

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

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I thank the authors for a unique and critical contribution to the ethical issues of patient autonomy and living wills through the lens of Indian philosophy. The article is well-written and serves as a great opportunity to diversify the field of medical ethics by responding to a difficult bioethical question with a non-Western framework. I list the following suggestions for the authors to consider:

In the description of the case, additional context about the availability of alternative treatment options as well as the religious considerations of the physicians would be helpful in informing an audience who is not familiar with the case details or with the relevant religious doctrine. This allows readers to parse the reasoning and medical justification behind the physicians' refusal to adhere to the patient's living will, in addition to the religious considerations.

The definition of "conscientious objection" outlined under the header of "Bioethics from an Indian philosophical point of view" may be an overly narrow definition based on explicitly Western principles. The authors may consider a broader alternative definition in which the physician objects to providing or withholding treatment in accordance with the patient's will because the physician prioritizes other values or goods, including beneficence, non-maleficence, religious principles, beliefs about the physicians' societal role, beliefs in the virtues of care and more.

The authors state that the physician may rationalize enforcing a living will by keeping the harms of resuscitation and the principle of non-maleficence in mind. Readers may appreciate some commentary on (1) why an objecting physician would believe that the physical and mental harms of resuscitating a patient against their will outweighs perhaps the "ultimate" harm of allowing them to die, and (2) whether this harms-based justification would be a convincing argument for physicians who hold specific religious beliefs that drive their objection. It may help to clarify if the authors are proposing this justification as a defensible argument against conscientious objections, or simply providing an example of how one might counter the physician's harms-based arguments. Furthermore, the authors may consider a clearer demarcation between the Western principles that drive this harms-based justification versus the Indian philosophy that informs the bioethics framework in the next paragraph.

The analogy of the epic of Ramayana to the physician's obligations to her patient raises several questions about the aptness of the analogy and of the principles of raja dharma in medical ethics. In the epic, King Rama banishes his own wife in accordance with raja dharma, which indicates that he must respect the wishes of his subjects who suspect her of

disloyalty, even if it causes him great agony. However, banishing a seemingly innocent woman to appease the demands of the majority seems like a submission to mob rule rather than a morally good outcome of being a caring ruler.

Furthermore, this lesson seems to conflict with an earlier statement that we must also consider that physicians may be “subjected to emotional pain by having to act against their conscience.”

In addition, the king-subject relationship has additional complexities that the physician-patient relationship does not have; for example, the king may be willing to fulfill his obligations to numerous citizens at the expense of one citizen, but a physician typically has a fiduciary duty to a single person, and thus has a different set of obligations to balance. Reconciling such discrepancies and clarifying the moral application of the raja dharma may be helpful in understanding the context of using this moral principle in clinical settings.

Finally, the conclusion mentions that physicians may balance the principle of justice against principles of beneficence and non-maleficence in moral dilemmas, but the text has very sparse references to justice. Some additional analysis of how Indian philosophy incorporates justice into medical ethics may supplement this conclusion claim.

Overall, the manuscript may benefit from the aforementioned revisions, but it contributes an important perspective of Indian philosophy to the issues of conscientious objection.