

Is Death a Right or a Risk?

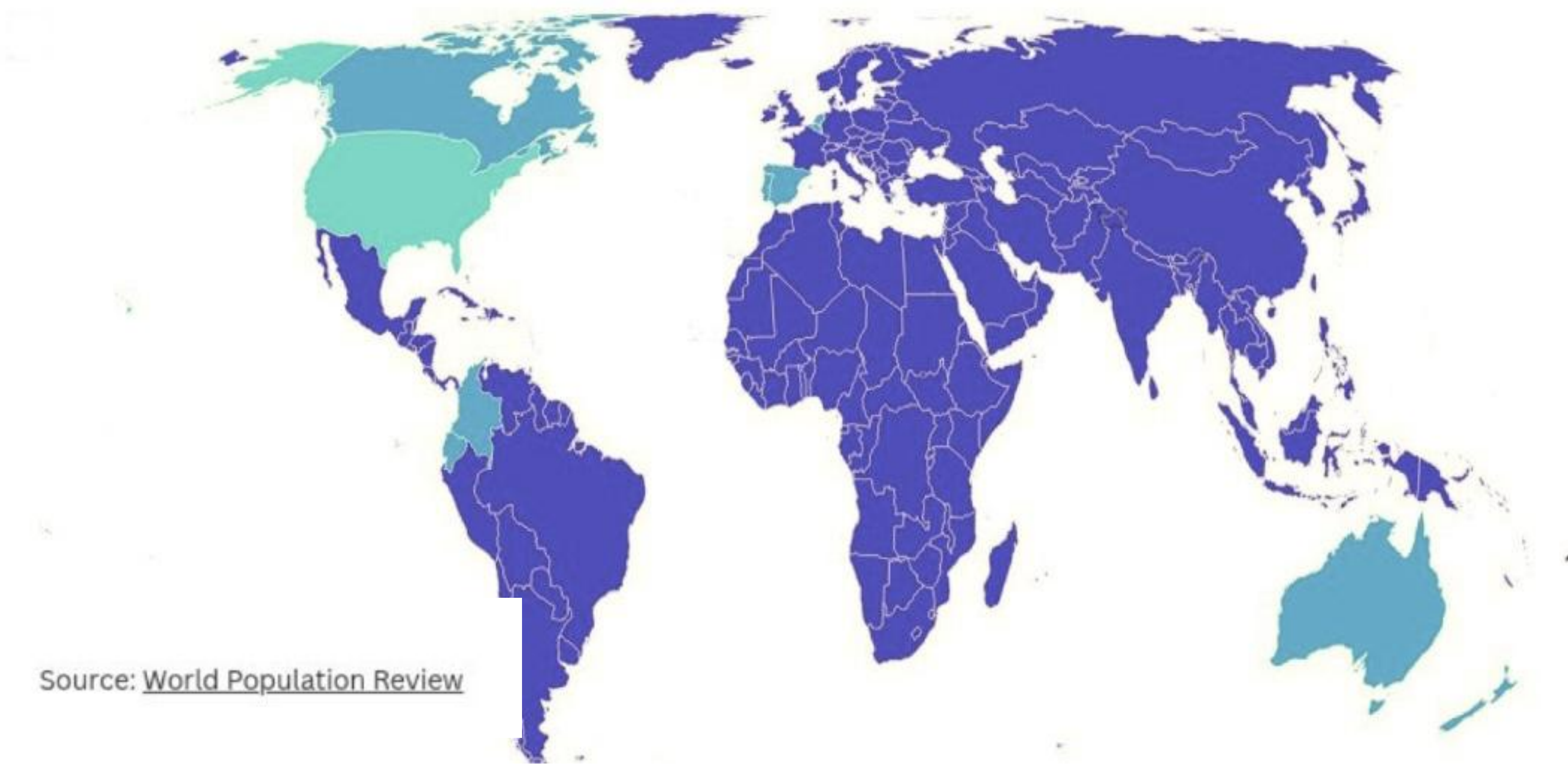
Examining Ableist Biases in the MAiD Debate

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BACKGROUND:

Societal attitudes frame disabilities as a state more agonizing than death. As a result, Medical Aid in Dying (MAiD) is often presented as a compassionate response for terminally ill individuals battling unbearable pain. However, the debate becomes more ethically complex when MAiD is extended to non-terminal patients, especially disabled individuals. Some disability advocates argue that choosing MAiD to avoid pain, debilitation, or dependence often are influenced by ableist attitudes toward living with a disability.

■ Illegal ■ Legal ■ Legal in some regions



Collected:

1. Academic scholarship (bioethics, disability studies)
2. First person narratives, news articles, and media representation of disabilities
3. Policy and legislation regarding MAiD

Examined:

1. Ableist biases in assumptions about suffering and quality of life evaluations
2. The influence of these beliefs on MAiD legislation and medical decision-making
3. The impact of these harmful and stereotypical beliefs on individuals with disabilities

Ableist assumptions about quality of life influence MAiD policies that devalue disabled individuals and justify end-of-life decisions as so-called compassion.

Scores in the SF-36 dimensions of the nondisabled population (N = 8112) and the disabled population (N = 303), score differences, and effect sizes

	Nondisabled mean (SD)	Disabled mean (SD)	Difference	Effect size
Physical functioning	88.8 (17.7)	36.0 (30.5)	52.8*	3.0
Role-physical	88.1 (29.0)	39.5 (45.5)	48.6*	1.7
Pain	78.5 (24.3)	45.7 (31.4)	32.8*	1.3
Perceived health	66.7 (18.3)	37.7 (21.6)	29.0*	1.6
Vitality	66.3 (19.1)	42.9 (23.6)	23.3*	1.2
Social functioning	89.9 (18.0)	57.5 (33.5)	32.4*	1.8
Role-emotional	92.0 (24.2)	72.9 (43.3)	19.1*	0.8
Mental health	73.3 (17.2)	57.6 (23.0)	15.8*	0.9
Physical component summary	50.2 (9.2)	26.8 (12.7)	23.5*	2.5
Mental component summary	50.1 (9.8)	45.9 (15.7)	4.2*	0.4

Mar (2010), *ClinicoEconomics and Outcomes Research*, <https://doi.org/10.2147/ceor.s10709>

This chart demonstrates how disabled and non-disabled individuals score across different health-related areas of quality of life, with the biggest contrast in physical functioning. These assessments can perpetuate harmful beliefs that associate disability with suffering, reinforcing ableist assumptions about what makes life valuable, harmful when applied to MAiD discussions.

RESULTS:

Ableist biases surrounding quality of life shape policies that devalue disabled individuals, masking systemic inequalities as so-called compassion. This influences life-and-death decisions, reinforces systemic inequality, and strips disabled individuals of their autonomy.

