1. What is “disability ethics”?
   a. Definitions and cultural norms
   b. Why traditional bioethics doesn’t fit
   c. History of atrocities against people with disabilities
   d. Should disability ethics be integrated into bioethics or considered separate and distinct?
   e. Tension between people with disabilities and ethicists

2. Medical and social models of disability: Support and criticisms
   a. History of medical model and social model/integrated model (bio-psycho-ecological model)
   b. Charity model, infantilism, heroes
   c. Rejection of the “magic pill”
   d. Normality, deviance, human diversity
   e. Disability evaluation and power relationships

3. Life with disability: Narratives about contact with health care system
   a. Personal narratives about living w/congenital condition, w/acquired condition in childhood, w/acquired condition in adulthood, w/degenerative condition
   b. Family/caregiver perspective for persons unable to speak for themselves
   c. Families and relationships to person with disability
   d. Post-traumatic stress disorder related to early medical care experiences

4. Assumptions by people without disabilities; assumptions by HCPs (and the threats these assumptions pose to people with disabilities)
   a. Assumptions about quality of life with disabilities
   b. Assumption that a person with disabilities is asexual, or unable to parent
   c. Assumption that people with disabilities lack decision-making capacity, especially people with speech difficulties
   d. Assumption that HCP’s should forgo life-sustaining treatment for people with disabilities when they are acutely ill if the underlying disability cannot be cured or ameliorated

5. Autonomy and decision-making capacity
   a. What is autonomous decision-making?
   b. Assessment of decision-making capacity
   c. Supported decision-making
   d. Surrogate decision-making standards: substituted judgment, best interests
   e. Advance directives and the issues associated with newly acquired disability

6. Access to health care by people with disabilities
   a. Health maintenance/health promotion
   b. Acute illnesses
   c. Life-threatening illnesses
   d. Accommodations/universal design
   e. Concept of futility
   f. Forgoing life-sustaining treatments/technologies

7. Lifespan issues
   a. Genetics
   b. Prenatal testing and pre-implantation genetic diagnosis
c. Reproductive rights/court-ordered contraception/pregnancy and disability
d. Perinatal counseling, prediction, quality of life research and outcome studies
e. Imperiled newborns, neonatal decision-making, futility laws, Groningen protocol
f. Disability in childhood, parental autonomy, transition to adult services
g. Liminal states – persistent vegetative state, minimally conscious state
h. Aging-in-place
i. Enhancement, assistive technology, and accommodation
j. Palliative care, end of life care, and aid-in-dying

8. Interdependence and supported living
   a. Reliance on assistance from others
   b. Directing own care

9. Advocacy/activism for/by people with disabilities
   a. Cases – Bouvia, Martin, Wendland, Schiavo, Ashley X
   b. Lack of unity of disability communities
   c. “Holding people hostage to the revolution”
   d. ADAPT, Not Dead Yet, DRED, AAIDD, UCP, Arc

10. Disability fatigue/burnout
    a. Tired of the fight
    b. Pressure from caregivers?

11. Inclusion of people with disabilities in biomedical and biobehavioral research
    a. Historical transgressions, e.g. Willowbrook hepatitis study
    b. Issues of consent, assent, acquiescence, legally authorized representative, secondary subject
    c. Therapeutic misconception

12. Community integration/universal design/universal access
    a. Disability identity/pride
    b. Olmstead Act: Least restrictive environment
    c. American with Disabilities Act