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A Disability-Inclusive Approach to the Right to Decide

May 3, 2013
Doubletree Suites, Mt. Laurel

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A Disability-Inclusive Approach to the Right to Decide

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May 2013

Outline

• Evolution of an idea
• UN Convention
• Key concepts for a new formula for the right to decide
• Putting the concepts into law, policy and practice
• Initiating the change process - lessons

Evolution of an Idea

• Mid 1970s through 2000s– Challenge to institutional care and transition to community in the name of right to self-determination and community living
• 1980s through 2000s - Access to individualized funding to purchase own personal supports – raises issue of contractual status
• Self-advocacy movement 1980s-90s – Self-advocates begin calling for an end to guardianship laws as part of right to live in the community, equality and self-determination.

... Evolution

• 1990s – person-centered and person-directed planning and supports become a benchmark for service delivery
• 1990s - Concept of ‘supported decision-making’ developed and initial law reform efforts
• Early 2000s – Right to legal capacity and supported decision-making becomes a priority for disability organizations at the UN.

What is the UN Convention on the Rights of Persons with Disabilities?

• An international treaty that defines how internationally recognized human rights apply to people to with disabilities
• 50 Articles
• Establishes reporting and monitoring procedures for States Parties.
• Does not establish new rights
• Recognizes a developmental perspective and ‘progressive realization’

Why a UN Convention?

Global Context of Disability

• Almost 1 billion people with disabilities globally – 80% live in developing countries.
• If all lived in the same country, it would be 3rd third largest in the world - large than the European Union.
• It would:
  – Be least educated
  – Have highest rate of infant mortality
  – Close to highest rate of unemployment
  – Be largely unrepresentative of the voices of people with disabilities and families
  – Poorest.
**Why a UN Convention?**

- Understand disability differently – a ‘social’ model
- Existing human rights documents were not making a real difference
- Understand rights differently – a developmental perspective

**A Convention of Many “Firsts”**

- First human rights treaty of the 21st Century
- Fastest negotiated human rights Convention in UN history
- Most active participation of civil society the development and negotiation of the text;
- First human rights Convention with an explicit social development dimension

**Purpose of the CRPD**

- To promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities...
- Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

**Key Articles for our Discussion**

- Article 12 – Equal recognition before the law
- Article 19 – Living independently and being included in the community
- Article 5.3 – Reasonable accommodation

**ARTICLE 12**

**EQUAL RECOGNITION BEFORE THE LAW**

1. right to recognition everywhere as persons before the law.
2. enjoy legal capacity on an equal basis with others in all aspects of life.
3. shall have access to the support they may require in exercising their legal capacity.
4. all measures related to exercise of legal capacity shall have safeguards (proportional, tailored, respect will and preferences, time-limited, reviewable, etc.)
5. measures to ensure equal right to own and inherit property, control financial affairs, access credit.

**ARTICLE 19**

**Living independently and being included in the community**

... the equal right of all persons with disabilities to live in the community, with choices equal to others...

(a) ... opportunity to choose their place of residence and where and with whom they live... and are not obliged to live in a particular living arrangement;

(b) have access to a range of in-home, residential and other community support services... to support living and inclusion in the community, and to prevent isolation or segregation...;

(c) Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs.
**Legal Capacity Defined**

“legal capacity includes the ‘capacity to act’, intended as the capacity [capability?] and **power to engage in a particular undertaking or transaction**, to maintain a particular status or relationship with another individual, and more in general to create, modify or extinguish legal relationships.”

('Background Paper on Legal Capacity’ – Office of the UN High Commissioner for Human Rights)

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**Reasonable Accommodation**

- “means necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms;”

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**The Problem that Article 12 Addresses**

Recognition of the right to legal capacity has excluded people with intellectual, cognitive, or psycho-social disabilities... which harms their social and legal personhood.

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**Legal Capacity: ‘power to create, modify, or extinguish legal relationships’**

<table>
<thead>
<tr>
<th>Health Care Decisions</th>
<th>CRPD Articles: 15, 25, 26</th>
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<tbody>
<tr>
<td>Financial/Property Decisions</td>
<td>(purchase, sale, credit, investment, will) - CRPD Articles: 12(5), 28</td>
</tr>
<tr>
<td>Personal Life Decisions (where to live, relationships, participation, access, employment, mobility and supports)</td>
<td>CRPD Articles: 13, 14, 15, 18, 19, 20, 23, 25, 26, 27, 28, 29, 30</td>
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**CRPD Provides a new formula for legal capacity**

- Unique d-m abilities
- Supports
- Reasonable accommodation
- legal status

**Decision-making capability [capacity]**

- •Exercising legal capacity to live in the community
Key Concepts

- Intentional action – actions by a person for which there are recognizable reasons
- Agency – intentional action, the reasons for which are recognized to have both ‘correspondence’ and ‘coherence’ with a person’s will and preferences
- Will – general capacity to have desires and beliefs that stretch into the future
- Preferences – particular desires that attach to specific action at a point in time

Usual criteria for recognizing decision-making capability necessary for legal capacity (and for recognizing autonomous subjects)

On his/her own, or ‘independently’, an adult, with supports and accommodation as needed has the ability to:

- Understand information relevant to a decision
- Appreciate reasonably foreseeable consequences
- Communicate the decision to others
- At a minimum, communicate recognizable reasons for actions (i.e. intentionality)

But there are other decision-making abilities which can ground recognition of and respect for legal capacity

Ability for intentional action (based on recognizable reasons – sometimes in descriptions provided by others)

Ability to be known by others as being the same person through time – with a life story that others weave and tell...
In the formula...

- D-M Abilities = mental capacity (and all individuals have some decision-making abilities)
- Mental capacity = Legal Capacity
- DM Capability = Capacity (for strategic reasons)
- DM Capability is the necessary condition for full legal capacity
- The state has obligations to ensure decision-making capability is in place for all (on a ‘progressive realization basis’)

**Inclusive Test of Decision-making Capability (Capacity)**

- means that the understanding of the information relevant to the decision to be made and the appreciation of the reasonably foreseeable consequences of such decision or lack of such decision, may rest either
  - a) within the adult herself or himself, and with decision-making supports and reasonable accommodations as needed; or
  - b) within the understanding and appreciation of the person(s) appointed to support the adult in exercising his or her legal capacity;

**Ways to Exercise Legal Capacity**

- Legally independently
  - ‘Appreciate and understand test’ with support and accommodation as needed
- Supported decision making
  - Appointment of supporter(s) by the individual
  - Others may apply to be appointed, where a person has a ‘profound’ intellectual disability, for e.g.
- Representative decision making
  - Person appoints a legal representative to make decisions on behalf of a person (advance directive, power of attorney)
  - Facilitated decision making (no other adult can recognize or support a person to act on his/her will and preferences)
  - Person appointed to facilitate process for arriving at ‘best interpretation’ of will and preferences as they should apply in the circumstances and to a particular decision or set of decisions.

**What is ‘supported decision making?’**

- Legal right to have certain others recognized in the decision-making process to enter legal relationships – who are in a demonstrated trusting relationship of personal knowledge and commitment
- Legal requirement that recognized supporters meet certain duties
- Legal requirement that 3rd parties (physicians, etc.) respect and accommodate such decision-making processes

**What are supporters actually doing?**

- Witnessing another’s consciousness
- Ascribing intentional action to another
- Narrating personal identity of another
- Orchestrating and narrating intention-directed consequences (see slide)
- Claiming equal moral status for an other person
A theory of personal identity & human agency

We do not transfer agency from one event to another, or infer that the man was agent not only of one action but of two [i.e. of putting his foot on the brake and stopping the car]. We may indeed extend responsibility or liability for an action to responsibility or liability for its consequences, but this we do, not by saddling the agent with a new action, but by pointing out that his original action had those results... **there are no further actions, only further descriptions**

Donald Davidson

Claiming equal moral status

The Accordion Effect – Joel Feinberg

Framework to Safeguard the Right to Legal Capacity

1. Statutory Framework
   - **Right to legal capacity without discrimination**
     - Assumption
     - Presumption that it is exercised legally independently
   - **Recognition of different decision-making statuses**
     - Legal independence, supported, representative, facilitated
   - **State obligation to ensure access to supports**
   - **Duty to accommodate**
   - **Safeguards**
Framework

2. Provision for representation agreements
   - For supported decision making status
   - Recognizes supporters
   - Self-defined triggers

3. Legislated duties of representatives and monitors:
   - Act diligently, honestly, in good faith, etc.

Framework

4. Community-based resource centre
   - Provides assistance to individuals to plan and access needed supports
   - Facilitates network development
   - Provides information and referral
   - Mediation support

5. Legal Capacity and Support Office
   - Investigation allegations of serious adverse effects
   - Arrange for needed supports
   - Act as representative or facilitator of last resort

Framework

6. Administrative Tribunal with a Focus
   Exclusively on Decision-Making to decide disputes about:
   - Decision-making status;
   - Duty to accommodate;
   - Gov’t provision of supports;
   - Appointment of supporters and facilitators;
   - Appointment of monitors – where supporters or facilitators are not meeting their legal obligations

Framework

7. Access to Legal Counsel

8. Independent Advocacy

9. Intersections with Adult Protection and Mental Health Law

Putting the Pieces into Place

- Law Reform/Statutory Framework
- Re-interpreting Existing Statutes – ‘Least Restrictive Alternative’
- Community Capacity
- Pilot initiatives
- Strategic Litigation
- International Monitoring – CRPD Committee

An Integrated Statutory Framework
B.C. Representation Agreement Act

• Provides for adults to make agreements appointing others to act in a supported or representative status:
  – Who will be supporters or representatives
  – Who will be a monitor of the representatives and decision making process
  – Particular ways of communicating, expressing

Test of ‘incapacity’ for entering a representation agreement

(a) whether the adult communicates a desire to have a representative make, help make, or stop making decisions;
(b) whether the adult demonstrates choices and preferences and can express feelings of approval or disapproval of others;
(c) whether the adult is aware that making the representation agreement or changing or revoking any of the provisions means that the representative may make, or stop making, decisions or choices that affect the adult;
(d) whether the adult has a relationship with the representative that is characterized by trust.

Other Legislated Models

• Sweden – ombudsman and godsmann/administrator
• Germany – ‘betreuer’
• Norway – mentor
• Proposed in Victoria, Australia
  – Supported
  – Co-decision making
  – Substitute

Re-Interpreting ‘Least Restrictive Alternative’ to include Supported DM

“To the extent that New York courts have recognized least restrictive alternative as a constitutional imperative..., it must, of necessity, apply to guardianships sought pursuant to 17-A... Thus, proof that a person with an intellectual disability needs a guardian must exclude the possibility of that person’s ability to live safely in the community supported by family, friends and mental health professionals.

Matter of Dimerism L. (Sur Ct, NY County 2012)
Pilot Initiatives – South Australia SDM Pilot – 2010-12
• Office of the Public Advocate
• Project Committee, Coordinator and Monitor
• 26 participants – otherwise under Gdship.
• Benefits for Participants:
  – Increased confidence
  – Increased skills in decision making
  – Increased support networks
  – More participation and engagement in community

Pilot initiatives
• For Supporters:
  – increases in supported decision making
  – Positive changes in how decisions were managed
  – improvements in the nature and quality of their interpersonal relationships.
• Changes Needed
  – More strategic systems focus
  – Need for a community platform to engage stakeholders

Pieces...
• BC – Nidus registry and community support
• Strategic litigation – e.g. Stanev case, Bulgaria
• International Monitoring – CRPD Committee, Tunisia, Spain, Portugal

Questions and Issues
• Consistency with other laws
• Increased complexity – limited utility?
• Complexity of supporter role
• Third party liability and enforcement
• What happens when no one available?
• Managing the change process

Putting the Pieces into Place: Steps Needed...
• Legal Framework to Recognize Equal Right to Legal Capacity
  – What ‘Bridge’ from guardianship to support?
  – What forms and processes for appointing decision-making supporters, representatives, facilitators?
  – What community capacity to support individuals, decision-making supporters, 3rd parties in making and managing supported DM arrangements?

Steps needed...
• Identify Authorities
  – To make needed appointments
  – To ensure inclusive tests of decision-making capability (ability + supports + accommodations)
  – To resolve disputes – among potential supporters, with 3rd parties
**Steps Needed...**

* Provide community-based supports and development of support networks  
  - Who provides?  
  - Which systems and agencies can be designated?

**Steps needed...**

* To Safeguard integrity of decision-making processes  
  - Require oversight of decisions that fundamentally affect physical and mental dignity (sterilization, some psychiatric interventions)  
  - Test: that a person demonstrate at least some understanding and appreciation  
  - Appoint monitors for arrangements where needed  
  - Link with Adult Protection authorities  
  - Hear and respond to complaints/concerns about decision-making supporters

**Lessons in the Change Process**

* Create a forum on the right to legal capacity  
  - Bring the cross-disability community together  
  - With professionals and government  
  - Hear stories from people with disabilities  
  - Establish a leadership group  
* Identify priorities for changing laws, policy and practice  
* Create concept for legislative framework

**Lessons in the Change Process**

* Develop pilot projects to demonstrate supported decision making  
* Develop tools in supported decision making for individuals, families, professionals  
  - It can’t happen all at once – keep vision in focus  
  - Be strategically ‘incremental’  
  - Show how it works in practice  
  - Develop leadership for change  
  - Create long-term agenda, with short-term steps

**Change Framework for Advancing Article 12**
The Right to Legal Capacity and Supported Decision Making

Case Studies for Discussion at The Boggs Center’s Developmental Disabilities Lecture:

A Disability-Inclusive Approach to the Right to Decide
By Michael Bach
May 3rd, 2013

INTRODUCTION
The following set of four case studies (based on actual accounts) will be discussed at the May 3rd event to engage with some of the challenging questions to be confronted in developing an inclusive approach to recognizing and supporting the right to legal capacity.

Article 12(4) of the CRPD establishes that any measures that relate to the exercise of legal capacity must respect a person’s ‘will and preferences’. Are the concepts of ‘will and preferences’ robust enough to ground the exercise of legal capacity? Are they adequately specified and, moreover, do they adequately encompass what ought to be respected in the exercise of legal capacity? In the context of discontinuities and conflicts within the self (e.g. transient mental states, multiple and conflicting desires and preferences) what is an adequate conceptual foundation for understanding the self that takes into account this discontinuity and the full range and diversity of intellectual and psychosocial disability?

CASE STUDIES:

Rebecca
Rebecca Beanyi is supported by her mother Sue and her family. Rebecca would be identified by many as a person with a significant intellectual disability, communication disability, and physical disability. Yet she is also recognized as wonderful artist, and she dances regularly through the mobility of her wheelchair with a liturgical dance troupe at her church. Her artwork and method of producing it, her dancing, along with reflections, pictures and other contributions can be seen at www.rebeccabeanyi.com, which introduces Rebecca this way:

Rebecca’s gentle spirit bursts in and through the seams of her physical disability. She is a woman whose openness to life touches and stirs those in the world around her; a testament to love and family and the amazing mystery of hope... Rebecca continues to do the work of helping people imagine that which they once thought was “unimaginable”.

Rebecca communicates through gesture, and when painting uses a headlamp. Moving her head she points the light beam from her headlamp to indicate her choice of colour from the palette. A support person dips the brush in the chosen colour and applies it to the canvas, tracing the pattern Rebecca draws with the light beam from her headlamp.

**Jonathon**
The Executive Director of a consumer/survivor-operated community mental health service shares the story of a man we’ll call Jonathon.

A regular member for many years at the drop-in service her agency provided, Jonathon was a talented artist, constantly sketching and producing. He had also used several legal processes in the past to challenge both involuntary hospitalizations and involuntary outpatient committal. At one point in his life he, once again, stopped using his psychotropics and other medications, and then stopped drawing. It became harder and harder for those in his network to reach and communicate with him as he entered what some others might describe as a psychotic episode. One of the consequences of not taking his medications was that he also stopped taking the eye drops he needed to protect his eyesight from being further diminished from a degenerative condition. The question for those around him was whether to arrange for an involuntary hospitalization under the Mental Health Act in the province he lived in, to ensure he started his medications, took his eye drops and saved his eyesight; which if lost would also mean an end to his visual art, at least in the way he had drawn and painted to that point in his life. At the time he indicated no interest in his art, but those around him felt this was temporary, a direct result of a radical change in his lifestyle and stopping his medications. But the consequence could be permanent damage to his eyesight. It was decided by his doctor to arrange for an involuntary hospitalization against his wishes. Later, after he was back on his medications, he expressed exasperation at why there would have been any doubt about him being treated against his wishes. “What the fuck took you so long? I could have gone blind!” he said.

**Ian**
In his forties, Ian would be identified as a man with a profound intellectual disability. He does not communicate in typical ways. His mother, Audrey Cole, a long-standing advocate for human rights and early thinker and writer on supported decision making, reflected in a personal communication to me about how she understands his will.

...human will - that instinctive and inherently human imperative, that sense of being, that thing that tells us we are here, that we can feel. I honestly don't think it has anything to do with intellect. Ian has it! It is what makes him stop, suddenly, and listen to the sounds of the birds or of the wind blowing through the trees. I am sure it is what makes him so sensitive to music. It is also what makes him instinctively draw back or resist things he doesn't understand (such as an unfamiliar medical procedure, for example). And it is certainly the thing that has prompted him on a couple of occasions when Fred [her husband and Ian’s father] had been in intensive care to gently reach out and stroke Fred's arm - an intimacy that is not typical of Ian who usually would have to be prompted to make such personal contact. I don't know what it is but I do know we all have it! And if we take the trouble to get to know people who do not communicate in typical ways, we become very conscious of it.
Ms. G.
Ms. G. woman in her early fifties with diabetes, came to the hospital for a planned above-the-knee amputation. Her other leg had been amputated two years before, immediately after which she had become depressed and contemplated suicide. With medication and psychotherapy she recovered from that depression and went on to have two active, fulfilling years, winning a prize for a work of art, socializing with her close circle of women friends, and living with her husband of twenty years. Before the current surgery she had been engaged in ongoing grieving related to the expected outcome of needing a wheelchair. Still, she seemed overall in good spirits, having already adapted her home for the change.

Immediately after the surgery, Ms. G’s husband told her that he was leaving her. He said that he had fallen in love with someone else and would be moving out of the home while Ms. G was in the hospital. She reported experiencing intense, overwhelming post-operative pain, which no safe amount of morphine could relieve. She then refused dialysis, without which she would die in a matter of days, saying that she wanted to go to sleep and never wake up. She stopped speaking to anyone, including her close female friends, whom she banished from her hospital room. They took turns waiting in the hallway outside her door day and evening, trying to visit her. When the ethics consultant met with her and asked her for her reasons for refusing treatment, she told him that, while she understood that she would die without dialysis, she did not want to live a life in which she was certain she would always be alone. She no longer felt able to adjust to using a wheelchair and to facing future complications of diabetes. She refused to wait and think about it, to receive psychiatric help, or to talk with her friends about her situation. During a meeting with me (a trainee therapist) later that same day, we did a guided imagery (imagining that she was on a warm beach, feeling the sand, hearing the ocean), after which she was able to relax and even fall asleep. I returned to meet with her again later in the day, repeating the guided imagery. Afterwards, she spoke to me, telling me about the conversation with her husband. She then became tearful, describing a future in which she would always be alone, abandoned, a pariah. Mention of others who connected with her – her friends, her therapist – did not register. While thinking about her husband, she became enraged and then turned to me and yelled, ‘Making me think about what happened is the cruelest thing anyone has ever done to me. I just want to sleep and never think about my life again. Get out of here!’

What form might “support” in decision-making take in this case? It is suggested by the therapist that engagement in talking therapy may change Ms. G’s vision of her future quality of life and that a decision to accept the lifesaving treatment might result. Yet after this encounter she refuses to engage with others. Should pressure be exerted to encourage Ms. G to talk to a professional about her decision to refuse treatment? What kind of pressure to engage would be appropriate? If she refuses support in her decision-making would this justify the transfer of the decision to a surrogate? Should an assessment of capacity come into play at this point, and if so, what form should it take?
QUESTIONS:

1. **Whose knowledge should count in describing another’s gesture as will and preference, and what should happen when the accounts conflict?**

One witness to a gesture may see it as intentional action, the love of a son for a father; or artistic vision in a tilt of a head that bends light. Another witness, unknown to the person, may see in the very same moment, with the very same gesture, simply an involuntary movement of a hand or head and see no real consciousness, much less will or preference. What are the criteria of valid knowledge when only one or two people claim to be able to understand the will and preference of others? What should the test of the adequacy of their interpretations be?

2. **What is the basis for choosing to consequentialize one intentional action over another?**

Jonathon’s supporters are confronted with two very conflicting intentional actions, separated in time. They can clearly describe them as such. They can provide a description of his behaviour of producing his art, and his talk about how important it is to him. At another point in time, after he alters his lifestyle, and to his supporters his mind seems altered from the state they usually know him by, he makes very clear other intentions. How are they to decide which intention to follow? On what basis? Can we distinguish will (as narrated over time) from preference (analysed at one point in time)?

3. **To whom do consequences attach when significant support is required to execute a person’s will and preferences?**

Is the arranging of things by Ian’s parents to be understood as ‘consequences’ of Ian’s intentional action to enjoy music? Are the myriad of steps taken by others to materialize Rebecca’s artistic vision to be accounted for as her action? Does the individual remain the author of his/her action, though it took the interventions and intentional actions of so many others to give his/her originating intentional movement effect and consequence? If Rebecca’s supporters arrange a contract in her name, for a gallery showing of her art, based on their own narration of her will, which they then constitute as a (contractual) promise, what happens in breach?

4. **Is restraint or non-consensual treatment ever justified in the name of supported decision making?**

What should happen when Ian goes to the dentist, and expresses his fear of what is about to happen by pulling away, resisting. If his mother is his ‘decision-making supporter’ should she have the authority to authorize restraining him in this situation, or authorizing a sedative without his consent? Does that become substitute decision making?

5. **What should happen when someone refuses to be supported in their decision-making?**

Is it possible to shine a bright light between, on the one hand, supporting a person to exercise his or her legal capacity, when that may include interpreting a person’s general will and preferences and executing that through acts/decisions; and, on the other, substituted decision making? What should happen when someone refuses to be supported in their decision-making? Is pressure to engage with support ever justified? If so, at what point does this pressure become unduly coercive?
Developmental Disabilities Lecture Series

May 3rd, 2013

A Disability-Inclusive Approach to the Right to Decide
by Michael Bach, Ph.D. (mbach@cacl.ca)
Canadian Association for Community Living and
IRIS – Institute for Research and Development on Inclusion and Society

Overview and Reading List

This session will focus on one of the key Articles in the CRPD that articulates the ‘paradigm shift’ in disability and international law that the Convention inaugurates – a shift from seeing disability as an inherent ‘deficit’ that attaches to a person, to seeing disability as the outcome of physical, attitudinal, environmental, social, economic, cultural and political barriers. In a bold statement, Article 12 makes clear that the right to legal capacity can no longer be restricted on the basis of disability. In recognizing the right to equal recognition before the law, Article 12 provides a foundation on which people with disabilities can fully enjoy and exercise all other rights. From the vantage point of this Article, centuries-old provisions that result in confinement, exclusion and denial of equal respect and recognition in all aspects of life are revealed for the violations they are.

Article 12 also delivers a paradigm shift in understanding of the law of legal capacity by finally recognizing that people make decisions in their lives – not as isolated, autonomous selves – but rather in the context of interdependence with others. Article 12 recognizes that all people must be supported to imagine a good life for themselves, regardless of different experiences and disabling barriers. In their particular social and cultural context, people must be supported to exercise the power they need to make their own decisions and enter legal relationships that will give effect to their will and preferences. Article 12 also recognizes that people have a right to change their will; to modify and terminate those legal relationships, as they choose. This session will explore the concepts, challenges, and approaches being developed to make this Article real in people’s lives.

Selections for Further Reading

Bioethics Volume 22 Number 1 (Pp 25–31).


Centre for Disability Law & Policy, NUI Galway “Submission on Legal Capacity the Oireachtas Committee on Justice, Defence & Equality.” Available at http://www.nuigalway.ie/cdlp/documents/cdlp_submission_on_legal_capacity_the_oireachtas_committee_on_justice_defence_and_equity_.pdf


Mental Disability Advocacy Centre (MDAC) has published a number of reports on ‘Guardianship and Human Rights’ in central and eastern Europe which expose the violations to legal capacity and autonomy such provisions authorize. See www.mdac.info/reports.


