

## **Joint Position Statement on the Right to Equal Access to Medical Treatment**

In the context of the CoVID-19 crisis, the undersigned organizations agree and strongly endorse the message that the presence of intellectual and developmental disabilities, including those with the most significant disabilities, should not be an indicator for withholding or limiting access to medical care. We recognize that this population is particularly vulnerable to limited access to healthcare and experiences increased risk for isolation and lack of timely, accessible information regarding healthcare. In recent days, we have grown increasingly concerned with the information provided regarding the healthcare treatment guidelines published related to the CoVID-19 outbreak (Cha, 2020; Mounk, 2020). These guidelines pave the way for increased discrimination toward individuals with disabilities and older individuals who have contracted CoVID-19.

We assert that individuals with intellectual and developmental disabilities, including those with significant disabilities, have the following human and civil rights:

- Access to high-quality, appropriate medical treatment
- Access to timely and accurate information in accessible formats (e.g., plain text, visuals, plain language)
- Access to supports and support persons to address the individual's unique support needs related to social/emotional, communication, physical, and healthcare aspects.
- Access to supported decision making (see below resource on describing supported decision making) and representation during any emergency guardianship or conservatorship proceedings

In addition to the above rights, people with intellectual and developmental disabilities, including those with the most significant support needs, have the right to practice self-determination and live with maximum autonomy according to their unique abilities. More than ever, there is a critical need to provide individuals with intellectual and developmental disabilities access to support people of their choice and individualized services, including creative accommodations, as they access healthcare. with physical distancing yet without social distancing.

We advise against actions concerning medical treatment that perpetuate ageism and ableism. There is a long history of unethical practices, including eugenics and institutionalization, which has led to the dehumanization, disenfranchisement, and devaluation of the lives of individuals with disabilities. These practices have occurred in particular around access to resources and information. It is our responsibility to ensure we do not return to these unethical practices and ensure the humanity of all individuals is maintained.

Respectfully,

(signed organizations)

Resources on Plain Language Information and Supported Decision-Making:

Plain Language Information on CoVID-19 (in [Spanish](#) with pictures ([text only version](#)) and [English](#) with pictures ([text only version](#)))

[What is Self-Advocacy?](#)

[Using Plain Language](#)

[Supported Decision Making](#)

[Thinking Ahead \(planning for care\) resource](#)

[National Resource Center on Supported Decision-Making](#)

[Supported Decision-Making FAQs](#)

References:

Cha, A. E. (2020, March 15). Spiking U.S. coronavirus cases could force rationing decisions similar to those made in Italy, China. *The Washington Post*, Retrieved from <https://www.washingtonpost.com/health/2020/03/15/coronavirus-rationing-us/>

Mounk, Y. (2020, March 11). The extraordinary decisions facing Italian doctors. *The Atlantic*, retrieved from <https://www.theatlantic.com/ideas/archive/2020/03/who-gets-hospital-bed/607807/>