

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

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Potential competing interests: No potential competing interests to declare.

This paper draws some interesting principles from Indian philosophy to help doctors who practice Indic faiths solve their moral conflicts. While I appreciate it sheds light on the need for better public health emergency management practices through addressing a particular case of not respected living will, I think that further work is needed. When I read this paper, I underlined the following argumentative passages:

1. ignoring a patient's wishes may harm the patient physically or psychologically;
2. in accordance with the principle of nonmaleficence, «the physician is obligated to do no harm»;
3. «keeping these harms and the principle of nonmaleficence in mind, the physician can rationalize enforcing a living will even if the physician is not trained to give equal importance to the principle of autonomy».

Firstly, within this paper I found no middle way between ignoring a patient's wishes and enforcing them. Ignoring something usually means not to consider it at all or not to be aware of it. In the analyzed case, it seems that the patient's wishes have been discussed by one or both the physicians, though not immediately, so they cannot be said to have been "ignored". It follows that when a physician does not enforce patient's wishes, it does not necessarily mean that s/he ignored them. Maybe, the authors could explore more the possibility of a relation in which physicians dialogue with their patients neither ignoring their wishes nor immediately enforcing them. I suggest the authors to consider other bioethical paradigms (i.e., the care paradigm) and physicians-patient relationship models (i.e., the deliberative model).

Secondly, through a parallelism between the physician-patient relationship and the ruler-subject relationship, this paper invites doctors to uphold the will of the patients over theirs by prioritizing the ethical principle of "raja dharma". However, the risk is that physicians become mere enforcers of patient's wishes. Moreover, the fact that a physician enforces the patient's wishes because his/her objection may harm the patient seems not to be enough justified within this paper. The authors should critically address other ways of reasoning to strengthen their standpoint; for example, they could consider the case in which a physician refrains from performing some actions because s/he believes that, by doing them, s/he would harm the patient more than s/he does with his/her conscientious objection. In that case, it could be argued that s/he is choosing "the lesser evil"; is it the case?

Thirdly, I think that the following expression should be contextualized and explained more:

«the physicians must be sensitized with the principles of ethical conduct so that they can comprehend that by denying the wishes of the patient, they are causing suffering to the patient, and thus committing unintentional violence».

It reads like patients should obtain everything they request, which could be extremely controversial.

Finally, I have other suggestions:

-«An advance care *directive* documents the wishes of the patient in terms of the treatments the patient wishes to receive in the event of his or her becoming unable to make their medical decisions (Campbell & Kisely, 2009). These *directives* are to be written by the patient after consultation with their family and physician».

While in the first phrase the subject is in the singular (directive), in the second one it is in the plural (directives).

-“These directives are to be written by the patient after consultation with their family and physician”

I wonder whether patients *must* consult with their family before writing directives everywhere; maybe this phrase could be contextualized more.

-«The hospital management then informed the patient’s family that only two physicians handled the COVID-19 ICU at the hospital, and because both doctors claimed conscientious objection to enforcing the patient’s will, and because they cannot be forced to enforce the patient’s wishes as per Article 25 of the Constitution of India, the patient’s family *must* consider shifting the patient to another facility where their wishes *can* be honoured»

I think that you should use “must” and “can” in the past tense like you did in the first phrases (by using verbs like “informed”, “handled”, “claimed”).

-«In *this* case, both physicians assigned to the COVID-19 ICU had claimed conscientious objection».

«However, even *this* could not be done due to strain on the health system owing to the Delta wave of the COVID-19 pandemic».

Since you talked about this case using verbs in the past tense, I think that you should use “that” instead of “this”.

-«Conscientious objection arises when a physician’s views on how best to pursue beneficence and nonmaleficence differs from their patient’s views».

Since the subject is in the plural (physician’s views), you should write “differ” instead of “differs”.

-«By prioritizing raja dharma, i.e., upholding the will the patient over whom they hold power [...]».

I believe you forgot “of” -> the will “of” the patient.

Overall, this is a promising paper with a very interesting topic. I hope the authors will strengthen their views by dealing

with other models of medicine and other bioethical paradigms.