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

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Introduction:

As a computer scientist with research interests in biostatistics, public health, and the application of artificial intelligence to healthcare, I have assessed this paper with great interest. The paper delves into the conflict of beneficence and nonmaleficence with autonomy, and proposes utilizing Indian philosophical perspectives to address this challenge. Given my interdisciplinary background and expertise in the intersection of artificial intelligence, public health, and healthcare, and my knowledge of Indian philosophical traditions given that I am a devout practicing Hindu, I am well-positioned to evaluate the paper's content. By analyzing this paper, I aim to provide valuable insights into the ethical considerations and their relevance to public health.

Summary:

The paper provides a comprehensive analysis of the ethical dilemma faced by physicians when their views on beneficence and nonmaleficence conflict with a patient's autonomy. It highlights the importance of respecting a patient's living will to prevent physical and emotional distress, while also acknowledging the significance of a physician's conscientious objection. It also highlights the importance of considering cultural influences on bioethics, drawing from Indian philosophical traditions such as Jainism, Buddhism, and Hinduism, which emphasize non-violence (ahimsa) and the avoidance of causing physical and emotional pain to others. Additionally, the paper discusses the relevance of raja dharma (giving importance to the will of the governed even against the governor's own conscience) and swadharma (acting according to one's own conscience) in resolving moral dilemmas faced by healthcare professionals.

Strengths:

1. Integration of Indian philosophical perspectives: The paper successfully incorporates principles from Jain, Buddhist, and Hindu philosophical traditions, enriching the bioethical discussion with culture-specific insights.

2. Relevant examples from ancient Indian epics: The use of examples from the Ramayana and Mahabharata, as well as the Tirukkural, adds depth and context to the arguments presented, illustrating the practical application of ethical principles.

3. Consideration of power differentials and trust: The paper acknowledges the power imbalance in the doctor-patient relationship and emphasizes the importance of trust, demonstrating a holistic understanding of the dynamics involved.

Suggestions for Improvement:

Clearer connection to public health: Although the paper touches upon public health emergencies, it could strengthen its relevance to public health by providing more explicit examples or discussing potential implications for public health policies and decision-making.

Adding some quantitative data: This may not be practical, but given my background, I would be interested if there is some data showing the impact of differing ethical perspectives on healthcare outcomes. If such data is available, it must be cited to further strengthen the introduction.

Conclusion:

Overall, the paper offers a thought-provoking exploration of bioethics from an Indian philosophical standpoint. It presents an insightful analysis of the conflicts between beneficence, autonomy, and conscientious objection while providing valuable suggestions for reconciling these issues. A discussion on the public health implications of this work and the incorporation of quantitative data on the effect of ethical considerations on healthcare outcomes (if available) would strengthen the paper's overall impact. As such, I believe this paper is worthy of publication and is a significant addition to the literature.