

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

Sandra Paço

Potential competing interests: No potential competing interests to declare. No potential competing interest to declare

I would like to start saying that the article itself has a very interesting perspective trying to harmonize the need of physicians to honor a patient's legally advance directive with the Hindu religious tradition. From this point of view it seems a very original theme and it can be useful in terms of ethical reflection on the subject.

However, I would make a few notes here:

1. It is mentioned in the article that hospital is responsible for referring the person to another doctor who is not an objector. I am not familiar with the legislation in India, but I believe that, having legislated life advance directives, it should be stated that it is the State that is responsible for granting this right to the person. In Portugal, the figure is the "referral" to another doctor, which must be carried out by the objecting doctor.
2. Regarding the statement "Each of the four principles of bioethics (beneficence, nonmaleficence, autonomy, and justice) must be fulfilled at all times during clinical practice". Nowadays, the authors of this theory consider that there is much more to consider in the person's relationship with the health professional. Principles continue to have their place, but they also accentuate the virtue of those who decide, taking into account the vulnerability also of the person who is cared for. The theory of Beauchamp and Childress today, will "draw" to several other theories (Utilitarian Theory, Kantian Theory, Rights Theory, Virtue Theory), trying to converge all of them for decision making (Beauchamp, T & Childress, J. (2019). Principles of Biomedical Ethics: New York, Oxford Press)
3. I would replace the term "the physician is required to determine the weights of the competing ethical obligations" in "The physician **as to balance between principles**, based on the circumstance, and act accordingly"
4. Regarding the statement "According to Common cause vs. Union of India, 2019, it is the responsibility of the healthcare institution to ensure that the patient's autonomy is respected, while accommodating the physicians' conscientious objections to the best extent possible". Substituir por "According to Common cause vs. Union of India, 2019, it is the responsibility of the healthcare institution to ensure that the patient's autonomy is respected, **while also respect** the physicians' conscientious objections to the best extent possible"
5. Regarding the sentence "This usually involves finding another physician in the same facility who is willing to execute the living will or transferring the patient to another facility where the living will can be executed" I would prefer "In that case is necessary to refer the person to another non objector physician"
6. In the statement "Conscientious objection arises when a physician's views on how best to pursue beneficence and nonmaleficence differs from their patient's views (Sine & Sharpe, 2011), and the principles of beneficence and

nonmaleficence weigh higher than the principle of autonomy” I would suggest “Conscientious objection arises when there is a conflict between the values and principles that guide the physician’s action, due to their religious, philosophical, moral ou ethical beliefs. So if the physician point of view is different from the point of view of the person’s, they can claim conscientious objection.” . Is not only about the autonomy or beneficence principles about.

7. Conclusion: The conscience clause is very important to be respected. It is about acting according to our moral and ethical values, or better said, it is the possibility that professionals have to live according to their own conscience. However, in the event that there is no one who can comply with the request emanating from the advance directives of will, the professional's right will have to give way (in light of this, the professional's right to conscientious objection does not prevail over the right of the person’s being cared). If the physician decides not to act, there is a duty to refer the person in question to another professional who is in a position – who is not a conscientious objector – to carry out the intervention.