

# 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 paper lacks several crucial features.

First, while its focus is the relationship between traditional Indian philosophies, current Indian law, and issues of conscientious objection it provides no data on the degree to which Indian patients or practitioners are followers of the traditional philosophies mentioned in the text. As a result, we do not know if the patients were followers of one or another religious/philosophical discipline or if the physicians refusing to approve an advance directive were followers. If not, then the relationship between the actors in the presented case and the religious/philosophical traditions is lessened.

Also unstated beyond a simple "conscientious objections" is the rationale offered by the participating physicians in this case. Did they refuse to accept the advance directive because of religious reasons and, if so, which religious tradition did they follow?

It must be noted as well that physicians may refuse an advance directive when its application does not fit elements of the case at hand. If, as was likely in the Covid-19 case, the use of mechanical ventilation would be short-term and would save the life of the patient one might and I would say correctly object based on clinical grounds and an insistence on the value of the life. Those whose advance directives specifically request that no extraordinary measures be used do so with the assumption those would be employed only in situations where recovery was unlikely. That is not necessarily the effect in this case.

In addition, and more generally, as a number of authors of noted, what a person requests in health and in fear of future fragilities may differ from what that person will request in extremes. Advance directives, to put it another way, are grounded in normalcy and wellness. What one indeed may desire in states of limits and fragility will be different.

Autonomy is not a simple moral good, in other words. Beneficence and non-maleficence are also not flags to be weighed but idea that can be variously interpreted in clinical settings. If short term ventilation leads to the saving of a person's life then certainly it would seem to be 'beneficent' to insist on that care whatever the advance consent document suggests. It was written for another clinical scenario. Similarly doing no harm in the context of a Covid-19 patient in respiratory difficulty but without other complications who might be saved by a short course of ventilation would be ... ventilation.

None of these issues, the realities of care and the limits of advance directives--their scope in different clinical scenarios--

are addressed here. While the paper serves in its attempt to join a broadly bioethical paradigm of mid-level philosophical statements to elements of Indian theologies their relation to this case is in discussion not well discussed.