



April 12, 2021

Dear Minister Elliott and all PC Members of Provincial Parliament:

We write on behalf of the Council of Canadians with Disabilities (CCD). CCD is a social justice organization of people with all disabilities that champions the voices of people with disabilities, advocating an inclusive and accessible Canada, where people with disabilities have full realization of their human rights, as described in the UN Convention on the Rights of Persons with Disabilities. We are urgently calling on the Ontario government to enact conscience protection legislation for health care workers in view of Bill C-7 having received royal assent March 17, 2021, which expands access to medical assistance in dying (MAiD) to those with chronic illness, disability and mental illness.¹

Notwithstanding Canada's carefully curated image as a bastion of inclusivity and human rights, the COVID-19 pandemic has laid bare the systemic ableism that relegates people with disabilities to the margins of society in Canada generally, and, often, Ontario, in particular. Running contrary to the oft-repeated public health mantra of "We're all in this together" have been stories of COVID-19 outbreaks in long-term care facilities and group homes causing personal support workers to fall ill themselves and prompting those who remained to abandon their elderly and disabled clients. Interestingly, and tellingly, while the deplorable conditions of seniors languishing in long-term care facilities has (rightfully) garnered national attention over the past year, the abandonment of physically and developmentally disabled adults by staff at [REDACTED], a care home in [REDACTED] Ontario, in [REDACTED] was little more than a blip in the 24-hour news cycle.^{2, 3} All of this points to the fact that Ontario, like the rest of Canada, suffers from a pre-existing condition that has lethal outcomes. The name of this condition is ableism.

Ableism can be defined as discrimination and social prejudice against people with disabilities based on the belief that typical abilities are superior. At its heart, ableism is rooted in the assumption that disabled people require 'fixing' and defines people by their disability. Like racism and sexism, ableism classifies entire groups of people as 'less than,' and perpetuates

Parliament of Canada. (March 17, 2021). *Bill C-7*. [Internet] Accessed April 7th 2021.
<https://parl.ca/DocumentViewer/en/43-2/bill/C-7/royal-assent>

² Katherine Declerq, "I Saw the Fear in Their Eyes,' Former MP Says of Residents at Ont. Facility for Vulnerable Adults," Toronto, May 1, 2020, <https://toronto.ctvnews.ca/i-saw-the-fear-in-their-eyes-former-mp-says-of-residents-at-ont-facility-for-vulnerable-adults-1.4920784>.

³ "Jane Philpott on Life inside the Care Home Where 95 percent of the Residents Have COVID-19."



harmful stereotypes, misconceptions, and generalizations about people with disabilities.⁴ Unlike racism or sexism, however, ableism remains, in the words of Canadian disability scholar, Gregor Wolbring, “one of the most societally entrenched and accepted isms.”⁵

Despite the major role that medical professionals play in the lives of people with disabilities, research indicates that people with disabilities frequently encounter discrimination in healthcare settings, even in ordinary times.⁶ Studies have consistently shown that, as a group, health care professionals tend to substantially underestimate the quality of life of people with disabilities.⁷ Such erroneous judgments about the quality of life experienced by people with disabilities can result in treatment options for people with disabilities being either limited, or altogether eliminated.⁸ At the heart of such decisions is what disability scholar Joel Reynolds has termed the “ableist conflation” of disability, suffering, and death: “Wherever operative, the ableist conflation flattens communication about disability to communication about pain, suffering, hardship, disadvantage, morbidity, and mortality.”⁹

What makes medical ableism so dangerous and so insidious at the same time is that it often presents as “common sense.” James Cherney argues that “ableism is that most insidious form of rhetoric that has become reified and so widely accepted as common sense that it denies its own rhetoricity; it goes without saying.”¹⁰ Within this milieu of “common sense” ableism, people with disabilities are routinely made vulnerable in medical settings. For example, studies have consistently shown that the Emergency Department environment can be stressful, and

⁴ Eisenmenger, A. (2019) “Ableism 101” <https://www.accessliving.org/newsroom/blog/ableism-101/>

⁵ Gregor Wolbring, “The Politics of Ableism,” *Development* 51, no. 2 (2008): 252–58.

⁶ C. McMillan, “Physician Perspectives on Care of Individuals with Severe Mobility Impairments in Primary Care in Southwestern Ontario, Canada,” *Health & Social Care in the Community* 24, no. 4 (2016): 463–472.

⁷ Sunil Kothari and Kristi L. Kirschner, “Abandoning the Golden Rule: The Problem with ‘Putting Ourselves in the Patient’s Place,’” *Topics in Stroke Rehabilitation* 13, no. 4 (October 1, 2006): 68–73, <https://doi.org/10.1310/tsr1304-68>.

⁸ Deborah Stienstra and Harvey Max Chochinov, “Palliative Care for Vulnerable Populations,” *Palliative and Supportive Care* 10, no. 1 (2012): 37–42, <https://doi.org/10.1017/S1478951511000563>.

⁹ Joel Michael Reynolds, “‘I’d Rather Be Dead than Disabled’ the Ableist Conflation and the Meanings of Disability,” *Review of Communication* 17, no. 3 (July 3, 2017): 149–63, <https://doi.org/10.1080/15358593.2017.1331255>.

¹⁰ James L. Cherney, “The Rhetoric of Ableism,” *Disability Studies Quarterly* 31, no. 3 (October 2011): 2018, sds.org/article/view/1665/1606.



even dangerous, for people with developmental disabilities and/or communication disabilities, both because deficits associated with these conditions hamper these individuals' ability to communicate their concerns, and because staff often do not have the skills needed to work with them.¹¹ The advent of COVID-19 has only exacerbated these stresses and hazards, sometimes with lethal consequences.

Given the ubiquity of medical ableism, it is of utmost importance that physicians and other healthcare providers whose views of the quality and worth of lives lived with disability differ from the majority be afforded robust protection of their conscience rights. People with disabilities need to be able to find doctors and other healthcare providers who they know will fight for their lives when necessary. Without legal protection of the conscience rights of healthcare professionals, this will not be possible. A failure to enact legislation to protect the conscience rights of healthcare professionals would thus leave thousands of Ontarians with disabilities without recourse to healthcare professionals who they can trust to serve as allies against the ubiquity of medical ableism that devalues and endangers their lives.

The Council of Canadians with Disabilities is, therefore, urgently calling on the provincial government of Ontario to enact legislation which will provide robust protection of the conscience rights of healthcare providers.

Yours sincerely,

CCD, Ending of Life Ethics Committee

Cc: Shari Hildred, CCD National Coordinator

¹¹ E. Bradley and Lofchy J, "Learning Disability in the Accident and Emergency Department," in *Advances in Psychiatric Treatment*, vol. 11, 1, 2018, 45-57.