

Article 10: List of illustrative indicators on the right to life

ADVANCE VERSION

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Right to life of persons with disabilities

Attributes/ Indicators	No arbitrary deprivation of life	Prevention of premature and unnatural deaths (linked to poor health care and nutrition, living conditions, emergencies, suicide, “assisted dying”)	Death penalty
Structure	<p>10.1 Legislation enacted to protect the right to life of persons with disabilities, including criminal sanctions for perpetrators of homicide linked to disability.ⁱ</p> <p>10.2 Adoption of a policy/plan to address and prevent homicides and violence against persons with disabilities.ⁱⁱ</p> <p>10.3 Adoption of a national policy/plan to prevent and conduct effective investigations of deaths of persons with disabilities in all places of detention and places where persons with disabilities receive services (e.g. prisons, psychiatric institutions, residential institutions, etc.), and to sanction perpetrators.</p>	<p>10.4 Existence of a national policy/plan to ensure that persons with disabilities, particularly women, children and older persons have access to quality and affordable health services,ⁱⁱⁱ including access to universal health coverage,^{iv} and access to emergency care on an equal basis with others (idem 25.3)</p> <p>10.5 Legal requirement to ensure the offer and provision of support in decision making relating to life sustaining treatment.^v</p> <p>10.6 Adoption of an Inclusive national disaster preparedness^{vi} (idem 11.6)</p> <p>10.7 Adoption of inclusive policies and programmes to prevent suicide which include the following measures:</p> <ul style="list-style-type: none"> • ensuring confidential support; • identifying and supporting persons at risk of committing suicide, including through peer support and counselling, and prohibiting risk assessments which directly or indirectly discriminate on the basis of disability or which lead to coercive interventions ; • ensuring freedom from coercive interventions, <p>10.8 Where applicable, voluntary termination of life (“assisted-dying”) must ensure robust legal and institutional safeguards inclusive of persons with disabilities to verify that decisions are informed, free from outside pressure and abuse, and compliance by medical professionals of the free, informed, explicit and unambiguous decision of the person concerned.^{vii}</p>	<p>10.10 Ratification by the State of the Second Optional Protocol to the International Covenant on Civil and Political Rights, aiming at the abolition of the death penalty.</p> <p>10.11 Legislation enacted to abolish the death penalty in the State, including for persons with disabilities.</p>
	<p>10.9 Implementation of a death registration system which requires the timely reporting of death and examination to establish cause of death.</p>		

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Process	<p>10.12 Awareness raising campaigns and activities targeting persons with disabilities, their families, the general public, the police, public officials and professionals working in social and health services, on the right to life of persons with disabilities and underlying conditions for a dignified life, including combating negative stereotypes, beliefs and myths that provoke killings or violence toward them or the restriction, denial or withdrawal of life saving treatment to persons with disabilities, or which reinforce attitudes that persons with disabilities have a life of less quality or less value.</p> <p>10.13 Number and proportion of members of the judiciary, members of the legal profession and law enforcement officials trained on the CRPD, including on the human rights based approach to disability, the obligation to ensure procedural accommodations, and on communication with persons with disabilities, including on alternative means and modes of communication (idem 13.14)</p> <p>10.14 Budget allocated for the improvement of conditions of detention, including accessibility related measures. (idem 14.21).</p> <p>10.15 Consultation processes undertaken to ensure the active involvement of persons with disabilities, including through their representative organizations, in the design, implementation and monitoring of laws, regulations, policies and programmes related to the right to life of persons with disabilities, including the obligation to carry out effective investigations.^{viii}</p> <p>10.16 Proportion of received complaints on the right to life of persons with disabilities alleging discrimination on the basis of disability and/or involving persons with disabilities that have been investigated and adjudicated; proportion of those found in favour of the complainant; and proportion of the latter that have been complied with by the government and/or duty bearer (e.g. private health services provider); each disaggregated by kind of mechanism.</p>		<p>10.17 Number of convicted persons on death row, disaggregated by sex, age (including pregnancy and motherhood status), and disability.</p> <p>10.18 Proportion of accused persons facing capital punishment provided with access to a lawyer or legal aid, disaggregated by age, sex and disability.</p> <p>10.19 Proportion of convicted persons facing capital punishment exercising their right to have their sentence reviewed by a higher court, disaggregated by sex, age and disability.</p>
Outcome	<p>10.20 Number of victims of intentional homicide per 100.000 population, by sex and age (SDG indicator 16.1.1) and disability.</p> <p>10.21 Reported cases of arbitrary deprivation of life and death threats, disaggregated by sex, age and disability of the victims.</p> <p>10.22 Number of verified cases of killing, kidnapping, enforced disappearance, arbitrary detention, and torture of journalists, associated media personnel, trade unionists and human rights advocates in the previous 12 months (SDG indicator 16.10.1), disaggregated by sex, age and disability.</p>	<p>10.23 Number of deaths, missing persons and persons affected by disaster per 100,000 people (SDGs indicator 1.5.1), disaggregated by age, sex and disability (idem 11.23)</p> <p>10.24 Reported cases of death that occurred in conflict, post-conflict and emergency situations disaggregated by sex, age and disability.</p> <p>10.25 Suicide rates, disaggregated by sex, age and disability.</p> <p>10.26 Where applicable, number of deaths due to voluntary termination of life procedures (“assisted dying”), disaggregated by sex, age and disability.</p>	<p>10.28 Proportion of death sentences commuted, disaggregated by age, sex and disability of the convicted person.</p> <p>10.29 Number of executions under death penalty, disaggregated by sex, age and disability.</p>
	<p>10.27 Number of reported deaths of persons with disabilities in places of detention and institutions and/or in the provision of disability-related services and/or health care, and proportion of those deaths which have been subject to investigation disaggregated by age, sex, disability, place and cause of death concluded by investigation.^{ix}</p>		

- i In particular, hate crimes on the basis of disability endangering or depriving persons with disabilities of their life must be explicitly considered.
- ii Such a policy/plan should address violence against women and girls with disabilities leading to death, “compassionate or mercy killing”, “honour killing” particularly where they target women and children with disabilities, infanticide, and attacks related to witchcraft.
- iii This includes:
- non-discrimination on the basis of disability;
 - recognizing the free and informed consent of persons with disabilities on an equal basis with others;
 - mainstream health and prevention programmes and services, on an equal basis with others;
 - specific services within general health services including: early identification & early intervention as appropriate (including early childhood disability screening and planning for targeted service provision such as physiotherapy, occupational therapy, speech therapy, sign language communication, early childhood stimulation, etc., and provision of assistive aids and mobility devices);
 - services addressing minimizing and preventing further impairment(s);
 - all areas of health, including, among others, sexual and reproductive health, HIV/AIDS, adolescent and older person’s health, mental health services. Mental health services should be provided as a general service available to all individuals, including persons with any type of disability, and as a disability-specific service for people with psychosocial disabilities. Such services must be based on free and informed consent of the person concerned and should include a wide range of alternatives to conventional services including peer support, crisis support, psychotherapy and counselling (including trauma counselling), etc.
- iv Implementation of universal health coverage — from packages of essential health services to health financing reforms — should include the full range of health-care services that persons with disabilities may need, including health-related habilitation and rehabilitation, assistive devices and technologies.
- v In decision-making related to life sustaining treatment, substituted decision making should continue to be prohibited in favour of supported decision making. In those cases where it has not been possible to determine the will and preferences of the person concerned, following significant efforts to obtain expression of the individual’s will and preferences using diverse methods of communication and providing relevant accommodations and support, the principle of the best interpretation of will and preferences of the person concerned should be upheld (CRPD Committee [General Comment no 1](#) (CRPD/C/GC/1). As elaborated by the Special Rapporteur on the rights of persons with disabilities, this “standard implies ascertaining what the person would have wanted instead of deciding on the basis of her/his best interest. The process should include consideration of the previously manifested preferences, values, attitudes, narratives and actions, inclusive of verbal or non-verbal communication, of the person concerned.” ([A/HRC/37/56](#), para. 31).
- vi Such plan must provide for:
- Inclusive and accessible warning systems and evacuation protocols;
 - Inclusive and accessible shelter, sanitation, food distribution, access to water, clothing, health and rehabilitation services, education, livelihood generation, family reunification;
 - Specific measures to prevent and protect against violence;
 - Support for live assistance and assistive devices and technologies; and
 - Specific measures relating to women, children and older persons with disabilities, among other groups.
- vii This requires ensuring:
- measures to protect the right to life of persons with disabilities on an equal basis with others, including by prohibiting the approval of a request on the basis of an impairment;
 - securing the free and informed consent of persons with disabilities, prohibiting any form of substituted decision-making, preventing all forms of pressure and undue influence, and ensuring access to supported decision-making in line with Article 12 of the CRPD;
 - the provision of accessible information, support and services (including palliative care, home care, peer support) available within the community to enjoy a dignified life;
 - accountability mechanisms including data collection to record each request, the intervention for medical assistance in dying, and independent monitoring of related procedures.
- See report of the Special Rapporteur, [A/HRC/43/41](#), paras 68-70
- viii This indicator requires verifying concrete activities undertaken by public authorities to involve persons with disabilities in decision-making processes related to issues that directly or indirectly affect them in line with article 4(3) of the CRPD and [General Comment no. 7](#) of the CRPD Committee, including consultation meetings, technical briefings, online consultation surveys, calls for comments on draft legislation and policies, among other methods and mechanisms of participation. In this regard, States must:
- ensure that consultation processes are transparent and accessible;
 - ensure provision of appropriate and accessible information;
 - not withhold information, condition or prevent organizations of persons with disabilities from freely expressing their opinions;

- include both registered and unregistered organizations;
- ensure early and continuous involvement;
- cover related expenses of participants.

^{ix} Investigations may conclude the death is attributable to, among others: refusal of the delivery of health care leading to death, malpractice, coercive and restrictive practices and other practices amounting to torture or other ill-treatment as defined in indicators for Articles 15 and 17.