

Inclusion of Persons with Disabilities in the Documents of the *National Bioethics Committee of the Republic of San Marino*¹

Luisa BORGIA², Giampiero GRIFFO³

Borgia: Polytechnic University of Marche (Italy)

Griffo: Suor Orsola Benincasa University of Naples (Italy)

Email: luiborgia@gmail.com (Correspondence: Luisa Borgia); giambatman1@gmail.com

Abstract

In an effort to broaden discussion and reflection on issues concerning people with disabilities, the National Bioethics Committee of San Marino (*Comitato Sammarinese di Bioetica*, CSB) has appointed Dr. Giampiero Griffo of Disabled Peoples' International (DPI), as an external expert to help CSB generate an on-going discussion about disability issues, as requested by the UN Convention on the Rights of Persons with Disabilities (UN CRPD).

This appointment constitutes the first international example of collaboration between the CSB and a representative of associations of persons with disabilities, with the specific task of identifying the implications related to the issue of disability.

The first document, "*Bioethical Approach to Persons with Disabilities*" (2013) represents the first-ever work developed by a National Bioethics Committee on the topic of people with disabilities.

In the "*Bioethics of Disasters*" document (2017), the chapter dedicated to the management of persons with disabilities, involved both in natural and human catastrophes and in emergency interventions for health conditions, also stands out.

The last document, "*Decision Making in the Care of the Sick Person at the End of Life*" (2019), considers the following topics: approaches to the condition of disability, contextual elements with which the person with disabilities relates, informed consent, and forms of support at the end of life.

Key words: persons with disabilities, UNCRPD, human rights, mainstreaming, participation.

"Nothing about us without us": this is not just a catchy slogan for associations of disabled people, but the expression represents a central theme that has allowed collaboration between the National Bioethics Committee of San Marino (CSB) and the world of people with disabilities (Disabled Peoples' International Europe).

Since its establishment in 2010, Giampiero Griffo was appointed by CSB to act as an external expert of DPI Italia⁴ in the disability field.

This inclusion represents the first international example of cooperation between the CSB and a representative of an organization dedicated to helping people with disabilities and tasked with identifying implications connected

to the subject of disability, in committee discussions.

Reasons for the inclusion of an external expert stem from two considerations: the goal of introducing in the debates and in the bioethical choices a defense of human rights of persons with disabilities, who are still often treated differently, compared to others, based on a medical/individual model of disability⁵. The second reason for inclusion comes from the UN CRPD, contained in Article 4(3): "In order to elaborate and fulfill the legislation and politics to be adopted to carry out the present Convention, as well as in the other decision-making processes concerning matters regarding disabled people, State Parties work closely in consultations,

actively involving persons with disabilities, including disabled minors, through their representative organizations.” From these same motivations, DPI Europe, the European Disability Forum, and the International Federation for Hydrocephalus and Spina Bifida⁶, have been active in passing several Assembly resolutions and promoting related research⁷. Close attention was given by Disabled Peoples’ International (DPI) Italia to the risks of discrimination connected to the condition of disabled women (Galati and Barbuto 2006). Further, even the UN Committee on the Rights of Persons with Disabilities (CRPD) highlighted, in general comment n.7, about the importance of the subject of participation for the organizations of persons with disabilities⁸.

In this article, we examine the main documents drawn up by the CSB in which the themes of disability, the effects of mainstreaming discussions of disability, and the consequences of the main documents⁹.

1. The document “*Bioethical Approach to Persons with Disabilities*”

The first and most exemplary result of this cooperation is the “*Bioethical Approach to Persons with Disabilities*” document, published in 2013, the first-ever document edited by a National Bioethics Committee concerning this theme¹⁰. The document authors strove to start a comprehensive investigation into a subject largely absent from international bioethics evaluation, for a multitude of reasons: the complexity and extent of the subject, the lack of a unanimous and shared definition of disability, the linguistic fluidity and semantic evolution that has characterized this theme over the centuries, the difficulty of facing without prejudice subjects long considered taboo, the inadequate awareness by disabled people themselves of their human dignity, all of which have persistently kept them excluded from the public debate.

The reasons listed help to explain the absence of international organizations commenting on the theme of disability, until December 2006, with the approval of the UN Convention on the Rights of Persons with Disabilities. Despite this UN approval,

bioethical organizations have been largely silent on this theme, creating, in an indirect way¹¹, a paradox: people with disabilities, among these, women, children, and older people, represent one of the most vulnerable groups, for whom members of the contemporary international bioethics community can and must act, so that the essential principles of beneficence, autonomy, and justice may be consistently applied.

The UN CRPD is an important first step in reinstating human rights to persons with disabilities as well, on the basis of a universal criterion that gives some political force to upholding human dignity. This approach is in line with the UNESCO Universal Declaration of Bioethics and Human Rights¹², but this approach had never before worked in unison with the UN Convention. CSB, along with Giampiero Griffo, decided to issue the document since the UN Convention mentioned offers a cultural frame of reference representing an historical event presaging a change in the approach to persons with disabilities, utilizing a bio-psycho-social model of disability grounded in a respect for human rights. Only after a period of decades will it be possible to assess its benefit.

In fact, a new and growing awareness of disability as an ordinary and universal condition that potentially every human being possesses, as expressed by the World Health Organization (WHO 2011), challenges us to consider disability in decisions linked to development and social organization. The protection of human rights, social inclusion policies, and the development of social environments, inspired in part by the concepts of Universal Design, affects all societies. The policies of social inclusion, designed to remove the conditions producing disabilities, refer to general policies of society and represent a new challenge of this millennium and an investment in the future.

The UN CRPD introduces a reversal of perspective in the reading of the condition of disabled people: before even knowing their needs, it is necessary to begin with the recognition of their human rights. The conceptual novelty contained in the definition of disability (“Disability is the result of the interaction between people with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an

equal basis with others.”) focuses on the social relationship between characteristics of people and the way the society takes these characteristics into account.

This new focus on social relationships means that the condition of disability is not determined automatically by health factors, a common and uncritical view still found in bioethical discussions concerning people with disabilities. In fact, the UN CRPD goes beyond the medical model of disability, which attributes the condition of disability to health and individual factors. Instead, the UN CRPD emphasizes the social model based on respect for human rights that describes how disability conditions are produced, creating barriers, obstacles and discrimination that limit privacy and respect for their human rights. In the field of bioethics, cultural and technical approaches based on the medical model are still prevalent; an example of this approach is found in the field of genetic counseling that all too often conditions and prepares family members about the likely limitations and negative conditions their baby or fetus will endure, after having been diagnosed with a significant malformation. More appropriate, instead, would be to involve other points of view, such as those professional associations that can help explain what it means to live with physical conditions and characteristics a society considers undesirable and yet still thrive. There are numerous examples of successful people who also happened to have disabilities, such as Stephen Hawking, who lived for decades with ALS, who is also considered one of the most important astrophysicists of our age, or the numerous people with Down’s syndrome who have graduated from various universities and have enjoyed successful careers. Ending such lives through elective abortion or infanticide would have canceled opportunities to benefit from their contributions. This growing trend of including people with even profound disabilities stands in stark contrast to the views of Australian philosopher Peter Singer who has often argued that parents must not feel morally required to continue with a pregnancy of a baby diagnosed with Down’s Syndrome.¹³

A further innovation is the concept of progressive social inclusion of people with disabilities who, included in the protective scope of respect for human rights, assume their role of

civic citizenship in a society that must look after them. The aim of the UN CRPD is to forbid all forms of discrimination based on disability and to guarantee equal and effective legal protection against discrimination. Every time a person with a disability is treated differently without justification, he/she suffers discrimination that is a violation of human rights. Further, since there are conditions that produce multiple forms of discrimination, UN CRPD pays particular attention to disabled women and children, with two specific Articles (Art.6 and Art.7). The new approach of the UN CRPD aims to overtake the traditional institutionalizing and segregationist view of treating persons with disabilities. Instead, the UN CRPD promotes the idea of everyone living in one community, with the support provided for a more independent life (Art.19 and Art.20), providing respectful treatment of human rights for people who are unable to represent themselves (Art.12) and giving access to all rights on the basis of equality with other citizens and without discrimination.

Another important factor related to discrimination against persons with disabilities is considered in Equal Opportunities (Art. 5 of the UN CRPD), precisely defined in the UN Standard Rules¹⁴. Ensuring Equal Opportunities on the basis of equality with other people requires the implementation of adequate measures and supports, so that disabled people can participate fully in society and enjoy all human rights and fundamental freedoms. Combining non-discrimination and equal opportunities representing the new framework of international legal protection means that states and societies should endeavor to identify and prevent encroachments on human rights and fundamental freedoms.

Disability, whose definition emerges from the social relation between characteristics of people and the social and physical environment, can therefore be mitigated, not just in the health sphere, by reducing the consequences of disease, accidents, and old age, but also in the social sphere, by removing obstacles and barriers, by providing technical assistance, applying helpful techniques and aids, creating the conditions for preventing discrimination and unequal treatment.

Regarding respect for human rights, we can help remove negative cultural stereotypes

and prejudices by integrating a bioethical thought to this new paradigm of disability. In fact, the protection of human rights for disabled people can be applied to a wide range of rights and activities: from those related to access to goods and services, to those related to shielding sensitive information and those connected to medical and social treatments. In protecting these rights, we find the challenges in accessing health services an important topic, as the principles of justice and equal treatment are integrated and invoked.

The idea of justice, applied to a disability in the context of the bio-psycho-social model and based on respect for human rights introduced by the UN CRPD and related policies and services, still focuses mainly on health care and rehabilitation, welfare, compensatory and protective measures. The UN Convention, however, introduces a new model of disability, framing it in a universalistic perspective, based on rights-centered arguments. This new model, previously widely made explicit with other groups in a society, revolutionizes the economic, political, cultural, and social behavior connected to disabled people.

The UN CRPD expresses a new model of justice indeed and is not a purely metaphysical form of justice. Instead, this new model or paradigm is not confined to matters of assistance, care, compensation, or protection. The new paradigm, based on equality and non-discrimination and designed to eradicate exploitation and empower discriminated and disadvantaged people, removes obstacles and discrimination for the proper support of people, facilitating the services and benefits designated for formerly excluded subjects.

The model of justice connected to the UN CRPD profoundly modifies the political view of the condition of people with disabilities. As vulnerable persons, due to functional differences, persons with disabilities have become rights-holders in the political/moral community. Within that community, a society has to provide equal opportunities and guard against discrimination. The UN Convention, considering disabled people as a part of society, acknowledges their right to benefits from all relevant policies and programs. In this new view, social and material resources must be used for all members of the

political/moral community. Mainstreaming policies is an innovative approach, and disabled members are moving from assisted to potential payers, who may need appropriate support to participate well in community life. We can monitor statistical data to see the impact of this new political approach, in such areas as the level of accessibility of a city, discrimination in access to goods and services, obstacles and barriers that prevent full participation and inclusion in the world of education, work, tourism, and leisure. This UN CRPD shows that, in order to build these new policies and to achieve the new idea of justice linked to its application, we also need to develop new areas of knowledge, a new consciousness, a new cultural approach, so that the role of persons with disabilities becomes an integral and inalienable part of this new political/moral community. An increasing concern of some international associations of persons with disabilities and their families is the quickly expanding progress of biomedicine and genetics and the moral and practical implications of this progress, especially in regard to the potential for discrimination and violation of human rights accorded persons with disabilities. As a result, many initiatives of associations championing the concerns of persons with disabilities have taken place, such as Inclusion International and Disable Peoples' International.

In the last few years and in different countries, the activities connected with biomedicine have touched persons with disabilities, highlighting discriminatory approaches that have produced great emotional impact on public opinion, since these are decisions about the quality of people's lives, of their right to exist (euthanasia, right to live) in the context of an ever-expanding array of medical technologies and methods that increase humans' capacity to influence the growth and development of offspring (medically assisted procreation, genetic therapies, genetic manipulation, cloning). Scientific development is increasingly able to influence and 'transform' human life, as researchers strive to prevent or reduce the effects of disease and old age, as well as enhance and extend human reproductivity far beyond previous conventions. The reservations expressed by associations representing the interests of persons with disabilities and their families derive from

reflections about the practical risks involved in using “the medical model” of disability as the favored approach of contemporary biomedicine and genetics, while possibly violating universal human rights. The UN CRPD offers a new approach to the condition of disability based on respect for human rights; bioethics today has to start and adapt to this new approach. The document “*Bioethical Approach to Persons with Disabilities*” acknowledges and endorses the great contributions made to society by scientific progress in general and, in particular, by the medical findings, techniques, and technologies that have allowed many disabled people to live well and to be treated fairly. Nevertheless, it is essential that research should aim to improve the quality of life for everyone and not deny the opportunity to live and make use of rights, goods and services to anyone.

Associations representing persons with disabilities are collectively concerned about the general drift of contemporary human genetics toward a form of positive or negative eugenics operating under some notion of perfection of the human being, absent in nature. In this context, disease, pain, and diversity would be read as imperfections that must be corrected. Actually, imperfection belongs to all human beings, in different forms, and functional diversity (Palacios and Romanach 2006 and Romanach 2009) is one of these diversities according to the Article 3 of the UN Convention. The notion that the perfect person exists, without genetic mutation, imperfection, or disease, is a modern myth, indeed. Every human being has a defined set of capabilities and limitations, potential, and skills that, on the basis of life experiences, of learning processes, of the challenges the person faces in order to achieve objectives and pursue wishes, represent real being, always in flux. In other words, every human being is inherently unique in shape, capacity, and potential. The document “*Bioethical Approach to Persons with Disabilities*” describes areas of potential abuse of human rights of persons with disabilities, resulting in different bioethical approaches, in light of the principles stated in the UN CRPD. The topics attest to the breadth and scope of the areas concerned: prenatal testing and genetic counselling; euthanasia; premature babies; end of life; inappropriate and segregating treatments;

equal treatment and access to health and social services; integrity of the person; informed consent; respect for private life and for sexuality; quality of life; rehabilitation and qualification; multiple discriminations; ethics and legal training on the basis of respect for human rights; and disability prevention.

Contemporary bioethical approaches to disabled people draw on theory, but these approaches are also intricately related to practical life, including but also beyond the area of healthcare. Although topics relating to persons with disabilities and such documents as the UN CRPD are studied and discussed at university, the topics are relegated to the world of health and nursing care. Actually, contemporary bioethics is ubiquitous and relates to many professions, from judge to lawyer, from teacher to architect, to engineer, to public official, to human resource manager of a company, to name just a few. The contemporary bioethics movement has much to offer us in understanding and assessing human behavior in matters of health, but also beyond healthcare, in other areas of social reality. Bioethics forums are therefore centrally positioned to discuss the theoretical and practical challenges in maintaining the rights of all people.

2. The document “*Bioethics of Disasters*”

The cooperation that CSB has enjoyed with the document, “*Bioethical Approach to Persons with Disabilities*”, has determined the starting point for a *modus operandi* of the Committee that, where possible, inserts in its documents a chapter dedicated to the perspective of persons with disabilities. This also applies to another fundamental document, which has also been innovative: *Bioethics of Disasters*, published in 2017.

The *Bioethics of Disasters* stands out not only for considering disasters from a bioethical perspective, never dealt by a National Bioethics Committee or in the literature concerning disaster medicine, but also for the authors’ decision to identify, in such a wide-ranging subject, those arguments of greater bioethical relevance that touch upon human well-being. Let us now consider the treatment of particular people directly experiencing a disaster: the “indirect

victim”, the journalist, the rescuer nurse, the hospital pharmacist for his/her responsibility in the management of drugs and medical devices, animals in the dual role of victims and rescuers. All of the preceding are featured in the chapter concerning the management of persons with disabilities involved in natural and human disasters, as well as in emergency interventions. These subjects, approached from a bioethical perspective, take into account the main international documents, including those by the World Health Organization (WHO)¹⁵, by the Council of Europe¹⁶, the “Sendai Framework for Disaster Risk Reduction”, adopted at the UN World Conference, held in Japan, in March 2015¹⁷, the “Charter of Inclusion of Persons with Disabilities in Humanitarian Action”, approved at Istanbul’s Global Humanitarian Summit in May 2016¹⁸, the Verona Charter¹⁹, the Charter of Disabled People’s Rights in Hospital²⁰, as well as UN CRPD.

In the management of disabled people during a crisis, first aid in its various stages is the critical element: warning systems that often exclude deaf and blind people, triage that fails to take account of disability conditions; lack of a mapping strategy that is respectful of privacy of housing conditions and people’s autonomy in the case of an evacuation; primary care that often is not made by adequately trained personnel, evacuation routes with limited access; lack of proper programming at initial admission areas to accommodate refugees and internally displaced people; facilities that rarely take into account the needs of disabled people; poor involvement by organizations in the planning, intervention, and management of various stages of the emergency; and inadequate inclusion of people with disabilities in the preventive plans for an emergency.

In its conclusion, the “*Bioethics of Disasters*” document recommends a specific plan for emergency services, so that disabled people could be included at all stages of the emergency event, ensuring non-discrimination, equality of opportunity and accessibility, and availability of spaces and services, by appropriate training of the operators, carried out by involving organizational advocates for people with disabilities.

3. The document “*Decision-making in the care of the sick person at the end of life*”

The “*Decision-making in the care of the sick person at the end of life*” document was approved in March, 2019, in the Republic of San Marino, and it constitutes an opinion drafted following an Agenda received by the Parliament of San Marino.

The drafting of the opinion is part of a process undertaken by CSB since its first mandate on bioethical reflection in the context of the end of life, starting from the first document, “*The Assessment of Human Death*” (2013), which was followed by “*Body and Body Part Donation for Therapeutic or Scientific Purposes*” (2016), “*Nursing Code of Ethics*”(2017) and “*Pain Management Nursing: Bioethical Aspects*”(2017).

The “*Decision-making in the care of the sick person at the end of life*” document focuses on the concept of caring for the dying person, a concept that is part of the fundamental rights enshrined in the UN Universal Declaration of Human Rights. In line with what was recommended in the recent international bioethics documents, the CSB examined the principles applicable to the decision-making process that must guide healthcare practitioners in taking care of the sick person in *limine vitae*, analyzing the characteristics and role of each person involved, be it a member of the care team, family member, caregiver, or trusted person.

The Palliative Care section of the “*Decision-making in the care of the sick person at the end of life*” document identifies a key element of treatment, as these last care-givers ensure respect for and dignity of the person dealing with incurability and decline of capacity. However, aware of the deep bioethical value of such a concept of care described above, the CSB wanted to deepen the scientific, bioethical, and bio-juridical aspects of the care concept, by articulating them in the various phases of a person’s life, starting from infancy to the most advanced age, dedicating special chapters to particularly topical issues such as end-of-life pharmacological support and advance indications on care choices.

Also in “*Decision-making in the care of the*

sick person at the end of life”, the CSB dedicates a chapter to persons with disabilities, confirming its continued sensitivity to this specific topic, in the wake of similar commitment expressed in *“Bioethical Approach to Persons with Disabilities”* (2013).

4. The associations of persons with disabilities and the Council of Europe

The presence of an expert in the disability sector within CSB has also allowed a cooperation at the level of the Council of Europe on some particular documents.

In particular, persons with disabilities had the opportunity to outline their position with regard to the draft of the “Additional protocol to the Oviedo Convention on human rights and dignity of persons with mental disorders, with particular attention to placement and to involuntary treatment”²¹. The work on this additional protocol is currently underway, and the possibility to converse directly with some members of the Delegations of Bioethics Committee of the Council of Europe represents a great example of inclusion and mainstreaming, rather than exclusion and side-lining.

5. The associations of persons with disabilities and the international debate

This long and fruitful collaboration with the associations of disabled people has brought to life some international publications of particular scientific standing (Borgia and Griffò 2014 and 2014b). As well, the collaboration has led to several conferences dedicated to disability and its bioethical aspects²² and the inclusion of the disability subject into the Master’s program in Bioethics at Camerino University (Italy) and at Polytechnic University of Marche, Ancona (Italy).

In conclusion, the examples of cooperation highlighted represent how effective action of multi-level mainstreaming in different fields of academia and of international institutions in the specific bioethical area can be realized. Our hope is that these examples of collaboration may be an incentive to other deeper forms of collaboration in yet other social contexts, with the knowledge

that inclusion, rather than exclusion, represents our collective future.

Endnotes

- 1 The documents are available at the following web link: <http://www.sanita.sm/on-line/home/bioetica/comitato-sammarinese-di-bioetica/documents-in-english.html>.
- 2 Deputy President of the National Bioethics Committee of the Republic of San Marino and member of DH-Bio, Council of Europe, Professor of Bioethics at the Polytechnic University of Marche, Ancona (Italy).
- 3 Co-Director of the Center for Governmentality and Disability Studies (CeRC) “Robert Castel”, University “Suor Orsola Benincasa” of Naples (<https://www.unisob.na.it/ateneo/c007.htm?vr=1>), a member of the Bioethics Committee of the Republic of San Marino and a member of the World Council of Disabled Peoples’ International-DPI (www.dpi.org).
- 4 Non-profit organization
- 5 Read Disabled Peoples’ International Europe “DPI Europe Position statement on Bioethics and Human Rights”, which is available along with other bioethical documents at web link http://www.dpi-europe.org/bioethics_issues/
- 6 International Federation for Hydrocephalus and Spina Bifida Risoluzione sulla diagnosi prenatale ed il diritto di essere differente (Toulouse, 2000), Risoluzione sull’eutanasia dei neonati affetti da spina bifida e/o idrocefalo ed il diritto alla vita (Helsinki, 2006), Groningen Protocol. Position Paper on the Disability Stereotypes, International Human Rights and Infanticide (di James E. Wilkinson 2008), see the web link www.ifglobal.org.
- 7 European Disability Forum approved (Rome, 2006) Risoluzione sulle diagnosi prenatali ed il diritto di essere differenti (Atene 2001) and Risoluzione sulla terminazione attiva della vita di neonati con disabilità e sul diritto alla vita. Recently, they published, together with the Spanish Fundacion Cermi Mujeres, the volume Ending Forced Sterilization of Women and Girls with Disabilities (2018), see the web link www.edf-feph.org.
- 8 See the web link: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.

- aspx?symbolno=CRPD/C/GC/7&Lang=en
- 9 The documents are available at the web link: <http://www.sanita.sm/on-line/home/bioetica/comitato-sammarinese-di-bioetica.html> In Italian and English versions.
 - 10 In the document, the reader can find a vast bibliography and webography about bioethics and disability themes.
 - 11 Check the document of the Italian National Bioethics Committee “Bioetica e Riabilitazione” (2006): <http://bioetica.governo.it/it/documenti/pareri-e-risposte/bioetica-e-riabilitazione/>
 - 12 Passed at XXXIII UNESCO General Conference (2005), <http://unesdoc.unesco.org/images/0014/001461/146180E.pdf>
 - 13 See Practical Ethics, Cambridge University Press, Cambridge, 1980; second edition, 1993; third edition, 2011. ISBN 0-521-22920-0, ISBN 0-521-29720-6, ISBN 978-0-521-70768-8.
 - 14 See <https://www.un.org/development/desa/disabilities/standard-rules-on-the-equalization-of-opportunities-for-persons-with-disabilities.html>
 - 15 World Health Organization, Guidance Note on Disability and Emergency Risk Management for Health, 2013.
 - 16 Council of Europe, “Guidelines and Recommendations on Including People with Disabilities in Disaster Preparedness and Response”, 2014.
 - 17 http://www.preventionweb.net/files/43291_sendaiframeworkfordrren.pdf
 - 18 <https://www.worldhumanitariansummit.org/sites/default/files/keydocuments/SS02%20Disabilities.pdf>
 - 19 Verona Charter – about the rescue of disabled people in case of disasters (2007).
 - 20 https://spescontraspeem.it/wp-content/uploads/2018/04/carta_diritti.pdf
 - 21 The additional protocol is still being written in the Council of Europe’s Bioethics Committee (DH-BIO),
 - 22 European Summit “Disability and Bioethics: The Rights, the Dilemmas”, promoted by the regional Venetian government, in the session “Genetic tests, disability and bioethics: European experiences compared”, Padova, 13-14th of November 2003; Conference of Massa e Carrara’s Azienda USL – Local Ethics Committee – Bioethical Laboratory – The Legal Medicine Unit – Operation Unit of training, Health Education, Communication and Information; “Bioethics and People with

Disabilities: The Protection of Human Rights in Any Conditions of Disadvantage, with “Bioethics and disabled people”, Massa 21st of May 2005; refresher course of the ASL in Naples 5 “The psychiatrist acting on the territory: between clinics and legislation” with “Is it possible to have bioethics in psychiatry?”, Pompei (NA) 29th of September 2005; day of the constitutional right for health protection (Art. 32 of the It. Const.): rare diseases and disabilities “We’re rare...but many. To build a “unique breadth”, organized by the National Association “Giuseppe Dossetti: Values”, with “Rare diseases and right to health: an impossible combination?”, Rome 5th of March 2010; “Round table: respect for human rights and the promotion of inclusion”, organized by the Secretariats of State Health and Social Security, by the Secretariat of State to Education and Culture, and by the Social Security Institute, Republic of San Marino, 13th of December 2013; Round table “Active citizenship of disabled people in Europe”, in the International Conference “Respect for human rights for an active citizenship”, organized by DPI Italia and National Library of Naples within the European Project “HABM: The Holocaust of All. Battle of the Memory”, Naples, 27th of January 2014

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