

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

Emanuela Turillazzi<sup>1</sup>

<sup>1</sup> University of Pisa

Potential competing interests: No potential competing interests to declare.

The paper is a quite interesting view on Indian approach to patient - doctor relationship, particularly focusing on central issues as advanced directives and conscientious objection. The paper may be of some interest also for international readers as bioethical themes spread worldwide.

However, some changes are needed before publication as in several points the discussion must be deepened.

Throughout the paper Authors focus on the contrast among autonomy, beneficence and non maleficence principles. An introductory explanation of these principles of Beauchamp and Childress is necessary.

Moreover, also in advanced directives bioethical principles may come into play, beyond autonomy. Questions are still problematic, and there have been years of discussion across this troubled terrain, mostly depending on background beliefs linked to bioethical reflection about the meaning of human life and dignity, the significance of suffering and dying. Advance directives contemplating withdrawal or withholding of life-support treatments (WWLST) may be interpreted as expression of beneficence for the patient. On the other hand not to do so would be to act maleficiently as it violates the dignity and autonomy of a suffering patient. I invite Authors to clarify this point.

Finally, Authors must clarify the meaning of the conscientious objection. They say that "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". In the bioethical speculation this doesn't reflect the intimate meaning of CO that involves practitioners not providing certain treatments to their patients, based on reasons of morality or "conscience. Please clarify and better explain this passage of the paper.