

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

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This is an interesting and original paper who goes about the influence of religious principles in medical practice. I believe it would be important for the authors to best address this subject.

1. Try use "they" instead of "he or she"
2. "beneficence, nonmaleficence, autonomy, and justice" are part of a proposed ethical theory by Beauchamp & Childress. It is not the only one and it is not a consensual theory, even if it is widely accepted. You should state that in the text and use references to do it.
3. Paternalism is more and more contested in European and North American countries. Maybe it is prevalent in India and in a lot of other countries. But not everywhere.
4. We can understand India traditions as in all countries traditional medicine was paternalistic and based just in the Hippocratic principles. And this is because societies where different, with a lot of not educated people, very vulnerable and medicine was not scientific and the placebo effect was a big part of the therapeutic effect of treatments. Nowadays people are different and medicine has a lot of solutions and it is possible to keep people alive in difficult conditions, making the concept of quality of life central in medical decisions.
5. The idea of rating doctors and this being an influence in doctors way to treat patients is almost shocking and should be discussed in an ethical way. Medical doctors should be educated in the same principles and not diverge in their behavior about ratings, payments or practicing contexts. A lot should be done about medical training if we use personal or religious principles to make decisions in medical practice.
6. "A physician who identified as Hind" – This should be discussed. It is very strange for me that a medical doctor would have different principles in their work in face of there religion. I understand that principles should be base in common moral, and if all the patients are religious, of course they would take decisions considering their religion. But it is about the patient, not about the doctor. Conscientious objection is about that, but I understand it applies if the doctor refuses to do some procedure. Not about the contrary. To force to do some treatment that the patient refuses following their moral convictions. It would be not an objection but a an obligation of conscience.
7. "These are significant harms to the patient, and the physician is obligated to do no harm. 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." Again, it is strange for me to have different training

principles to medical doctors. One thing is to try to respect the doctors values. Other thing is to impose the doctors values to patients. It is a totally different thing and not the aim of conscientious objection.

8. "Because socio-cultural beliefs influence bioethics (Tsai, 1999), it is reasonable to propose culture-specific resolutions to the ethical conflicts between the principles of beneficence and autonomy" This is true but for the patient perspective, not to doctor perspective. The doctor principles are for medicine. Doctors can have, of course, other principles, but cannot impose them to patients.
9. It is an interesting exercise to use religious principles to solve this kind of conflict. But at the end, we are trying, in that case, to use religious principles to argue about what we believe is the correct thing to do, in this case, respecting autonomy by accomplish a living will. And we believe this is correct following the medical principles. So I don't see any option that to try to educate the doctors in following the medical principles and to not impose their religious principles to others. Again, I believe we can object to act in some way with a patient, we cannot appeal to an obligation of conscience to act in some way. Nevertheless I believe that this exercise in using religious principles to help solving doctor's moral dilemmas is important to the doctor's welfare.