*The New York Times*, *The Washington Post* and *USA Today*. A study in conjunction with a health communication campaign found that newspapers have the greatest impact, or acquired knowledge, from a given channel on a particular topic, when compared with booklets, television public service announcements, tip sheets and

television programs (Schooler, Chaffee, Flora, & Roser, 1998). Research participants were found to have better recognition and free recall of news stories read in newspapers when compared with television programs (Lee, 1995). Valkenburg, Semetko and de Vreese (1999) found that particular frames in newspaper stories play a significant role in readers' thought-listing responses, as well as defining the ways that readers present information on given issues. People make inferences about issues based on their reading of the news, especially the perceived slant of the newspaper story (Gunther, Christen, Leibhart, & Chia, 2001).

To explore the national framing of organ and tissue donation, the analysis included these three newspapers that cover issues of national importance and scope and that target a general audience. The study aimed to explore the national stories being told about organ and tissue donation by examining each of these publications. The three newspapers in this study are not necessarily representative of all U.S. papers and do not represent all U.S. newspaper readers.

The New York Times was chosen due to its national prominence among newspapers. Geared toward a general national population, *The New York Times* reaches a widespread audience spanning the entire nation. Thus, the framing found in *The New York Times* can be cited as an example of what the nation is learning about organ and tissue donation. Reese and Danielian (1989) suggest that media organizations may look to each other for guidance in covering certain issues. While larger papers are not copied, their decisions about the value of a story are followed (Reese & Danielian, 1989). *The New York Times* is viewed as the “final arbiter of quality and professionalism, across journalistic formats” (Reese & Danielian, 1989). *The New York Times* set the agenda for

other newspapers as well as television networks (Reese & Danielian, 1989). *The New York Times* also is the publication with the strongest metropolitan base, the New York City area (ABC, 2003). *The New York Times* has a circulation of more than 1.1 million on weekdays and 1.7 million on Sundays (ABC, 2003). *The New York Times* has the highest circulation of any seven-day newspaper in America (ABC, 2003).

The Washington Post is the number one paper in both Maryland and Virginia (ABC, 2001). Lexis Nexis (2003) stated that one of *The Post's* greatest strengths is its “national political coverage and tough investigative reporting of federal government and Washington metropolitan affairs.” *The Post* is considered by many to be standard breakfast-time reading for members of Congress, diplomats, government officials, journalists, business lobbyists and lawyers in Washington (Lexis Nexis, 2003). *The Washington Post's* DMA consists of the District of Columbia and 33 counties and seven independent cities in four states surrounding the District (ABC, 2001). The DMA includes the affluent Washington metro market—composed of the District and eight major jurisdictions in Maryland and Virginia—which accounts for three-quarters of all DMA households (ABC, 2001). Within the metro market, *The Washington Post* covers 42 percent of households daily and 54 percent on Sunday (ABC, 2001). The coverage found in *The Washington Post* is another example of coverage that is targeted toward the general public, as well as policymakers specifically. The circulation in Maryland is 312,743 each weekday and 475,046 on Sundays. The circulation in Virginia is 318,887 on weekdays and 443,765 on Sundays.

USA Today has a daily readership of 6.8 million with print and online platforms combined (MRI, 2003). The print publication has a total of 5.6 million readers each day

(MRI, 2003). *USA Today* has a circulation of 2,162,454 on Monday through Thursday (FAS-FAX, 2003). On Friday, the circulation is 2,602,556 and Monday through Friday it is 2,250,474 (FAS-FAX, 2003).

Framing Methods

This study was designed to explore the trends in coverage on organ and tissue donation during the past five years. Between February 26, 1998, and September 1, 2003, several national and local events occurred that spurred news coverage of organ and tissue donation. Topics included deaths following tissue transplants and live organ donations, a connection between the West Nile Virus and organ donation, investigations into the operations of tissue banks, the sale of organs for profit and a blood type mix-up that resulted in the death of an organ recipient. Along with controversies such as these, the past five years witnessed stories of hope—transplants that succeeded and family members, co-workers and strangers who donated organs to one another. This time period of coverage began with a national controversy about the allocation of donated organs for transplantation. The articles for analysis were acquired from the Lexis Nexis database. Each of the three publications were searched using the terms “organ” OR “tissue” AND “donation.” The search in Lexis Nexis looked for these terms anywhere in the full text of the articles. This study thus included articles that covered either organ donation or tissue donation.

This study examined news, feature and editorial pieces. Because the research examined the way the issue was framed by the editors and journalists, all letters to the editor were eliminated from the study. Stories of less than 500 words were eliminated because these briefs do not offer enough useful material for the framing analysis.

Stories merely mentioning organ or tissue donation out of the context of this study were eliminated. In cases in which a particular story was printed in more than one edition of a publication, the final issue was chosen for analysis.

The population consisted of 165 articles in the *New York Times*, 92 in the *Washington Post* and 75 in the *USA Today*. A sample of 120 articles, more than one-third of the population, was selected, including 40 articles from each of the three publications. The sample was chosen using a random numbers table.

An individual article served as the unit of analysis. The stories were examined using a coding sheet. (See appendix A). To ensure greater accuracy and reliability of coding results, as well as to flesh out the frames, an additional coder was selected who was trained in framing analysis to code a random sample of ten percent of the articles.

The articles were coded for several elements: the name of the newspaper, the date of the published story, the day of the week on which the story was published, the reporter's name, the approximate length of the story in words, the section name and description and the page number of the story. In addition, the type of writer was identified—local, freelance, wire, syndicate or combination original. If the story was a wire, syndication or combination, the name of the service was identified. The type of item also was recorded—news, feature, opinion/editorial or other. The coding sheet included the headline and lead of the item, as well as the main topic and secondary topic(s) of the story. The themes in the headlines, leads and articles were analyzed separately in order to determine if there was a difference between the themes in the various sections of the story. While the headlines and leads may have a significant effect on the overall frame of the article, the study considered the possible existence of

differences. Sources used for direct quotations were identified by name and title, as were the sources used for paraphrased quotations.

The frame and framing techniques used throughout each story were marked directly on the copy of the item being coded. Some of these framing techniques included the presence of key words and phrases, loaded words and phrases and sources of information used in the story. The coding sheet also identified the main players in each story, the sources, and how they were presented (i.e. credible or non-credible) and the issues that were raised. If sources are described by their credentials (i.e. John Smith, head of the transplantation division at Mt. Sinai Medical Center) or are described as being an expert in the area (i.e. the United Network for Organ Sharing is the federally designated organization that maintains the national waiting list), this study would consider their presentation as “credible” within the article. In contrast, if the source is described, for example, as a “self-proclaimed expert” in the area of transplant policy, or if the article directly presents information that counters the facts that one source delivers, that source would be defined as “non-credible” by the article. The stories were analyzed to find elements of framing including tone, symbols, figurative language, themes and visual images. Other framing techniques included quotation marks, catchphrases and figures of speech, as well as direct quotations.

The framing analysis was qualitative in nature. Dreher (1994) stated that the most important element in creating a research design is the consistency of the research method with the research questions being asked. A qualitative analysis has the best potential of answering the specific research questions in this study. Through a qualitative analysis, the articles about organ and tissue donation could be examined for tone, themes and

sources. A qualitative analysis allowed for an exploration of the meaning construction throughout the articles. Qualitative research by definition is “any systematic investigation that attempts to understand the meanings that things have for individuals from their own perspectives” (Treise, personal communication, 2003). Given that this study sought to explore the meanings that readers could derive from the stories, a qualitative analysis was necessary. The strengths of qualitative research include the fact that it assumes meaning is contextual and reality is multiple and dynamic (Treise, personal communication, 2003). Also, qualitative research’s purpose is to understand phenomena deeply and in detail. The potential weaknesses of qualitative research include the inability to exactly replicate a study. Also, qualitative research depends on the analysis of the researcher, rather than a reliance on numerical data. The results included quantitative descriptive data, which allowed for the reporting of the frequency with which the various frames were found in the articles.

The Researcher’s Cultural Categories

To account for the researcher’s experience with and biases about organ and tissue donation, the researcher conducted the cultural category exercise (McCracken, 1988). The researcher is employed as the public education coordinator at an organ procurement organization. In her position, she educates the public on organ and tissue donation through special events, presentations and promotion. She also has a personal connection to organ donation because her significant other is currently awaiting a liver transplant.

CHAPTER 6 RESULTS

A total of 120 articles were coded for this study. A second coder analyzed 10% of the articles (n=12). An intercoder reliability of 91.7% was achieved (n=11). Fifty percent (n=60) of the articles were feature stories, 40% (n=48) were news stories and 10% (n=12) were opinion or editorial pieces. Almost all of the reporters (92.5%, n=111) were on staff at the newspapers. Guest or freelance authors wrote 7.5% (n=9) of the stories, and only one article was an Associated Press wire story.

The greatest number of articles was found in a feature section (“Life” or “Extra”) of the newspapers (28.3%, n=34), followed by the national section, accounting for 20% (n=24) of the articles. Other sections in which articles on donation were found were health or science (11.7%, n=14), news (10.8%, n=13), sports (10.8%, n=13), city (10%, n=12), editorial (2.5%, n=3) and financial (2.5%, n=3).

More published articles ran on Monday and Tuesday than on any other day (23.3% each, n=28). Of the 120 articles analyzed, 15% (n=18) of the articles were published on Thursday. Wednesday (n=11), Friday (n=14) and Sunday (n=15) each included from 9.6% to 12.5%. Only 5.2% (n=6) of the articles were published on Saturday.

The most common length of articles was between 1,000 and 2,999 words (35%, n=42). Many articles (31.7%, n=38) were between 500 and 750 words, and 29.2% (n=35) of the articles were between 751 and 999 words. Only 4.1% (n=5) of the articles were more than 3,000 words.

Headline Themes

The main idea of each article's headline was recorded on the coding sheet. The most common headline themes found were "renewed life," "unsafe," "policy," and "supply and demand." The most common theme (36.7%, n=44) in the headlines was "renewed life." The "renewed life" theme in the headline communicated that the article would tell a story about a person who had received a transplant and experienced a positive outcome. Within these headlines were words and phrases that portrayed organ and tissue donation as a renewal, a continuation or a "gift" of life, "new life" or a success story. Many of the articles with this headline theme were stories of people who went on to continue to enjoy hobbies, achieve great feats, or excel in athletics after receiving an organ transplant. The "renewed life" theme was characterized by its positive tone because of the inclusion of stories that only discussed a positive outcome of donation or transplantation. The "renewed life" articles covered the life saved through transplantation and did not include coverage of negative factors of donation such as risks, dangers or controversy.

For example, a headline in *USA Today* read, "Mountain climb is personal peak after transplant" (Fackelmann, 2001). Similarly, stories about Olympian Chris Klug and his post-transplant activities fell into this theme. Klug received a liver transplant and went on to receive a bronze medal in the snowboarding competition in the Olympics soon after. A *USA Today* headline read, "Klug's Salt Lake dream alive. Snowboarder returns from liver transplant to compete" (Michaelis, 2000), and a *New York Times* headline read, "After transplant, Klug is on board for the games" (Shipley, 2002). A headline from the *Washington Post* focused on professional basketball player Sean Elliott's achievements after his transplant. "The inside game; with a transplanted kidney, Sean Elliott takes on

the challenge of getting back on the professional basketball court” (Asher, 2000). A similar headline in the *New York Times* read, “Elliott returns to lineup after kidney transplant” (2000).

Some of these “renewed life” headlines portrayed donation as a second chance at life or a “new life.” For example, a headline in the *New York Times* read, “A call, a heart, and life begins anew” (Martin, 1999). Similarly, a *USA Today* headline stated, “Athletes with extra heart – Transplant recipients jump for joy at second chance” (Elias, 1998). A phrase in a *Washington Post* headline read, “One life saved. Two lives transformed” (Colburn, June 1999). Another “renewed life” headline published in the *Washington Post* spoke of the “new life” given to a man by his co-worker in a live organ transplant (Davis, 1998). Falling within the “renewed life” theme, organ donation was referred to as a “gift of life” in a headline from a *Washington Post* article (Harris, 1998) and as a “source of hope” in a *USA Today* headline (Puente, 1999).

Some of the “renewed life” headlines described organ and tissue donation as a success story. For example, a *New York Times* headline read, “Beating the odds, with new lungs and a zeal for life” (Brody, 2003), and a headline published in the *Washington Post* stated, “Living donor transplants: so successful, no match needed” (Okie, 2001).

“Renewed life” was the most common theme in the headlines in each of the three publications. In the *Washington Post*, 42.5% (n=17) of the articles contained a “renewed life” theme in the headline, 45.3% (n=18) in *USA Today*, and 23.5% (n=9) in the *New York Times*.

The second most common theme was “unsafe,” found in 13.5% (n=16) of the article headlines. These headlines portrayed organ and tissue transplantation as a risky

medical procedure. This headlines, leads and articles dominated by this theme were characterized as having a negative tone. This was decided based upon the inclusion of articles that were dominated by coverage of risks, dangers, and controversy. The headlines contained the report of a poor transplant outcome or unsound business practices that produced harmful outcomes for recipients. Many of the headlines reported on an error or mishap with an organ or tissue transplant. For example, the *Washington Post* contained articles with the headlines, “Surgical expertise, undone by error; Chain of miscommunication in transplant led to teenager’s death” (Vedantam, 2003) and “Girl has second transplant after error” (Stein, 2003). One headline in a *USA Today* article referred to the error as an “organ mismatch” (Davis, 1999b), while another said that the organ transplant system was “faulted” (Davis, 1999a). In the *New York Times*, 17.5% (n=7) of the headlines were dominated by the “unsafe” theme, as were 15% (n=6) of those in the *Washington Post* and 7.5% (n=3) of the *USA Today* articles.

Some of the “unsafe” headlines specifically covered the danger of organ and tissue transplants carrying diseases to recipients. A headline in the *New York Times* read, “40 people unknowingly got tissue or organs from donor with Hepatitis C; 5 died” (Blakeslee, 2002c). Similarly, a *Washington Post* article began with the headline, “4th organ recipient has West Nile Virus, CDC officials say; Miss. studies transfusion case” (Brown, 2002). A *USA Today* headline stated, “Tests confirm organ donor had West Nile” (Sternberg & Manning, 2002). A similar headline from the *New York Times* read, “Health officials studying West Nile-transplant link” (Altman, 2002).

A story about tissue recipients becoming ill or dying because of unsafe transplants received coverage in each of the three publications. The headlines regarding this incident

focused on the lack of regulation and safety involved in tissue transplants. An example from the *New York Times* read, “Lack of oversight in tissue donation raising concerns” (Blakeslee, 2002a). Another *New York Times* article began with the headline, “Agency links tissue processing to bacterial infections, including fatal case” (Blakeslee, 2002b). The *Washington Post* incorporated a feature story into the article and headline. The headline read, “Some body is with me; The author falls knee-deep into the tainted tissue controversy” (Zeidner, 2003).

A “policy” theme was evident in 7.3% (n=9) of the headlines. These headlines portrayed donation as a policy issue – for the most part a policy dispute – by referencing organ allocation disputes and policy arguments. Whereas this theme did not necessarily portray organ and tissue donation as a negative, the frame was largely negative in tone because the articles focused on the policy disputes. However, the policy discussions were coupled with a description of how policy affects peoples’ lives. Many of these headlines cited problems with policies or disagreements between policymakers. For example, a headline in *USA Today* read, “Organ-preference laws clash with federal rule” (Glassman, 1998). Another *USA Today* example stated, “State, federal officials battle over donor organs (Willing, 1999). A headline from the *New York Times* read, “Deal to revamp organ allocation is at risk” (Stolberg, 1999). A headline published in *USA Today* described the issue at hand by stating, “Sickest to get transplants first. Some question wisdom of making urgency, not location, priority” (Tuohy, 2000). A headline in the *Washington Post* told a different story – transplant advocates and policymakers agreed on a policy that would make hospitals report all deaths to a local organ procurement organization. “Transplant advocates applaud Md. Legislation; bills would make it easier

to locate organs” (Goldstein, 1998). More than 12 percent (n=5) of the *USA Today* headlines contained this theme, 7.5% (n=3) of the *Washington Post* headlines and 5% (n=1) of the headlines in the *New York Times*.

A “supply and demand” theme was found in 5.2% (n=6) of headlines in the publications. The “supply and demand” headline used terms such as “commodity,” “resource,” and “shortage” to portray organ and tissue donation as an issue of numbers or economics. Many of the headlines actually used the words “supply” and “demand.” The articles merely referring to donation as an issue of supply and demand had a rather neutral tone, whereas the articles that discussed a payment to donors, the illegal sale of organs in other countries and the unfair allocation of organs carried a negative tone. For example, phrases such as “the shortage of livers, hearts and kidneys” and “demand for organs has risen” portrayed donation as merely a need that is not being met, while phrases such as “taking advantage of the poor,” “pressured to donate,” and “it commodifies organs” portrayed organ donation as a harmful procedure to the recipients. Articles that explained the importance of increasing the supply in order to meet the demand were written in a more positive tone. For example, an article in the *New York Times* stated, “The only realistic solution is to greatly enlarge the pool of potential organ donors to accommodate the need” and “Still, we return to the desperate need for organs to save lives” (Groopman, 1999). The theme included references to paying donors for organs or buying organs in an illegal market. In most cases, the headlines introduced the need for donors and the shortage of people who choose to donate. The *New York Times* ran a headline that read, “With a sudden drop in donors, organ shortage worsens” (Steinhauer, 1999). Another example stated, “Surgeons back study of payment for

organs; plan aimed at boosting donor rates” (Okie, 2002). The payment for organs was covered in the headline of a *New York Times* article, which read, “The moral way to pay for human organs” (Groopman, 1999). Another *New York Times* headline stated, “German company to leave China over sales of organs” (Andrews, 1998). A similar headline in the *Washington Post* also addressed the sale of organs: “Don’t bank your health on organ sale” (Redfearn, 2002). Five percent (n=2) of the headlines in each of the three publications were dominated by the “supply and demand” theme.

Lead Themes

The most common themes in the lead sentences of the articles were “renewed life,” “unsafe,” and “policy.” As in the headlines, the “renewed life” theme in the lead portrayed organ and tissue transplantation as a life-saving procedure, one that provides improved health and a “second chance” to recipients. Many of the articles (62.5%, n=75) carried leads that contained the “renewed life” theme. Several of these leads spoke of transplant recipients achieving great things. Words that illustrated a theme of “struggle” were found throughout the “renewed life” headlines, leads and articles. This sub-theme used words that portrayed organ and tissue transplantation as a struggle or a fight for life. In the following example in an article in the *USA Today* lead, the words “conquering,” “battle” and “slow climb back” illustrated the “struggle” theme.

When 40-year-old Kelly Perkins reached the top of Mount Kilimanjaro, it wasn’t just the usual thrill that climbers feel after conquering a big peak. For Perkins, Kilimanjaro was a major accomplishment, one that she didn’t dare dream about during her decade-long battle with heart disease. Just six years ago, Perkins got a new heart in a transplant operation. She began her slow climb back to her old life, including a love of mountain climbing. (Fackelmann, 2001, p. 6D)

In a similar *USA Today* article, the lead reported that a woman named Jill Bartow had won a silver medal in the long jump and a bronze for high jumping in the Transplant

Games, an Olympic-style gaming event comprised of transplant recipient athletes. The lead went on to say, "... [Bartow], like the rest of the athletes here, is a woman who was not supposed to live: She jumps with a body that holds two transplanted organs—a liver and a kidney (Elias, 1998).

A similar example from the *Washington Post* was,

Perhaps you saw 26-year-old Yoav Gilad biking along the C&O Canal last weekend and didn't think much about it. Then again, you probably didn't know he was biking all 184.5 miles of it with someone else's lungs. (Donovan, 2001, p. T05)

Another example from *USA Today* reported that Chris Klug "came all the way back" from a rare degenerative liver disease to capture the Olympic bronze medal in parallel giant slalom (Lieber, 2002). Other examples included phrases that described organ and tissue donation as "lifesaving" or as another "chance at life." Three leads in the *Washington Post* included phrases such as: "It doesn't get much more miraculous than a successful heart transplant" (Levey, 1999), "...he waits for a second chance at life" (Goldstein, 1998) and "...win back the life that he has" (Shipley, 2002). Another *Washington Post* lead referred to a courier service that delivered organs for transplantation as "tracking the progress of lifesaving shipments" (Hamilton, 2003). Transplantation was portrayed as successful by the following lead published in the *Washington Post*:

The fact that Georgetown doctors embarked on the dual surgeries is a testament to the stunning success of kidney transplants and of new drugs that keep the immune system from rejecting a mismatched organ. (Okie, 2001, p. F08)

The "renewed life" theme was dominant in the leads of all three publications: *Washington Post* with 77.8% (n=31), *New York Times* with 43.3% (n=17), and *USA Today* with 63.3% (n=25).

The “unsafe” theme was found in the lead of 9.4% (n=11) of the articles. Twenty percent (n=8) of the leads in the *New York Times* were dominated by this theme, 5% (n=2) in the *Washington Post* and 2.5% (n=1) in *USA Today*. As in the headlines, the “unsafe” theme portrayed organ and tissue transplantation as a risky medical procedure for transplant recipients. Many of the leads spoke of the dangers of organ and tissue transplants, primarily the risk of acquiring a disease through the transplanted tissue or organ. These leads also mentioned possible causes, including lack of regulation of the tissue banking industry and medical errors. For example, a lead in the *Washington Post* stated,

The Food and Drug Administration ordered a recall yesterday of tendons, veins, cartilage and other human soft tissues distributed by one of the nation’s largest tissue banks because it could not guarantee they are free of dangerous bacteria, viruses or fungi. (Kaufman, 2002, p. A14)

A similar lead from the *New York Times* read,

Donations of organs like hearts and livers are regulated zealously, but when it comes to human tissues—ligaments, tendons, bones, skin and other body parts—there is little oversight. This situation worries a growing number of experts, who fear that improperly handled tissue can transmit dangerous or even lethal infections. (Blakeslee, 2002a, p. 1)

Another lead that reported tissue processing as the source of the fatal transplants was published in the *New York Times*.

Four months after a young Minnesota man died from routine knee surgery, federal officials said yesterday that they had turned up 25 more cases of serious bacterial infections in people who received similar operations over the past several years. (Blakeslee, 2002b, p. 14)

Some of the “unsafe” leads (27%, n=3) covered the possible transmission of the West Nile Virus through organ transplants, as in the following lead in the *Washington Post*: “Federal disease investigators confirmed last night that a fourth person who

received a donated organ from a woman with West Nile virus was infected with a microbe” (Brown, 2002). Similarly, a *New York Times* lead read,

Three of four patients who received organs from one donor have apparently developed encephalitis and tests show that one recipient is infected with the West Nile virus, raising suspicion that the virus can be transmitted through organ transplants, federal health officials said yesterday. (Altman, 2002, p. F01)

Some of the “unsafe” leads (18.2%, n=2) focused on errors that happened during or as a result of the actual surgery. For example, a lead in the *Washington Post* spoke of the lack of safety associated with the poor medical follow-up for live organ donors. The lead read,

But the truth is there is little systematic long-term tracking of living donors of kidneys and other organs, a fact that’s eliciting concern in the medical establishment throughout the country as the number of living donors grows. (Hamilton, 2002, p. A01)

Another example published in the *Washington Post* read,

A teenage girl who was near death after surgeons mistakenly implanted a heart and lungs with the wrong blood type into her chest underwent an emergency second transplant yesterday in a desperate attempt to save her life. (Stein, 2003, p. 33)

The “policy” theme was evident in 7.3% (n=9) of the article leads. In *USA Today*, 17.5% (n=7) of the leads contained the policy theme. More than 11 percent (n=1) of the leads in the *Washington Post* and in the *New York Times* contained a similar theme in the lead. As with the headlines, the “policy” theme portrayed organ and tissue donation policy or legal issues, particularly policy disputes between policymakers and the donation and transplantation community. An example in the *New York Times* read,

A bitter fight over whether, and how, to restructure the nation’s system for distributing donated human organs has erupted in Congress, and a deal struck last week that would have cleared the way for the Clinton administration’s long-planned overhaul was on the verge of falling apart today. (Stolberg, 1999, p. 33)

An example in *USA Today* stated,

After years of polarizing debate, the nation's organ-transplant system is being revamped to give the sickest patients first crack at donated livers and kidneys. (Tuohy, 2000, p. 6D)

Many of these leads offered critiques of the existing organ allocation policy. For example, an Associated Press story read,

Roughly 4,000 people a year die while waiting for organ transplants, thanks to an imperfect allocation system that can push waiting times in some regions to up to almost four years for a single kidney. In other regions, the wait may be fewer than four months. (AP, 1998, p. 14A)

Article Frames

RQ #1: What frames regarding organ and tissue donation dominate the major newspapers in the United States?

Many similar frames were found across all three publications in this study. The most common dominant frames were: “renewed life,” “supply and demand,” “unsafe,” and “policy.”

“Renewed Life” – A Story of Improved Health and New Life

The “renewed life” frame dominated 40.6% (n=49) of the articles. As in the headlines, this frame illustrated organ and tissue transplantation as a life-saving procedure, one that renews life and provides a second chance to people in need of transplants. This dominant frame often was characterized with headlines and/or leads that also contained the frame. “Renewed life” was the most commonly found dominant frame in each of the three publications—30.6% (n=12) of the *New York Times* articles, 60% (n=24) of the *USA Today* articles, and 30% (n=12) of the *Washington Post* articles.

The “renewed life” articles told a story of someone whose life was saved or changed by donation or transplantation. The sources and subjects included people awaiting transplants, live donors, transplant recipients and donor families. Family members of each of these groups also were included in the stories as well. More than

40% (n=49) of the articles framed as “renewed life” were focused on transplants as the result of a live donation. The donors were family members, co-workers, friends and sometimes strangers.

Some of the articles described activities that were possible after a transplant, but had been impossible beforehand. For example, an article in the *Washington Post* told a story of a wife who donated a kidney to her husband. An excerpt from the article read,

The Andersons insist that they will be well enough to dance at their son’s wedding in October. And Bud is sure he’ll eventually be back driving his tractor on his 30-acre farm and playing with his three grandchildren. (Hosaka, 1999, p. V03)

An example from an article published in the *Washington Post* contained a direct quote from a lung transplant recipient who stated, “A little over a year ago, I couldn’t even climb a flight of stairs. Now I regularly bike 20 miles in an afternoon” (Donovan, 2001).

The “renewed life” frame often referred to organ and tissue transplantation as a source of “new life.” An example from the *Washington Post* stated that a young woman would like to see her father “win back the life that he has” by receiving an organ transplant, which illustrates the “struggle” sub-theme evident throughout the “renewed life” articles (Shipley, 2002). Another *Washington Post* article explained organ and tissue donation as “improving both life expectancy and quality of life” and stated that “transplants save lives” (Okie, 2001). In a *USA Today* article, a lung transplant recipient was quoted as saying, “There are so many things I’ll never take for granted again. Just being able to get up and go to work every day means a lot to me” (Saraceno, 2003). Another quote by a transplant recipient, published in the *Washington Post*, read, “After someone gives you your life, what else is there to want?” (Thomas-Lester, 2000).

An example in a *Washington Post* article made several references to organ donation as a “gift,” and contained the following direct quote from a transplant surgeon, “It’s one of the most courageous acts that anyone can do. There are not too many things that one can do in one’s lifetime that have greater significance” (Davis, October 1998). A man who received a transplant from an organ donated by his daughter was quoting as saying the following to her, “Darling, I’m the one who should be thanking you. You’re the one who gave me the gift of life” (Frazier, 2000). Similarly, an organ transplant recipient in a *USA Today* article stated, “I am here by an extraordinary gift, and every day is precious” (Snead, 1999).

The articles communicated transplantation success stories through examples and direct quotes from people connected to donation. For example, a direct quote from a transplant surgeon in a *USA Today* article said, “If you’ve got a donor heart, you can do just about anything” (Fackelmann, 2001). Another example from *USA Today* read,

But thanks to a procedure developed at the University of Southern California University Hospital that takes a single lobe from the lungs of two living donors, Ty is still alive, the longest living survivor of the living-related double lobar lung transplant. (Yoo, 2003, p. 6D)

The young man in the article, Ty, referred to the transplant as, “My personal Independence Day” (Yoo, 2003). The friend of a transplant recipient in a *USA Today* article stated, “As good as he feels right now, it’s a miracle, no question” (Pedulla, 1998).

All of the “renewed life” articles were feature stories and included detailed explanations of the subject’s illness, symptoms, family life and daily activities. For example, in an article from the *Washington Post*, the following narrative was given:

For 12 years—three times a week and more than three hours at each session—Belay had to face the dialysis machine, which took the blood from her body and cleaned it of toxins. Sometimes she would pass out from the procedure. Sometimes she

threw up. Her deliverance came in the form of a bean-shaped organ removed from the abdomen of Harold Mintz, 42, of Arlington County. (Cho, 2001, p. VA01)

Another example from a *USA Today* article read,

There were so many times we never thought this would happen—when we were waiting for the liver, when he was so sick that he couldn't move, when he was on his way into the operating room. We weren't thinking about snowboarding at all in those days; that was too trivial. We were just thinking about life. (Lieber, 2002, 3)

An article in the *Washington Post* described the failing health of a little girl named Brittany. Without a transplant, Brittany would die. The story documents her life before the transplant, the call notifying her that the hospital had found a donor match and her improved health after the transplant (Levey, 1999).

The “renewed life” articles provided a before-and-after look at the subject, as evidenced in the following quote from *USA Today*,

It was amazing. My friend is doing this so I don't have to be on a machine, so I can travel, so I can wear a sexy tank top without all those tubes hanging out. (Armour, 2000, p. 1A)

Another quote from *USA Today* read, “My body before and after—it's like night and day” (Elias, 2002). An organ recipient in an article published in *USA Today* stated, “I feel like a million bucks. I haven't been this healthy in ages” (Pedulla, 1998).

The articles included in this frame often communicated that without transplants, these people would suffer a poor quality of life and ultimately would die. To illustrate this, many of the articles included the symptoms present before a transplant. For example, a *New York Times* article explained the condition of a man before he received a transplant. “His heart was no longer able to pump blood effectively; his liver was no longer able to detoxify the blood properly or make the factors necessary for blood clotting” (Shaywitz, 2003).

Many stories described the process of dialysis, a process that can do the kidneys' work until a patient receives a transplant. More than one article in the *Washington Post* discussed the frequency with which a patient must attend dialysis in order to survive and the toll that the process takes on the patient's energy and strength (Frazier, 2000; Okie, 2001).

“Supply and Demand” – Organs and Tissues as Commodities

In 15.6% (n=19) of the articles, a theme of supply and demand resonated. In these cases, organs and tissues were framed as commodities—the language used was economic in nature. In fact, in 20% (n=4) of the “supply and demand” articles, monetary issues were discussed. From selling organs and tissues for a profit to trading organs for a bump up on the list, the large demand and small supply seemed to be the motivating drive for issues of economics related to organ and tissue donation. In the *New York Times*, 20% (n=8) of the articles were dominated by this frame, as were 15% (n=6) of the articles in the *Washington Post* and 12.5% (n=5) of the *USA Today* articles.

In many cases, the article actually used the words “supply” and “demand.” Looking at organs and tissues in this fashion suggests viewing them as products, removing emotion from the equation. Several paraphrased sentences as well as direct quotations referred to the high “demand” for organs and the lack of an adequate “supply” of them. A transplant surgeon was quoted in a *USA Today* article as saying, “There just aren't enough organs for transplant” (Davis, November 1999).

In a *New York Times* article, a line read, “In 1985, as heart transplants were becoming more successful, demand was exceeding the organs' availability (Altman, 2001). An example in *USA Today* read, “Livers likewise are in critically short supply and demand is skyrocketing in the USA largely because of the epidemic of hepatitis C”

(Davis, November 1999). Similarly, an example from the *New York Times* stated, “Kidney transplants eliminate the need for dialysis, but the supply of healthy organs from people who have just died is far less than the demand” (Stolberg, 1998).

The terms “shortage” and “scarce” were used in many of the articles to illustrate the lack of enough donors to meet the need. A direct quotation from a surgeon in a *USA Today* article stated, “The organ shortage is getting worse, not better” (Sternberg, 2002). In a *New York Times* article, a surgeon referred to organ transplantation for patients with HIV as “gambling with a very scarce resource” (Stolberg & Altman, 2003). Similarly, organs were referred to as “a scarce commodity” in a *New York Times* article (Steinhauer, 1999) and “critically scarce” in a *USA Today* article (Davis, November 1999). Another example, a *New York Times* story, that discussed how transplant recipients are chosen, read, “Doctor’s wouldn’t risk wasting scarce organs on someone who might not be able to follow the complicated regimen of post-transplant drugs” (Stolberg, 1998). Another *New York Times* article raised a question of ethics by saying,

With the nation facing a dire shortage of human organs, the case of Jessica Santillan renews long-simmering questions in medical ethics: Should surgeons perform second transplants on patients like Ms. Santillan, whose chances of survival are diminished because they have rejected their first organs? Or should others on the waiting list come first? (Stolberg & Altman, 2003, p. 23)

An article published in the *New York Times* contained a quote from a transplant surgeon that said, “Hearts have to be rationed anyway because of the scarcity” (Stryker, 2002). A director of transplantation stated in a *New York Times* article that there was a “dearth of organs” (Steinhauer, 1999). Another *New York Times* article read, “No one knows when a liver will become available because of the scarcity of organs (Groopman, 1999). The same article stated,

This story is typical in the United States, where the number of people in need of new livers, kidneys, lungs, hearts and pancreases is far greater than the number of available donors. Thousands die waiting. The only realistic solution is to greatly enlarge the pool of potential organ donors to accommodate the need. (Groopman, 1999, p. 27)

Some of the “supply and demand” articles covered the issues of paying for organ donors or the sale of organs. In the *Washington Post*, a transplant surgeon says of paying organ donors’ families,

It commodifies organs. It brings an arbitrary quality to the value of life. And then you’ll have the family members who might cut off life support early thinking, ‘How much can we get for Uncle Joe’s heart and lungs?’ (Redfearn, 2002, p. F03)

An article from the *New York Times* reported,

As the nation’s need for organ transplants continues to outstrip the supply, the American Medical Association grappled today with a possible solution once thought taboo: paying dying people and their families for vital organs. (AP, 2001)

In the same article, a physician stated, “I have a problem with treating the body and the human as property. This is nothing more than a sale. This is a slippery slope” (AP, 2001, p. 14). An article in the *Washington Post* read,

While U.S. law forbids the sale of body parts, a shortage of donor organs has prompted talk of financial incentives for families who make available the organs of newly deceased relatives. (Redfearn, 2002, p. F03)

A similar article from *USA Today* reported,

If the choice came down to paying for organs or allowing thousands to perish, the ethical judgment may lean toward a cash-and-carry system. And the shortage is very real: In the United States alone, about 6,000 people die each year while awaiting a transplant, and many more must lead a greatly diminished life. (Etzioni, 2003, p. 13A)

Some articles (39.6%, n=48) used statistics to support the “supply and demand” frame. The statistics included the number of people waiting for a transplant, the deaths that occurred due to the lack of donors and statistics on the need for donors from minority populations. The statistics were used to quantify the lives lost or saved through donation

and transplantation, to demonstrate the number of organs available versus the demand, to put a number behind the mistakes or errors that occur in the industry and to explain the effects of various policies.

An example from the *Washington Post* read,

About 12,000 Americans received kidney transplants last year, but far more—nearly 42,000—remain on waiting lists around the nation. About 2,300 people died last year while on the waiting list for a kidney, and more than 2,500 died while waiting for other organs. (Colburn, 1999, p. Z14)

Many of the examples were similar to the one cited above—various numbers were given together in one paragraph. Almost every statistical reference was attributed to the United Network of Organ Sharing (UNOS), the agency that operates the national organ transplant waiting list.

“Unsafe” – The Risks of Organ and Tissue Donation

A significant number (13.5%, n=16) of the articles portrayed organ and tissue donation as “unsafe.” This frame was perpetuated largely through language that painted a picture of organ and tissue transplantation as a risky medical procedure. Examples of terms and phrases used include: “risk,” “tragedy,” “woefully inadequate post surgical care,” “lack of experience,” “crisis,” “bad news,” “recall,” “warn,” “death,” “serious mistakes,” “poorly supervised,” “flawed from top to bottom,” “tainted,” “threat and risks of infection.” These phrases and terms were used in direct quotations as well as paraphrased statements. In the *New York Times*, 20% (n=8) of the articles reflected the “unsafe” frame, 13.9% (n=6) in the *Washington Post*, and 6.7% (n=3) in *USA Today*. Most articles reflecting the “unsafe” frame were based on one of three specific events – the transmission of the West Nile virus through organ transplants, the deadly transplants using tainted tissue, and an organ transplant mismatch that killed a teenage girl.

The West Nile stories referred to the possibility that organ transplants were the transmitters of the disease. A story in the *New York Times* discussed the “suspicion” that the West Nile Virus was transmitted through organ transplants, after three of four patients who received transplants developed the disease (Altman, 2002). An article published in *USA Today* included a quote from a representative from the Centers for Disease Control and Prevention that read, “If this resulted from organ transplantation, as it appears to have, the organ donor was the source” (Sternberg & Manning, 2002).

Many of the articles discussed unregulated tissue recovery procedures, whereby the donated tissue can become contaminated and unsafe to recipients. These articles referred to the poor practices of tissue banks around the country, the lack of federal regulation on tissue recovery, and the sometimes-fatal results—the death of tissue recipients. A *New York Times* article discussed the lack of oversight in tissue donation and experts’ fear that “improperly handled tissue can transmit dangerous or even lethal infections” (Blakeslee, 2002a). The same article stated that tissue may be obtained by poorly trained technicians who may not keep the tissue germ-free (Blakeslee, 2002a). A *Washington Post* article refers to the situation as “the tainted tissue controversy” (Zeidner, 2003). An article published in the *New York Times* said that a growing number of experts fear that “improperly handled tissue can transmit dangerous or even lethal infections” and that “the cases point to serious holes in the system to monitor the trade in donor tissue (Blakeslee, 2002a). A representative from the Food and Drug Administration said in a *Washington Post* article, “A tissue bank “improperly distributed tissue from a cadaver after the firm learned that it was contaminated with harmful microorganisms” (Kaufman, 2002). An article that discussed the findings of an investigation on this tissue bank said,

In one particularly disturbing case, cultures taken from a 16-year-old Florida girl experiencing pain and inflammation in her knee after her ACL surgery in April 2000 revealed a host of yucky stuff, including bacteria generally found in human fecal matter. (Zeidner, 2003, p. F01)

Some of the stories containing the “unsafe” frame discussed the fatal mistake at Duke University Medical Center, in which a young woman died after a the transplantation of an organ that was the wrong blood type. A medical ethicist was quoted in the *Washington Post* as saying,

This particular incident is as horrendous an error as one can imagine. I was quite shocked to know that there were not multiple independent checks of things as critical as blood type before the organs were even accepted for transplant. (Stein, 2003, p. A01)

Another article from the *Washington Post* referred to the incident as a “mistake” and described step-by-step how the mistake occurred (Vedantam, 2003). A surgeon was quoted in a *Washington Post* story as saying, “She’s as critical as a person can be. She has a number of hurdles to overcome” (Stein, 2003). All stories discussing this case included quotes from hospital representatives and ethicists as well as the surgeons who were caring for the young woman.

“Policy Issues” – The Law of Organ and Tissue Donation

Ten percent of the articles (n=12) were dominated by the policy frame – the laws that govern organ and tissue donation, allocation and transplantation. Many of the articles discussed policy changes or proposals. Five percent (n=2) of the articles in the *New York Times*, 10% (n=4) in the *Washington Post*, and 20% (n=8) in *USA Today* were dominated by this frame. All of the articles framed as “policy” discussed the announcement made by the Department of Health and Human Services to revamp the organ allocation policy. The new allocation plan proposed distributing donated organs to

the sickest person in the country first, rather than maintaining a geographical distribution system.

Many of the articles discussed the policy issues by illustrating the lives that were affected by the current and proposed policies. An article in *USA Today* stated that the new policy aims to end a “controversial system” that resulted in people who needed transplants the most not receiving them in time (Tuohy, 2000). Another article from *USA Today* discussed the fact that the choice of an allocation policy will “ultimately decide the number of people who live or die” (Jones, 1998). An article in the *New York Times* referred to the allocation policy discussions and decisions as “live-or-die decision-making” (Stolberg, 1998). An article published in *USA Today* read, “The new policy aims to end a controversial system that resulted in gravely ill patients getting passed over for livers because they weren’t on the right waiting list at the right time” (Tuohy, 2000). An article in *USA Today* combined a story about a transplant recipient with a summary of policy decisions. The article read,

His wait ended in May, but advocates for organ donors seized on his case to underscore problems with the distribution system. Because policy dictates that organs go first to those on local lists, Daniel might still have been waiting, perhaps dying, if he had not also been listed in Florida. (Jones, 1998, p. 3A)

The same article said,

Now there are issues of compassion that arise in the case of any one particular person. But the concerns about trying to save as many lives as possible should lead us to think very carefully about whatever allocation policy we need. (Jones, 1998, p. 3A)

An article published in the *Washington Post* reported that the proposed legislation “signaled that donated livers should be offered to the sickest patients first instead of those who live closest to the donated organ” (Goldstein, 1998). An article in the *New York Times* covered the proposed law by saying,

Dr. Shalala's proposal, twice delayed by Congress, would force organs to be shared across bigger regions, with the sickest patients getting first priority, and would also greatly increase the secretary's authority over the private network that contracts with the government to distribute donated organs. (Stolberg, 1999, p. 33)

Some examples of terms used to discuss the geographical allocation policy in a negative light were, "faulted," "inefficient," "a political mess," and "balkanized" (Davis, July 1999). An article in *USA Today* stated,

Roughly 4,000 people a year die while waiting for organ transplants, thanks to an imperfect allocation system that can push waiting times in some regions to up to almost four years for a single kidney. In other regions, the wait may be fewer than four months. (AP, 1998, p. 14A)

Several of the articles shed light on the rancorous disputes between those on both sides of the organ allocation policy. An article in the *New York Times* referred to the dispute as a "bitter fight" (Stolberg, 1999). Another article in the *New York Times* referred to organs as the "nation's scarcest medical resources," and included a quote from a U.S. senator that read,

The stakes are extremely high. Hospitals will close, donations of organs will be altered. This is an issue that deeply divides the Congress, and it is something that should be debated and voted upon in the Congress. (Stolberg, 1999, p. 33)

A *USA Today* article included a quote from a representative of the Department of Health and Human Services that read,

One of the biggest complaints we've had from people on waiting lists is that these boundaries and separate lists prevent organs from going to people who need them most. That just doesn't seem fair to many people. (Tuohy, 2000, p. 6D)

Sources

RQ #2: What sources do the major U.S. newspapers rely on in framing organ and tissue donation as an issue?

The most frequently quoted group was people affected by donation, followed by transplant surgeons. Government officials were the most common source for paraphrased

statements. Spokespersons from the United Network for Organ Sharing were the second most commonly paraphrased group. Of the direct quotes, people affected by organ or tissue donation or transplantation were used most often—in 53% (n=343) of the 647 direct quotations. These were people who have had transplants, were currently waiting for transplants, donated an organ to someone or donated the organs of a family member. The families of these individuals also fit into this category. The people affected by donation were the most quoted group in each of the three newspapers.

Surgeons were the second most commonly quoted group in each of the three papers (19%, n=123). Thus, people affected by donation and medical experts in the area of organ and tissue donation and transplantation were the two most quoted groups. Representatives from organ procurement organizations and transplant centers were quoted directly in 6.3% (n=41) of the cases. Other sources used for direct quotations included government officials, ethicists, physicians, the United Network of Organ Sharing, hospital spokespersons, psychologists, researchers, social workers and other health care workers.

Of the paraphrased quotations, government officials were cited more than 23.1% (n=24) of the time. Spokespersons from the United Network of Organ Sharing were paraphrased in more than 19.2% (n=20) of the paraphrased statements throughout the articles. Other paraphrased sources included representatives from organ procurement organizations and transplant centers, transplant surgeons, physicians, “common people,” hospital spokespeople, social workers and ethicists.

No important group of people was left out of the articles analyzed. There was a range of sources—from people connected to donation to ethicists and transplant surgeons, the parties involved in organ and tissue donation and transplantation were well quoted.

CHAPTER 7 DISCUSSION

Feature Stories

Recent research coordinated by the Coalition on Donation found that the most influential factor in someone saying “yes” to organ and tissue donation was knowing someone who had received a transplant (Coalition on Donation, 2003). The Coalition on Donation predicted that hearing about a person who has received a transplant through the media may have a similar effect on people who have either made a decision to not donate or are opposed to donation (Coalition on Donation, 2003). Thus, it is probable that people who have not made a donation decision will consider supporting donation and that people opposed to donation may be swayed toward saying “yes” after reading a story about a positive donation outcome.

In the analysis of the articles from the *New York Times*, the *Washington Post* and *USA Today*, the feature or “soft” approach to donation was evident in more articles than were other approaches, such as the hard news approach. Readers may be drawn into a feature story more so than a news story and may recall better articles that told a true story rather than one that only reported the news. After reading a story about someone who has been through organ and tissue donation or transplantation, the reader may be prone to think about the story more—possibly to consider the effects that donation or transplantation could have on the reader’s own life or the life of a friend or family member. Whether someone has already made a decision about his or her attitude toward donation, there may be a good chance that the frequent feature coverage of donation will

catch readers' attention, engage them in the story and remain in their memory. Given that a majority of the feature articles were stories of "renewed life," it is likely that readers who have already chosen to be donors will remain supportive.

"Renewed Life" Frame

The most common frame used by the *New York Times*, the *Washington Post* and *USA Today* in covering organ and tissue donation was "renewed life." Through the "renewed life" frames, the three media outlets communicated stories of people whose lives had been saved or enhanced by organ and tissue donation. The stories spoke of improved health and second chances at life that resulted from the choice of donors and their families to donate organs and tissues. Using sources ranging from transplant recipients and their family members, to donor families and live donors, often backed up by the expert comments of transplant surgeons, the "renewed life" frame included a diversity of sources and a large number of direct and paraphrased quotations. These stories seemed designed to illustrate one aspect of organ and tissue donation—the life-saving and life-enhancing benefits. A negative donation or transplantation outcome was rarely found within this frame. The articles in all three papers told stories of the changed lives of recipients, donor families and live donors following the choice to donate or after the transplant operation.

The "renewed life" articles dominated all three papers. The *Washington Post*, known for its hard-hitting policy coverage, was especially surprising in its inclusion of feature stories that told the tales of everyday people who were touched by donation. The "renewed life" theme dominated more headlines, leads and frames of the articles in all three papers than did any other theme. Given such a majority of positive stories about donation—stories of "new life," of improved health, and of the ability to achieve great

things after transplantation—it is very likely that readers may come to recognize organ and tissue donation as something that is a practiced, reliable medical procedure, rather than a new scientific procedure or experimental surgery. Almost all of the “renewed life” stories were feature stories and told the true story of a person who was positively affected by donation. Thus, given this trend toward positive news coverage of donation, readers may begin to conclude that organ and tissue donation and transplantation are working, that donation is something that is acceptable and that transplants really do save the lives of various types of people. The concept of organ and tissue donation may soon become more widely recognized and understood, and the language may become a part of the everyday vernacular of readers. In fact, a reader could conclude, “If the media is so frequently covering a story about a person whose life has been affected by donation, maybe donation and transplantation are not so strange, not so ‘out there.’” In contrast, the fact that donation or transplantation is being covered in the news with such frequency could be seen as a sign that the practice is still something viewed as out of the ordinary, which would follow the traditional question of newsworthiness.

Forty percent of the “renewed life” articles were stories about people who had received a transplant because of a living donor, as opposed to a deceased donor. While professionals in the donation and transplantation fields are pleased with any positive coverage about organ and tissue donation, the fact that many of the positive stories dealt with a more accepted form of donation may not necessarily help to raise awareness of the positive factors associated with after-death donation. While many people are in support of donating an organ to save a family member’s or friend’s life, they may not be so supportive of donating their organs after their death to potentially save the lives of a

stranger. Therefore, while this “renewed life” coverage appeared to be positive 40 % of the stories may not affect the attitudes of those who are unsupportive of or are undecided about after-death donation.

For the most part, the articles did not tell the stories of those currently waiting for transplants. Rather, the articles told the stories of people who were already fortunate enough to receive the transplant they needed in time. According to a presentation at the Coalition on Donation fall workshop (2003), recent research shows that stories about people waiting for transplants are not as influential in convincing someone to consider donation. Rather, hearing or reading about someone who has received a transplant and has experienced good results is the most effective way of promoting positive attitudes toward donation. Thus, the high frequency of “renewed life” articles could be seen as effective tools of influencing people to say “yes” to donation.

“Unsafe” Frame

The “unsafe” frame exposed harmful, unlawful or risky aspects of organ and tissue donation. Given the reasons that people say “no” to donation, this frame may contribute to the fear of donating one’s organs and tissues and the lack of trust in the donation and transplantation processes.

Framing donation as a risk or as unsafe flags organ and tissue donation or transplantation as something to avoid. When people associate organ and tissue donation with the fear of harm, risk and a sacrifice of safety, many people choose to say “no” to donation. Indeed, the reasons that people say “no” to donation include fear of premature death, fear of bodily mutilation and distrust of the medical community. It is thus understandable that upon reading that their fears may be justified, a reader may continue to be unsupportive of donation, or may change from a positive to negative outlook on the

issue. In some of the articles, the “unsafe” frame portrayed organ and tissue donation as something beyond the law—something that is harmful to citizens and society’s order, and therefore something to avoid. This frame also painted a picture of donation as one of illegal theft and profit-making trade of organs and tissues in other countries. The frame also portrayed organ and tissue donation as an unreliable procedure. The articles in this frame suggested that facts are unknown, results are unable to be predicted and harm is possible, likely confirming readers’ existing doubts about donation and/or transplantation. For people who remain undecided about donation, these stories presented possibly new information—new risks and dangers of transplantation that may play a part in that reader’s decision. This new knowledge likely will encourage the reader to think about the issue, to weigh the pros and cons before making a decision. While the articles did not discuss any risks or dangers of being a donor, the emphasis on the risks of transplantation may contribute to people thinking that transplantation does not produce good outcomes. If readers come away feeling that transplants do more harm than good, or that the track record for this procedure is not positive, they may decide to opt out of donating.

“Supply and Demand” Frame

The “supply and demand” frame could have various effects on readers. Framing the death of individuals and the need of organs and tissues as an issue of supply and demand focuses on an economic view of donation—one looking at organs and tissues as commodities. This approach also portrays organ and tissue donation as an impersonal business. For readers with a personal connection to organ and tissue donation or transplantation, presenting a donor as a set of organs that would increase the supply may

be taken as an insult. Similarly, those readers who are waiting for an organ transplant may feel uneasy with the comparison of their illness to “demand.”

However, in framing the need for donors as one of supply and demand, the articles used numbers to make a point—the numbers just don’t add up. Used as a tactic to illustrate the lack of enough donors, the “supply and demand” frame may have made the issue more clear for some readers who are not knowledgeable about donation.

From the articles in this frame, readers could have learned about the statistics related to organ and tissue donation and the need for organ and tissue donors. These articles, which clearly illustrated the shortage of donors using numbers, may have aroused in readers a deeper level of thinking about the issue.

“Policy” Frame

The framing of organ and tissue donation as a policy issue likely taught readers several new things about the issue of donation and transplantation. By focusing on the bitter policy disputes and the legal implications of donation, allocation and transplantation, “policy” frames illustrated the behind-the-scenes industry happenings. The “policy” articles were episodic in nature, focusing on specific policy disputes. Through this in-depth look at the “why” and “how” of organ and tissue donation and transplantation, the “policy” articles gave readers some insight into what precedes transplantation and donation. Many of the articles that were framed as “policy” also discussed the need for donors as the underlying reason for the policy disputes. The articles in this frame may have made readers think deeply about the under-the-surface issues that are important to ensuring that people who need transplants get them. These articles could have produced various responses – it is understandable that readers may have respected the degree of seriousness that policymakers displayed when making

decisions about transplantation, or the readers may have come away from the articles feeling discouraged from the lack of agreement about appropriate policies for donation. The abundance of policy disputes in the media may have supported the distrust of donation and transplantation among some members of the public.

Reasons for Donation Choices

Indeed, the positive coverage of organ and tissue donation did not discuss issues such as the “ick” or “jinx” factors or cultural or religious barriers to donation – some of the negative factors that affect a person’s decision of whether to be a donor. Only a small handful of articles directly addressed the reasons that people do or do not donate. However, some of the articles covered topics that were similar to some of the common reasons for and against donating. For example, the “renewed life” frame is characterized by stories of people whose lives were helped by donation. Similarly, one of the primary reasons that people say “yes” to donation is “to save lives.” Another example is the “unsafe” frame, which contained descriptions of the dangers and risks associated with donation. The “ick” and “jinx” factors, while not directly mentioned, were evident in the “unsafe” frame, as altruistic values were evident within the “renewed life” frame. Thus, it is probable that while the articles do not directly cite the reasons for people’s donation decisions, the articles inherently contain factors that could support one side or another of the donation question.

A Varied Range of Coverage

The broad range of frames that were evident in the articles likely reflect the similarly broad range of attitudes, beliefs and behaviors related to organ and tissue donation. While some individuals boast of signed donor cards and a desire to donate their organs and tissues, others are wary of or adamantly against donation. Most likely,

this range in frames could contribute to a sense of confusion and a lack of trust in the donation process and the organizations associated with donation. With a large number of articles discussing the life-saving benefits of organ and tissue donation and a significant number of articles that portray transplantation as a medical risk, it is evident that a reader may become unclear about the state of donation and transplantation.

Another variation in the study was the difference between the frequency with which each publication included the various frames. The publications were similar in their ranking of the frames (i.e. the “renewed life” frame was the most common frame in each of the three publications and the “unsafe” frame was the second most common in each of the papers). However, in each instance, the papers’ inclusion of a particular frame may have ranged from 5% in the *New York Times*, to 10% in the *Washington Post*, to 20% in *USA Today*. A possible explanation behind the significant variation could lie in the broad range of topics and frames that each paper covered during this time. For example, the *New York Times* had a rather low percentage of any one frame because that publication contained a wide range of frames—many that were found in only a few articles, and many that were one of the dominant frames discussed in this study. In each of the three publications, there were many frames that existed in one article only, rendering that particular finding insignificant to this research study, which aimed to understand the general coverage over a five-year period of time.

Sources

Stories from all frames used sources including transplant recipients, donor families, transplant surgeons and ethicists. Thus, the frame did not appear to be a deciding factor in the choice of sources.

The frequent inclusion of sources affected by donation or transplantation may be another sign to readers that donation and transplantation is a successful procedure that has been experienced by many people throughout the country. Many people believe that only celebrities and high-wealth individuals receive transplants. This is one of the reasons that people cite for why they choose to not donate. Some of the people affected by donation who were quoted in these stories were celebrities or highly publicized individuals, such as professional athletes and Olympians. The inclusion of this type of person could help to raise awareness of donation and transplantation if readers are attracted to stories about people such as this that they may look up to. In contrast, the quotation of these celebrity sources could reinforce the belief that transplants are given to those who are above the general population—people who are famous or who achieve wonderful feats.

However, many of these stories also quoted people who were affected by donation or transplantation and were not celebrities or famous personalities. The inclusion of these individuals may have communicated a sense of sameness between the readers and the story subjects. The fact that people from various careers, income categories and ethnic groups received transplants that positively affected their lives may have caused readers to think that anyone could need and receive a transplant. Readers may have been more likely to relate with sources who were not famous, did not hold a particular professional position or title, and did not hold political office. The inclusion of these sources may have made readers consider the real-life outcomes of donation and transplantation. The use of sources personally affected by the issue put real names with the stories and first-hand accounts of how organ and tissue donation may affect someone's life.

The use of surgeons or physicians as sources throughout the stories may have lent a greater sense of credibility to statements made about donation or transplantation. Especially given the complex scientific and medical aspects of the issue, using “expert” sources from the medical field may have communicated more of a sense of urgency or seriousness to a story. For example, readers may have been more likely to believe a statement about the need for donors that was delivered by a transplant surgeon than the wife of a liver recipient. Similarly, issues of a clinical nature would be most accurately stated by someone who works in the field of medicine.

However, many readers, specifically minorities, do not trust the medical establishment and transplantation in particular. For these readers, quotes from a doctor, nurse, or allied health professional may have been viewed with a sense of distrust. Thus, readers may have felt that employees of a healthcare organization involved with donation or transplantation would be biased one way or another regarding the issue.

Implications for Professionals

In essentially all organ procurement organizations and tissue banks in the United States, public relations or health science education professionals lead the organization’s efforts to promote donation. In addition, several national and statewide non-profit organizations exist for the sole purpose of raising awareness of organ and tissue donation (Siminoff et al, 2001). The Coalition on Donation, which is the umbrella organization for state coalitions, is an example. The Coalition conducts educational public relations campaigns aimed at a general audience, as well as campaigns targeted specifically toward special populations such as African Americans and Hispanics (National Coalition on Donation, 2003). The research on media framing of organ and tissue donation and its implications for donation can assist these professionals in their message and campaign

construction to develop among them a working knowledge and understanding of the media climate that surrounds donation issues.

Hopefully, with an increased understanding of the frames used to discuss donation in the media, the public's reasons for donating or not donating can be better understood. Subsequently, public relations practitioners working in this field can conduct public information campaigns better aimed at increasing the number of people choosing to become donors and the number of family members who ultimately make that final decision (Holtkamp, 2002).

Many public relations professionals in the donation and transplantation field often wait for a news angle to pitch a story. However, the results of this study prove that the media is printing a great number of feature stories about the lives of people who have been affected by donation or transplantation. Thus, the knowledge that transplantation feature stories are receiving a good deal of coverage on the national level could inspire these professionals to pitch more of these feature stories to their local media. Being aware of the fact that the media are printing many stories about people's experiences with donation, these professionals could work more with their organizations' donor families, transplant recipients and live donors to tell their stories through the media. Many public relations professionals may find that they know of several true stories in their local area that may be "newsworthy," which could in turn educate or inspire others through the media.

Further, some professionals may decide to be proactive about the issues of risk. Following a national occurrence that threatens the reputation of organ or tissue donation

or transplantation, professionals may want to prepare statements in the case that their local media or members of the general public contact them with questions.

Further, the results presented in this paper also can be helpful for those individuals creating education campaigns. By knowing what news coverage exists and what messages the coverage contains—information, language and metaphors—these individuals and organizations will be ahead in their message construction and program planning. Through awareness of the existing messages, professionals in the field will be in a position to reevaluate their own efforts and develop new messages that may better educate the public on donation through the media. Knowing the information that exists can assist in creating messages that either support or counter media frames and corresponding meanings.

The results of this study show that the readers of these publications are learning about the risks of donation and transplantation through the media. Knowing the specific information about risks that is being conveyed through the media, professionals conducting education campaigns can prepare themselves with a direct response to the concerns that may arise from these articles. Although professionals may be prepared to answer general questions about risks, knowledge of the national level issues may be important to strengthen the public's perceived credibility of these professionals. Further, professionals could place an even greater emphasis on weighing the benefits and risks of donation. Strengthening the education pieces about the benefits of donation may be a key solution to countering the messages about risks and dangers that people may encounter through the media.

Implications for the Public

When surveyed, members of the general public often display a lack of knowledge about many aspects of organ and tissue donation. Throughout the articles in this analysis, very few inaccuracies regarding donation or transplantation were observed. Thus, there is much for a reader to learn from the coverage of organ and tissue donation. In the elite newspapers, readers could find true stories about people positively affected by donation or transplantation, risks and dangers associated with organ and tissue transplantation, statistics of the number of donors versus the number of people needing transplants, and policy issues that affect donation and transplantation.

Each of the dominant frames could cause a reader to think more deeply about the issue. Given the mixed coverage, readers could walk away confused or could walk away with a clearer view of donation, free to make a decision that is right for them. Given the mixture of coverage, and based on all of the findings of this study, the reader is likely to be exposed to enough information on the various aspects of donation and transplantation that they will feel comfortable making a fairly educated decision on the issue. With the combination of true stories of people's lives that were saved by transplants and the stories of the risks and dangers associated, along with various other aspects of donation, readers have received broad coverage of the issue.

Limitations of Study and Recommendations for Future Research

For organizations interested in a local picture of organ and tissue donation media coverage, this study may fail to provide an accurate picture. While this study can provide an analysis of coverage in elite national newspapers, an analysis of a particular state's coverage would require additional research. For a thorough examination of the coverage in a particular area—for the sake of providing helpful information to local donation

organizations—research could focus on media in that particular geographical area. This would allow for a focused, specific analysis of coverage of the issue, illuminating emerging frames in the coverage that results from local events and trends.

Also, the *New York Times*, the *Washington Post* and *USA Today* are not necessarily a representation of the reading material of the general public. As three of the nation's elite newspapers, they provide only a representation of the coverage in this type of paper.

To gain a complete understanding of the media coverage reaching the public, a future study could conduct framing analyses of the coverage in magazines, on Web sites, on television news or on television news magazines or programs. With the combination of results from studies analyzing the various forms of media coverage, a complete picture of organ and tissue donation may emerge.

CHAPTER 8 CONCLUSION

Organ and tissue donation affects hundreds of thousands of men, women and children in the United States. For individuals and families who are faced with the decision of organ and tissue donation, their existing knowledge of the issue likely will affect their decision.

Many of the articles (40%, n=48) in this study were dominated by the “renewed life” frame, which consisted solely of a positive view of organ and tissue donation – illustrated as saving and enhancing lives. This frame runs parallel with the number one reason that people cite as to why they say “yes” to donation—to save lives. Given the articles in this frame, it makes sense that a reader could walk away feeling positive about a decision to say “yes” to donation.

However, it is fairly evident that the public may be confused regarding the truth about organ and tissue donation, given such a mixture of coverage in the nation’s elite newspapers. Coverage in the articles ranged from positive to negative. Although more of the frames fell on the positive end of the spectrum, the presence of such a varied mixture could pull a reader in more than one direction regarding the issue. Further, as the coverage included both optimistic and pessimistic themes, readers could be confused or uncertain about the risks and benefits of organ and tissue donation.

The effects of the media are seen to be influential in issues that are of extreme significance. The picture painted by the media of organ and tissue donation can affect the

lives of hundreds of thousands of people—those waiting for transplants, those faced with the decision of donation and the families and friends of them all.

APPENDIX A
CODING SHEET

ITEM ID # _____

- 1.) Newspaper name
- 2.) Date ____/____/____
- 3.) Day of the week
- 4.) Reporter's Name
- 5.) Approximate length of item (in words)
- 6.) Section
- 7.) Page #
- 8.) Description of section
- 9.)
Local
Guest/Freelance
Wire
Syndicate
Combination Origination

9a.) If wire, syndicate or combination, please indicate the service by name.

- 10.) Type of item
News
Feature
Opinion/Editorial
Other

11.) Headline of item

12.) Lead of item

13.) Main topic of story

14.) Secondary topic(s) of story

15.) Sources used in story for direct quotations

16.) Sources used in story for paraphrased quotations

17.) Framing and framing techniques (mark directly on copy of item being coded.)

APPENDIX B CODING GUIDELINES

1.) Newspaper name—Write the abbreviation of the newspaper in which the story was published, even though it may have originated in another newspaper.

NYT—New York Times

WP—Washington Post

USA—USA Today

2.) Date—mm/dd/yy

3.) Day of the week—Write the day of the week that the story was published

4.) Reporter's name—Write the reporter's (or reporters') names as they are provided in the byline.

5.) Approximate length of item (in words)—If the word count is given, list that. If not, count the number of words in five lines and divide by five. Then multiply that number by the number of lines in the story to calculate an approximate length in words.

6.) Section—If a letter is provided for the section, please list it. If no letter is provided, list the name of the section in which the item is found.

7.) Page # -Indicate the page number (or numbers) on which the item is found.

8.) Description of the section—This is often the same as the name of the section. Examples include: Business/Metro, Living, Entertainment, Local News, World News, Neighbors, Health, Health/Science.

9.) Local, guest/freelance, wire, syndicate, or combination/origination—Only considering the story, identify whether the writer is local (also called staff), a guest or freelance writer, a wire service writer, a syndicate writer (most often columnists), or other. For stories that originate partially with a wire service and are updated or localized by a staff writer, please identify as combination.

10.) Type of Item—If the item is a news item, it will have a time element in the lead. Ask yourself, "Could this story run two days or a week later with the exact same wording?" If the answer is no, then this is likely a news story. Feature stories are less focused on time. Opinion articles generally take a stance on some issue and present arguments for and/or against that issue.

11.) **Headline of the item**—Write the headline of the item. If the headline includes a kicker or more than one line, please write all of them.

12.) **Lead of item**—Write the lead of the item. The lead is usually the first sentence or paragraph. Occasionally, the lead will encompass two sentences and/or paragraphs.

13.) **Main topic of story**—Identify the main topic of the story. This is the primary or main issue or event that the story concerns. If it is difficult to determine the main topic, for each potential main topic, count the number of paragraphs that deal with the topic you have identified. The topic with the most paragraphs about it is the main topic.

14.) **Secondary topic(s) of story**—After you've identified the main topic of the story, any other topics that are important to the story but cannot be considered the main topic should be listed here.

15.) **Sources used in story for direct quotations**—List the names, titles and locations of all sources who are directly quoted in the story. If a description of the source is provided—for example, oncologist, homemaker, elderly individual, etc.—please indicate that as well.

16.) **Sources used in story for paraphrased quotations**—List the names, titles and locations of all sources who are paraphrased in the story. These also may include sources used for background information, including books, Internet sites, pamphlets and other printed and broadcast materials. If a description of the source is provide—for example, oncologist, homemaker, elderly individual, etc.—please indicate that as well.

17.) **Framing and framing techniques**—Read the item carefully several times. Going paragraph by paragraph, examine the presence and absence of key words and phrases, loaded words and phrases and sources of information used in (and excluded from) the story, including in the headline, lead, kicker and caption(s) to decide how the story is framed. The players? The sources (e.g., are they presented as credible?)? What issues are raised and how are they presented? Elements of framing include the included tone, symbols, figurative language, themes and visual images, as well as those that are excluded. Examine the direct quotations included in the item to identify those that affect the item's framing. Highlight the quotations by circling, underlining or marking with a highlighter pen those that affect the frames and/or framing techniques. Indicate the frame the quotation is intended to advance or reinforce. Identify the framing techniques that are used to advance a particular frame for the story. These techniques can include the use of key words, leads, headlines, quotation marks, catchphrases and figures of speech to present or maintain particular themes via phrases and sentences. Other framing techniques include de-legitimizing (using quotation marks for non-speech, focusing on appearances or surface details, emphasizing dissension and underestimating numbers of people), focusing on deviance (breaking social norms through violence or other means, pitting someone against another person or some other thing), and focusing on events rather than issues (ignoring goals and missions, describing actions and reporting only surface details). Highlight examples of text from the item that illustrate the framing techniques that are used in the story.

Attach the coding sheet to the item being coded.

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BIOGRAPHICAL SKETCH

Erin Jean Thompson received her Bachelor of Science in Public Relations degree from the University of Florida in Gainesville, Florida, in December of 2001. Thompson graduated with highest honors with minors in health science education and sociology.

Thompson's undergraduate and graduate research has been focused on organ and tissue donation. Her desire to study donation is inspired by her fiancé J.P. Morton, who is awaiting a liver transplant. Thompson is employed by LifeQuest Organ Recovery Services in Gainesville, Florida. LifeQuest is an organ procurement organization, which recovers organs for transplantation and educates the public on the importance of organ and tissue donation. Thompson is a public education coordinator with LifeQuest.