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Medical Ethics Argumentation

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As the understanding of modern medicine has developed sophisticatedly, and the means of treating disorders and disability has improved considerably, it is salient we pay mind to the moral and ethical implications of what constitutes a disability, as well as what value we should assign to it within a broader framework. Seldom do we label and categorize disability as something “positive” –rather, it is understood and discussed as a burden or encumbrance to the person affected. In *Valuing Disability, Causing Disability*, Elizabeth Barnes offers a multifaceted and complex approach to the issue, attempting to reconcile two philosophical views of disability within a modern context. Furthermore, the expressivist view is proposed, which essentially asserts that certain practices and decisions (such as prenatal testing) used to avoid disability contribute to stigma or a negative connotation with disability, fueling society’s negative conceptions about people with disabilities. Within this essay, I am going to elucidate upon Barnes’ findings, define and elaborate on the significance of the expressivist objection, and finally offer my perspective on how the objection succeeds or fails in its assertions. That way, a more cohesive and holistic understanding of disability within a societal context may be achieved, and perhaps more sympathy and thoughtfulness for those who have disabilities.

It is salient to understand the inhibitions of Barnes as well as her goals and arguments within her work. Firstly, it should be noted that she aims to shift the discourse surrounding disability from that of judgement and undesirability, to that of understanding and compassion. Asserting that the moral and ethical implications of disability are contingent on the structural

factors and societal attitudes of today, Barnes reasons that disability in of itself isn't morally bad, but morally its implications are due to the prejudice, stigma, and undesirability that societal structures perpetuate. She reasons that if disability existed in a society that encouraged, guaranteed, and valued such, where disability is accepted as a natural component of human diversity and uniqueness, there would be no ethical issue with "causing" disability (birthing someone with a disability), since the fetus is born into a society that cherishes it as they would a regular baby. For this reason, Barnes argues, causing disability has immoral implications –not because of the act itself, but because of the discriminations and preconceptions of the modern-day.

Notwithstanding this, let us then explicate upon the two philosophical lenses that Barnes offers us: the mere-difference view of disability, and the bad-difference view. Simply put, the mere-difference view asserts that disability should be treated as any other human difference – such as different hair color, eye color, or how tall a person may be. It is just another difference that may set someone apart. The bad-difference view asserts that disability, whatever form it may take, is inherently bad and should be treated with a negative connotation. Albeit Barnes sides with the mere-difference view, as this should come as no surprise, she interestingly affirms and appeals to two instances where "causing" disability is morally wrong: the noninterference principle as well as the imposition of transition costs. Let us now deconstruct each and the insinuations for both.

Firstly, it would be wise to define the noninterference principle and its wider context within Barnes' argument. Fundamentally, it asserts that individuals have no reason to interfere with another's life –that is to say, it is morally impermissible— unless they have a good reason to. Barnes argues that when someone causes disability, they are imposing an unfair advantage

upon a person. A caveat –this is presupposed upon the idea that disability is disadvantageous in the first place, and causing disability, such as birthing someone with say down syndrome, is a violation of the noninterference principle. Secondly, in regard to transition costs, we may define these as any financial, societal, structural, or physical burdens imposed upon someone with a disability. Now although these burdens and costs are not integral to the disability itself, they exist in a multifaceted way within a society, and Barnes argues that causing disability in environments where these burdens are unusually high is a violation of the transition costs principle. Where transition costs become problematic is where a society is not adequately prepared to accommodate someone with a rare disability, and if they can, the costs are unfathomably expensive.

Let us not be erroneous in stating that these two assertions are not compatible with the mere-difference view. Although it is tempting to align them with the bad-difference view, their compatibility with the mere-difference view appears to fit nicely. Primarily, if a society deemed disability as just another difference as it would hair color or shoe size, the various barriers and costs disabled people face would drop significantly. People's attitudes toward such would become more accommodating, less prejudiced, and more susceptible to integration and diversity with disabled people. Secondly, if a society existed where all children were given access to equal opportunities, resources, and prospects for a better life, then the choice to have a baby with a disability may not be morally wrong. The barriers that a prejudiced society currently has would not exist. That is to say, the mere-difference view is compatible with the two assertions because it allows for the moral thought of avoiding unnecessary burdens and expenses upon those who suffer from a disability.

With this information, we can now move onto the expressivist objection. At its core, the expressivist objection affirms that there is a certain precedent that is set when actions are taken by those who are deciding to have a baby with a disability or not. If the parents use prenatal testing to find their child has a disability, this disseminates the message that disability is undesirable. If the parents do choose to have the child with a disability, it also perpetuates the idea that disability is an unwanted occurrence and therefore that a disabled person's life is less valuable than the life of a non-disabled person. Yet in response to this, Barnes says not so fast. She claims that where the objection goes wrong is the presupposition that the very *presence* of disability is a morally wrong thing, but as we know, Barnes argues that the societal conventions, barriers, and prejudices are what are morally wrong, not the disability itself.

What should we make of these findings? Firstly, I would like to comment on the expressivist objection and if it withstood critique to which I would say –no. And to Barnes' argument throughout the paper, I would especially say maybe. Indeed, while she comments on the multifaceted framework and barriers that exist within our society, it seems rather contradictory for her to also say society determines the moral implications of disability, which is frankly absurd. If we allow society to determine the moral value of a person, disabled or not, we run the risk of a slippery slope: eugenics, racism, and possibly genocide are all conceivable outcomes. So, I agree with Barnes that societal predispositions and prejudices regarding disability are problematic, and that we should assume the mere-difference view. What I do not agree with is her rather nuanced stance throughout the paper, and her teetering ability to consider different perspectives and angles.

The position we should take should be threefold: that of which firstly preserves the life of the fetus, (no abortion), secondly informs the parents of the risks of having a child with disability

without prejudice or preconceptions of the value of the fetus, and thirdly, that which integrates Barnes' mere-difference view, but also recognizes that societal barriers will exist for said fetus. What I think the expressivist objection succeeds at is within the context of prenatal screening. The whole purpose of a prenatal screening is to see if your baby will be healthy and without disability –this, the objection correctly assumes. The weaknesses lie in the fact that it erroneously asserts that all of society deems disability to be undesirable, and while this may be true to a certain extent, parents and caregivers alike welcome disabled babies frequently and with compassion, providing them the resources and guidelines they need to succeed in life and live it well.

Consequently, this paper was hyper-complex in nature, and therefore are many factors and variables to consider when discussing the implications of disability. Hence it would be beneficial to discuss the ways to which we can reduce the stigma surrounding disability, as well as provide those who have it the resources and compassion necessary for better integration into society.