

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 enjoyed reading this interesting paper which is a case study of a bioethical dilemma encountered in clinical practice. It offers a tentative solution by suggesting the need for a more nuanced ethical approach to decision-making instead of a straightforward application of the principles approach to bioethics. To my mind this aspect is the most interesting and important point of the paper. It is generally well-written and well-referenced. I have just a few points to consider which I hope will be useful to the authors.

The introduction commences with a definition of an advance care directive (ACD) and asserts that this refers to the treatment the patient wishes to receive if he or she becomes unable to make that decision. Usually, however, most ACDs are used to 'refuse' certain treatments if the person loses capacity to make a particular decision at a certain point in time.

In many jurisdictions an ACD does not include 'requests' or demands to receive particular medical treatments. If an ACD also includes requests this can create a whole host of bioethical tensions such as doctors' clinical autonomy (discretion) as well as resource considerations. For this reason, it might be worth making the definition a little clearer for the reader.

The third paragraph of the introduction refers to ethics as an essential aspect of clinical practice. I heartily agree. You then state that the four principles must be followed? Here, I presume that you refer to the 'principles approach' advocated by Beauchamp & Childress. Perhaps these leading authors ought to be cited here? Furthermore, note that although the principles approach is widely taught to health professionals and medical students (it is relatively straightforward to understand and can be applied easily to clinical situations) it is by no means the only ethical approach that can be used.

The major moral philosophies and theories, for example, are underpinned by a very rich literature that can be applied to areas such as this, as well as some of the more recent theories such as the 'ethics of care'. Some of these more nuanced perspectives can include aspects of decision-making such as religious belief and culture.

In sum, I believe the authors are to be commended for identifying and engaging with a practical dilemma that has been encountered relatively recently in clinical practice. It is an interesting and thought-provoking paper.