

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

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Potential competing interests: No potential competing interests to declare.

Dear Authors,

Firstly, I would like to thank you for having written a paper on the important topic of advance care directive in light of emergency situations. The included case makes it much easier for the reader to understand the real life complexities. Approach through Indian perspective enriches the bioethical discourse on the topic and is valuable both for those that are coming from eastern traditions and for us from other cultures.

In the following, I would like to offer you some suggestions for further improvement of the paper. Keep in mind that I am not familiar with Indian religious thought, but I am working as a practicing physician and ethicist. I will be honoured if you find any of the comments useful.

At the beginning, I miss a definition of autonomy since it can be understood and defined in various ways, from individualistic to relational, from Kantian to utilitarian etc.

Secondly, I have some comments on the third paragraph of the Introduction section. It frames clinical decision-making as something very technical, solely principle-based, which is far from reality. I can not agree with the statement: *Each of the four principles of bioethics must be fulfilled at all times during clinical practice ...* , since clinical decision-making is always also ethical, i. e. the principles are always weighted against each other (though often not explicitly). For example, every activity in healthcare can have 'side effects', which means that making decisions is always weighing costs/risks and benefits.

Regarding the last sentence of the third paragraph; many authors state – as is also my opinion – that the principle of respect for autonomy gained supremacy over paternalism in the last 50 years, at least in western culture. However, I do not have an insight into eastern medical practice. Maybe you should specify this sentence with regard to the culture you are referring to. (As you write in the first sentence of the fourth paragraph – and I could agree – that bioethics vary with culture, at least to a certain extent.)

If I may stop at the definition of conscientious objection on the fourth page. I do not find the provided definition satisfying since it describes the situation that is quite usual in providing healthcare (i. e. that patient's views differ from physician's). Conscientious objection is linked to legal or professional duties that one has, but are not in concordance with their beliefs

or values. So I suggest that you elaborate the definition.

Regarding the rest of the first paragraph under the title *Bioethics from an Indian philosophical point of view*— I would say that the explanation of the harms and benefits of enforcing a living will is very simplified. I miss mentioning that often it is very difficult for the physician to decide about the content of the living will in a specific situation, because it is impossible for the patient to predict and define all the situations in advance. Furthermore, also wishes of the patient change over time. I would say that also respecting a living will can mean harm for the patient in case that it was respected in the situation that he/she would not want it to be respected or his/her wishes have already changed until that moment. Otherwise I agree with the content of the paragraph.

I would not comment on the ethical reflection from Indian philosophy since it is not my field (though I must say that I find it really interesting). I would only mention that I do not really understand, why raja dharma means respect for patient's autonomy (the mentioned similarities in the doctor-patient relationship and the king-subject relationship, in my opinion, sound more like implying paternalism). Maybe you could add some more explanation.

Otherwise I think it is a really nice and valuable paper.

Kind regards!