For Such a Time as This

Articulating a Christian Ethic of Disability in the Context of MAiD

Heidi Janz

April 2026

A Cardus Perspectives Paper

CARDUS

How to Cite
Janz, Heidi. "For Such a Time as This: Articulating a Christian Ethic of Disability in the Context of MAiD." Cardus, 2026. https://www.cardus.ca/research/health/perspectives-paper/for-such-a-time-as-this/.

Cardus is a non-partisan think tank dedicated to clarifying and strengthening, through research and dialogue, the ways in which society's institutions can work together for the common good.

cardus.ca
@cardusca
Head Office: 1 Balfour Drive, Hamilton, ON L9C 7A5
info@cardus.ca

About the Author

HEIDI JANZ, PhD, is a core faculty member and associate adjunct professor with the John Dossetor Health Ethics Centre at the University of Alberta. Her areas of specialization include disability ethics, ableism, and end-of-life issues affecting people with disabilities. She has been actively advocating against the legal and societal acceptance of euthanasia and assisted suicide for disabled people since Robert Latimer murdered his daughter, Tracy, in 1994. Heidi served as chair of the Council of Canadians with Disabilities' Ending-of-Life Ethics Committee from 2018 to 2022. In that capacity, she provided testimony to the parliamentary and senate committees studying Bill C-7. Heidi lives in Edmonton, where, thanks to a unique cooperative member-run homecare model, she lives in her own condo with her cat, Awkward.

About Cardus Health

Cardus Health aims to foster a social system that supports human flourishing at all stages of life through ethical, life-affirming care, particularly for those with serious illnesses or conditions and those at or approaching the end of life. To this end, we conduct research that forms the basis of our policy interventions and engagement in public discourse.

Key Points

- The legalization and ongoing expansion of Medical Assistance in Dying (MAiD) in Canada poses a grave threat to old, poor, and disabled people. For the last group, in particular, MAiD is increasingly seen as a viable solution to their suffering.
- Ableism—prejudice and discrimination on the basis of disability—creates an environment within which disability is "cast as a diminished state of being human." In this environment, a "eugenic logic" is imposed on disabled people, who are encouraged to accept the view that their lives are without value and dignity.
- In contemporary culture, ableism combines with an excessive valuation of autonomy to produce a situation in which the social vulnerability disabled people experience as a result of lacking autonomy is attributed to their disability rather than to the ableism that is in fact causing their distress.
- Christian individuals and institutions are susceptible to the same cultural forces that have created this crisis at the "intersection of ableism and the tyranny of autonomy." But Christianity contains the theological resources necessary to counter these trends. "Disability theology" counters the idolizing of autonomy and self-sufficiency by recognizing the dependency of all human beings—on others and on God—and reaffirming the equal worth of disabled people as human beings made in God's image.
- Together with disability ethics—which centres the perspective of disabled people in discussions of policy and social justice—disability theology provides Christians and others of goodwill with principles that can be applied to both policy debate and day-to-day life to promote justice for and improve the experience of disabled persons.
- These principles provide guidance to positive approaches such as the following: Recognize that people with disabilities are our neighbors and deserve to be included in our communities; treat people with disabilities as individuals rather than as a collective group about whom general assumptions can be made; and seek to listen to and amplify the voices of disabled persons in public discussion.

Table of Contents

Introduction: Historical and Personal Contexts for This Paper

The Parallel Between MAiD in Canada and the Biblical Book of Esther

In the Old Testament book of Esther, Mordecai urges his cousin and former ward, Queen Esther, to attempt to intercede with her husband, the king, on behalf of the Jewish people who are facing genocide. Esther is initially reluctant to intervene because to attempt to do so would be to risk her own life. But Mordecai admonishes her with these words, "For if you keep silent at this time, relief and deliverance will rise for the Jews from another place, but you and your father's house will perish. And who knows whether you have not come to the kingdom for such a time as this?" (Esther 4:14).[1] The legalization and ongoing expansion of Medical Assistance in Dying (MAiD) poses a similarly grave threat to old, ill, poor, and disabled people as the genocidal plot posed for the Jews in Queen Esther's day. This is because MAiD is increasingly being viewed by society as an acceptable solution for those experiencing intolerable suffering because they cannot access sufficient healthcare, housing, financial, disability-related, or emotional/spiritual supports to survive and to live as included and valued members of the community. Consequently, there is an urgent need for Canadians in general, and Canadian Christians in particular, to wake up to, and speak out about, the grave danger that Canada's ever-expanding MAID regime increasingly poses for vulnerable Canadians.

Positioning Myself in This Paper

While this is a research paper, I think it's important that I begin with a brief discussion of my own positionality as a Christian and lifelong churchgoer who has lived with severe disabilities all my life, and as a disabled person who has spent most of my adult life advocating to prevent the legalization of assisted suicide and euthanasia (AS&E) for disabled people.

The increasing social acceptance and legalization of MAiD in Canada can be traced back to the 1990s, beginning with the murder of Tracy Latimer by her father in 1993, and the widespread media and public support that Robert Latimer garnered for this purported mercy killing. I can vividly remember watching with horror an installment of a CBC newsmagazine which posed the question, "When is it right to kill a disabled child?" I recall being most disturbed by the fact that the question under discussion wasn't even "Is it right?" but "*When* is it right?"

Most disturbingly, I saw the mainstream media's sympathetic portrayal of Robert Latimer being reflected in comments made by some of my fellow Christians to the effect that we should not condemn Latimer for ending his daughter's life because we can't fully know or understand how hard it was for him to look after her or how hard it was for him, as a father, to watch his daughter suffer. This troubled me greatly for several reasons. I could not understand how people in general, and Christians in particular, could unquestioningly accept the justification and rationale of someone who murdered his own daughter. It seemed to me that the fact that Robert

---

[1] All biblical quotations are taken from the English Standard Version (ESV).

Latimer was non-disabled and a father meant that the majority of Canadians, Christian or not, found it much easier to identify with Robert than with Tracy. I thus realized the likelihood that these same comments would be made if any of my friends with disabilities—or even if I, myself—were killed by a parent.

I could not understand how this attitude toward the murder of a disabled child could coexist with the Christian belief that all human beings are created in the image of God and, therefore, that all human life is sacred. It was the first time in my life that I truly felt vulnerable as a Canadian, and a Christian, with disabilities.

These feelings of being vulnerable as a disabled person in Canada endured and grew as various pushes to legalize assisted suicide and euthanasia continued through the 1990s and into the first decades of the new millennium. In Canada, with each push to legalize or expand AS&E—now referred to as "Medical Assistance in Dying" (MAiD)[2]—came depictions of living with disabilities that characterized being dependent on others for assistance with basic needs—like eating, dressing, and going to the toilet—as a life without dignity, and thus a fate worse than death. Hence, I repeatedly witnessed the viability and the value of disabled lives like mine being debated in courtrooms, in classrooms, and in the media. To my continual dismay, I repeatedly found that there were ableist Christians who took the position that the deliberate killing of the disabled could be justified.

Objectives of This Paper

The two primary aims of this paper, therefore, are to demonstrate the ways in which ableism—most basically defined as prejudice and discrimination on the basis of disability—has an impact on the way MAiD is viewed and practiced in Canada, and to help Christians and non-Christians gain a better understanding of how a Christian worldview shapes—or ought to shape—how MAiD is understood and viewed, particularly in relation to disability. I will draw on literature from the academic fields of disability theology and disability ethics, as well as biblical texts, with the ultimate aim of articulating a Christian ethic of disability in the context of MAiD.

---

2 For more information on the terminology used to describe the practice of MAiD in Canada, see Cardus, "Ethical Issues in Euthanasia and Assisted Suicide." Complete citations are provided for all sources at the end of this report.

Language Matters for Such a Time

Discussions about AS&E are often emotionally fraught and polarizing. This can result in contention and confusion around even the language that is used.

"Assisted Suicide and Euthanasia (AS&E)" Versus "Assisted Death" or "Medical Assistance in Dying (MAiD)"

One of the most contentious and enduring aspects of the debate around AS&E is language that is used in medical, legal, and public discourse to describe the practice of physicians prescribing and/or administering a substance to cause the death of another person at that person's request. As Elsner et al. explain, the choice of language used to describe this practice in medicine and law has played a central role in efforts to promote its normalization in Canadian society, beginning with the adoption of *aide médicale à mourir* ("medical assistance in dying") language in Quebec:

> The terminology . . . thus served to normalize the practice, avoiding words like "suicide" and "euthanasia," which carry potential stigma for patients and their families alike. . . .
>
> Even as the terminology of "aide" in Québec was roundly criticized by palliative care organizations at the time for being an "euphémisme inconvenant" ("inappropriate euphemism"), it was welcomed in English translation by various activist associations that had long sought to associate death with the involvement of doctors, dignity, and individual choice. . . . The significance of this language should not be underestimated. The normalization of the acronym "MAID" as a way of referring to the provision of assisted dying in Canada, together with the positioning of the practice as merely another care option at the end of life, has clearly contributed to the procedure's acceptance.[3]

Importantly Elsner et al. delineate the ways in which language was used to both reflect and promote shifting legal and cultural attitudes in Quebec, and in Canada as a whole, toward the concept and practice of physicians deliberately acting to end patients' lives. In tracing this shift in language from "euthanasia" and "assisted suicide" to "assistance in dying," they point to the fact that this shift was very much welcomed by proponents of AS&E because it served to destigmatize and normalize the practice of physicians killing patients. Indeed, the term Medical Assistance in Dying (MAiD) functions to transform the killing of patients by physicians into "legalized, compassionate end-of-life care," in the words of MAiD proponent and provider, Dr. Stefanie Green.[4]

Conversely, palliative care practitioners, along with other groups such as disability rights advocates, opposed and continue to oppose this term as an inappropriate euphemism that works to normalize something that, on an ethical basis, ought not to be normalized.

---

[3] Elsner et al., "Language Matters," 4–5.

[4] S. Green, *This Is Assisted Dying: A Doctor's Story of Empowering Patients at the End of Life* (Scribner, 2022), quoted in Elsner et al., "Language Matters," 5.

Throughout this paper, I will use the term AS&E rather than MAiD when referring to the act of a medical practitioner prescribing or administering a substance to end a patient's life, at the patient's request. Exceptions to this general practice will occur in instances where I refer to MAiD in the context of the Canadian law governing this practice, or when I refer to discussions of this practice in Canadian legal, medical, bioethical, or public discourse.

Disability

Given the importance that dependence as a consequence of loss or lack of ability—in other words, *dis-ability*—has had and continues to have in debates about AS&E, it is important, at the outset of this paper, to define "disability" and "disabled." The Government of Canada describes the phenomenon of disability in the following terms:

> Disability is a complex phenomenon, reflecting an interaction between features of a person's body and mind and features of the society in which they live. A disability can occur at any time in a person's life; some people are born with a disability, while others develop a disability later in life. It can be permanent, temporary or episodic. Disability can steadily worsen, remain the same, or improve. It can be very mild to very severe. It can be the cause, as well as the result, of disease, illness, injury, or substance abuse.[5]

Particularly relevant to a discussion of MAiD is the fact that "a disability can occur at any time in a person's life." I often use the term "temporarily able-bodied" (TAB) in my teaching, writing, and even everyday conversation to highlight the fact that the line between being non-disabled and being disabled is extremely permeable. In fact, the older a person gets, the greater the odds become that they will acquire one or more physical or cognitive disabilities. Indeed, virtually everyone who applies for MAiD under either Track 1 or Track 2 has some sort of disability. Consequently, virtually everyone who applies for and receives MAiD under either Track 1 or Track 2 will, to varying degrees, have been affected by ableism—that is, prejudice and discrimination on the basis of disability—at systemic, interpersonal, or internalized levels.

I often use the term "temporarily able-bodied" (TAB) in my teaching, writing, and even everyday conversation to highlight the fact that the line between being non-disabled and being disabled is extremely permeable. In fact, the older a person gets, the greater the odds become that they will acquire one or more physical or cognitive disabilities.

Ableism

As has already been alluded to, ableism can be most basically defined as prejudice and discrimination against people with disabilities based on the belief that typical abilities are

---

[5] Employment and Social Development Canada, *Federal Disability Reference Guide*.

essential to being considered a fully human being. Ableism is thus rooted in the assumption that disabled people require "fixing" in order to be considered "whole," and defines people by their disability. Like racism and sexism, ableism classifies entire groups of people as "less than," and perpetuates harmful stereotypes, misconceptions, and generalizations about people with disabilities.[6] Clear, yet unacknowledged, evidence of ableism can be seen in everything from the way in which buildings are built to exclude people who do not walk or see, to the way in which students with disabilities are taught that it's better to look, move, and behave as much like their non-disabled peers as possible, to the way in which terms associated with disability are used as insults in everyday language.[7] Unlike racism or sexism, however, ableism remains, in the words of Canadian disability scholar, Gregor Wolbring, "one of the most societally entrenched and accepted isms."[8]

Disability scholar Fiona Kumari Campbell draws a more direct link between ableism and a biomedical paradigm in that she defines ableism as "a network of beliefs, processes and practices that produces a particular kind of self and body (the corporeal standard) that is projected as the perfect, species-typical and therefore essential and fully human. Disability then, is cast as a diminished state of being human."[9] This ableist biomedical association of disability with a diminished state of being human is central to the development and practice of eugenics. Furthermore, as I will demonstrate, eugenics has both overt and covert connections to the ethos and practice of AS&E, particularly within the context of Canada's MAiD regime.

Eugenic Logic and Slippery Eugenics in the Context of AS&E

D.J. Kevles defines eugenics as the "improvement of human genetics by ensuring individuals deemed unfit in society do not breed; for example, forced sterilization, separation of communities, genetic testing of embryos in order to select for individuals without certain disorders."[10] Rosemarie Garland-Thomson thus uses the term "eugenic logic" to describe the ableist belief that "our world would be a better place if disability could be eliminated."[11] Writing from within a Mexican context, Sanchez-Rivera introduces the concept of "slippery eugenics" to analyze how "the legacies of eugenics manifest today through state policies and also through individual self-regulation via internalised eugenic practices and ideas," as a result making "contemporary forms of eugenics imperceptible."[12] Applying Sanchez-Rivera's notion of slippery eugenics to the practice of MAiD in Canada, Canadian scholar Capurri argues that:

---

[6] Eisenmenger, "Ableism 101."

[7] Livingston, "When Architecture Disables," 184; Hehir, "Eliminating Ableism in Education"; Aaron, "Forever Crooked."

[8] Wolbring, "The Politics of Ableism," 253.

[9] Campbell, "Inciting Legal Fictions," 44.

[10] D.J. Kevles, "Eugenics and Human Rights," *BMJ* 319, no. 7207 (1999), quoted in Branch et al., "Discussions of the 'Not So Fit,'" 102.

[11] Garland-Thomson, "The Case for Conserving Disability," 339–40.

[12] Sanchez-Rivera, "From Preventive Eugenics to Slippery Eugenics," 135.

> Encouraging certain persons to internalize the belief that their lives are useless and lack value is a more nuanced but not less effective form of eugenics, fitting Sanchez-Rivera's definition of slippery eugenics (2023). The goal remains the creation of a healthy population and the melioration of the hereditary character of said population, even though such a goal is no longer achieved through a blanket state imposition, but by persuading individuals to act as independent agents by freeing themselves of an existence that has become an intolerable burden for themselves and for others. In so doing, disability and disease are framed as being incompatible with a good life and are no longer perceived as an alternative, still legitimate, way to be in the world.[13]

As Capurri argues, the operation of both ableist eugenic logic, in the form of medical ableism on the part of MAiD assessors and providers devaluing the lives of disabled people, and slippery eugenics, in the form of "individual self-regulation via internalized eugenics practices and ideas," are hallmarks of the operation of MAiD in Canada. Crucially, this paper aims to show how the articulation and application of a Christian ethic of disability can serve to expose the fundamental misrepresentation of the essence of humanness and human dignity that lies at the heart of eugenic logic, particularly as it is expressed in the operation and ongoing expansion of Canada's MAiD regime.

For Such a Perilous Time: MAiD, Ableism, and the Tyranny of Autonomy

Obsession with Autonomy as a Driver for MAiD

While ableism is a primary driver of the relentless expansion of MAID, an equally important driver is what I, borrowing from Charles Foster, call the "tyranny of autonomy."[14] The field of bioethics was originally conceived of as being based on four fundamental principles: autonomy, justice, beneficence (do good), and non-maleficence (do no harm). As such, bioethics, originally, was fairly compatible with a Christian worldview. After all, Christian teaching holds that God not only created human beings with free will—that is, the capacity to make autonomous decisions—but also placed them in relationship with him and with one another. Furthermore, within the original conception of bioethics, the individualistic principle of autonomy was held in balance by the guardrail principle of non-maleficence and the more communal principle of justice.

Over the course of the last thirty years, however, autonomy has become the cardinal principle of bioethics, the principle that supersedes all others. As a result, the practice of medicine has become increasingly consumeristic insofar as the focus on patient autonomy makes it possible for a patient's wishes to overrule a physician's best medical judgment. What's more, autonomy

---

[13] Capurri, "Canada's Medical Assistance in Dying," 54–55.

[14] Foster, *Choosing Life*.

is not just limited to the field of bioethics; rather, it has become the cardinal ruling principle of many Western democracies. Consequently, during the public and Parliamentary debates around Bill C-7, which would expand eligibility for MAiD to people with disabilities whose death is not reasonably foreseeable, autonomy trumped every other consideration. Both disability-rights advocates who raised concerns about introducing MAiD into a medical system and a society that is steeped in ableism, and physicians who raised concerns about being compelled to end life rather than preserve it, were successfully countered by MAiD advocates who argued that any restriction on access to MAiD for people with intolerable suffering due to illness, disease, or disability was an unacceptable violation of individual autonomy.

The Intersection of Ableism and the Tyranny of Autonomy

One of the most significant ways in which ableism intersects with the tyranny of autonomy in the context of AS&E is by making the ability to act autonomously the sole indicator of personhood, if not humanness. This intersection of ableism with the tyranny of autonomy conflates systemic ableism with the mere existence of disabilities. Thus, the tyranny of autonomy obfuscates the reality that ableism routinely constrains the autonomy of disabled people by limiting or denying their access to financial, social, and disability-related supports needed for them to flourish within the community. The social vulnerability caused by material deprivations is thus framed as a consequence of disability rather than a consequence of an ableist system. What's more, this limited autonomy, or complete lack of it, that disabled people experience due to the fact that they live in an ableist society is ultimately framed as undermining their very personhood, sometimes to the point that their lives are believed to be not worth living.

A prime example is a 2023 academic paper titled "Choosing Death in Unjust Conditions: Hope, Autonomy and Harm Reduction." In this paper, Kayla Wiebe and Amy Mullin "consider and reject arguments that the autonomy of people choosing death in the context of injustice is necessarily reduced, either by restricting their options for self-determination, through their internalisation of oppressive attitudes or by undermining their hope to the point that they despair."[15] Using what they term a "harm reduction" approach, they argue that "even though such decisions are tragic, MAiD should be available" to people with disabilities who cannot get the supports they need to live with dignity. This is because:

> Rather than betraying an "ableist bias," their decisions can be more charitably and respectfully interpreted as an accurate assessment of their situation. It is one thing to identify an ableist bias in a person or a policy where there is no lived experience with a disability, and quite another to attribute ableism to a person who has intimate experience living with their disability, and to on this basis question the legitimacy of their decisions regarding their own care.[16]

Rephrased in plain language, what Wiebe and Mullin are essentially saying is, "Yes, ableism exists, and it's a bad thing. We should work to reduce it. But the reality is that we will never eradicate it. So, if a person with disabilities wants to get MAiD because living in an ableist

---

[15] Wiebe and Mullin, "Choosing Death in Unjust Conditions," 407.

[16] Wiebe and Mullin, "Choosing Death in Unjust Conditions," 410.

society is causing them intolerable suffering, we should believe them regarding how intolerable their suffering is, and let them die by MAiD." Such an argument is nothing other than eugenic logic cloaked in the language of autonomy in that it presents the lives of structurally vulnerable disabled people as harms, which *can be*—and perhaps *ought to be*—reduced through MAiD.

As is thus evidenced in Wiebe and Mullin's article, the societal obsession with autonomy as the cardinal ethical principle and an indicator of full humanity often makes MAiD seem like a reasonable, even responsible, response to depending on others for assistance. Indeed, as feminist philosopher Martha Fineman has argued, ours is a society that champions and idealizes function, autonomy, and independence while disdaining vulnerability and condemning dependency as a "pathological failure."[17] In spite of this, however difficult it may be to admit and however we might try to convince ourselves otherwise, we are all "vulnerable subjects," as Fineman explains, "whose embodied vulnerability and social embeddedness creates inevitable dependency on others."[18]

Despite this reality that human beings are all rendered vulnerable by their dependency on others, Christians are not immune to society's veneration of autonomy. Such an exalted view of autonomy, accompanied by an overt disdain for any acknowledgement of dependency or vulnerability is particularly problematic when it occurs among Christians, given that human dependence on God and on one another is a fundamental tenet of a Christian worldview. Nevertheless, in a manner similar to what occurred during the trials of Robert Latimer, we are again hearing reports of a growing acceptance of MAiD by some individual Christians and even by churches as a legitimate response to suffering, including suffering that is caused by disability and a consequent loss of autonomy. For example, Ewan Goligher, writing about a 2022 incident in which MAiD took place in a Winnipeg church, observes that the occurrence of MAiD in a place of worship "seems to elevate it to a whole new level of acceptance and celebration." Goligher goes on to enumerate a series of "Christian" elements that were part of this MAiD ceremony: "Family and friends were present to give their love and goodbyes. They sang a hymn together and the grandchildren sang for their grandmother one last time. . . . They called it a 'crossing over' ceremony, a hopeful term portent [*sic*] with anticipation of continued existence beyond this life." Goligher's account of a MAiD death taking place in a church jarringly reveals the logical outcome of an increasing acceptance of MAiD among Christians; namely, the actual celebration—or, in Goligher's words, the "baptizing"—of MAiD as an acceptable way for Christians to choose to meet their Maker. However, as Goligher hastens to point out, the enormous problem with seeking to legitimize MAiD in this manner is that "MAiD constitutes a profound violation of human dignity and value and an affront to the high status granted to us by our Creator."[19]

---

[17] Fineman, "Elderly as Vulnerable," 86.

[18] M. Thomson, "Bioethics and Vulnerability: Recasting the Objects of Ethical Concern," *Emory Law Journal* 67, no. 6 (2018): 1209, quoted in Labrecque, "Vulnerability, Dependency, and Trust," 2.

[19] Goligher, "When MAID Goes to Church."

Redeeming Such a Time: Disability Theology as One Means of Recovering a Biblical View of Disability and Humanity

As Goligher's example illustrates, Christians face constant and growing pressure to conform to society's idolatrous obsession with autonomy, and experience an apparent lack of clarity regarding the place that disability and dependency occupy—or ought to occupy—in a Christian worldview. Although it is by no means a panacea for eugenic ableism either in society broadly or in Christian contexts, disability theology can be useful in both exposing and correcting this eugenic ableism.

What is Disability Theology?

According to John Swinton, "disability theology is the attempt by disabled and non-disabled Christians to understand and interpret the gospel of Jesus Christ, God, and humanity against the backdrop of the historical and contemporary experiences of people with disabilities. It has come to refer to a variety of perspectives and methods designed to give voice to the rich and diverse theological meanings of the human experience of disability."[20] It is important to recognize that disability theology is not a monolith. On the contrary, the field of disability theology, like other sub-fields of theology, encompasses a wide variety of perspectives, which range from very conservative to very liberal, and everything in between. What's more, although disability theology constitutes a distinct field of academic study, the central objective of disability theology, as articulated by Swinton, is often also advanced through the work of scholars in other academic fields such as disability studies and disability ethics.

A scan of disability theology literature reveals that, while there is no singular, authoritative articulation of the core principles of disability theology, there are, nonetheless, several core principles on which most disability theologians agree. The following is a synthesized list of some basic principles of disability theology that are particularly applicable to the issue of AS&E:

- All people, regardless of whether or not they have disabilities, are created in the image of God (Gen. 1:26–31). This means that all people, regardless of whether or not they have disabilities, have innate worth as God's image-bearers.
- God sometimes creates people with disabilities in order to accomplish his purposes (Exod. 4:11; Ps. 139:13–16; John 9:1–41).
- Disabled Christians, just like non-disabled Christians, have an eschatological hope of a renewed creation where God dwells with humanity, and where "He will wipe every tear from their eyes, and death shall be no more, neither shall there be mourning, nor crying, nor pain anymore" (Rev. 21:4). This eschatological vision promises the end of all exclusion and suffering, pointing toward a future where all are included in God's redemptive plan, a future that begins now within the church.

---

[20] Swinton, "Disability Theology," 249.

If we accept the first principle, which asserts that *all people* are created in the image of God, then it follows that all people, regardless of whether or not they have disabilities, have intrinsic value which is unaffected by what they can or can't do. This means that a person's life should not be considered not worth living because they have disabilities.

Similarly, the second principle, which refers to God sometimes deliberately creating disabled people to accomplish his purposes, refutes the common belief that disabled people have nothing to offer their fellow humans because they can only take but never give. Therefore, the notion that MAiD ought to be considered a legitimate, and even selfless, means for disabled people to avoid being a burden to their loved ones is overturned by this principle.

Finally, the third principle asserts a future of renewal and re-creation, a future in which the limitations and suffering of this present life will be redeemed. MAiD undermines and contradicts that hope, insofar as it focuses solely on a person's current state, and on what they can and can't do in their current state, without a full consideration of what happens after death.

For Such a Time When People Shall Be Lovers of Self: Autonomy, MAiD, and Disability Theology

In his second letter to Timothy, the Apostle Paul warns that in the last days, people will be "lovers of self" (2 Tim. 3:2). As we have already seen in this paper, this certainly seems an apt description of our Western society and its obsession with autonomy. Significantly however, when it comes to theology in general and disability theology in particular, autonomy is revealed to be very fraught, even deeply problematic.

Disability Theology as a Means of Deconstructing Autonomy and Reconstructing Community

Theologian Tim Basselin argues that "the Church needs a theology of disability to deconstruct societal and theological ideals of self-sufficiency and autonomy and to reconstruct ideals of community born in vulnerability, weakness, and dependency."[21] In his book *Vulnerable Communion: A Theology of Disability and Hospitality*, Thomas Reynolds argues that "the liberal Enlightenment picture of the person portrays an autonomous and self-determining individual capable of entering into social collaboration on the basis of rational self-interest. Reason is that which enables us to govern our own lives . . . and its benchmark is autonomy."[22]

Reynolds also questions the ideals of self-sufficiency and autonomy upon which our culture is based. He writes, "It is presumed that the individual is self-sufficient and prior to society, having a dignity and self-directed character that precedes the relationships that tie her or him to a social

---

[21] Basselin, "Why Theology Needs Disability," 47.

[22] Reynolds, *Vulnerable Communion*, 40.

world. This is a false abstraction.” Besides ignoring those who are not self-sufficient, this ideal prioritizes the individual over his or her social context. In contrast, Reynolds argues that we do not simply show up as completely self-sufficient persons. Rather, we develop fully as human persons only within the influence of others: “The idea of an autonomous and self-constituting person is an illusion. It neglects the role community has in identity formation. Relation with others is primary, not secondary.” Despite this truth, the ideals of self-sufficiency and autonomy are so ingrained in our culture that they dominate our understandings of health and wholeness, to the point that “dependence upon others is often deemed a moral, developmental, or biological failure, a passivity denigrating human life. . . . The display of neediness becomes a source of shame, something to be hidden from others.”[23]

Disability theology offers a corrective for this socially imposed sense of shame associated with dependence on others by reaffirming the equal worth and worthiness of disabled people as human beings made in the image of God. Furthermore, disability theology points to the repeated emphasis in Scripture on mutual care and human interdependence. For example, commandments like “You shall love your neighbor as yourself” (Matt. 22:39), and “Let each of you look not only to his own interests, but also to the interests of others” (Phil. 2:4) point to the fact that, within a Christian economy, human beings are both dependent on and responsible for one another. Such scriptural imperatives for mutual care transform—or ought to transform—dependence on others due to disability from an abnormality and a cause for shame to a natural, even ideal, state. It is by thus reorienting our notions of what it means to be human that disability theology decouples humanness from an ableist Western obsession with autonomy.

Disability theology offers a corrective for this socially imposed sense of shame associated with dependence on others by reaffirming the equal worth and worthiness of disabled people as human beings made in the image of God.

Disability Ethics—Crucial Companion to Disability Theology in Articulating a Christian Ethic of Disability

Along with disability theology, the field of disability ethics is crucial to the formation of a Christian ethic of disability in the context of MAiD. Disability ethics is an interdisciplinary approach to examining, analyzing, and reaching decisions about ethical dilemmas regarding life with disability. It addresses many of the same issues that bioethics addresses and expands the focus beyond medical issues to include legal, policy, and social justice issues that affect daily living for people with disabilities.[24] The primary aim of disability ethics is to ensure that the perspectives of people with lived experience of disability are central to discussions and debates about ethical issues involving disability and people with disabilities. Ultimately, this focus on the

---

[23] Reynolds, *Vulnerable Communion*, 82, 83.

[24] Leach Scully, *Disability Bioethics*, 20.

perspectives of disabled people is intended to strengthen the cultural, political, institutional, and material environment in which people with disabilities can most effectively flourish.[25]

Commonly acknowledged principles of disability ethics include:

- **Equality:** All human life is of equal worth and worthiness, regardless of the presence or absence of disability.[26]
- **Nothing about us without us**: The perspectives of people with lived experience of disability must be central to discussions and debates about ethical issues involving disability and people with disabilities.[27]
- **Inclusion:** Disabled people have the right to participate fully in all aspects of society, without facing discrimination or exclusion. This includes access to inclusive education, accessible environments, and opportunities to engage in community life.[28]
- **Social justice:** The recognition that disability is often the result of social and economic inequalities, and that addressing these inequalities is essential to promoting the rights and well-being of individuals with disabilities.[29]
- **Epistemic modesty on the part of professionals:** Given the prevalence of medical and systemic ableism, epistemic modesty—knowing what one does not know about living with disabilities—is a primary duty of all healthcare providers who work with disabled people.[30]

From these commonly acknowledged core principles of disability ethics, it is readily apparent that there are a number of strong parallels between disability ethics and disability theology. Perhaps the most significant of these parallels in the context of MAiD is that both disability theology and disability ethics emphasize the equal worth and worthiness of *all* human life, regardless of the presence or absence of disability. While it is, of course, not insignificant that these two fields have very different ultimate sources of authority from which they derive this conclusion, the strong emphasis that both disciplines place on the equal worth and worthiness of lives lived with disability means that the two fields effectively reinforce one another in their opposition to an ableist society in which MAiD is increasingly viewed as a legitimate solution to the suffering that is purportedly caused by disability.

Similarly, both disability theology and disability ethics centre the lived experiences of disabled people. Consequently, both disciplines are effective disruptors of ableist discourse, which all too

---

[25] Garland-Thomson, "Disability Bioethics," 330.

[26] Asch, "Disability, Bioethics, and Human Rights," 307; Kittay, "The Personal Is Philosophical Is Political," 606–27; Reynolds, *The Life Worth Living*.

[27] Mintz et al., "Nothing About Us Without Us in Precision Medicine," S41–48; Winter, "The Development of the Disability Rights Movement."

[28] Lee, "Disability Ethics in Bioethics."

[29] Asch, "Disability, Bioethics and Human Rights"; Lee, "Disability Ethics in Bioethics"; Leach Scully, *Disability Bioethics*.

[30] Kittay, "The Personal Is Philosophical Is Political," 614.

often permeates both secular and sacred spaces. Related to this, the third and final significant parallel is that both fields expose the ableism that is often embedded in dominant interpretations of disability and consequent perceptions and treatment of disabled people.

Hence, just as disability theology critiques the Western obsession with autonomy using a Christian theological lens that is grounded in the lived experience of disabled people, disability ethics critiques the unquestioned acceptance of autonomy as the cardinal principle of bioethics using an ethical lens that is likewise grounded in the lived experience of disabled people. Viewed through a disability ethics lens, autonomy looks and functions very differently than it does in traditional bioethics. This is because, as Katherine Moore points out, "People with disabilities may experience autonomy and choice—and therefore their sense of self—differently than non-disabled people. It is of unique concern to people whose autonomy is often taken away."[31]

For many disabled people, exercising autonomy necessitates some form of dependence on others to help create and maintain the conditions that make it possible for them to take a chosen course of action. Thus, in a manner similar to disability theology, disability ethics problematizes and reframes autonomy, placing it within a relational context and redefining it from an act carried out in total isolation to an act which necessitates interdependence and has communal consequences. Furthermore, such a reframing of autonomy within disability ethics points to the reality that, over the course of their lifetimes, most people experience exercising autonomy differently at various stages of their lives, depending on factors such as their age and their temporarily able-bodied status or lack thereof. Such a nuanced and contextualized understanding of autonomy redeems it from being a biomedical and societal obsession and restores it to its rightful place of being exercised within a relational context. Placed within this relational context, autonomy is again balanced by the ethical principles of non-maleficence and justice.

Thus, in a manner similar to disability theology, disability ethics problematizes and reframes autonomy, placing it within a relational context and redefining it from an act carried out in total isolation to an act which necessitates interdependence and has communal consequences.

Using Disability Ethics and Disability Theology Lenses to Diagnose and Treat Medical and Systemic Ableism

Both disability theology and disability ethics can serve as useful lenses through which to diagnose and treat medical and systemic ableism in the context of MAiD. Just as disability theology functions as a lens that exposes and corrects theological misconceptions regarding disability that arise in Christian contexts as well as in society more generally, disability ethics functions as a lens that can be used to diagnose and treat ableism in healthcare and broader social contexts. More specifically, the application of a disability ethics lens to healthcare and societal contexts can serve

---

[31] Moore, "Disabled Autonomy," 245.

to identify policies and practices that marginalize and devalue disabled people based on ableist presuppositions. This occurs by centring the perspectives of disabled people in juxtaposition to dominant medical and bioethical understandings of disability, particularly those which are predicated on the ableist assumption that having a disability necessarily means having a low quality of life. A disability ethics lens is thus particularly useful in diagnosing and treating the medical and systemic ableism which all too often result in the severe social and material deprivations that compel disabled people to seek MAiD. In a similar manner, the application of a disability theology lens to the healthcare and societal contexts in which MAiD is practiced reveals the ignorance, and sometimes even arrogance, involved in judging some human lives to be less worthy of being supported and sustained than others.

The application of disability ethics and disability theology lenses to the MAiD-as-harm-reduction argument reveals that this argument ignores the broader ethical, societal, and spiritual implications of viewing the lives of structurally vulnerable disabled people as "harms" that can justifiably be reduced through MAiD. For a more concrete understanding, let us briefly consider the case of Sophia. Sophia (a pseudonym), was a fifty-one-year-old Ontario woman with severe sensitivities to chemicals who "chose" medically assisted death after her desperate search for affordable housing free of cigarette smoke and chemical cleaners failed. She had Multiple Chemical Sensitivities, a chronic condition. "The government sees me as expendable trash, a complainer, useless and a pain in the ass," Sophia said in a video filmed on February 14, 2022, eight days before her death. As Avis Favaro of CTV News reported:

> [Sophia] died after a frantic effort by friends, supporters and even her doctors to get her safe and affordable housing in Toronto. She also left behind letters showing a desperate two-year search for help, in which she begs local, provincial and federal officials for assistance in finding a home away from the smoke and chemicals wafting through her apartment. . . .
>
> Letters she wrote said that indoor cigarette and pot smoking increased, sending fumes through her Scarborough apartment building's ventilation system. More chemical cleaners were used in the hallways that worsened her symptoms. She confined herself to her bedroom—or "dungeon," as she called it—for most of the pandemic, sealing the vents to keep cigarette and pot smoke from wafting into her unit. . . .
>
> Four Toronto doctors were aware of Sophia's case and they also wrote to federal housing and disability government officials on her behalf. In that letter the doctors confirmed that her symptoms improved in cleaner air environments and asked for help to find or build a chemical-free residence.
>
> "We physicians find it UNCONSCIONABLE that no other solution is proposed to this situation other than medical assistance in dying," they wrote.[32]

While MAiD proponents have consistently framed Sophia's death by MAiD as a free and reasonable choice made by a competent adult experiencing intolerable suffering, the application of a disability ethics lens to Sophia's situation clearly reveals that, though she repeatedly sought and fought for the living conditions that would have enabled her to flourish, the fact that she

---

[32] Favaro, "Woman with Chemical Sensitivities."

lived in a fundamentally ableist society meant that what, for her, were basic needs, were deemed by government officials as excessive.

In the words of Canadian disability scholar Jerome Bickenbach, when an individual chooses death as the only viable way to escape an intolerable situation partly brought on by the social environment, it seems "perverse and unfair to say that this is an expression of self-determination or autonomy."[33] The reality of this statement comes into even sharper focus when a disability ethics lens is applied to the issue of MAiD for structurally vulnerable disabled people living in "unjust circumstances," to borrow Wiebe and Mullin's phrase, for this lens reveals the ableist and utilitarian devaluation of disabled lives at the centre of that argument.

Similarly, the application of a disability theology lens to Sophia's story lays bare the multiple instances of injustice and devaluation that ultimately led to her giving up her fight and accepting death by MAiD out of sheer exhaustion and despair. A disability theology lens reveals the systemic devaluation of Sophia's life in and through her interactions with local, provincial, and federal officials, who ignored her pleas for help in securing the chemical-free housing that she desperately needed to survive, exposing these refusals of assistance as violations of God's commands throughout scripture to defend the poor, the ill, and the marginalized (e.g., Deut. 10:18; Ps. 146:7–9; Isa. 1:17; Mic. 6:8; Matt. 25:31–40). When viewed through a disability theology lens, therefore, Sophia's death by MAiD is revealed to be an egregious violation of her humanity rather than a triumph of her autonomy.

As demonstrated by the example of Sophia's case, the application of disability ethics and disability theology lenses to the MAiD-as-harm-reduction argument reveals the ways in which this argument ignores the broader ethical, societal, and spiritual implications of viewing the lives of structurally vulnerable disabled people as "harms" which can be (and, as some argue, ought to be) reduced via MAiD. More specifically, while the application of a disability ethics lens exposes the ableism and eugenic logic that underpins this argument, the application of a disability theology lens lays bare the human indifference and arrogance inherent in judging some disabled lives not worthy to be lived, while withholding the means that would allow such disabled people to flourish. In this way, disability theology and disability ethics operate as complements to one another in exposing and disrupting the medical and systemic ableism that devalues the lives of disabled people and makes them vulnerable to dying by MAiD.

---

[33] Bickenbach, "Disability and Life-Ending Decisions."

“Rescue Those Who Are Being Taken Away to Death”: Calling Churches to Action for Such a Time

This paper has examined the real and present danger that the legalization, expansion, and increasing normalization of MAiD in a society—and, to some extent, even a church—that is plagued by ableism poses for increasing numbers of old, ill, and disabled people. The paper has also considered the fields of disability theology and disability ethics in terms of their usefulness in informing a Christian ethic of disability, particularly in the context of MAiD.

The following best practices are thus focused on articulating and implementing a Christian ethic of disability in order to help individual Christians and church communities become better neighbours, in the biblical sense, to disabled people who may become vulnerable to ending their lives by MAiD because of the deprivations and exclusion that they face as a result of living in an ableist society.

- Recognize that people with disabilities and illnesses who are in danger of being compelled to end their lives by MAiD because of things like poverty, a lack of affordable, accessible housing, or community-based, user-directed personal support services, are not just “those poor, unfortunate disabled people over there”; they are our neighbours, our relatives, our brothers and sisters in Christ. This means that, as Christians, the first thing we need to do is get rid of any preconceived notions that we may hold in terms of MAiD being an issue that’s about *them*, and not *us*.
- Always treat disabled people as *individuals*, not as part of a collective, “the disabled.” We generally recognize that it is wrong and disrespectful to make assumptions about others’ needs, desires, motivations, or fears based solely on their gender, age, race, or socioeconomic status and allow those assumptions to determine how we interact with them. We likewise need to recognize that it’s wrong and disrespectful to make those same kinds of assumptions on the basis that a person is disabled.
- In order for Christians to become true neighbours, in the biblical sense, to the disabled community on the issue of MAiD, we need to learn the art of *amplifying voices*, as opposed to simply *speaking for* people with disabilities. This will necessarily involve going beyond merely trying to form strategic alliances, to developing a fuller understanding of the disability rights community’s opposition to MAiD. It will also necessarily involve engaging in some form of public advocacy.
- Consciously and conscientiously take action to ensure that your church is a place where the lives of disabled people are affirmed and supported. This means taking the time and making the effort to genuinely get to know people with disabilities, coming alongside them in the struggles they face and affirming the value of their lives, as persons who bear God’s image. On a practical level, this could include offering assistance with running errands or other daily tasks for which disabled people may not have support available, purposely including disabled people and their families in the worship, ministry, and social activities of the church/community, or making yourself available to join with disabled people in advocating for the supports they need to live with dignity. Do this in such a way as to emphasize mutual care versus the provision of charity.

- Invite disabled people in your church to identify attitudes that they have encountered that have caused them to feel excluded and isolated. Actively challenge and repent of ableist behaviour within the church, particularly in relation to AS&E.

Given the continued entrenchment of ableism in Canadian society, and the looming further expansions of eligibility for MAiD in the coming years to include people with advance directives, so-called “mature” minors, and people with a sole diagnosis of mental illness, the need for churches to affirm and support the value of the lives of old, ill, and disabled people is only going to become more urgent. Consequently, every Christian in Canada has a responsibility to become aware of the direct dangers that ableism poses to disabled people, and to work to be genuine neighbours to them by affirming the value of their lives and consciously striving to mitigate the lethal dangers of medical, systemic, and internalized ableism. God alone knows how he could use us as Christians—and non-Christians, for that matter—to help dismantle ableism in our country and to save lives, if we were to actually get serious about doing this. May it be so.

References

Aaron, J. “Forever Crooked: How Everyday Language Reflects Negative Attitudes about the Physically Disabled.” *The Conversation*, May 11, 2015. http://theconversation.com/forever-crooked-how-everyday-language-reflects-negative-attitudes-about-the-physically-disabled-38881.

Asch, A. “Disability, Bioethics, and Human Rights.” In *Handbook of Disability Studies*, edited by G.L. Albrecht, K. Seelman, and M. Bury. Sage, 2001. https://doi.org/10.4135/9781412976251.n12.

Basselin, T. “Why Theology Needs Disability.” *Theology Today* 68, no. 1 (2011): 47–57. https://doi.org/10.1177/0040573610394925.

Bickenbach, J.E. “Disability and Life-Ending Decisions.” In *Physician Assisted Suicide*, edited by M.P. Battin, R. Rhodes, and A. Silvers. Routledge, 2015.

Branch, H. A., A. N. Klingler, K. Byers, A. Panofsky, and D. Peers. “Discussions of the ‘Not So Fit’: How Ableism Limits Diverse Thought and Investigative Potential in Evolutionary Biology.” *American Naturalist* 200, no. 1 (2022): 101–13. https://doi.org/10.1086/720003.

Campbell, F.K. “Inciting Legal Fictions: ‘Disability’s’ Date with Ontology and the Ableist Body of the Law.” *Griffith Law Review* 10, no. 1 (2001): 42–62.

Canada, Employment and Social Development. *Federal Disability Reference Guide*. Definition of Disability. Last modified December 16, 2022. https://www.canada.ca/en/employment-social-development/programs/disability/arc/reference-guide.html.

Capurri, V. “Canada’s Medical Assistance in Dying: Eugenics Under Another Name?” *Canadian Journal of Disability Studies* 14, no. 1 (2025): 45–70. https://doi.org/10.15353/cjds.v14i1.1210.

Cardus. “Ethical Issues in Euthanasia and Assisted Suicide in Canada,” 2024, https://www.cardus.ca/research/ethical-issues-in-euthanasia-and-assisted-suicide-in-canada/.

Eisenmenger, A. “Ableism 101.” *Access Living*, December 12, 2019. https://www.accessliving.org/newsroom/blog/ableism-101/.

Elsner, A. M., C.E. Frank, M. Keller, J.O. McCullough, and V. Rampton. “Language Matters: The Semantics and Politics of ‘Assisted Dying.’” *Hastings Center Report* 54, no. 5 (2024): 3–7. https://doi.org/10.1002/hast.4910.

Favaro, A. “Woman with Chemical Sensitivities Chose Medically-Assisted Death after Failed Bid to Get Better Housing,” *CTVNews*, April 13, 2022, https://www.ctvnews.ca/health/woman-with-chemical-sensitivities-chose-medically-assisted-death-after-failed-bid-to-get-better-housing-1.5860579.

Fineman, M.A. “‘Elderly’ as Vulnerable: Rethinking the Nature of Individual and Societal Responsibility.” *Elder Law Journal* 20 (2012): 71–111.

Foster, C. *Choosing Life, Choosing Death: The Tyranny of Autonomy in Medical Ethics and Law*. Bloomsbury Publishing, 2009.

Garland-Thomson, R. “Disability Bioethics: From Theory to Practice.” *Kennedy Institute of Ethics Journal* 27, no. 2 (2017): 323–39. https://doi.org/10.1353/ken.2017.0020.

Garland-Thomson, R. “The Case for Conserving Disability.” *Journal of Bioethical Inquiry* 9, no. 3 (2012): 339–55. https://doi.org/10.1007/s11673-012-9380-0.

Goligher, E.C. “When MAID Goes to Church.” *The Gospel Coalition* (Canadian edition), May 26, 2022. https://ca.thegospelcoalition.org/article/when-maid-goes-to-church/.

Hehir, T. “Eliminating Ableism in Education.” *Harvard Educational Review* 72, no. 1 (2002): 1–33. https://doi.org/10.17763/haer.72.1.03866528702g2105.

Kittay, E.F. “The Personal Is Philosophical Is Political: A Philosopher and Mother of a Cognitively Disabled Person Sends Notes from the Battlefield.” *Metaphilosophy* 40, no. 3-4 (2009): 606–27. https://doi.org/10.1111/j.1467-9973.2009.01600.x.

Labrecque, C.A. “Vulnerability, Dependency, and Trust in the Shadow of Medical Aid in Dying.” Cardus, 2020, https://www.cardus.ca/research/vulnerability-dependency-and-trust-in-the-shadow-of-medical-aid-in-dying/.

Leach Scully, J. *Disability Bioethics: Moral Bodies, Moral Difference*. Rowman and Littlefield, 2008.

Lee, S. “Disability Ethics in Bioethics: Understanding the Complexities of Disability and Its Impact on Bioethical Decisions.” Number Analytics, June 17, 2025. https://www.numberanalytics.com/blog/ultimate-guide-disability-ethics-bioethics.

Livingston, K. “When Architecture Disables: Teaching Undergraduates to Perceive Ableism in the Built Environment.” *Teaching Sociology* 28, no. 3 (2000): 182–91. https://doi.org/10.2307/1318988.

Mintz, K.T., J.A. Stramondo, and H. K. Tabor. “Nothing About Us Without Us in Precision Medicine: A Call to Reframe Disability Difference in Genetics and Genomics.” *Hastings Center Report* 54, no.S2 (2024): S41–48. https://doi.org/10.1002/hast.4928.

Moore, K.L. “Disabled Autonomy.” *Journal of Health Care Law and Policy* 22, no. 2 (2020). https://digitalcommons.law.umaryland.edu/jhclp/vol22/iss2/17.

Reynolds, J.M. *The Life Worth Living: Disability, Pain, and Morality*. University of Minnesota Press, 2022.

Reynolds, T.E. *Vulnerable Communion: A Theology of Disability and Hospitality*. Brazos, 2008.

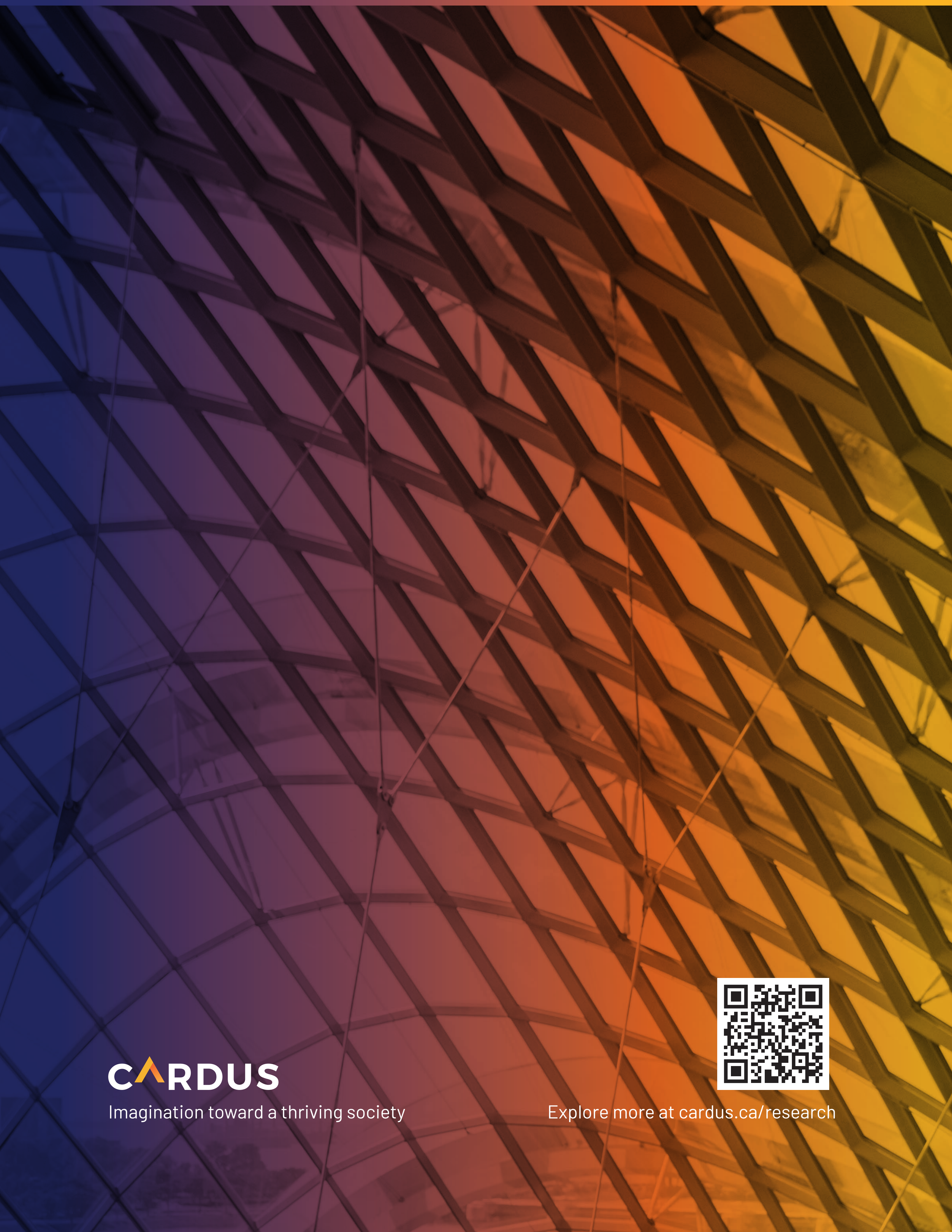
Sanchez-Rivera, R. “From Preventive Eugenics to Slippery Eugenics: Population Control and Contemporary Sterilisations Targeted to Indigenous Peoples in Mexico.” *Sociology of Health and Illness* 45, no. 1 (2023): 128–44. https://doi.org/10.1111/1467-9566.13556.

Swinton, J. “Disability Theology.” In *The New Cambridge Companion to Christian Doctrine*, edited by M. Allen. Cambridge University Press, 2022. https://doi.org/10.1017/9781108885959.018.

Wiebe, K., and A. Mullin. “Choosing Death in Unjust Conditions: Hope, Autonomy and Harm Reduction.” *Journal of Medical Ethics*, 2023. https://doi.org/10.1136/jme-2022-108871.

Winter, J.A. “The Development of the Disability Rights Movement as a Social Problem Solver.” *Disability Studies Quarterly* 23, no. 1 (2003). https://dsq-sds.org/article/id/1321/.

Wolbring, G. “The Politics of Ableism.” *Development* 51, no. 2 (2008): 252–58. https://doi.org/10.1057/dev.2008.17.



CARDUS

Imagination toward a thriving society

Explore more at cardus.ca/research