

Review of: "Conscientious objection to enforcing living wills: A conflict between beneficence and autonomy and a solution from Indian philosophy"

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As a doctor practicing in India, I found the paper to be an interesting exploration of the ethical principles that underlie the doctor-patient relationship. The authors' discussion of the principles of beneficence, non-maleficence, autonomy, and justice, and the conflicts that can arise between them, was thought-provoking and relevant to day-to-day medical practice.

What I found particularly compelling about the paper was the authors' suggestion that Indian philosophical concepts could help doctors who practice Indic religions navigate moral dilemmas. The authors argue that by teaching ethics from an Indian philosophical standpoint, doctors can better understand the principles of autonomy and justice, which are particularly important in modern medical practice. This is a valuable contribution, as it offers a way for doctors to apply ethical principles from their own cultural and religious perspectives to their work.

The authors make a compelling case that by denying a patient's wishes, doctors are committing unintentional violence and causing harm. This is a reminder that as doctors, we must always be sensitive to our patients' wishes and desires, and strive to involve them as much as possible in the decision-making process. This is especially relevant in India where we are still largely following a paternalistic model of healthcare. I especially commend the use of an ethics committee to resolve an ethical dilemma for the physician. While our counterparts in the developed world have access to such committees, in India, we are largely left to our own devices to reflect upon and draw conclusions. Most of the times we take the help of our peers, but the question always remains whether we are taking the most ethical action and the stress from such questions builds incrementally as we practice. This is especially true during the pandemic. To know that efforts are being made to make ethics committees accessible and available to facilitate ethical decision-making is a big relief and I hope this becomes the norm throughout the country in the near future.

I feel that the paper could benefit from providing more context about the ethical and legal issues surrounding end-of-life care in India. This would help readers who may not be familiar with the topic to better understand the arguments presented.

Also, when I read the paper, I am left with the question as to why raja dharma must ALWAYS supersede swadharma for those in power; at the end of the day, they are individuals with their own moral compass, so further explanation of this point can make the argument more compelling.

Overall, I found this paper to be a thought-provoking and valuable contribution to the ongoing conversation about medical ethics. The authors' discussion of Indian philosophical concepts and their potential relevance to daily medical practice offers a fresh perspective on a topic that is often discussed even in India only from Western philosophical and non-Indic religious perspectives. As a doctor, I believe that this paper has the potential to inform and improve medical practice by providing new insights into the ethical principles that underlie the doctor-patient relationship.