

Disability or older age should not be a barrier to receiving effective healthcare. In Canada, the rights of people with disabilities - including Indigenous and older persons who are disproportionately represented in disability populations - are protected by human rights law which means that they cannot be denied or offered lesser quality healthcare.

There are a number of laws that protect the rights of persons with disabilities including:

- Universal Declaration of Human Rights (UDHR)
- Convention on the Rights of Persons with Disabilities (CRPD)
- Canadian Charter of Rights and Freedoms (the Charter)
- Manitoba Human Rights Code (MHRC)
- Accessibility for Manitobans Act (AMA)

The most effective means of achieving equal access to healthcare for persons with disabilities and older persons, is to ensure that there are clear triage protocols, that identification of priorities and resource allocation is based on results-oriented consultation, and that there is engagement with people with disabilities and older persons as well as their families, caregivers, and community advocates. A person's disability, age, or consequences of a disability or older age (care, accommodation, financial support), should never be a factor in determining whether an individual should or should not receive a lifesaving medical treatment.

A rights-based triage protocol should include:

- i. Recognition that Canadian law protects the basic dignity, right to life and equality of all persons regardless of disability.
- ii. Commitment that the existence of a disability or older age will not be used as the sole means of determining appropriate healthcare and treatment.
- iii. Commitment to provide persons with disabilities and older persons with the measures/accommodations they may require to fully benefit from the healthcare system.
- iv. Development of a code of ethics that prioritizes treatment for persons in situations of particular vulnerability, including people with disabilities and older persons.

Recommendation: Disabled and older persons and their families, friends or caregivers should be involved in decision-making. This should include the communication of information regarding care, options, triage processes, as well as how to appeal a decision. Accommodation to enable full participation by people with disabilities and older persons must also be provided.

Recommendation: Triage policy, protocols or guidelines should be made public to ensure transparency between the government and the public

Recommendation: All resource rationing and allocation decisions should be documented and where allowed, protected data should be reported to the public, particularly with respect to decisions where critical care was denied.

Recommendation: Medical professionals, particularly those involved in resource rationing and allocation policy, treatment, and decision-making should be educated on ableism, ageism, disability issues, legal obligations, accommodation and the human rights implications of triage protocols.