

DIGNITY AND COMPASSION: EXPLORING SOCIAL JUSTICE THROUGH DISABILITY

by

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ABSTRACT

This project seeks to answer the question: How can we ensure the full inclusion of people with disabilities in society? Defining personhood, and consequently human dignity, through rationality is restricting and has led to the exclusion of people with disabilities. Rationality, defined through capacities like self-awareness, self-reflection, and communication, hierarchizes human value and creates an individual autonomy centred understanding of human dignity. Through exploring the notions of personhood, dignity, and social justice, this thesis argues that society is well-structured when compassion is its foundation. This focus shift can be applied to dialogue surrounding physician assisted dying, and reveal the shortcomings of autonomy based politics in caring for people with disabilities. Highlighting the caring relationships that humans engage in shifts the focus of social justice from individual liberty to universal vulnerability and dependency. Founded in our mutual need for belonging, an ethic of compassion accentuates the relationality of human beings and centres care in the community.

DEDICATION

To all who have supported me along the way. Special thank you to my grandmother who saw beauty in everything, and embodied compassion and unconditional love.

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TABLE OF CONTENTS

ABSTRACT	ii
DEDICATION	iii
ACKNOWLEDGEMENTS	iv
TABLE OF CONTENTS.....	v
CHAPTER ONE: Introduction.....	1
CHAPTER TWO: Social Justice Theories.....	6
CHAPTER THREE: Dignity.....	20
CHAPTER FOUR: Compassion	38
CHAPTER FIVE: Extended Argument	53
CHAPTER SIX: Conclusion	74
REFERENCES	80
CIRRICULUM VITAE	

Chapter One: Introduction

This thesis will explore theories of social justice through the lens of disability theory. In other words, this thesis seeks to answer the question: How can we ensure the full inclusion of people with disabilities in society? The thesis's goal is to demonstrate how a compassion based approach to social justice provides an inclusive process and outcome related to disability. This will be achieved through an exploration of the ways that the notions of compassion, dignity and personhood interact with an understanding of social justice that is disability-inclusive. Through an appreciation of the complexities of identity, the project will explore the connection between rationality, dignity, and personhood. In exploring the relationships between each of these concepts, I will construct a way of understanding community with compassion as its foundation. Through an in-depth consideration of these themes and their interconnections in disability and social justice theories, I will illustrate my argument that social justice theory based in compassion enables an inclusive way of understanding disability as well as the inclusion of all people.

Ingrained in politically based theories of social justice is an assumption that the simplest construction of social justice theory is best. It is argued, as will be shown in the work of Rawls for example, that the simplest case must be presented first and that more complex cases, or variances in human identity and aesthetics, must be considered as an afterthought. This understanding of social justice theorizing implies that disability, as an example of a complex case, is a variance in identity that is not vital to the original formulation of theory. As Anita Silvers identifies, "traditional philosophical accounts of

justice have overlooked outliers, or at least have omitted concern for people whom they designate as such. Theories of justice traditionally are designed to foreground what is common to, or commonly agreed upon or accepted by, ordinary people” (2009, 165-166). Martha Nussbaum, a proponent of Rawls and disability scholar, acknowledges that “Rawls’s contracting parties are imagined throughout as rational adults, roughly similar in need, and capable of a “normal” level of social cooperation and productivity” (2006, 108). As Silvers and Nussbaum both acknowledge, the simplest case method is problematic, because it favours humans considered as ‘ordinary’ or ‘normal’. “Difference-neutrality”, illustrated in Rawls’s Veil of Ignorance, “tends to deny recognition to different abilities, and as a result fails to scrutinize policies and practices that privilege common or familiar levels of ability as the normal and thereby the socially valuable ones” (Silvers, 2009, 172).

The argument that the simplest case must be first articulated in social justice theory before consideration for social and physical variances is a chief motivation for this research. Additionally, this project seeks to demonstrate how an overemphasis on rationality in philosophy is detrimental to the achievement of social justice and the evolution of disability studies. Overemphasizing the role of rationality in the essence of personhood is harmful because it is vulnerable to arguments that rank human beings based on an idealized understanding of intelligence. Furthermore, this line of thinking is susceptible to arguments, like those of Peter Singer, that consider human beings with limited rational capacity as less valuable than some non-human animals.

Comprehending the complexities of identity is fundamental to disability studies. The study of identity reveals much about understanding the self, and also understanding the self in relation to others. As Rosemarie Garland-Thomson asserts, the “self materializes in response to an embodied engagement with its environment, both social and concrete” (2006, 267). Our sense of self, our identity, is largely shaped by an awareness of the treatment of our identity by others. Although personal identity exists in the individual and is specific to the individual, it is important to recognize the external relational and structural influences that affect identity formation. Recognizing identity as constructed through our relationship with the outside world will solidify claims throughout this thesis regarding community, dignity, and compassion. That is, in emphasizing the reality that the self is shaped through our relationships with others I will demonstrate how a compassion-based approach to social justice is a more viable option for the inclusion of all human beings in the human community.

Lennard J. Davis postulates that “the object of disability studies is not the person using the wheelchair or the Deaf person but the set of social, historical, economic, and cultural processes that regulate and control the way we think about and think through the body” (1995, 2). In other words, disability studies should be framed in such a way that the individual person is not the focus. Rather, the focus of disability studies should engage with the social and cultural practices that influence how we perceive and define disability. Individual and institutional relationships influence personal and group identities to varying degrees. Although a person may be free to decide whether or not to identify as having a disability, the society to which a person belongs influences the

development of this identification. Recognizing the role that the social treatment of disability has situates disability in the realm of social justice. Because the goal of social justice is to ensure the equality of all human beings, the systemic marginalization of disability is unjust as it implies that the equality of disabled persons is less valuable than the life of a non-disabled person.

This thesis will ultimately argue that two interdependent concepts must be the foundation of social justice theories: compassion and dignity. Categorical dignity is the most essential property of the human being. That is, dignity as equally present in all human beings is most essential in grounding how we treat one another. To be compassionate is to fully respect the categorical dignity of all human beings. Therefore, the extended argument section of this thesis will provide an argument that maintains that the notions of compassion and dignity are crucial to a disability-inclusive theory of social justice.

Through exploring some of the leading theories of social justice, this thesis will demonstrate that an overemphasis on rationality is counterproductive to the achievement of social justice. Additionally, this thesis will argue that the simplest case method of social justice argumentation does not adequately address the problems associated with inequality. The simplest case method, as identified by Silvers and exemplified in Rawls, downplays the importance of variances in human experiences and circumstances.

This thesis will be comprised of an introductory chapter, a social justice theories chapter, a dignity chapter, a compassion chapter, an extended argument chapter, and a

conclusion. The aim of the social justice theories chapter is to survey leading theories of social justice in an attempt to better understand the strengths and weaknesses in both an abstract and practical sense. The goal of the dignity chapter is to provide an overview of some of the accepted interpretations of the source and significance of human dignity in ethical theory. The goal of the compassion chapter is to demonstrate what I mean when I use the term compassion by providing alternatives to theories of social justice that focus on the individual without reference to others. Finally, the extended argument chapter will provide my argument for a compassion based theory of social justice explored through the themes presented in the previous chapters.

Chapter Two: Social Justice Theories

The practice of social justice is not a science. Instead, social justice is based on an understanding of community, culture, and citizenship. The importance of social justice is realized through living alongside one another and, as such, is not necessary for solitary existence. Though we may not need social justice to exist on our own, as soon as we add others to our lives, we do. That is, social justice implies some form of interaction with others. Being a part of a society means sacrificing specific needs and desires, at least to the extent that others are able to cultivate theirs as well. As will be explored further in the coming chapters, individual selves exist in constant relation to others. Because of this relational existence, it is important to ensure that our interactions do not treat any particular individual or group unjustly.

This chapter seeks to examine some of the leading social justice theories in current circulation and evaluate their strengths and weaknesses viewed through the framework of disability. This will involve surveying theories of social justice, some of which will directly employ the concept of disability. An analysis of these theories will help refine my research by exploring which aspects of each are exclusionary and which are inclusionary. Inclusionary aspects of social justice theories are aspects that embrace the importance of respecting human dignity, stemming from being considered as an equal party in society. Exclusionary aspects of social justice theories are aspects that do not provide a framework that allows for equal consideration, respect, and agency of all humans.

There are a number of prominent theories which help to contextualize the debate surrounding the best means for achieving social justice. This chapter will explore examples of social contract and communitarian theories. It is important to note that for the purposes of this thesis the theories that will be explored are seen as well suited for engagement with the notion of inclusion as it pertains to the study of disability. Social contract based theories are important because of their historical and modern ubiquity in conversations surrounding social justice. Furthermore, the notion of the social contract raises important issues concerning what counts as valuable in society and which persons count as citizens. As Martha Nussbaum states, extending equal liberties to people with intellectual and physical disabilities “requires a new way of thinking about who the citizen is and a new analysis of the purpose of social cooperation” (2006, 2). Nussbaum is a supporter of the social contract tradition in general but highlights capabilities as the measure of a dignified life. Communitarianism, which will be explored later in the chapter, focuses on collective liberties and the responsibilities that come along with this form of democratic citizenship. Like the social contract theorist, the communitarian asks what citizen responsibilities are necessary for a just society? The distinction made here is based in which is more valuable and conducive to a disability inclusive social justice theory: communal responsibility or individual rights?

Social Contract

Social contract theories, loosely, state that members of society enter into a social contract based on mutual advantage. This argument articulates that in order to reap the benefits of belonging, one must be willing to sacrifice some of their personal freedoms;

in turn they will receive the protection of the state or community to which they belong. However, mutual advantage goes beyond the relationship of person to the state. Often, a commitment to social contract theory also implies certain tangible resources that are expected to be exchanged. Some examples of these tangible resources include housing, access to water and food needs, and the exchange of goods and services.

John Rawls and Michael Walzer are often described as social contract theorists (1999, 1983). Although these scholars each employ the social contract in their work, they do so in different ways. Rawls understands the social contract as universal in nature; this means that it can be applied to any given society at any given time (1999, 114). Walzer on the other hand believes that the social contract must be understood through the context of a particular society (1983, 6).

Rawls defines society as a “self-sufficient association of persons who in their relations to one another recognize certain rules of conduct as binding and who for the most part act in accordance with them” (1999, 4). For him, a society is well ordered when all members understand and consent to the same principles of justice, and the institutions within this society reflect and satisfy these principles (1999, 4). A just society is one in which the “liberties of equal citizenship are taken as settled; the rights secured by justice are not subject to political bargaining or to the calculus of social interests” (Rawls, 1999, 3-4). His claim that a society is well ordered when the consent of its citizens is fundamental and is not problematic in itself. However, Rawls’s claim that social interests should not be considered in the formulation expresses a lack of consideration for human beings with variances in ability and expressions of identity.

Rawls discusses the social contract as a sort of system of mutual advantage (1999, 4). This notion is problematic because he speaks of it as an agreement between free and rational persons in society (Rawls, 1999, 10). The notions of freedom and rationality in this sense denote a hierarchical grouping of human beings. That is, to say that the principles of social justice are agreed as advantageous by only rational members of society is to say that rationality is the most valued characteristic for citizens and dictates the treatment of all citizens. As Nussbaum, another social contract theorist, states, the “common idea that some citizens “pay their own way” and others do not, that some are parasitic and others “normally productive,” are the offshoots, in the popular imagination, of the idea of society as a scheme of cooperation for mutual advantage” (2006, 4). Rawls’s understanding of mutual advantage seems to only apply to those deemed as ‘rational’ enough to decide and distribute what will be exchanged in a mutually advantageous manner.

Michael Walzer maintains that the “primary good that we distribute to one another is membership in some human community” (1983, 31). These communities are necessarily sovereign, for him, and include and exclude as a whole. We come together to form communities because we “literally cannot live apart” (1983, 65). However, living together in a community does not always manifest in the same way.

Walzer deems that there “is no self-knowledge without the help of others” (1983, 272). It is also the means by which we judge ourselves. We determine our success by comparison to others. Therefore, in “order to enjoy self-respect, we must believe

ourselves capable of measuring up, and we must accept responsibility for the acts that constitute measuring or not measuring up” (Walzer, 1983, 279).

The social contract, for Walzer, is an “agreement to reach decisions together about what goods are necessary to our common life, and then provide those goods for one another” (1983, 65). This contract is Walzer’s basis for the functionality of community. For Walzer, justice is relative to social meanings (1983, 312). Since social meanings change over time, so does our understanding of just and unjust distributions (1983, 9). It is for this reason that Walzer argues that to “search for unity is to misunderstand the subject matter of distributive justice” (1983, 4). Justice is not a matter of applying one set of principles in different settings, rather it recognizes the social context present in a particular society at a particular time (1983, 6).

Because Walzer emphasizes the acknowledgment of particular social contexts, he subscribes to what he refers to as complex equality. Complex equality, he feels, accounts for the variances in communities that arise out of its members’ particular needs, circumstances, and identities (both individual and group) (1983, 5). Complex equality “means that no citizen’s standing in one sphere or with regard to one social good can be undercut by his standing in some other sphere, with regard to some other good” (Walzer, 1983, 19). For example, one particular citizen may be considered unequal to another in employment while at the same time possessing equality generally (1983, 19-20).

Walzer’s emphasis on the notion of community is disability-inclusive in the sense that it shifts the focus of social justice from individual rights to community responsibility.

That is, through its acknowledgement of the ways in which communities reach decisions together, it can be assumed that people with disabilities, as community members, will be a part of the decision making process. Walzer adds that without “some shared sense of the duty and the dues there would be no political community at all and no security or welfare” (1983, 68). In other words, communal responsibility makes possible the security and welfare expected by community members in their engagement with the social contract. This communal responsibility of welfare and security necessarily entails an involvement and protection for people with disabilities.

Although Walzer still subscribes to a social contract based on mutual advantage, his pluralistic understanding of this contract is inclusive because of its respect and acceptance of observable differences in individuals and individual communities. He understands communities as interdependent entities, which is an important position because of its recognition of the need for support systems. Additionally, he recognizes that we come to know ourselves through our interactions with others, which also emphasizes the need for belonging foundational to our desire to form communities. Rather than emphasizing what an individual is able to contribute to their community in a material sense, this basis for community highlights the importance of nurturing and supporting one another.

Walzer’s acknowledgement of the importance of historical and social context sets his work apart from that of Rawls, for example, who calls for a universal understanding and application of theoretical justice. He accepts that “[s]ocial meanings are historical in character; and so distributions, and just and unjust distributions, change

over time” (Walzer, 1983, 9). His acceptance of the influence of context on social meaning challenges Rawls’s original position, which he deems as the “appropriate initial status quo which insures that the fundamental agreements reached in it are fair” (1999, 15). The original position, or Veil of Ignorance, Rawls alleges, ensures that “no one is advantaged or disadvantaged in the choice of principles by the outcome of natural chance or the contingency of social circumstances” (1999, 12). Again, Walzer argues that people can “live together in many different ways” and to attempt to compose a theory of justice which does not account for social contexts is overly simplistic and therefore impractical. Though the Extended Argument chapter of this thesis will further explore problems of oversimplification, it is important to note that Walzer’s pluralistic approach to social justice provides a context specific means of evaluating the welfare of citizens, as opposed to Rawls’s approach which assumes that his Veil of Ignorance unquestionably exhibits fairness.

Martha C. Nussbaum, like Rawls and Walzer, works within the context of the social contract tradition. She feels that Rawls’s articulation of social contract theory is the best to date, yet it is not without its flaws (Nussbaum, 2006, 6). Nussbaum describes the notion of mutual advantage, pivotal to the work of Rawls, as an example of the shortcomings of contractarian theories of social justice. The notion of mutual advantage, she maintains, is exclusionary of people with disabilities (Nussbaum, 2006, 98). Therefore, Nussbaum seeks to provide an account of social justice that includes people with disabilities.

Frontiers of Justice: Disability, Nationality, Species Membership presents Nussbaum's Capabilities Approach as the foundation for human development. Her approach employs ten capabilities that she argues are central to a life with human dignity: Life, Bodily Health, Bodily Integrity, Senses, Imagination, and Thought, Emotions, Practical Reason, Affiliation, Other Species, Play, and Control Over One's Environment (Nussbaum, 2006, 76). Nussbaum argues that individuals "enjoy full equality only when they are capable of exercising the whole range of capabilities. At times this may have to be done through a guardian..., but the goal is always to put the person herself in the position of full capability" (2006, 218). Furthermore, the "basic idea is that with regard to each of these, we can argue, by imagining a life without the capability in question, that such a life is not a life worthy of human dignity" (Nussbaum, 2006, 78).

Nussbaum maintains that capabilities should not be construed as "instrumental to a life with human dignity; they are understood, instead, as ways of realizing a life with human dignity, in the different areas of life with which human beings typically engage" (2006, 161). Human dignity, for her, is "not defined prior to and independently of the capabilities, but in a way intertwined with them and their definition" (2006, 162). Though Nussbaum does not define dignity explicitly in her *Frontiers of Justice*, it is clear that her capabilities are the means by which we fully realize a life with dignity.

For Nussbaum, social justice in relation to disability, especially intellectual disability, must not be understood in terms of charity as Rawls's account does. This is exemplified in her sentiment that Rawls does not adequately distinguish between the desert of justice and the desert of charity in the case of people who are 'worst off'

(Nussbaum, 2006, 118). That is, as an example, one “of the most important kinds of support that children with mental disabilities need is the support required to be freely choosing adults” (2006, Nussbaum, 220). She affirms that her capabilities approach does not advocate charity. Instead, it is important for each of us to assist in the flourishing of others, encouraging rather than sympathizing, because “the good of others is not just a constraint on this person’s pursuit of her own good”, “it is a part of her good” (Nussbaum, 2006, 158).

Nussbaum’s work has some positive consequences for disability studies. For instance, the revelation that realizing personal capabilities is not necessarily a solitary venture is essential, which will be demonstrated in the coming chapters. Her acknowledgement of human interdependence also seeks to ensure the necessary support systems needed in general, and assists in the destigmatizing of societal support for people with disabilities.

Nussbaum deems that dignity and capabilities are intertwined. By her estimation, through the exercise of the ten capabilities we come to fully realize a life with dignity. Nussbaum presents her capabilities as “the source of political principles for a liberal pluralistic society” (2006, 70). That is, the capabilities are political aims, and the “social goal should be understood in terms of getting citizens above this capability threshold” (Nussbaum, 2006, 71). Though it may be taken as fact that our relationship with the outside world helps to shape our understanding of dignity, to say that dignity itself depends on the achievement of particular goals runs the risk of excluding those who are not able to achieve these goals due to personal and structural barriers. For

instance, an entitlement to practical reason refers to “being able to form a conception of the good and to engage in critical reflection about the planning of one’s life” (Nussbaum, 2006, 77). This assumes that all human beings are in a position to form such conceptions and follow through with them. Though, for example, she argues for the intervention of caregivers when a person with intellectual disabilities requires one for exercising the rights established through her capabilities, personal and structural barriers present in society can hinder this exercise. As mentioned in the introductory section [and as I will argue in the next chapter], dignity is best understood categorically. To define dignity as a concept as dependent on anything other than simply being human dilutes its absolute nature. That is, identifying dignity as contingent on the achievement of certain imposed goals implies that those able to achieve all of the goals listed are more valuable than those unable to do so. Nussbaum’s Capabilities, though they are certainly valuable, do not seem to fully appreciate the particular life circumstances that may impede a person’s ability to perform these capabilities.

Communitarianism

Communitarianism, generally, emphasizes the relationship of individuals to communities. Philosophically, communitarianism denotes an emphasis on community politically and socially. This tradition is social constructivist in its understanding of the formation of self. That is, the self is not understood as having a fully independent existence. Rather, our interactions with our communities (political, familial, or otherwise) profoundly influence individual identity formation. This notion of the interplay of self and community is important to the study of disability. Though

communitarian scholars may differ in their particular conceptualization of community, it is important to explore what a communitarian philosophy of citizenship can contribute to disability-inclusive social justice theory. Charles Taylor and Christian Smith are prominent scholars in the communitarian tradition, and their theories will be explored below.

Charles Taylor maintains that “we grasp our lives in a *narrative*” (1989, 47). In other words, we use our interactions with others and the world around us to make sense of our reality. For him, the feeling of fulfillment for an individual “can be met by building something into one’s life, some pattern of higher action, or some meaning; or it can be met by connecting one’s life up with some greater reality or story” (Taylor, 1989, 43). These two paths to fullness are not, however, mutually exclusive (Taylor, 1989, 43). We find fulfillment through new found self-consciousness, which is enriched through our understanding of our interconnectedness with others.

Taylor deems that to “understand our moral world we have to see not only what ideas and pictures underlie our sense of respect for others but also those which underpin our notions of a full life” (1989, 14). Taylor’s work is an exploration of both “our notions and reactions on such issues as justice and the respect of other people’s life, well-being, and dignity” and “our sense of what underlies our own dignity, or questions about what makes our lives meaningful or fulfilling” (1989, 4). To do this, he draws on what he refers to as our experience in ‘ordinary life’. We need not look to extreme examples of heroic undertakings to understand the importance of the dignity of ourselves and others. That is, the “notion that there is a certain dignity in this life” does not require “some “higher”

activity like contemplation, war, active citizenship, or heroic asceticism “for proof of its existence (Taylor, 1989, 23). “For those moved by...the affirmation of ordinary life, it is above all important to see oneself as moved by and furthering this life, in one’s work for instance, and one’s family” (Taylor, 1989, 44).

Taylor’s understanding of communitarianism supports the idea of community as setting the stage for fully understanding and embracing our identity, our dignity. His position that we grasp our lives in a narrative demonstrates how our dignity is ripened through our interactions with others and our quest for the good.

Christian Smith’s communitarianism revolves around the notion of dignity and personhood. He defines dignity as an “inherent worth of immeasurable value that is deserving of certain morally appropriate responses” (Smith, 2010, 435). Smith asserts that because “of this dignity, human persons are naturally worthy of certain kinds of moral treatment by themselves and in their mutual relations – in particular, of respect, justice, and love” (2010, 435).

Smith uses an analogy of citizenship to better explicate his understanding of human dignity, claiming that citizenship, “and the rights pertaining thereto, is not a matter of varying degrees but of categorical status” (2010, 476). In other words, though human beings may have varying attributes, dignity exists categorically. The categorical status of human dignity implies that dignity is not subject to the accidental qualities that differentiate us socially. Dignity cannot be quantified on the basis of the contributions one makes to society: it is absolute and identical in all humans.

Although Smith affirms that dignity is an intrinsic property of the human being, he also acknowledges, like Taylor, that our interaction with others is fundamental to its realization. To be a person, for Smith, is “not to be an incommunicable self, distinct from other selves” (2010, 474). For him, our understanding of self comes through an appreciation of community. It is only through “living in communities of other personal selves can anyone become a distinct personal self” (2010, 474).

Smith believes that each person must continually work toward achieving their proper *telos*, their ‘purpose’. A necessary part of working toward this realization is working toward the *telos* of others as well (2010, 463). Keeping with the tradition of moral philosophy, the good life is a virtuous life for Smith and can only be achieved through a combination of respecting the dignity of ourselves and others. Furthermore, this life can only be achieved when we work toward realizing our *telos* and assisting those around us in realizing theirs.

Concluding Remarks

The social contract refers to the exchange of individual liberties for collective liberties in a given society. Rawls argues that it can be universally applied as a collaboration between free and rational agents. The terms free and rational will be further demonstrated as problematic in the following chapters as their ambiguity implies the exclusion of certain parties. Walzer’s account of the social contract is more inclusive than Rawls’ account as it acknowledges variances in political, personal, and historical contexts. Communitarian accounts of social justice emphasize the role of community in individual identity formation. Since the individual cannot exist outside of their various

social contexts, it is argued that individual rights and freedoms must be formed with reference to these contexts. The communitarian notion that individuals are in constant engagement with external objects and subjects will be further explored in the Dignity and Compassion chapters.

Chapter Three: Dignity

The term human dignity has been popularized in many fields, including the disciplines of philosophy and jurisprudence. In fact, most current laws and policies regarding the treatment of human beings are rooted in the notion of dignity. Though the origin of human dignity remains in constant debate, its application in legal and academic discourse denotes the importance of exploring its characteristics and implications. The aim of this chapter is to evaluate theories of human dignity through a disability-inclusive framework. Evaluating theories of human dignity through a focus on disability will lay the foundation for the chapters that follow, which will demonstrate my argument that compassion, achieved through the respect of human dignity, is the best means of achieving social justice as it highlights our humanness rather than accidental qualities like intelligence, status, and material wealth.

Social justice theories are founded and discussed in many different ways. They can be built from economic, philosophical, and metaphysical perspectives, to name a few. Furthermore, it is not uncommon for theories of social justice to take on aspects of multiple fields in their formulation. Human dignity is an important concept in human rights and social justice theorizing. The term dignity is employed in most international conventions and human rights acts. However, there is no clear consensus on the source of human dignity. Arguments in favour of the existence of human dignity employ both physical and metaphysical bases. For instance, it is commonly argued that the human soul is the source of dignity, a view upheld by many of the world's religions. In the Judeo-Christian tradition's understanding, for example, humans are defined as created in the

image of God (*Catechism of the Catholic Church*, 1994, para 1700).¹ Alternatively, it is commonly argued that human beings are differentiated from other species because of our inherently rational nature. This differentiation leads some scholars to assert that dignity is something to be respected because of humans' ability to reason (Kant, Rawls). In human rights discourse, dignity is often cited as the measure of appropriate social behaviours. The Universal Declaration of Human Rights' preamble deems that the "recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world" (United Nations, 1948, preamble). Because of this recognition, all humans are entitled to equal treatment regardless of distinctions like gender, sexual orientation, disability, and religion (United Nations, 1948, art. 2). The structure of familiar terms like degrading, dehumanizing and demeaning presuppose the existence of a human property that is being disregarded or ignored. To degrade a person, for example, is to take away, or take away from, this subsisting property. In this chapter, I will argue that this pre-existing property is human dignity. Grounding social justice in dignity rather than autonomy, for example, ensures the inclusion of all human beings. Dignity, understood as inherent and equal in all humans, acts as a safeguard against discrimination and exploitation. Grounding social justice in dignity ensures the inclusion of persons with all forms of physical and intellectual disabilities or impairments.

¹ While the metaphysical exploration of the source of human dignity is a remarkable field, it would be impossible to provide a concise summary of all metaphysically based accounts here. The Judeo-Christian understanding of dignity is provided here as an example of the structure that metaphysical narratives may take.

The concept of human dignity is ontologically interconnected with the notion of personhood. In ethics, for example, conversations often surround whether or not a distinction can be made between being a human and being a person, and the consequences associated with how we answer such questions. The following section will examine the works of Joseph Fletcher and Peter Singer. Fletcher, writing in the 1960s, and Singer, writing currently, each understand human beings to be valuable insofar as we have certain cognitive capacities which are absent in non-human animals. The implications of such a distinction will be examined through the context of disability in order to support the forthcoming argument that human dignity based personhood is the best suited foundation for disability-inclusive social justice.

Background

Joseph Fletcher, a scholar best known for his situational ethics, wrote that people “have no reason to feel guilty about putting a Down’s syndrome [sic] baby away, whether it’s “put away” in the sense of hidden in a sanitarium or in a more responsible lethal sense” (1968, 64). This statement is made in reflection of the story of Bernard Bard, a father of a child with Down syndrome contemplating the appropriate reaction upon hearing his child’s diagnosis. For Fletcher, to “be a human is to be self-aware, consciously related to others, capable of rationality in a measure at least sufficient to support some initiative” (1968, 63). Fletcher goes on to say that when “these things are absent, or cannot ever come to be, there is neither a potential nor an actual person” (1968, 63). Fletcher’s definition of human leads to his conclusion that there should be no guilt attached to a parent’s decision to end their disabled child’s life. He justifies this

sentiment by claiming that “guilt arises from an offense against a person, and a Down’s is not a person” (1968, 64).

Fletcher deems that the “fact that a biological organism functions biologically does not mean that it is a human being. There is a difference between a man and a brute” (1968, 63). Furthermore, for him, there is “far more reason for...guilt in keeping alive a Down’s or other kind of idiot, out of a false idea of obligation or duty, while at the same time feeling no obligation at all to save that money and emotion for a living, learning child” (Fletcher, 1968, 64). In other words, Fletcher feels that it would be more unethical to save and raise a child with disabilities than to end their life. If the monetary and emotional strain of raising a child with disabilities can be afforded to a child without disabilities, from “a human or moral point of view it is irresponsible” to sustain the life of the child with disabilities (Fletcher, 1968, 64).

Fletcher’s views about the treatment of people with intellectual and physical disabilities are antiquated, made apparent through his use of words like ‘idiot’, ‘cretins’, and ‘morons’ (1968, 63). However, his definition of human is still used in academia today. The renowned ethicist Peter Singer uses Fletcher’s definition of human as the groundwork for his ethical theories concerning speciesism, infanticide, and abortion (2011, 73). Singer’s *Practical Ethics* provides what he perceives as an important distinction between humans and persons. For Singer, human being can be used interchangeably with *Homo sapiens*, an argument based on the biological characteristics of human beings (Singer, 2011, 73). Further, the “fact that a being is a human being, in the sense of a member of the species *Homo sapiens*, is not relevant to the wrongness of

killing it” (*italics in original*) (2011, 160). Based on his commitment to the distinction between human being and person, Singer argues that “killing a disabled infant is not morally equivalent to killing a person. Very often it is not wrong at all” (2011, 167). Though Fletcher’s work uses the terms human and person interchangeable, Singer deems that, while a human being is human because of its membership in the species *Homo sapiens*, human beings require the characteristics employed by Fletcher in order to count as persons. Singer defines a person as a human being capable of “self-awareness, self-control, a sense of the future, a sense of the past, the capacity to relate to others, concern for others, communication and curiosity” (2011, 73). The word person, Singer explains, comes from the Latin term for a mask worn by actors (2011, 74). “By putting on masks, the actors signified that they were acting a role. Subsequently, ‘person’ came to mean one who plays a role in life, one who is an agent” (Singer, 2011, 74). Singer’s justification for the infanticide of infants with disabilities comes from this definition of person. For him, if a human being has an apparent lack of autonomy and capacity for reflection, it is justifiable to end their life.

The understanding of personhood that Singer and Fletcher employ is dangerous as it provides a rigid definition of personhood while at the same time ignoring the ambiguous nature of some of its terms. That is, both Fletcher and Singer deem that self-sufficiency, self-reflection, and self-awareness are all necessary attributes of personhood. However, it is not explicitly demonstrated what they mean by these terms. Furthermore, in cases where a human being may not be able to communicate with others through traditional means, it would be difficult to determine whether or not they

possessed these qualities. Moreover, and perhaps the most harmful facet of their understanding of personhood, Fletcher and Singer's work dehumanizes people labeled as intellectually disabled through discounting their dignity as human beings. Autonomy, self-awareness, and rationality are all common human characteristics, but to deem these qualities as essential to personhood is to overstate their prevalence and importance. Both Fletcher and Singer explicitly state that human beings who are not at the same time persons by their definition are not worthy of the same level of respect as persons. In fact, these scholars argue that it is not morally wrong to kill someone who does not meet their criteria, and even immoral to take actions to prolong the life of a human who does not meet the criteria. To claim that people that are not able to practice individualized autonomy or rationality are not persons, and therefore not deserving of life or respect is to disregard their equal dignity as human beings.

The following section will focus on an important attribute of Fletcher and Singer's definition of human: autonomy. Autonomy is widely recognized in liberal ethics as the most essential characteristic of personhood. The Kantian tradition of ethics values individual autonomy as fundamental to humanness and virtue. Moreover, Kantian ethics deem that human dignity is made possible only by the ability to act autonomously. The emphasis on autonomy in liberal ethics regards persons as independent agents acting among other independent agents, meaning that individual rights are then valued over collective rights.

Individualized Autonomy

As demonstrated through the works of Pico della Mirandola, and Kantian ethicists like John Rawls, there is a long standing tradition of emphasizing autonomy in ethics. Autonomy has historically been defined as “independence or freedom, as of the will or one’s action” (Fineman, 2004, 7). Respect for this independence or freedom is foundational to democracy, providing safeguards for things like freedom of expression, association, and religion. The concept of individual freedom, or autonomy, is used as a means of protecting individuals from external pressures that may influence decision making. Autonomy, as an ideology, suggests that “an individual who conforms to the dominant notions of independence and self-sufficiency is both freed *from* the prospect of regulatory governmental action and freed *through* governmental structures from interference by other private actors” (italics in original) (Fineman, 2004, 9). In the Western world, autonomy, understood as individual freedom, is commonly expressed as the most fundamental aspect of human rights. Furthermore, “autonomy is often presented as a state of being that is attainable by all. It is also perceived as an individually (and autonomously) developed characteristic that ultimately reflects the worth (or lack thereof) of the person” (Fineman, 2004, 272). In this way, the notion of autonomy is often considered as foundational to human dignity.

In his *Groundwork for the Metaphysics of Morals*, Immanuel Kant argues that a human being “finds in himself a faculty by which he distinguishes himself from everything else...and that is *reason*” (italics in original) (2005, 108). This rational nature, for Kant, “is distinguished from the rest of nature by this, that it sets before itself an end” (2005, 95). In other words, human beings are distinct from non-human animals based on

our rational nature, and this rational nature is distinguished from other forms of nature because of its capacity for self-determination. Autonomy, for Kant, then is the “basis of the dignity of human nature and of every rational nature” (2005, 94). Therefore, the capacity for self-determination, or autonomy, is the marker of human dignity.

According to Kant’s deontological ethics, human beings must treat themselves “and all others *never merely as means*, but in every case *at the same time as ends in themselves*” (italics in original) (2005, 92). He defines an end in itself as “something *whose existence has in itself an absolute worth*” (italics in original) (Kant, 2005, 86). In other words, ends in themselves do not depend on any external factor in justifying their worth. Objects that have value based on their usefulness alone can be considered as mere means, when someone or something’s value exists regardless of their usefulness they are considered ends in themselves. Put another way, for Kant, whatever “has price can be replaced by something else which is *equivalent*; whatever, on the other hand, is above all price, and therefore admits of no equivalent, has a dignity” (italics in original) (2005, 93).

Ethicists who focus on individual autonomy as the most foundational human property maintain that individual liberties come before societal liberties. Rawls, for example, feels that “[s]ocial welfare depends directly and solely upon the levels of satisfaction or dissatisfaction of individuals” (1999, 27). Justice, for Rawls, is achieved as a result of the principles that “free and rational persons concerned to further their own interests would accept in an initial position of equality” (1999, 10). So, for Rawls, autonomy, or free choice, dictates justice rather than justice dictating autonomy.

As another example, Pico della Mirandola, writing in the 15th century, asserted that human beings are creatures “neither of heaven nor of earth, neither mortal nor immortal, in order that you may, as free and proud shaper of your own being, fashion yourself in the form you may prefer” (1496/1956, 7-8). In other words, human beings were created with free will so that they can set their own path according to their own preferences. For Pico della Mirandola, “God bestowed seeds pregnant with all possibilities, the germs of every form of life. Whichever of these a man shall cultivate, the same will mature and bear fruit in him” (1496/1956, 8). Consequently, if “vegetative, he will become a plant; if sensual, he will become brutish; if rational, he will reveal himself a heavenly being; if intellectual, he will be an angel and the son of God” (Pico della Mirandola, 1496/1956, 8-9). So, for Pico della Mirandola, all humans have been bestowed with the capacity for free will but the decisions made by individuals are still categorized according to their alliance with reason. Accordingly, human beings who cannot adequately exercise their rational and intellectual faculties cannot achieve their highest attainable function and therefore cannot become godlike (Pico della Mirandola, 1496/1956, 10-11).

The liberal tradition of ethics considers autonomy as the most important aspect of human rights, and a large part of what makes humans superior to non-human animals. Autonomy is directly linked to rationality in this model; for these scholars, the ability to exercise choice is a direct result of the ability to reason. The problem with such a model of ethics is that it is not clear what becomes of human beings who are unable to practice freedom through individualized autonomy. For instance, if a human being relies on a

care provider or care providers, then can this person truly be autonomous? This is not to say that autonomy is irrelevant to human existence, but that it is important to recognize that in emphasizing it to the extent that the above authors have has implications for people who rely on persons or things independent of themselves.

Relational autonomy, while still concerned with the ability of individuals to make decisions concerning their own lives, recognizes that the individual is also “socially constituted” and may define “her basic value commitments in terms of interpersonal relations and mutual dependencies” (Christman, 2004, 143). In other words, relational autonomy theory encompasses “all views of autonomy that share the assumption that “persons are socially embedded and that agents’ identities are formed within the context of social relationships and shaped by a complex of intersecting social determinants, such as race, class, gender, and ethnicity”” (Christman, 2004, 147). Relational autonomy accounts for the social circumstances that individuals are engaged with while making deliberations about the course their life might take.

Though autonomy as relational does rectify some of the problems associated with individualized autonomy, it still requires some level of individual decision making. As Friedman states, an “agent is autonomous...so long as she harbors the capacity to reflectively reaffirm, and persist in acting according to, her own deeper wants and commitments, regardless of how those wants originated and regardless of how she acquired the capacity to reflect on them” (Friedman, 2003, 38). Relational autonomy, therefore, though more inclusive than individual autonomy, still does not account for

human beings whose level of self-reflection cannot be demonstrated through traditional means of communication.

Equal Dignity

Contrary to the liberal notion of autonomy as prescribing human dignity, there are schools of thought that support a more inclusive understanding of dignity and personhood. As illustrated at the end of the previous section, human dignity understood as contingent on the performance of conventional human behaviours is exclusionary of human beings who do not satisfy these norms. Individualized autonomy excludes many members of the human species, particularly those whose dependence on others is markedly observable. Because of the exclusion resulting from individualized autonomy-based dignity, the following section will provide some alternative perspectives, which appreciate the diversity of human experiences without overemphasizing the role of accidental human properties. That is, the following section will review scholars who actively include all human beings in their explanation of human dignity through widening the definition of the human to include a larger variety of expressions of humanness.

Christian Smith's work is, in part, a justification for the existence and importance of human dignity against the backdrop of the liberal tradition of the valuation of autonomy over all else. He argues that "if we humans truly lack an innate dignity as persons, we are free to disregard any others at will with whom we do not wish to engage, without having to offer...any account justifying our indifferent and dismissive treatment of them" (Smith, 2010, 440). In other words, human beings are free, in this sense, to treat others as they see fit without concern for consequences. Without dignity, Smith

argues, “common truth and accountability get lost to the overriding concerns of individual desire and preference” (2010, 440). Therefore, he advocates for a three level understanding of human being. The first, and most basic, level concerns human bodies; it is the biological, organic composition of the human (Smith, 2010, 454). The second level concerns human capacities like autonomy, rationality, creativity, and language (Smith, 2010, 454). The third, and highest, level is comprised of the ontological existence of personhood and dignity.

Smith defines human dignity as a “status and attribute naturally and inalienably possessed by every member of the human species regardless of the degree to which they have, can, or do actualize, express, and instantiate the features of personhood empirically” (2010, 478). In other words, second level human functions, like rationality, free will, and creativity, need not be exercised in order for a human being to be a person, and therefore have dignity. Personhood “is the hallmark feature of a human being, and dignity is an ineliminable feature of personhood” (Smith, 2010, 478). Therefore, a human being, “regardless of the extent of the actualization of its personhood, may be thought to claim a share in the dignity that is the natural birthright of personhood, by virtue in part of his or her natural solidarity with the other members of its kind” (Smith, 2010, 478). Smith provides a parallel of biological family in his description, stating that though a family member may not “share any of the typical empirical traits or behaviors of the family”, they still possess an objective and fixed genetic connection to their family (Smith, 2010, 478). Similarly, persons who, as a result of a variety of circumstances, “actualize very little if any of the fullness of developed personhood nevertheless may

possess the same dignity as those of their shared species who do” (Smith, 2010, 478). Smith uses the analogy of consanguinity here to demonstrate the dignity of humans such that regardless of the extent to which personhood is exercisable; it is founded in our relation to other human beings rather than personal achievements. Human beings have dignity because they are human beings, regardless of the extent to which they exercise typical human behaviours or possess typical human qualities. Just as, in Smith’s opinion, biological family members possess a fixed connection to the family by means of consanguinity, all human beings possess an absolute dignity *qua* humans, which does not require the practice of traditional human behaviours.

As a further demonstration of his understanding of human dignity and personhood, Smith uses an analogy of pregnancy. He argues that regardless of the stage of pregnancy a person² may be in, they are as pregnant as any other pregnant person. Pregnancy is a status in this sense, a person is either pregnant or not pregnant. Likewise, regardless of how “undeveloped or malformed people may be in the development or realization of their personhood, if they are persons they exist every bit as much as persons as any other person” (Smith, 2010, 461). This categorical status of personhood recognizes that all human beings “possess personhood and are caught up in the implications of that, including the possession of natural dignity” (Smith, 2010, 461).

Smith’s understanding of dignity as interconnected with humanness is fundamental to a disability inclusive understanding of social justice. Personhood and

² The use of person, rather than woman, in this section is deliberate as a means of being inclusive of Trans and gender variant persons.

dignity, for Smith, do not rely on faculties like rationality, creativity, and autonomy as evidence of their humanity. This sentiment is important in inclusive justice, as it preserves the dignity of human beings who are incapable of practicing or expressing these faculties.

Like Smith, Eva Feder Kittay understands dignity as inherent in human beings regardless of individual capacities. She maintains that “any society that is committed to the equal dignity of its members must be committed to providing resources for disabled people to participate in all areas of human life” (Kittay, 2003, 106). Moreover, our “caring for our young and for those who are ill, impaired or elderly exhibits a moral capacity as distinctly human *and as distinctively worthy of human dignity* as moral autonomy, as self-creation, and as the ability to enter into arrangements of reciprocal social cooperation” (italics in original) (Kittay, 2003, 112).

Because of the problems associated with capacities-based dignity, those rooted in autonomy and rationality, Kittay provides an alternative understanding of human dignity aimed at ensuring the inclusion of all human beings, regardless of cognitive or verbal function. Her foundation lies in the notion that we are all ‘some mother’s child’ (2003, 113). The sentiment that we are all some mother’s child, Kittay maintains, acknowledges the reality that we are bound to each other through caring relationships. The “capacity to give care, to acknowledge care, to be bound through caring relationships to one another is...itself a distinct moral power that is at once a response to the intrinsic value of each individual and the fountainhead of that worth” (Kittay, 2003, 113). Kittay notes that though she uses the notion of ‘some mother’s child’, she

does “not necessarily mean a biological, or even an adoptive mother” (2003, 115). What she is referring to is any “woman, or man, who devotes him or herself to or takes responsibility for the care of a dependent and vulnerable other, and who sees that other’s well-being as central and enmeshed with her own” (2003, 115).

Kittay distinguishes her view from typical conceptions of dignity because rather than beginning with “an individual asserting characteristics that pertain to one as an individual and that entitle one to an equal status, the pronouncement that we are all some mother’s child begins with a relation—that of mother and child” (2003, 113). This approach, in recognizing the role of relationships in recognizing and respecting dignity, is “as fundamental to our humanity as any property philosophers have invoked as distinctively human” (Kittay, 2003, 114). It is a different sense of equal dignity than historically assumed, rooted in “our common connection to others in our need for care, in our dependency and vulnerability, and in the worth actualized when other beings with intrinsic worth devote themselves to our well-being” (2003, 114-115).

Kittay’s analysis of dignity stemming from the notion that we are all ‘some mother’s child’ provides a viable alternative to autonomy based ethics. The interconnected nature of her theory, like Smith’s, provides a way of understanding human dignity that includes all humans regardless of their individual capacities. These understandings of human dignity are foundational to disability-inclusive social justice, ensuring that the dignity of humans who are not traditionally rational or autonomous is fully respected. Kittay’s work stands in stark contrast to individual autonomy based approaches to justice. While it is important to bear in mind that Kittay’s examination of

the source and characteristics of human dignity is idealistic as well, the ideal of human interdependence is preferable as it finds room for all human beings. The notion that we are all 'some mother's child' acts as a standard that can be used in making moral judgments concerning the treatment of human beings. As opposed to a liberal rights approach to social justice, using the axiom of 'some mother's child' ensures the inclusion of human beings traditionally excluded or subordinated.

As mentioned above, Kittay deems that any society that "is committed to the equal dignity of its members must be committed to providing resources" necessary for the inclusion of all people (2003, 106). Therefore, a society is just when it ensures that all of its members have the proper resources at their disposal necessary for participation. Members of society behave justly when they, through recognizing the dignity of other as 'some mother's child', take actions to safeguard this dignity. In the case of existing violations of human dignity, as in the case of abandonment of care for persons in need, those who abandon and the society to which the person in need of care belongs to would all be responsible for the violation of the dignity of the person in need of care. So, while the person abandoned in this instance would retain their dignity as a human being, the society and individuals that violated their dignity by abandoning them are guilty of disrespecting this inherent worth.

Concluding Remarks

As demonstrated in the Background section of the chapter, defining humanness is not necessarily a straightforward process. Furthermore, as Fletcher and Singer's work illustrates, the terms human being and person are not synonymous for those who

consider personhood to be an attribute only ascribed to those humans who are able to practice autonomy. Singer, like Rawls and Pico della Mirandola, asserts that in order for human beings to be recognized as persons they must possess faculties like self-awareness and autonomy.

The Individualized Autonomy section of the chapter exemplifies some of the popularized understandings of autonomy, as well as its relationship to human dignity. Many scholars in the Kantian tradition, and otherwise, maintain that autonomy is fundamental to the definition of human and therefore do not assume that all humans are persons. In this school of thought, rationality, recognized as the human quality necessary for autonomous action, is a differentiation mechanism. Therefore, if personhood requires rationality, and dignity requires personhood, then 'irrational' beings cannot be persons and, consequently, cannot possess human dignity.

The works of Smith and Kittay are used to demonstrate some of the more mindful understandings of human dignity that are actively inclusive of all humans. Smith's appreciation of dignity as status safeguards human dignity against arguments which regard dignity as derived from sources like rationality, creativity, and the ability to actively practice free will. Smith emphasizes relationships in his account of human dignity. That is, for him, recognizing the social roots of humanity as fundamental ensures that all humans are included regardless of the extent that each is in a position to actualize their potential. Kittay's understanding of dignity, as exemplified in the notion that we are all some mother's child, is also relational. It appeals to the sentiment that humans are, from the beginning to the end of life, involved in caring relationships.

Furthermore, these caring relationships exist because we recognize the inherent dignity of others and ourselves.

Chapter Four: Compassion

The notion of autonomy as central to personhood, as noted in the Dignity chapter, has dominated philosophical and legal discourse to a large extent. In the works of Rawls and Singer, for example, autonomy is deemed as the most fundamental right that humans possess. Martha Nussbaum, a philosopher specifically interested in dialogue surrounding disability, asserts that one “of the most important kinds of support that children with mental disabilities need is the support required to be freely choosing adults” (2006, 220). The emphasis on autonomy in philosophical discourse is exclusionary to persons who are unable to achieve individualized autonomy. As the excerpt from Nussbaum’s work demonstrates, even within social justice theories that consider disability as foundational to their formulation, there still remains the feeling that autonomy is the ultimate goal for humans. Focusing on autonomy as fundamental to human rights and dignity, because of its focus on the self, inevitably excludes members of society who are unable to practice self-determination.

Traditionally, the “idea of individual autonomy [has been] used as a measure against which to judge the appropriateness of both individual and governmental action” (Fineman, 2004, 25). Persons and institutions both are free insofar as they have the ability to practice autonomy. The historical connection between autonomy and equality makes it difficult to divorce these concepts when attempting to design theories of social justice. While autonomy is certainly an important facet of democracy, deeming it as a fundamental attribute of persons is elitist in its exclusion of persons labelled as intellectually disabled. The following chapter will explore the notions of compassion and

care ethics. Alternative to autonomy-based ethics, compassion will be presented as a necessary foundation for an inclusive understanding of social justice, specifically for people with disabilities.

Vulnerability

Martha Albertson Fineman provides an alternative to individualized theories of social justice founded in her notion of the Vulnerable Subject. She argues that vulnerability is “universal and constant, inherent in the human condition” (Fineman, 2008, 1). Vulnerability, for Fineman, is often associated with “victimhood, deprivation, dependency, or pathology” (2008, 8). The association of vulnerability as inherently negative stems from the liberal tradition of defining humans as “competent social actor[s] capable of playing multiple and concurrent societal roles: the employee, the employer, the spouse, the parent, the consumer, the manufacturer, the citizen, the taxpayer and so on” (Fineman, 2008, 10). Furthermore, the suggestion that vulnerability is an intrinsically negative state has led to the societal notion that dependency is a concern of the family, “which is located within a zone of privacy, beyond the scope of state concern” (Fineman, 2008, 11). In other words, the notion that vulnerability and dependency are to be avoided places all responsibility on the family, rather than society, to care for dependent citizens.

The “vulnerable subject approach does what the one-dimensional liberal subject approach cannot: it embodies the fact that human reality encompasses a wide range of differing and interdependent abilities over the span of a lifetime” (Fineman, 2008, 12). The liberal subject, for her, because of its reliance on autonomy, represents only one

segment of the population, the least vulnerable (Fineman, 2008, 11-12). That is, because of its reliance on autonomy the liberal tradition represents only one stage of development: adulthood (Fineman, 2008, 11). Furthermore, the liberally understood autonomous adult exists only in the realm of potentiality, as experience reveals that this is an unrealistic expectation.

Consistent with her Vulnerability thesis, Fineman argues that through “[c]ontemplating our shared vulnerability it becomes apparent that human beings need each other, and that we must structure our institutions in response to this fundamental human reality” (2008, 12). Her emphasis on vulnerability provides a more inclusive understanding of societal structure, as it recognizes the interdependence of human beings, focusing on care for each other rather than the desire to be self-sufficient.

Communion, for Jean Vanier, is “mutual vulnerability and openness one to the other” (1998, 28). Similar to Fineman’s vulnerability thesis, Vanier acknowledges that throughout “our lives, we are prone to fatigue, sickness, and accidents. Weakness is at the heart of each one of us” (1998, 39). As such, we discover who we are “through mutual dependency, in weakness, in learning through belonging” (Vanier, 1998, 41). Vulnerability is essential for belonging. For Vanier, one “who is weak, who lives in true communion with another, will not see his own weakness as something to be judged, as something negative, he will sense that he is appreciated, that he has a place” (1998, 43).

Recognizing the vulnerability of humans helps to counteract socially constructed notions of the isolated autonomous agent. Vulnerability, understood as universal and enduring, challenges the negative associations humans have historically attributed to

vulnerability and dependency. Additionally, destigmatizing vulnerability shifts care for others, in line with feminist ethics, from a private concern to a communal obligation. As will be explored in the Extended Argument chapter, fear of dependency and vulnerability plays a key role in individual decisions regarding the treatment of disability and illness. For example, persons who consider themselves to be able-bodied and independent may opt to end their lives when facing a diagnosis of terminal illness for fear of dependency and a lack of institutional support. Acknowledging the universality of vulnerability helps to divorce this idea from the belief that to be vulnerable is to be a liability to others and societal institutions.

Dependency

As discussed in the Dignity chapter, Eva Feder Kittay invokes the notion of ‘some mother’s child’ in order to demonstrate an alternative route to equality outside of notions of self-determination. Kittay admits that while “invoking universals is out of favor with progressive politics today, there seems to be something telling in the widespread appeal of [the] image and...cross-cultural use of the figure of “some mother’s child” (1999, 24-25). Such an understanding of the path to equality, similar to Fineman’s vulnerability thesis, relies on the notion of dependency in human relationships. From the very outset Kittay’s theory invokes a property that humans have “only in virtue of a property *another* person has. [We are] the child of a mother only because another person is (or was) someone who mothered her” (1999, 25). This statement of equality founded in maternal relations to others is what Kittay calls connection-based equality (28). Connection-based equality situates equality in

relationships of care and concern, rather than individual rationality and interests (1999, 27-28). While individualized equality seeks to answer questions of what a person is entitled to by virtue of their equal status, connection-based equality seeks to answer questions concerning our responsibilities to others and others to us (Kittay, 1999, 28). In other words, connection-based equality asks how can I ensure that I am “well cared for and have my needs addressed even as I care for and respond to the needs of those who depend on me” (Kittay, 1999, 28)?

Kittay notes that dependency, “as a feature of the human condition, has a crucial bearing on the ordering of social institutions and on the moral intuitions that serve to guarantee adherence to just institutions” (1999, 28). Dependency is a necessary part of humanness and is therefore inescapable (Kittay, 1999, 29). Consequently, dependency should not be thought of only as an “*exceptional*” circumstance. To view it as such reflects an outlook that dismisses the importance of human interconnectedness, not only for purposes of survival, but for the development of culture itself” (Kittay, 1999, 29). Respecting the universality of caring relationships, founded in the admittance that we all engage in relationships of dependency, is the sole means of equality for Kittay. Acknowledging the universality of care and dependency shifts conversations about human equality from individual rights to relational prosperity.

Feminist Care Ethics

Feminist care ethics is a reaction to the “longstanding traditional dichotomy between reason with men and emotion with women” (Friedman, Bolte, 2007, 94). The liberal tradition of morality shaped by rationality and autonomy, and typically authored by men,

places little, if any, emphasis on caring relationships and interdependency. Therefore, to a large extent, “care ethics directs moral attention to aspects of human life that have undeniable human value but which had been neglected by centuries of moral thought written by men, that is, by persons who rarely engaged in the work of taking care of and nurturing others” (Friedman, Bolte, 2007, 83). Care ethics embraces capacities often ignored in reason-based theories, and argues that capacities like “perceptiveness, emotionality, imagination, and sociability” are as valuable as autonomy and rationality (Friedman, Bolte, 2007, 94). Moral determinations are “tied to feelings of empathy and compassion”, and because of this are “able to accommodate differences in caring attitudes and practices that derive from differences in race, class, sexual identity, ableness, and so on” (Friedman, Bolte, 2007, 82). In feminist care ethics, intersectionality can be used as “an analytical tool” that “allows us to acknowledge the multiple identities of an individual and how these result in various experiences of disadvantage or advantage” (Moodley, Graham, 2015, 25).

Because of the emphasis on empathy and compassion in feminist care ethics, it follows that this form of ethics also emphasizes human relationships. That is, a “care ethics postulates the importance of a concept of self that is always in-relationship with others” (Alcoff, Kittay, 2007, 11). Care ethics “is distinctive in emphasizing the relational and dependent nature of persons” (Friedman, Bolte, 2007, 83). The notions of dependency and caring draw attention to the potential problems arising from individualized, autonomy based moral theories, and asks whether these theories are equipped to “give a plausible account of obligations to people who are, temporarily or

permanently, profoundly dependent on others for physical, cognitive or emotional support” (Silvers, 2007, 139).

As Friedman and Bolte point out, care work has traditionally been considered as women’s work. Moreover, emotion has long been considered as the counterpart of reason. Since care work often comes from a place of love rather than rationality, it is commonly overlooked as an option as opposed to a societal duty. Feminist ethics rightly identifies that ignorance of the importance of emotion and care is a social prescription rather than a matter of fact. While the liberal autonomous agent focuses on the rational choices of the individual, the intersectional care oriented agent focuses on our irrefutable connection to other human beings.

In addition to recognizing the importance of emotion and care, feminist ethics emphasizes the self as always in relation to others. Furthermore, care ethics rejects the notion that rationality and autonomy are more valuable human qualities than characteristics like imagination, perceptiveness, and emotionality (Friedman, Bolte, 2007, 94). This is not to say that any of these qualities are more valuable, only to challenge the idea that rationality is more characteristic of personhood than traditional feminine qualities. In challenging this notion, Feminist Care Ethics has paved the way for future scholarship surrounding the definition of human.

Defining Compassion

Steve Bein, a philosopher interested in the notion of compassion in practice, maintains that compassion is commonly understood as “an awareness of the suffering of another coupled with the desire for that suffering’s cessation” (Bein, 2013, xv). The

'passion' in compassion, according to Bein, "finds its roots in the Latin *pati* ("to suffer" or "to submit"), but this in turn finds its root in the Greek *paschein*, which is not "to suffer" but "to feel"" (2013, xvi). Bein defines compassion, in line with its Greek origin, as "*an attentiveness to suffering and satisfaction, coupled with the will to bring about the alleviation or cessation of suffering and the continuation and multiplication of satisfaction*" (italics in original) (2013, 88). For him, this definition ensures that compassion is understood as "bipartite [,] and is concerned with overall well-being" (Bein, 2013, 88). In other words, Bein distinguishes compassion from commiseration, for example, which solely focuses on the suffering of others (2013, xi). Compassion, properly understood, involves concern for both the suffering and triumphs of others (2013, xii).

In his work *Compassion and Moral Guidance*, Bein explores compassion as it appears in Buddhism, Confucianism, Daoism, and Christianity. Buddhism centers around the core philosophical terms of loving-kindness, compassion, delightfulness, sympathy, non-violence, and non-hatred (Bein, 2013, 51). Traditionally, *metta* (loving-kindness) has been translated to English as "rejoicing with" while *karuna* (compassion) has been translated as "commiserating with" (Bein, 2013, 51). However, Japanese Buddhism joins these two terms in the notion of *jishi* noting that if "one only commiserates with the other and does not rejoice when the other is joyful, one has not yet cultivated true compassion" (Bein, 2013, 51-52). Further, the "self-abnegation implied by *jishi* is a reflection of the basic Buddhist belief in the empty, dependent nature of the self" (Bein, 2013, 52). Bein notes that while Japanese Buddhists have joined the notions of *metta* and *karuna*, taken separately these ideas can still be defined without the necessity of

self (2013, 52). That is, *karuna* can be defined as “casting off the ego and becoming completely devoted to the alleviation of suffering”, and *metta* can be defined as “casting off the ego and celebrating joy” (Bein, 2013, 52). Though Confucius does not directly employ the term compassion, Bein suggests that the Confucian notion of *shu* can be understood as connected with its meaning, defined as “placing oneself in another’s place” (2013, 62). Compassion “entails the ability to understand the position of others, which one achieves according to Confucius by standing in the other’s place and perceiving the world as much as possible from the other’s perspective” (Bein, 2013, 62). *Shu* becomes action when coupled with *zhong*, or “doing one’s best” (Bein, 2013, 62). *Ren*, or benevolence, joined with *shu*, “[demands] not only that one wish for the other’s suffering to cease but also that the joys of the other continue and multiply” (Bein, 2013, 63,72). Classical Daoism, like Confucianism, does not have a direct translation into English for its practice of compassion (Bein, 2013, 73). However, the character for *ci* is sometimes translated as compassion, and “can be thought of as akin to motherly love, a love that is warm but also potentially self-abnegating” (Bein, 2013, 73-74). The ancient Chinese text *Zhuangzi* contains within it the idea that “What is It is also Other, What is Other is also It...Where neither It nor Other finds its opposite is called the axis of the Way” (Bein, 2013, 75). The axis of the Way represents compassion in demonstrating that we “are most compassionate when we do not divide ourselves fully from those for whom we feel compassion” (Bein, 2013, 75).

Bein’s definition of compassion begins with attentiveness (2013, 90). Attentiveness, for him, is “attending to the needs of avoiding suffering and achieving

satisfaction, both of these being considered in light of the relationally dependent nature of who and what we are” (Bein, 2013, 90). Attentiveness is the “epistemic component of compassion. It is what alerts one to instances in which one’s compassion is called upon” (Bein, 2013, 90). Additionally, because its “attentiveness is an attention to particularity, an ethic of compassion can respond to the novel and ever-changing circumstances in our ethical lives” (Bein, 2013, 94). Similarly, Mark Kingwell writes that the “human community is not so much a community of reason as it is, at a basic level, a community of feeling” (2000, 69). Accordingly, Kingwell deems that reason “simply is not equal to the job of politics across differences, because without imagination I do not care about your claims of justice in the first place” (2000, 69). This view is well aligned with Bein’s notion of attentiveness. Imagination, like attentiveness, is linked to the initial feeling that informs us that compassion is needed. Attentiveness is “an emotional investment (in this sense linked to the *passion* of compassion)” (italics in original) (Bein, 2013, 92). While compassion, driven by feeling, is not devoid of reason, it challenges the “notion that cognition is the only operator in the ethical decision-making process” (Bein, 2013, 91).

Compassion, as demonstrated in the work of Bein, is connected to the notion of care. Care, like compassion, is rooted in relationships. Bein observes that it is widely considered in ethics that, “if ethical responsibility exists at all, it resides in particular decisions” (2013, 182). Conversely, an ethic of compassion, as well as care ethics, “rejects this common intuition, holding that if ethical responsibility exists, it is located not in decisions but in relationships” (Bein, 2013, 182). Unlike “decisions, relationships

do not have clear beginnings and endings. And not only are they ongoing, they are also self-definitive and self-transformative” (Bein, 2013, 182). This is an important distinction highlighting the difficulty in applying an impartial, universal understanding of compassionate/caring relationships.

Bein’s identification of compassion as to feel with, as opposed to the common association with suffering, another implies both an inclination to end the suffering of others and to celebrate their successes. Identifying compassion in this way lessens the inclination to take pity upon someone’s limitations, disempowering the individual. Instead, Bein’s definition of compassion reminds us that compassion is interconnected with the notion of care, based in relationships instead of particular decisions. As mentioned above, Bein asserts that compassion should be considered in “light of the relationally dependent nature of who and what we are” (Bein, 2013, 90).

The Good Samaritan

Jean Vanier, a prominent Catholic theologian and founder of L’Arche communities, affirms that a society “can function well only if those within are concerned, not only with their own needs or the needs of those who immediately surround them, but by the needs of all, that is to say, by the common good” (1998, 34). For him, “to be human is to be bonded together, each with our weaknesses and strengths, because we need each other” (1998, 40). This connection, or communion for Vanier, is a “to-and-fro of love” (1998, 43). “It is the trust that comes from the intuitive knowledge that we are safe in the hands of another and that we can be open and vulnerable, one to another” (Vanier, 1998, 43). Through a willingness to acknowledge and expose our vulnerability, as “the

human heart opens up and becomes compassionate, we discover our fundamental unity, our common humanity” (Vanier, 1998, 97).

As Johannes Eurich identifies, the Christian understanding of justice is “oriented towards relationships of mutual reciprocity” (2012, 51). He asserts that a “sound community will balance the interests of all and the claims of individuals” (Eurich, 2012, 51). Eurich notes that the notion of justice utilized in the Old Testament of the Christian Bible, for instance, is “faithfulness to one’s community or community solidarity” (Eurich, 2012, 51). This understanding of justice ensures that “mercy towards those who suffer is not left up to the discretion of individuals.., it ought to be as expected as the law” (Eurich, 2012, 52). For Eurich, “all individuals, who participate in the complex texture of relationships on the basis of belonging to the human species, are called ‘persons’” (2012, 53). Because personhood, for Eurich, refers to “the whole spectrum of human expressions of life”, we must “acknowledge that life is vulnerable” and that its “violability calls for a loving attitude towards all fellow beings” (2012, 53).

Eurich observes that the Christian notions of justice, love and compassion can also be utilized in a secular way (2012, 52). One example of the Christian influence on our current understanding of compassion and love comes from the parable of the Good Samaritan. The story of the Good Samaritan demonstrates the Christian notion of loving your neighbor as yourself (Luke 10:27, New International Version). As Paul Valadier remarks, the Samaritan “did not respect the man because he was a member of his own religious community...but quite simply because, reduced to nothing, this unknown man ‘without qualities’ was delivered over to his indulgence, his vigilant action, his human

compassion” (2003, 54). Therefore, according to Valadier, we “honour ourselves, like the Samaritan, when we honour the naked humanity of another” (2003, 54). The parable demonstrates dignity understood not as “an attribute peculiar to persons and their singularity; it is a relationship, or rather it manifests itself in the gesture by which we relate to others to consider them human, just as human as we are, even if their appearance suggests non-humanity, indeed inhumanity” (Valadier, 2003, 55). Reciprocity, here, is “identified by taking responsibility for our common humanity, since we all know that we do not exist without a relationship to others, and that we all have need of one another at every level of existence, particularly in our moments of distress, solitude, dereliction and fear in the face of suffering and death” (Valadier, 2003, 55). Further, as Valadier acknowledges, the Samaritan “does not act out of religious obedience or fidelity to a heteronomous rule of transcendent origin” (2003, 56). Rather, “the main force of the gospel text consists in presenting the action as the logical consequence of a duty of humanity, in which the Samaritan shows his own human dignity, and at the same time recognizes in the mute wounded man an equal human dignity” (2003, 56).

As Vanier discerns, a concern for the well-being of others is necessary for a well-functioning society. He justifies this position through a recognition that, as human beings, we need each other. Through an acknowledgement of the inherent vulnerability that we all possess, our dependency on others becomes destigmatized. The destigmatizing of dependency that Vanier presents is an invaluable contribution to disability-inclusive social justice. Through recognizing that all humans are dependent on

others for existence, the perception that people in need of various levels of care are burdensome becomes obsolete.

Eurich's inclusive account of personhood embraces variations in expressions of personhood. This is an important sentiment as it challenges traditional definitions of persons (Fletcher, Singer). His notion that life is vulnerable, as subsequently demonstrated in the story of the Good Samaritan, urges the individual to care for others through recognizing their common humanity as an essential aspect of co-existence (Eurich, 2012, 53-54). Highlighting the vulnerability of persons reminds us that we are all vulnerable in many ways, releasing the stigma associated with dependency.

Valadier, through exploring the parable of the Good Samaritan, posits that human dignity is relational. In other words, we relate through recognizing ourselves in another, and we demonstrate the existence of our dignity through respecting the dignity of this other. Valadier maintains that human beings need each other, and this realization compels us to exercise humanity. While dignity is not dependent on the actions of the Good Samaritan, the interaction provides evidence of dignity compelling us to act compassionately.

The Defining Compassion section of the chapter proposes a definition of compassion that considers the overall well-being of humans, divorcing compassion from negative connotations concerning only the relief of suffering. As demonstrated through the work of Steve Bein, true compassion comes through a concern for the overall well-being of others, a desire to end suffering and encourage flourishing.

Concluding Remarks

As exemplified through the philosophers and ethicists in this chapter, a recognition of the vulnerability of all humans ensures the inclusion of all humans, particularly those excluded from the liberal tradition's emphasis on autonomy. The story of the Good Samaritan illustrates a morality founded in compassion. That is, a recognition of our common humanity urges the individual to act in response to injustices. Through acknowledging that human beings need each other, compassion-based ethics motivates us to care for others. Feminist care ethics, in its appreciation of empathy, provides a justification for the shift of care from a private concern to a societal responsibility. This shift aids in the nurturance of dependent human beings, especially those with particularly complex needs.

Chapter Five: Extended Argument

Physician assisted dying is a highly contested issue in Canada and internationally. Much of the debate surrounding this topic focuses on the actions of the physicians involved and the moral implications of ending another person's life rather than the circumstances of the patient or the broader issues that influence decisions regarding ending a human life. Furthermore, as Carol Gill writes, doctors "and other healthcare professionals have served as the primary authorities in public policy" (2006, 183). She notes that while "managed care policies may decentralize some of the authority formerly vested solely in the physician, they have failed to transfer more control to people with disabilities who require substantial assistance to live" (Gill, 2006, 184). Consequently, "[m]edical classification, emphasizing abnormality and deficiency, permeates the public's understanding of life with disability" (Gill, 2006, 183). The equation of disability with abnormality grounds what Licia Carlson calls the personal tragedy model, the idea that "disability is objectively bad, and thus something to be pitied, a personal tragedy for both the individual and her family, something to be prevented and, if possible, cured" (2009, 5). The personal tragedy model has historically justified practices "ranging from involuntary sterilization, institutionalization, and forced rehabilitation to social marginalization, euthanasia, and "mercy killing"" (Carlson, 2009, 5).

The following chapter will explore personal stories of people with disabilities, their families, and the perceptions of physician assisted dying and euthanasia that influence decisions concerning ending human life. These personal stories will then be analyzed

through the dialogues contained in the preceding chapters concerning personhood, dignity, compassion, and social justice. Analyzing the rhetoric surrounding physician assisted dying and euthanasia helps to connect the theoretical findings in this thesis to the broader implications of policies and laws that exercise these models of personhood and care.

Disability and Ending Human Life

Pat Lawrence, a Canadian advocate of physician assisted dying and person living with Parkinson's disease, decided to end his life as a result of the fear he felt as a result of his disease. Lawrence told his family that he "did not want to continue to suffer from the disabilities related to his illness—he wanted to die" (Yourex-West, 2015a). The family traveled to Switzerland where physician assisted dying is legal. According to Lawrence's daughter, it "was dignified and it was peaceful. He was my dad until the very moment that he died" (Yourex-West, 2015a). In Lawrence's case, he felt his condition would become increasingly burdensome on his family, a fear founded in the potential role that dependency would take in his life. His daughter relays that "[over] a four to five-year period, he increasingly had difficulty walking, he started to lose his ability to write, and he couldn't carry on a conversation" (Yourex-West, 2015a).

Steven Fletcher is a Canadian MP and was paralyzed from the neck down 20 years ago as a result of a car accident. According to Global News, in the midst of the physician assisted dying legislative debate in Canada, Fletcher is "someone who embodies the precariousness of life, and understands all too well how quickly it can change" (Stone, 2015). Fletcher, who has had multiple surgeries as a result of his injuries, openly remarks

that he “made it very clear to the doctors that if [his] cognitive ability or anything else went wrong, just to walk away from the table” (Stone, 2015). Fletcher’s living will states that if the following conditions arise, he no longer wishes to live: “if he lost his sight, hearing or ability to speak, or if he suffered serious brain damage” (Stone, 2015). He assures that he plans to live a long time as long as he has proper care, but it is not “difficult to think about what he’s missing”, saying that it “goes to the core of, what is a life?” (Stone, 2015). Fletcher adds that he makes a distinction between life and living, while life can be “being on a ventilator for 20 years, or unconscious in a coma”, “living is experiencing life” (Stone, 2015). For Fletcher, his life is only worth living if he does not lose any more physical or intellectual faculties.

In 2014, Canadian Gillian Bennett posted a letter online expressing her justifications for ending her life in the coming hours. Bennett, who had been living with dementia, decided to take her own life before potentially being unable to do so. She argues that the only thing lost through premature death in her case is “an indefinite number of years of being a vegetable in a hospital setting, eating up our country’s money but having not the faintest idea of who” she is (Bennett, 2014). As Bennett judges, her options at the end of her life are in-home care, government provided care, and ending her own life through suicide, which she describes as the “right thing to do” (Bennett, 2014). For Bennett, the financial burden of her care on Canadians exceeds her life expectancy once her individual autonomy fades with the progression of her disease. Bennett concludes that “life extension radically alters people’s ideas of what it is to be human—and not for the better. As we, [the elderly], undergo manifold operations and

become gaga while taking up a hospital bed, our grandchildren's schooling, their educational, athletic, and cultural opportunities, will be squeezed dry" (2014).

Mary MacPherson, decided against assisted death in response to her diagnosis of brain cancer. She spent her final eight months in palliative care, her family enjoyed the time they were able to spend together. Her daughter said that she "was very thankful that [they] had each and every day with her. There was great dignity seeing her live her life right to the end" (Yourex-West, 2015b). In Mary MacPherson's case, her daughter admits that assisted suicide had been discussed with her mother during the worsening of her illness. However, her family decided that the potential extension of time that they could spend together outweighed the potential suffering that may occur.

In 1993, 12-year-old Tracy Latimer was murdered by her father, Robert (CBC, 2010). Latimer justified his actions, stating that "he loved his daughter and could not bear to watch her suffer from a severe form of cerebral palsy. So he placed her in the cab of his Chevy pickup, ran a hose from the exhaust to the cab, climbed into the box of the truck, sat on a tire and watched her die" (CBC, 2010). CBC News described Tracy as a "40-pound quadriplegic, a 12-year-old who functioned at the level of a three-month-old...She could not walk, talk or feed herself, though she responded to affection and occasionally smiled" (2010).

In 2015, Jessica Hagan was killed by her mother in Calgary, Alberta. Christine Hagan, knowing that she had little time left as a result of her own cancer diagnosis, gave Jessica, her daughter, a lethal dose of drugs. Jessica Hagan was 19 and was diagnosed with Down syndrome. (Grant, 2015) According to Jessica's brother, Daniel, Christine,

feeling that she was the only person who could properly care for Jessica, ended Jessica's life and attempted to end her own. (Purdy, 2016) A neighbour described Christine as well-respected, claiming that he "would be shocked if there was something malicious about this" (Passifiume, 2015).

Autonomy, Vulnerability, and Personhood

Each of the stories above represents the implications of overemphasizing autonomy in the valuation of human life. As explored in the Dignity chapter, ethicists like Peter Singer and Joseph Fletcher ground personhood in individual autonomy. Capacities like self-reflection, self-awareness, and communication dictate the separation of persons from merely biological humans, influencing the morally appropriate treatment of each. Overemphasizing autonomy contributes to what disability rights advocates call the cure-or-kill principle (Garland-Thomson, 2004, 78). The logic underpinning this principle is that to a large extent death is preferable to disability. For Pat Lawrence, Steven Fletcher, Gillian Bennett, and Robert Latimer, the current or potential inability to exercise autonomy simultaneously eliminates the dignity of human life and thus warrants death.

As Hansen and Janz note, "[h]ealth and disability are often perceived and defined as binary opposites. That is, "health" is often simply defined as the absence of disability" and vice versa (2009, 29). This "logic produces an interpretation of the bodily variations we call disability as somehow separable from an abstract healthy or standard body to which such traits are simply attached and can be excised through treatment or curing" (Garland-Thomson, 2004, 781). The framing of disability as the opposite of health stems from the socially embedded notion that autonomy is the ultimate expression of human

life. Particularly in the medicalization of disability, the notion of autonomy is seen as the “primary criterion for determining whether or not a certain course of action can be considered ethical” (Janz, 2009, 58). Disability is often associated with suffering, and is “imagined to “compromise the collective social order. Those who are supposedly incurable frustrate modernity’s will to change the world. Disabled groups ostensibly drain communal resources, prompt suffering, or pollute the social body” (Garland-Thomson, 2004, 781).

The story of Pat Lawrence illustrates the presumed dichotomous relationship between disability and health. Lawrence’s decision to end his life through physician assisted dying demonstrates the common association of dependency with suffering. That is, for Lawrence, the potential loss of mobility and the dependency that may come as a result meant that he would suffer. Consequently, deciding to end his life prematurely was an exercise of individual autonomy that would evade a level of dependency Lawrence was unwilling to participate in. Steven Fletcher’s story is similar to Lawrence’s in that they each felt that their individual autonomy was the most valuable aspect of their identity. Fletcher, however, having been in an accident that caused his paralysis approximately twenty years ago, lives in an assisted living environment and works with caregivers who help to fulfill his daily needs. Despite Fletcher’s working with caregivers, he advocates for physician-assisted suicide because he feels that any additional dependency that may come as a result of injury would leave him in a position in which death would be favourable. Like Lawrence and Fletcher, Gillian Bennett prized her individual autonomy as the defining characteristic of her personhood. In Bennett’s

case, she ended her life for fear of becoming a burden on her family and government. In each of these cases, quality of life is directly linked to individual autonomy.

Jean Vanier affirms that the “birth of a good society comes when people start to trust each other, to share with each other, and to feel concerned for each other” (1998, 34). Further, to be human “is to be bonded together, each with our weaknesses and strengths, because we need each other” (Vanier, 1998, 40). As Fineman observes, and is reiterated by Mary Neal, vulnerability is a “universal expression of the human condition” (Neal, 2012, 185). Society is well structured when it embraces vulnerability in the sense that it recognizes it as characteristic of all human beings, resulting in the removing of the shame often associated with dependency. Neal speaks of universal vulnerability in two senses: “reliance on others for co-operation, and openness to positive harm” (2012, 187). The reliance on others that Neal proposes includes the support of both individuals and institutions in the achievement of desired ends (2012, 186). Openness to positive harm refers to both suffering and the capacity for suffering, it is the penetrability of humans (2012, 187).

In addition to what Neal calls negative vulnerability, the aforementioned vulnerability to suffering, she affirms that vulnerability can also be considered as “a quintessential embodied openness to each other and to the world” (2012, 187). Just as Bein defines compassion as concern for the overall wellbeing of human beings, concerning both celebrating and grieving, Neal speaks of vulnerability as an openness to suffering and also an openness to “all that is welcome and embraceable and dynamic about our interconnectedness with, and our ability to interface with, other beings and

our wider environment” (2012, 187). In this way, vulnerability can be seen as both the source of suffering and the source of joy, in other words it is the basis of empathy (Neal, 2012, 187).

The universal vulnerability proposed in the Compassion chapter calls for a recognition of the interdependence of human beings. Rather than framing human rights as protecting the individual autonomy of each human being, human rights are then framed as the proper treatment of human beings based in our universal vulnerability and interdependence. Framing ethical treatment in this way necessitates compassionate care for people with disabilities, and terminally ill persons. Therefore, compassion is situated in the continued care of human beings, rather than ending life based on a lack or perceived lack of autonomy.

Dignity

In early 2015, the Supreme Court of Canada ruled in favour of citizens’ right to choose physician assisted dying in certain cases (CBC News, 2016). The *Carter v. Canada* case that resulted in this ruling links individual autonomy with human dignity in its findings. The court states that the question of the right to physician assisted dying asks for a balancing of respecting the “autonomy and dignity of a competent adult who seeks death” and “the sanctity of life and the need to protect the vulnerable” (Carter v. Canada, 2015, para 2). Lee Carter, the main appellant in the case, stated that she did not want to “live in a bedridden state, stripped of dignity and independence” (Carter v. Canada, 2015, para 12). For Carter, autonomy and dignity were inseparable, and she did not wish to live beyond a time where she conceived of her life as lacking both.

The Carter v. Canada case found that the prohibiting of assisting another person to end their life means that “people who are grievously and irremediably ill cannot seek a physician’s assistance in dying and may be condemned to a life of severe and intolerable suffering” (Carter v. Canada, 2015, para 1). One person testified that the “conventional methods of suicide...would require that she end her life “while...still able bodied and capable of taking [her] life” (Carter v. Canada, 2015, para 15). The court found that a prohibition on physician assisted dying violated the appellant’s “security of the person by restricting her control over her bodily integrity” (Carter v. Canada, 2015, para 30). Section 15(1) of the Canadian Charter of Rights and Freedoms deems that every “individual is equal before and under the law and has the right to the equal protection and equal benefit of the law...without discrimination based on...mental or physical disability” (Carter v. Canada, 2015, para 21). Yet, asserting that prohibiting physician assisted dying restricts bodily integrity may be a source of discrimination when some bodies are prized above others. Integrity relates to the feeling of wholeness ingrained in what constitutes a person. That is, when integrity is sourced in an individual’s ability to act autonomously or to practice reason, people with both physical and intellectual disabilities are negatively affected when they require support from others. As the stories of Pat Lawrence and Gillian Bennett exemplify, a common reaction to being diagnosed with a terminal illness is a worry of becoming a burden to others. This worry comes as a result of individual autonomy being “conflated with the notion of being a whole person, so that dependency can be seen or experienced as threatening the integrity of personhood itself” (Chochinov, 2006, 91). When dignity is understood as “deserving

honor, respect, or esteem, its conceptual overlap with burden to others suggests a self perception wherein [persons] no longer consider themselves worthy of these attributes” (Chochinov, 2006, 92). Perceived in this way, persons “with advanced illness may perceive their neediness or dependency as unfolding in a context shaped by an inability to give anything in return” (Chochinov, 2006, 92). Catherine Frazee, a prominent Canadian disability rights advocate who has commented extensively on the physician assisted dying debate in Canada, writes as “a person whose naked body is handled daily by persons who love [her], or persons employed by [her], or perfect strangers with skills and capacities that [she herself lacks]” (Frazee, 2014). Bearing this in mind, Frazee maintains that “no one should argue that [her] life is undignified” because of the various tubes she is connected to, the dependence she engages with each day (Frazee, 2014).

Dignity is appealed to in each side of the debates surrounding physician assisted suicide. The opposing end of life decisions of Pat Lawrence and Mary MacPherson help to demonstrate distinctions arising from dignity as derived from individual autonomy and dignity as sourced elsewhere. While Pat Lawrence decided to seek out physician assisted dying as a result of his reducing autonomy, Mary MacPherson decided against physician assisted dying in response to her diagnosis of brain cancer. In Lawrence’s case, he felt his condition would become increasingly burdensome on his family, a fear founded in the potential role that dependency would take in his life. Dignity, for Lawrence, was seen as something derived from control over one’s own decisions, and ultimately the circumstances of his death. Mary MacPherson spent her final months in palliative care, enjoying this time with her family. For the MacPherson family, with

proper palliative care Mary would be able to spend time with her family while remaining as comfortable as possible. For MacPherson dignity is invoked as appreciated through her time spent with family while receiving palliative care. Mary's daughter describes the dignity they felt was inherent in living and dying in a more natural manner. In Lawrence's case, he felt his dignity was found in his ability to decide for himself when his life would end. In MacPherson's case, she felt her dignity was found in her ability to be with her family through the progression of her illness in an environment that allowed for the best possible care for her physical and emotional needs. The contradictory evaluations and consequences of Lawrence's and MacPherson's dignity near the ends of their lives reveals the "complexities of free choice, consent, and the internalization of prejudicial attitudes. Our uncertainty about the right to die also witnesses the limits of self-control" (Garland-Thomson, 2004, 779). In other words, our notions of what makes human lives valuable become confused by an underlying overemphasis on autonomy, and the stigmatization of dependency.

The concept of dignity can provide "an overarching framework that may guide the physician, patient, and family in defining the objectives and therapeutic considerations fundamental at the end of life" (Chochinov, 2002, 2254). Beyond the discussion of end of life care, dignity can also serve to counter the assumption that disability symbolizes a lack of full personhood and therefore a lack of dignity implied in such a definition. Stories like those of Jessica Hagan and Tracy Latimer help to illustrate "a fundamental tension between the bioethical emphasis on individual dignity as a core concept as opposed to the predominant concern in Disability Ethics with the valuation

of an individual, both in terms of the social roles that he or she occupies and in terms of his or her innate value as a human being” (Janz, 2009, 60). The bioethical emphasis on individual dignity here refers to that of dignity as directly stemming from individual autonomy. Disability Ethics seeks to redefine human dignity as valuing individuals as such and as community members. Regarded “exclusively from a conventional Bioethics standpoint, Robert Latimer’s assertion that the succession of surgeries that were either performed on, or recommended for, his daughter were progressively eroding her dignity by—as he typically referred to it— “mutilating” her, seems entirely rational and defensible” (Janz, 2009, 60). From a conventional bioethical perspective, the “loss or lack of ability/function automatically results in the lack or loss of dignity” (Janz, 2009, 60). Conversely, through a Disability Ethics approach to dignity, Tracy’s life as a person with disabilities is “innately valuable, regardless of the way in which her level of dignity is externally defined and assessed by others, including her father” (Janz, 2009, 60). Framed in this way, “Robert Latimer’s assertion that he was entirely justified in killing Tracy in order to preserve what little was left of her dignity suddenly seems far less salient” (Janz, 2009, 60). Jessica Hagan, like Tracy Latimer, was killed by a family member who judged her life as less valuable based in her disability. Her mother, fearing that she could not care for herself and would not receive care from elsewhere, ended Jessica’s life and attempted to end hers as well. In each of these cases, the parent determined that death was preferable to living for their daughter.

In *Love’s Labor*, Eva Kittay discusses her daughter Sesha, and the ways that she, and friends and family, have provided support in response to Sesha’s complex needs.

Kittay explains that Sesha “cannot speak”, “can only finger feed herself” and “sometimes drink from a cup”, and is “time trained” at toileting, which means that she is still in diapers” (1999, 151). At the age of 27, Sesha has scoliosis, seizures, cerebral palsy, and perhaps other potential diagnoses to come (Kittay, 1999, 151). Each of these disabilities may cause those who synonymously use autonomy and dignity to assume that Sesha cannot possibly live a dignified life. However, “[g]iven the scope and breadth of human possibilities and capacities, she occupies a limited spectrum, but she inhabits it fully because she has the most important faculties of all. The capacity for love and for happiness” (1999, 151-152). Sesha’s dignity remains intact because she is the child of mothering, her “coin and currency is love. That is what she wishes to receive and that is what she reciprocates in spades” (Kittay, 1999, 152). Due to her family’s circumstances, Kittay and her spouse maintain “a model which, for want of any other adequate term, [she calls] “distributed mothering””, stating that she is Sesha’s “one mother. In truth, however, her mothering has been distributed across a number of individuals: her father, various caregivers, and Peggy” who is her primary caregiver outside of their immediate family (Kittay, 1999, 154). When thought shifts from a focus on individual autonomy to a focus on the compassion given and received in caring relationships, the dignity of all human beings can be appreciated fully.

If human dignity is to be viewed categorically, so as to include all human beings, then it cannot be based in something that does not exist equally in all human beings. As Mary Neal observes, when human dignity is seen as dependent on capacities like rationality and autonomy, and we speak of degrees of rationality and autonomy in

human beings, how can we “regard human beings as being equal in dignity, or regard dignity as being universal” (2012, 184-185)? When human dignity is seen as reliant on any variable capacity then it cannot be said to exist to the same degree in all humans. Neal distinguishes between recognizing that there is value in the capacity for reason and autonomy, and inducing that lacking these characteristics means that “I cannot matter morally, or cannot matter morally as much as someone else who does possess these capacities” (2012, 184). She affirms that the concept of dignity “can do distinctive normative work” and this necessarily entails a separation from notions of rationality and autonomy (Neal, 2012, 185). If human dignity is to act as the foundation for moral and ethical action it cannot be contingent on variable characteristics, it must be categorical. Dignity as a ‘mother’s child’, because it is categorical, ensures the protection of people with disabilities like Sessa, Tracy, and Jessica from devaluation and death based in mistaken assumptions about suffering and dependency.

Compassion

Compassion focused social justice recognizes the relational nature of humanity, emphasizing collective responsibility in exchange for community membership. As human beings we are vulnerable, and as vulnerable beings we need one another. Once acknowledged, our vulnerability and the care attached to it become motivators of social and political action. For instance, as Martha Fineman appreciates, a “responsive state must ensure that its institutions provide meaningful access and opportunity to accumulate resources across the life-course and be vigilant that some individuals or groups of individuals are not unduly privileged or disadvantaged” (2012, 102). She

explains that it is human vulnerability that “brings individuals into families; families into communities; and communities into societies, nation states, and international organizations—all entities engaged in building the collective institutions with which to confront our shared and individual vulnerability” (Fineman, 2012, 128). Fineman’s account of vulnerability shifts care from a familial responsibility to a communal one.

Compassion, as an ethic, “goes beyond the dualistic thinking separating theory from practice and ethics from life” (Bein, 2013, 181). In other words, life itself is comprised of “interactions in various relationships, and according to an ethic of compassion all of these bear ethical significance...Ethics is not something one steps outside of the daily routine to do; it *is* the daily routine” (Bein, 2013, 181 italics in original). The situating of compassion in everyday life can be applied to debates concerning end of life care. “In palliative care, the relief and prevention of suffering is considered to be a fundamental goal” (Schwartz, Lutfiyya, 2012, 27). Alternatively, the “avoidance of suffering has...been used as an argument by those campaigning for the legalization of euthanasia and assisted suicide” (Schwartz, Lutfiyya, 2012, 27). An ethic of compassion certainly is concerned with the suffering of dying patients. In fact, it sets their “plight at the center of any meaningful discussion of assisted suicide” (Bein, 2013, 171). However, “if we focus on finding meaning and purpose, connecting through relationships, and promoting dignity on multiple levels, we will see those who suffer as deserving of the utmost care and respect” (Schwartz, Lutfiyya, 2012, 33-34). Care-based ethics, emphasizing compassion, is grounded in “analogies to the family and ultimately in familial love, obligation, and respect” (Bein, 2013, 103). Compassion, though rooted

in the respect of humans of 'some mother's child', expands beyond the family in its application. Bein defines compassion as care concerning the overall wellbeing of other human beings. Our attentiveness to others is the means by which we come to know whether compassionate intervention is needed. Following Bein's definition of compassion, when the "preservation of dignity becomes the clear goal of palliation, care options expand well beyond the symptom management paradigm and encompass the physical, psychological, social, spiritual, and existential aspects of the patient's terminal experience" (Chochinov, 2002, 2254). The preservation of dignity that Chochinov utilizes here seems more in line with dignity as 'some mother's child' than with dignity as an autonomous agent. Rather than being exclusively concerned with the alleviation of suffering, this understanding of dignity emphasizes the overall wellbeing of persons receiving care.

In response to his son's Down syndrome diagnosis at birth, Bernard Bard stated that he "wanted nothing done to extend [his] son's hold on life artificially" (1968, 61). After his son's death Bard's doctor assured him that it was a blessing as it would save him the grief and trouble that would come with prolonging Philip's life (Bard, 1968, 61-62). In response to Bard's story, Joseph Fletcher writes that, in "dealing with Down's cases, it is obvious that the end everybody wants is death. What is at issue is the means" (Fletcher, 1968, 63). For Fletcher, law should "favor living, not mere life" (1968, 64).

In *Compassion and Moral Guidance*, Steve Bein recounts an article written by James Rachels discussing the medical treatment of babies with Down syndrome. Rachels's article uses the case of babies born with a congenital defect in addition to

having Down syndrome, using an intestinal blockage as an example (Bein, 2013, 169). While most infants born with intestinal blockages, for instance, undergo the necessary surgical procedure to remove the blockage, in the “the case of Down syndrome babies, parents and physicians sometimes agree not to operate” (Bein, 2013, 169). Rachels suggests that the reason the parents and physicians allow the child to die is that death is preferable to life with this disability (Bein, 2013, 169). In the considerations of the parents and doctor, however, there is “no mention of the fact that many people with Down syndrome are entirely capable of leading happy, fulfilled lives” (Bein, 2013, 169).

The reaction to the birth and death of Bard’s son, Philip, represents a misguided understanding of compassion. The argument here is not only that his life as a person with Down syndrome is less valuable, but also that it would actually be unethical to prolong his life in any way. The time and resources that parents would use to care for a child with Down’s syndrome could be put to better use with their ‘normal’ children, and suggests an unnecessary level of guilt from the parents. Joseph Fletcher frames his agreement with this position as caring too much for human happiness to keep a ‘non-human’ alive, death is preferable to living with Down syndrome. The article by Rachels presents a similar perspective: withholding general care in favour of death. As Bein suggests, however, neither of these stories acknowledge the fact that people with Down syndrome are perfectly capable of living fulfilling lives with the necessary support systems in place. Similarly, in the case of Jessica Hagan, her mother ended her life fearing that Jessica would not receive adequate care without her guardianship and advocacy. Bein’s argument concerning the ignoring of potential happiness and fulfillment for

persons with Down syndrome points to a “mutual failure to put the well-being of the patients at the center of their discussion” on the part of guardians and doctors, and as a result is “paradigmatically uncompassionate” (2013, 170).

As stated by Fineman, a responsive state needs to make certain that its institutions are structured so that people in need can receive the support and care that they require. Further, in its structuring of institutions, a responsive state must ensure that certain groups and individuals are not disproportionately advantaged or disadvantaged. To reiterate Bein’s suggestion, people with Down syndrome are capable, with support, to lead meaningful and happy lives. In a system that encourages the death of certain people, it is clear that this support is not being provided. This seems to be a result of the devaluing of dependency such that people who require care are also devalued as a result, and the structuring of social institutions with this embedded prejudice.

Compassion and care based ethics highlight the interdependence of human beings. The vulnerability inherent in the human condition calls for care in the realm of the public. That is, as care has traditionally been positioned as a familial concern, acknowledging human vulnerability and its accompanying dependency calls for a social infrastructure that respects this vulnerability from its inception. When compassion is defined only as the relief of suffering, a disproportionate amount of energy and concern go into debates concerning end-of-life decisions compared to the assurance of resources for living with disabilities through the course of a lifetime. Compassion, defined as

concern for the overall wellbeing of human beings, ensures that all human beings receive the resources that they need throughout their lives.

Social Justice

In many instances, physician assisted dying is framed as an act of compassion (Bein, 2013, 176). In 1996, Diane Coleman and Carol Gill argued against legalizing physician assisted dying in the United States, arguing that physician assisted dying “is not a free choice as long as people with disabilities are denied adequate healthcare, affordable personal assistance in our own homes, assistive technology, equal education, nondiscriminatory employment, and free access to our communities’ structures and transportation systems” (Bein, 2013, 176). Nancy Mairs, author of *Waist-High in the World: A Life Among the Nondisabled*, affirms that, as a person with multiple sclerosis and a wheelchair user: the “world as it is currently constructed does not especially want—and plainly does not need—me in it” (Kittay, 2005, 98). “Based on recent developments in both public and private managed care, it is already possible in some states for impoverished, disabled, elderly and chronically ill people to get assistance to die, but impossible for them to get shoes, eyeglasses, and tooth repair” (Bein, 2013, 176). Each of these perspectives from people with disabilities points to a societal problem rooted in the shortcomings of a system designed to promote individual autonomy and undervalue dependency. Rather than acknowledging that a system overhaul is needed for the full inclusion of people with disabilities, we continually strive for individual independence while disregarding the inherent interdependence of human beings that prompts us to form communities in the first place. “Poverty and stigma are

twin stakes that pierce the heart of the disabled and their families” (Kittay, 1999, 174). Each of these elements can be minimized through the removal of vulnerability shaming and the collective responsibility that comes as a result of instituting necessary resources for all humans to flourish. A just society cannot exist without the necessary supports needed to respond to universal human vulnerability and the full respect of the dignity of all humans, compassion is the means through which we can structure society in order to achieve social justice.

“Cultural understandings provide the framework by which ethical understandings are introduced and interpreted” (Hansen, Janz, 2009, 34). As demonstrated in various sections of this thesis, perceptions of self are shaped through our interaction with the external world. Disability, understood as socially constructed, situates disability in the realm of social justice. Because cultural understandings of disability are largely based in the medical model of disability, they conceive of disability as deficit (Hansen, Janz, 2009, 34). Rosemarie Garland-Thomson coined the term cultural logic of euthanasia, defined as the “modern ideology that aims to pragmatically eliminate the unfit, decisively preempt supposed suffering, and progressively perfect humankind” (Garland-Thomson, 2004, 782). Assumptions surrounding disability and suffering and the desire to eradicate those deemed as weak and ailing underpin the way that we treat people with disabilities in society (Garland-Thomson, 2004, 782). “Community membership space, or the state of belonging or not, to communities, may be determined, in part, by socially defined identifiers of acceptable physicality or intellect” (Hansen, Janz, 2009, 30). In other words, societal acceptance of human beings

is often decided upon based in prejudice. Therefore, if disabled bodies are culturally understood as abnormal, this prejudice extends into social arrangements and institutions.

Social justice refers to the proper interaction between individuals and society. The historical unjust treatment of people with disabilities calls for a re-evaluation of the current structures that allow for its perpetuation. Recognizing the human dignity of all humans with disabilities, regardless of their expressed level of rationality and by extension autonomy, requires truly appreciating the vulnerability and interdependence present in the experience of all human beings. “To habituate proper attentiveness—that is, compassionate attentiveness—is to habituate oneself to become aware of needs regardless of location and also to look beyond any personal advantage potentially attached to those needs” (Bein, 2013, 91). In other words, cultivating compassion ethics requires recognizing the needs of human beings regardless of their relation to ourselves. Appreciating our shared vulnerability and interdependence encourages us to act in caring ways that ensure the compassionate treatment of all members of human society. Human dignity, defined as stemming from the quality of being ‘some mother’s child’, reminds us of our perpetual relationality and the collective responsibility that stems from our interdependence. “Because it is best understood when grounded in an irreducibly social understanding of human existence and because it begins with attentiveness, if compassion does not attend to the social imbalances that exist in the social matrix in which it finds itself, then to that extent we must deem it a failure” (Bein, 2013, 148).

Conclusion

This thesis has largely been framed in response to the question: how can we ensure that people with disabilities are fully included in society? In response to this question, human dignity has been explored extensively as a viable foundation because of its categorical status. Throughout the chapters of this thesis, I have made arguments concerning the overemphasis on rationality and autonomy in liberal individualism, the impact of universalized ethical foundations as opposed to context specific ethics, the importance of recognizing the roles of vulnerability and dependency, and the implications of how we define human dignity. In summary, I have argued against the overemphasis on rationality as fundamental to humanness, as it is exclusionary and ambiguous in application. Through exploring some of the popular Western theories of social justice, I have also expressed concern for the oversimplification of social justice theories that do not account for particular social contexts. Each chapter has been written with the question of how society can be fully inclusive of people with disabilities.

The Theories of Social Justice chapter of this thesis outlined the views of social contractarians, some with a more particularized vision of social justice, and some believing that social justice principles can be universally applied without reference to context. Rawls presented his universally applicable social justice theory focusing on the equal liberty of rational agents. Walzer's work emphasized the importance of particularity regarding social, political, and historical context. His complex equality advocates for community engagement as well as emphasizing community needs as a whole. Nussbaum is included in this chapter as an example of a proponent of Rawls who

also recognizes the troubles associated with social contracts founded in a prejudiced system of mutual advantage. The communitarianism section focused on theorists, like Walzer, who emphasize community over self. Alternatively, these scholars believe that social justice should be focused more on the roles and responsibilities of communities as a whole rather than the liberties of the individuals within. Charles Taylor's work discusses the importance of connecting oneself with the 'bigger picture', focusing on the *telos* of the self and others. Christian Smith's work reminds the reader that we are not incommunicable selves, that social context defines and shapes the self. Smith presents an understanding of dignity understood as a categorical status, with community membership as the means by which we respect each other's dignity.

Given the difficulties that inevitably arise when trying to determine the presence and extent of rational capacities, it is easy to see how this distinction can and has been used harmfully as a means of separating assumed normality from abnormality. If we consider a human being whose rational capacities are unknown or difficult to assess because of communication related disabilities, surely the unknown should not suffice in determining moral personhood. That is, if executive functioning is in fact a cognitive process, then it cannot be determined based solely on the physical ability to demonstrate to others that one possesses this functioning. The arguments concerning rationality and autonomy are used in this thesis in order to demonstrate their overuse in establishing personhood in ethical theory. Establishing their pervasiveness in dialogue surrounding personhood and the ethical theories that stem from such perspectives assists in the more substantial claim that to assume that human dignity comes from such

faculties is exclusionary of people with disabilities. Since rationality and autonomy have each been shown as not being categorically descriptive of human beings, neither can be the source of human dignity. When social justice is deemed successful through measures like rationality and autonomy, it becomes an impossible feat. Rationality and autonomy, because these qualities subsist in humans to varying extents, set an unachievable standard for human welfare.

Autonomy and rationality have long been considered as the most fundamental of human properties, the properties that differentiate human beings from other animals. The Dignity chapter of this thesis opens with the notion of personhood presented by Joseph Fletcher and Peter Singer, how each is used as a means of distinguishing rational humans from non-rational humans, and the proposed implications of this distinction. These scholars argue that humans without rational capacities like self-reflection, self-awareness and agency are not equal to persons who do have such capacities. Ultimately, they discern that individuals without these capacities are not as valuable, and that the killing of non-person humans does not have the same ethical consequences as the killing of persons who do possess them. The autonomy section of the Dignity chapter explores the works of Kant, Rawls, and Pico della Mirandola as examples of overemphasized individual autonomy. Further, the autonomy section distinguished between individualized and relational autonomy, demonstrating ways that relational autonomy can rectify some of the problems associated with individualized autonomy, particularly in consideration of disability. While relational autonomy is more inclusive, it still requires some level of self-reflection, and similarly cannot be used as grounds for equal dignity.

Basing human dignity in the concept of autonomy, and by extension the practice of rational choice, devalues human dependency and vulnerability. Vulnerability and dependency must not be understood as inherently negative qualities, but instead recognized as neutrally and universally characteristic of humanness. The Dignity chapter explored the themes of fairness, equality, and autonomy in relation to human dignity. After exploring the themes of rationality, autonomy, and personhood mentioned above, the section that follows explores equal dignity as presented by Smith and Kittay as examples of alternatives. Christian Smith, again, argues for a categorical human dignity, meaning that human beings possess dignity regardless of the extent to which they are able to perform the capacities generally attributed to humanness. Humans possess dignity as a sort of natural birthright, as members of the human community. Eva Kittay employs the sentiment that we are all some mother's child in her explanation of human dignity. We all care for others and are cared for, and this aspect of humanness is as, if not more, important as capacities like self-creation and autonomy. Her understanding of dignity also necessarily begins with relationships rather than individuals.

Dependency, unlike individual autonomy, is the human necessity that brings us together to form communities. Recognizing that we need each other, human beings exist in eternal relation to others. In order for equal treatment of all humans to be a feasible option, all human beings must be respected equally. Consequently, the only human quality that can insist on the equal treatment of all is human dignity, and human dignity must be seen as categorically equal in all humans. Our vulnerability brings us together, our compassion is the way that we acknowledge human dignity and are driven to ethical

action. Compassion, our capacity for caring relationships, is a response to the implicit understanding that 'we are all some mother's child'.

The Compassion chapter sought to define compassion, through examining the notions of care, dependency, and vulnerability, as well as providing examples of compassion in action. The vulnerability section of the chapter looked to Martha Fineman and Jean Vanier for insight concerning the importance of vulnerability, its universality and role in community action. As the section above points to, vulnerability has historically been viewed as inherently negative, associated with deprivation and shame. Each of these scholars offer evidence for the positive effects of the acceptance of human vulnerability as well as its impact on the forming of communities. The Compassion chapter also looks to Feminist Care Ethics in support of the claim that the self is always in relation to others, and that this interdependence cultivates caring relationships between humans. Kittay's adage that we are all 'some mother's child' is again called upon as support for an understanding of human dignity that propels compassionate action. The Christian parable of the Good Samaritan is also invoked as an illustration of the duties that come with respecting human dignity, and how compassionate acts help us to witness the dignity of ourselves and others. This chapter also provides Steve Bein's definition of human compassion through an overview of popular philosophical and theological applications. Bein defines compassion as care concerning the wellbeing of other human beings. Our attentiveness to others is the means by which we come to know whether compassionate intervention is needed. As Bein suggests, our ethical responsibility should rest in our relationships not decisions. Because compassion is seen

as a relationship, without a definitive start and finish, it appropriately accounts for the fluidity of human connection.

The Extended Argument chapter of the thesis sought to apply the theoretical findings in the previous chapters to discussions of physician assisted dying. Further, this chapter provided examples of the killing of persons with disabilities by family members as a result of concern for suffering and a lack of public resources. Through establishing the interaction between persons and institutions, and the implications of autonomy-based versus dignity-based ethics, the Extended Argument concludes that without respect for the shared vulnerability of human beings people with disabilities will continue to count less than people perceived as independent.

References

- Alcoff, L. M., & Kittay, E. F. (2007). Defining Feminist Philosophy. In L. M. Alcoff, E. F. Kittay (Eds.). *The Blackwell Guide to Feminist Philosophy* (1-13). Malden, MA: Blackwell Publishing.
- Bard, B., & Fletcher, J. (1968). The Right to Die. *Atlantic* (01606506), 221(4), 59-64.
- Bein, S. (2013). *Compassion and Moral Guidance*. Honolulu, HI: University of Hawai'i Press.
- Bennett, G. (2014, August 18). Goodbye & Good Luck. Retrieved from <http://www.deadatnoon.com/>
- Carter v. Canada (Attorney General), 2015 SCC 5, [2015]. Retrieved from <http://scc-csc.lexum.com/scc-csc/scc-csc/en/item/14637/index.do>
- Catechism of the Catholic Church* (1994). Retrieved from http://www.vatican.va/archive/ccc_css/archive/catechism/ccc_toc.htm
- CBC News. (2010, December 6). Compassionate Homicide: The Law and Robert Latimer. CBC. Retrieved from <http://www.cbc.ca/news/canada/compassionate-homicide-the-law-and-robert-latimer-1.972561>
- CBC News. (2016, January 15). Supreme Court gives federal government 4-month extension to pass assisted dying law. CBC. Retrieved from <http://www.cbc.ca/news/politics/assisted-dying-supreme-court-federal-1.3406009>
- Chochinov, H. M. (2002). Dignity-conserving care--a new model for palliative care: Helping the patient feel valued. *Jama*, 287, 17, 2253-60.
- Chochinov, H. M. (2003). Defending dignity. *Palliative & Supportive Care*, 1, 4, 307-8.
- Chochinov, H. M. (2006). Dying, Dignity, and New Horizons in Palliative End-of-Life Care. *CA: A Cancer Journal for Clinicians*, 56, 2, 84-103.
- Christman, J. (2004). Relational Autonomy, Liberal Individualism, and the Social Constitution of Selves. *Philosophical Studies: An International Journal for Philosophy in the Analytic Tradition*, 117, 143-164.

- Eurich, J. (2012). Justice for People with Disabilities: Philosophical and Theological Arguments. *Religion & Theology*, 19, 43-59. doi: 10.1163/15743012-12341234
- Fineman, M. A. (2004). *The Autonomy Myth: A Theory of Dependency*. New York, NY: New Press.
- Fineman, M. A. (2008). The Vulnerable Subject: Anchoring Equality in the Human Condition. *Yale Journal of Law and Feminism*, 20, 1-24.
- Fineman, M. A. (2012). 'Elderly' as Vulnerable: Rethinking the Nature of Individual and Societal Responsibility. *Emory Legal Studies Research Paper No. 12-224*.
- Fineman, M. A. (2013). Equality, Autonomy, and the Vulnerable Subject in Law and Politics. In M.A. Fineman, A. Grear (Eds.). *Vulnerability: Reflections on a new ethical foundation for law and politics* (13-27). Surrey, UK: Ashgate Publishing Limited.
- Fraze, C. (2014, October 14). Catherine Fraze: There can be dignity in all states of life. *Ottawa Citizen*. Retrieved from <http://ottawacitizen.com/news/national/catherine-fraze-there-can-be-dignity-in-all-states-of-life>
- Friedman, M. (2003). *Autonomy, gender, politics*. New York, NY: Oxford University Press.
- Friedman, M. & Bolte, A. (2007). Ethics and Feminism. In L. M. Alcoff, E. F. Kittay (Eds.). *The Blackwell Guide to Feminist Philosophy* (81-101). Malden, MA: Blackwell Publishing.
- Garland-Thomson, R. (2004). The Cultural Logic of Euthanasia: 'Sad Fancings' in Herman Melville's 'Bartleby'. *American Literature: A Journal of Literary History, Criticism, and Bibliography*, 76, 4, 777-806.
- Garland-Thomson, R. (2006). Integrating Disability, Transforming Feminist Theory. In Davis, L. J. *The disability studies reader* (257-273). New York: Routledge.
- Garland-Thomson, R. (2012). The Case for Conserving Disability. *Journal of Bioethical Inquiry: An Interdisciplinary Forum for Ethical and Legal Debate*, 9,3, 339-355.
- Gill, C. J. (2006). Disability, Constructed Vulnerability, and Socially Conscious Palliative Care. *Journal of Palliative Care*, 22, 3, 183-9.
- Grant, M. (2015, December 31). Jessica Hagan killed by her mother Christine, now deceased: police. *CBC*. Retrieved from

<http://www.cbc.ca/news/canada/calgary/jessica-christine-hagan-homicide-cranston-ahs-1.3386060>

- Hansen, N. E., & Janz, H. L. (2009). The Ethics of Making Space for Non-Conformist Minds and Bodies in Healthcare. *Developmental Disabilities Bulletin*, 37, 29-43.
- Janz, H. L. (2009). The Unkindest Cut of All: Portrayals of Pain and Surgery in the Tracy Latimer Case. *Developmental Disabilities Bulletin*, 37, 45-62.
- Kant, I. (2005). *Groundwork for the Metaphysics of Morals*. ed. Lara Denis. Peterborough, ON: Broadview Press.
- Kingwell, M. (2000). *The World We Want: Virtue, Vice, and the Good Citizen*. Toronto, ON: Viking.
- Kittay, E.F. (1999). *Love's Labor*. New York, NY: Routledge.
- Kittay, E. (2003). Disability, Equal Dignity and Care. In Ammicht-Quinn, R., Junker-Kenny, M., & Tamez, E. *The discourse of human dignity* (105-115). London, UK: SCM Press.
- Kittay, E. (2005). Equality, Dignity and Disability. In Lyons, M. & Waldon, F. (Eds.). *Perspectives on Equality: The Second Seamus Heaney Lectures* (93-118). Dublin, IE: Liffey Press.
- Kittay, E. (2008). At the margins of moral personhood. *Journal of Bioethical Inquiry*, 5, 2, 137-156. doi: 10.1007/s11673-008-9102-9
- Moodey, J. & Graham, L. (2015). The importance of intersectionality in disability and gender studies. *Agenda*, 29, 2, 24-33.
- Neal, M. (2012). Not Gods but animals: Human dignity and vulnerable subjecthood. *Liverpool Law Review: A Journal of Contemporary Legal and Social Policy Issues*, 33, 3, 177-200. doi: 10.1007/s10991-012-9124-6
- Nussbaum, M. C. (2006). *Frontiers of Justice: Disability, Nationality, Species Membership*. Cambridge, MA: Belknap Press.
- Passifiume, B. (2015, December 31). Calgary police declare Jessica Hagan's death a homicide but no charges. *Calgary Sun*. Retrieved from <http://www.calgarysun.com/2015/12/31/calgary-police-declare-jessica-hagans-death-a-homicide-but-no-charges>
- Pico, M. G., & Caponigri, A. R. (1956). *Oration on the dignity of man*. Washington, D.C: Regnery Pub.

- Purdy, C. (2016, January 2). Jessica Hagan Case: Mother Won't Be Charged for Teen's Overdose Death. *Huffington Post*. Retrieved from http://www.huffingtonpost.ca/2016/01/02/jessica-hagan-mom_n_8906228.html
- Rawls, J. (1999). *A Theory of Justice*. Cambridge, MA: Belknap Press.
- Schwartz, K.D., and Lutfiyya, Z.M. (2012). In Pain Waiting to Die: Everyday understandings of suffering. *Palliative and Supportive Care*, 10, 1, 27-36.
- Sherwin, S. (2003). The Importance of Ontology for Feminist Policy-making in the Realm of Reproductive Technology. In Brennan, S. *Feminist moral philosophy* (273-295). Calgary, AB: University of Calgary Press.
- Silvers, A. (2007). Feminism and Disability. In L. M. Alcoff, E. F. Kittay (Eds.). *The Blackwell Guide to Feminist Philosophy* (131-142). Malden, MA: Blackwell Publishing.
- Silvers, A. (2009). No Talent? Beyond the Worst Off! A Diverse Theory of Justice for Disability. In K. Brownlee & A.S. Cureton (Eds.), *Disability and disadvantage* (163-199). Oxford, UK: Oxford University Press.
- Singer, P. (2011). *Practical ethics*. 3rd ed. New York, NY: Cambridge University Press.
- Smith, C. (2010). *What is a person?: Rethinking Humanity, Social Life, and the Moral Good from the Person Up*. Chicago, IL: University of Chicago Press.
- Stone, L. (2015, February 28). Lunch with Tory MP Steven Fletcher: on doctor-assisted suicide and what life means. *Global*. Retrieved from <http://globalnews.ca/news/1852954/lunch-with-tory-mp-steven-fletcher-on-physician-assisted-suicide-and-what-life-means/>
- Taylor, C. (1989). *Sources of the Self: The Making of the Modern Identity*. Cambridge, MA: Harvard University Press.
- United Nations. (1948). *Universal Declaration of Human Rights*. Retrieved on July 14, 2015 from <http://www.un.org/en/documents/udhr/>.
- Valadier, P. (2003). The Person who Lacks Dignity. In Ammicht-Quinn, R., Junker-Kenny, M., & Tamez, E. (Eds.). *The Discourse of Human Dignity* (49-56). London, UK: SCM Press.
- Vanier, J. (1998). *Becoming Human*. New York, NY: Paulist Press.

Walzer, M. (1983). *Spheres of Justice: A Defense of Pluralism and Equality*. New York, NY: Basic Books.

Yourex- West, H. (2015b, December 8). Right-to-die opponents say Canadians need better palliative care. *Global*. Retrieved from <http://globalnews.ca/news/2378608/right-to-die-opponents-say-canadians-need-better-palliative-care/>

Yourex-West, H. (2015a, December 9). Canadian doctors say physicians will be ready to provide assisted death. *Global*. Retrieved from <http://globalnews.ca/news/2386451/canadian-doctors-say-physicians-will-be-ready-to-provide-assisted-death/>

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