

Kayla Chang

Dr. Iozzio emphasized that individuals with disability are not recognized and are unjustly underestimated which compromises the common good of health, education, and other aspects of community. Dr. Iozzio states that such ignorance is unacceptable, especially since individuals with disability are the biggest minority group in the world, making up 15% of the world's entire population. She calls for more attention to this group as efforts towards more recognition and the removal of separating barriers will not only support communities of disabilities, but also safeguard and promote basic human rights for all. Dr. Iozzio indicates that a major obstacle of such segregation is created by socially constructed attitudes of disability. Common notions towards those with disability are that they are to be "pitied" or one should "feel sorry for them". This inherently creates a sense of stigma and assigns individuals with disability into a second-class category. Dr. Iozzio states that current scholarly literature of disability hold similar classifications of inequality. In a medical context, a physician has to bring a patient as close to "normalcy" as possible. This indicates that those with disabilities are "not normal" and must be changed in order to fit a standard of normality. In a social context, there are physical barriers that sanction bodily hindrances such as stairs and buildings without disability friendly zones. Furthermore, these patterns of individuals being "more than" or "less than" another have been seen throughout history and have been used to justify inhumane actions. Such actions include slavery and human trafficking. Dr. Iozzio laid out how deep the roots of injustice against those with disabilities runs in society. She even points out how inequity influences the conversation of bioethics and she suggests a radical change in the views and discussions of disability. She states that disability is part of the human condition and is not a way to categorize individuals as having low capital. This reform, known as Radical Bioethics, is meant to bring down the power of discrimination found in categorizing and classifying individuals. Dr. Iozzio encourages changing the fundamental set of attitudes and actions within bioethics towards those with disability in order to create a more encompassing sense of equal access to care. This change may trickle down to influence the community's conversation around disability. Such actions may result in the appreciation and recognition of differences amongst the experiences of both disability and non-disability.

An overarching theme in need of discussion is the ethics of good and what it means to live a good life for a human being. It is important to note that this concept does not discriminate against any human being, including those with or without disability, but rather takes an inclusive account of all human beings. When in pursuit of a good life, one strives towards satisfying physical needs, psychological inclinations, and social inclinations. This is normative and applicable to all human beings, no matter if one is disabled or not. Some cases require medical assistance to meet these needs. In such cases, it is important that equitable treatment is the standard form of care in order for the patient to obtain a good life. Dr. Iozzio points out the dangers of stereotypes of those with disability influencing the relationship between the physician and the patient. This brings up the subject of medical ethics where the key areas are focused

around the behavior of the physician. For example, bedside manners of the physician, the moral obligations and oaths they take, and the societal role and trustworthiness of the physician. These behaviors of the physician cannot be influenced by societal clichés as the physician is morally obligated to give fair and equal treatment. The main goal of the physician is to heal and provide service to the patient that is free from damaging barriers created by conventionalized beliefs.

In adherence to the beneficence principle, one is obligated to not only avoid evil, but to pursue good. In terms of medical care, a physician is morally obligated to protect and help the patient. This may also include protecting the patient's rights to fair treatment. This is also consistent with the nonmaleficence principle, to prevent harm towards the patient. The justice principle, which rejects discrimination in order to fairly distribute proper care, is applicable to Dr. Iozzio's call to action to change the false perceptions of those with disability in order to encourage the growth of human commerce. Furthermore, by adhering to these principles, one allows for more equitable care and treatment to all human beings.

Another aspect to analyze is the concept of personhood. Personhood is a moral status that identifies how each individual should be treated. The complications of this is that there are varying interpretations of personhood. For example, some may decipher personhood through cognitive capabilities, moral agency, sentience, or a combination of all three. Furthermore, others may say that one can only grasp personhood by engaging with others. It is clear that determining this can be difficult due to the multiple perceptions held of what equates to moral status. At times, those with a disability are sometimes ranked lower on the personhood scale than those without a disability. This is evident through the social injustices communities with disability face. This adds another layer of complexity to the attitudes and barriers against those with disabilities.

In order to access and distribute proper care, one must embrace the complexity of the field, which includes the experiences between disability and non-disability.