

A Slippery Argument: Ableism in the debate on Medical Assistance in Dying

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Introduction

“Nothing for us without us”. That is the motto of the Disability Rights Movement that Pullman (2023) seems to ignore in his work against a wider access to Medical Aid in Dying in Canada (Bill C-7, 2021). In his attempt to advocate for people with disabilities, he appeals to the ableist argument behind euthanasia. We argue that his argument is fallacious for three main reasons: 1) There is a lack of empirical support proving that people with disabilities are receiving euthanasia at higher rates than those in the general population; 2) It is grounded on the so-called “expressivist objection”, according to which euthanasia sends a demeaning social message about the value of the lives of people with disabilities (Hofmann 2017); and 3) It falls into *cripwashing*, that is, using the rights protections of one group (persons with disabilities) to restrain general rights (Moscoso and Platero 2017).

Facts over values in Medical Assistance in Dying

Pullman attributes a 25%-30% increase in MAiD in Canada between 2020 and 2021 to several factors: access conditions to MAiD, lack of palliative care and other social resources, and healthcare professionals' dubious practices, as undue power influences over patients' decisions on MAiD.

The fact that these possible explanations for a MAiD increase in Canada remain unproved is problematic. It introduces suspicion and contributes to unjustified mistrust in political systems and healthcare relationships. While potentially disruptive claims can be insightful and should be generally accepted in bioethics scholarship, providing robust evidence supporting them must remain the standard to distinguish proper social science from undue accusation and incendiary discourse.

We are unaware of any country with legal MAiD where people with disabilities are receiving euthanasia at higher rates than those in the general population. On the contrary, a higher incidence of euthanasia has been associated with higher household income and education, as well as good self-reported mental and physical health (Colburn 2022; Groenewoud et al. 2021). Additionally, poor social determinants of health and disabilities are not always coexisting, so restraining access to MAiD to the whole group would be damaging the individual rights of their specific members (Downie and Schuklenk 2021). This is not a way to say that misuse and abuse of MAiD do not exist. Disturbing cases as those occasionally shown in the media should be investigated and avoided through efficient control mechanisms. What is more important is to determine whether such cases account for defective regulatory mechanisms, or are simple exceptions. Transparency and detailed data from the

governments about the motivations and living circumstances of people with disabilities to ask MAiD are essential to put facts before values in end-of-life debates.

The expressivist objection to Medical Assistance in Dying

Pullman claims that “the proposed expansion [of access to MAiD in Canada] was based on ableist assumptions that devalue the lives of persons with disabilities” (XX). That kind of argument—also known as the “expressivist objection”—is based on the idea that, by allowing assisted dying to people with disabilities, MAiD sends to society a disrespectful and harmful message about the (dis)value of their lives (Hofmann 2017).

The expressivist objection Pullman endorses is linked to the slippery slope argument, according to which wider access to MAiD implies foreseeable and undesirable consequences for people with disabilities (eugenic practices, seeing disability as a disvalue, a burden on relatives and State, etc.). Some of these concerns refer to empirical hypotheses that could be either confirmed or rejected (Colburn 2022). There are also theoretical grounds to reject the expressivist concern in this debate.

First, it cannot be said that Canadian legal changes are based on ableism. Regulatory change in Canada is not exclusively addressed to people with disabilities, but to the general population that meets the conditions to receive the assistance. Besides, it is not clear what we mean by disability. From some positions, disability implies living with inherent limitations; other perspectives consider it an invaluable condition, while there are people who perceive it as an identity (Wasserman and Aas 2023). This lack of a universally accepted definition of disability makes it difficult to identify which person is “disabled”. For instance, is a neurodegenerative process a disability? If a mental condition is considered a disability implying an impairment of competence and an important factor of vulnerability, as Pullman suggests, under what legal assumption

would it be valid to provide MAiD? Answers to these questions depend on the view to be taken, and this is an important point to be disclosed before talking about ableist assumptions in end-of-life laws.

Second, the value of a whole community cannot depend on the individual decision of a person with a disability who requests their legal right to MAiD. Communitarian values may be worthy of being protected, but they cannot remove individual freedoms. Paradoxically, eliminating the possibility to decide about their own lives does involve a devaluation of the community of people with disabilities, since it undermines their capacities and rights to make choices according to their will. Additionally, neglecting access to MAiD for people with disabilities may result in distress and inequities; those who can afford it will travel to places where MAiD for them is legal, while those who cannot end up committing suicide, as well as putting at prosecution risk to their assisters (Shakespeare 2005).

The previous arguments are not incompatible with active advocacy to eliminate discriminatory practices against people with disabilities and to increase the quality and access to healthcare, palliative care, or socioeconomic support (Wiebe and Mullin 2023). Standing up for greater resources and allowing MAiD for people with disabilities are not mutually exclusive policies. MAiD is one more right—not a duty—for the development of a freely chosen life, not a substitute for better welfare systems, able to provide the best conditions for a decent life.

Cripwashing

We have suggested that there is no real confrontation between the protection of people with disabilities and the right to make decisions about their own lives. Now, we would like to add a more political sphere, appealing to the concept of *cripwashing*. As

Moscoso and Platero (2017, 471) have put it, “the use of terms like crip (or white, purple or green) as prefixes serve to name the group of people on whose behalf the protection measures are put into action, while the verb ‘wash’ serves to denounce the co-opting strategies that use minority rights to maintain or enhance structural forms of discrimination”.

Indeed, the protection of people with disabilities is a recurrent argument against some end-of-life practices (Colburn 2022). Together with UN observers and activists for the rights of people with disabilities, Pullman considers that wider access to MAiD “might contravene Article 10 on the Rights of Persons with Disabilities, a document Canada had ratified in 2010.” (XX). This Article declares that “States Parties reaffirm that every human being has the inherent right to life and shall take all necessary measures to ensure its effective enjoyment by persons with disabilities on an equal basis with others” (UN 2003). MAiD laws around the world are not based on a right to die or a duty to kill or be killed because of a disabling condition but on the affirmation of the right to choose how to live one's own life, which in some societies implies a better control about the way and moment for dying. In this sense, access to MAiD also for people with disabilities is a way to comply with the UN Convention.

Using a polarized framework where people with disabilities are under death-threat reinforces positions against wider access to MAiD for anyone. The alignment of these conservative positions with some disability movements against MAiD is not representative of the whole population of people with disabilities (Colburn 2022). There are groups and individuals among them that support and vindicate their autonomy also on end-of-life choices. These voices need to be heard too. Some of them consider that the disabled condition does not necessarily mean illness or suffering. They defend that

disability is another sign of diversity, not a disvalue, and stand up for all the measures required for both a dignified life and a dignified death.

Concluding remarks

In short, richer empirical evidence about the practice of MAiD in people with disabilities is needed to understand and compare, in each specific case, the living conditions and motivations of those who request MAiD. Research is needed to avoid inflammatory alerts of systematic abuse or undue ableist accusations. Quantitative data should be completed with a wide range of narratives of social workers, health professionals, and particularly of people with disabilities since there is no unified position about MAiD among them or their organizations. Health professionals are responsible for adequate caring, which includes accompanying processes to integrally meet the needs of people with disabilities and support their decision-making about end-of-life.

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