

# Convention on the Rights of Persons with Disabilities

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## Committee on the Rights of Persons with Disabilities

### Follow-up report to Concluding observations\*

#### France

1. Previous concluding observations:
  - In September 2021, the Committee considered the initial report of France and adopted Concluding Observations (CPRD/C/FRA/CO/1). In paragraph 21 of these Concluding Observations, the Committee noted with concern the high suicide rate among autistic persons and persons with psychosocial disabilities. The Committee recommended that the State party “Strengthen measures to implement a national suicide prevention strategy for persons with disabilities, with specific measures to target autistic persons and persons with psychosocial disabilities, and to ensure close consultation and active involvement of persons with disabilities through their representative organizations”. In paragraph 40 of these Concluding Observations, the Committee noted with concern “the lack of arrangements for living independently and in the community, including the lack of independent accessible and affordable housing, individualized support, and equal access to services in the community”.
2. Summary of the follow-up letter
  - On June 23, 2025, the Committee addressed a follow-up letter to the State Party pursuant to article 36, paragraph 1 of the Convention requesting information the proposed legislation on assistance to dying (Proposition de loi n° 1100 / 1364-A0 - Droit à l’aide à mourir, hereinafter the “Draft Law”), particularly about its provisions establishing as eligibility criteria “having a serious and incurable condition” and “experiencing physical or psychological suffering linked to the condition that is either treatment-resistant or unbearable”, as well as those setting forth fines and prison for anyone dissuading a person from seeking euthanasia or assisted suicide. The Committee further requested information on mechanisms guaranteeing the right to choice of persons with disabilities, safeguards against coercion, undue influence, and abuse of power, and mechanisms providing alternatives to assistance to dying; the incorporation of the principle of accessibility and of mechanisms for the close consultation and active involvement of persons with disabilities in the drafting process of such legislation. Finally, it requested information on measures to address misleading information disseminated by public officials that the Committee supports mechanisms of assistance to dying.
3. Summary of the reply of the State party

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\* The present document is being issued without formal editing.

- The State Party was granted an extension to respond to the follow up letter.

(a) France's response to the UN Committee on the Rights of Persons with Disabilities informed that the draft law has not been adopted, that is currently in a first reading stage and its further discussion has been interrupted due to the dissolution of Parliament in June 2024.

(b) The State clarified that assistance in dying is addressed at all persons, regardless of having or not disabilities, that having a disability does not render a person more (or less) eligible for assistance in dying and that excluding persons with disabilities from it would be discriminatory and a violation of the principle of equality. It further explained the safeguards set forth in the draft law, including within the National Conferences of Disability, Interministerial Committees of Disability, the recommendations of the National Consultative Council for Persons with disabilities, specifics of the consent procedures and the procedure of assistance in dying. It also informed that the criminal offense included in the draft law is modelled after the obstruction of voluntary termination of pregnancy as a crime, that it aims to protect professionals and establishments involved in assistance in dying and it further laid out several interpretation principles regarding such proposed crime.

(c) The State Party informed that there is also a draft law in first reading aimed at ensuring equal access for all to palliative care and support, and explained its core content and that such law, in conjunction with the draft law on assistance in dying aims for improved quality of care services.

(d) Finally, the State has informed that it has adopted precise terminology, deliberately avoiding "euthanasia" and "assisted suicide" in favor of "aide à mourir" ("help to die"), underscoring dignity, autonomy, and the safeguards of the French model of end-of-life care, but it did not reply the Committee's concerns on statements from authorities disseminating misleading information and implying, incorrectly, that assistance in dying and similar concepts are aligned with the Convention

#### 4. Summary of submissions by organizations of persons with disabilities

- The Committee received information from organizations of persons with disabilities (OPDs), human rights organizations, palliative care organizations, medical organizations, medicine students, law professors, mental health experts and psychoanalysts expressing concern over the draft law, particularly:

(a) The Draft Law has a clear eugenic orientation reflecting a deeply entrenched ableism in the State Party, and it stems from a medical model where disability is seen as a "social disease" whose treatment can only lead to the eradication of the source of the disease, i.e. persons with disabilities themselves; it fails to address societal and financial shortcomings determining the experience and vulnerability of persons with disabilities in society, such as poverty, unemployment, discrimination and exclusion from an unwelcoming society; the legislative process has not ensured the consultation and active participation of persons with disabilities through their representatives organizations, lacks impact assessments and there has been an uncommon pressure for its expedited approval. Further, the eligibility criteria set forth in the Draft Law are vague and misleading, lack a scientific and objective approach as concepts such as "serious and incurable condition," "life-threatening," "advanced stage," "constant physical or psychological suffering," are not clearly defined, resulting in arbitrary interpretations with potential lethal consequences for persons with disabilities and opening the door to validist value judgments about what constitutes a life "worth living".

(b) The procedure regulating assistance to dying is broad and informal, it allows for requests to be made verbally (leaving no record), with no witnesses and it can be implemented in a little as 48 hours, in comparison with other time frameworks for accessing health procedures, such as pain management centers (up to 6 months) and vasectomy (subject to a legal waiting period of four months between the initial consultation and the date of the procedure); lacks adequate procedural safeguards and accountability mechanisms, procedures for the effective protection against coercion, abuse of influence, or abuse of power, such as appeal procedures for families of persons with disabilities, independent oversight mechanisms. Experts in French law have also warned that by including as a crime the dissuasion of a person from seeking euthanasia or assisted suicide risks punishable by

prison or fine, it effectively criminalizes suicide prevention for sick and disabled people as well as the families members of persons with disabilities, while it fails to incorporate criminal provisions for people who encourage others to seek “assistance in dying.”

(c) Medical experts expressed concern that the Draft Law lacks comprehensive procedures for informed consent and to inform about the treatments and support mechanisms available, including palliative care and future medical innovations, and that it banalizes medical disciplines, particularly psychiatry, as well as the concept of suicide; fosters a subtle form of medical ableism is the documented tendency toward diagnostic overshadowing that occurs when a healthcare professional incorrectly attributes a patient’s new symptoms to their preexisting disability, particularly if it is intellectual or psychological in nature. OPDs are concerned that the National Consultative Council for Persons with Disabilities (CNCPPH), the consultative body responsible for organizing the participation of persons with disabilities or their representatives in the development and implementation of public policies, has endorsed the Draft Law, as well as the statements from the Minister Delegate for Autonomy and Disability that the Convention supports assistance to dying. Finally, organizations and experts expressed concern that media coverage of assisted dying without hindrance legitimize a logic of life withdrawal instead of guaranteeing a dignified life.

#### 5. Assessment of the Committee

- Based on the information received and recalling the Committee’s 2021 Concluding Observations (CPRD/C/FRA/CO/1, the Committee reiterates its previous recommendations. It further recommends that the State Party:

(a) Consider, before continuing with the process of approval of the Draft Law, conducting a comprehensive assessment, in close consultation and with the active participation of persons with disabilities, on its alignment with the Convention particularly regarding articles 10 (right to life), article 16 (freedom from exploitation, violence and abuse); article 17 (protecting the integrity of the person), article 19 (living independently and being included in the community); article 25, (right to health); article 28 (adequate standard of living and social protection), and the foreseeable increased vulnerability for persons with disabilities facing intersecting forms of discrimination if the Draft Law were approved, and develop, in close consultation and with the active participation of persons with disabilities, a legislative agenda to address their needs.

(b) Establish a capacity building programme for the Legislative branch, including the National Assembly and the Senate, as well as all the Minister of Labor, Health, Solidarity, and Families, on the Convention and its underpinning principles, including the human rights model of disability and the obligation of the State Parties to repeal any medical and ableist models;

(c) Implement comprehensive measures to address the current implementation gaps in relation to the social determinants of health and well-being of persons with disabilities and for the provision of community-based mental health support, care and palliative services at home and personal assistance, and employment support.

(d) Prevent further public statements asserting that the Convention and/or the Committee recognize the “right to die” and conduct an outreach and awareness-raising campaign on the Convention and the rights of persons with disabilities.