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

Theofilos Kolettis[1]

1 University of Ioannina

Potential competing interests: No potential competing interests to declare.

Introduction

Ethics encodes the moral values governing human behaviour. Bioethics, as part of these principles, explores the questions raised during the practice of medicine, along with the issues arising from preclinical and clinical testing of new therapies. The essence of moral obligations in medical practice can be traced back in the Hippocratic Oath, placing the welfare of patients at the highest grade [1]. The principle of nonmaleficence was also introduced, by mandating meticulous evaluation of prescribed therapies, whilst carefully avoiding causing harm to the patients. These principles mandate that medical practice should be guided by the moral obligation to provide any available treatment to every individual patient, aiming at minimizing harm and prolonging life.

Autonomy in Bioethics

Resulting from the increased consideration of human rights during the second half of the twentieth century, the person's freedom for self-determination has been gained widespread attention. The core element of philosophical aspects of autonomy argues that human beings are rational and have the capacity to be self-governing and become agents of their own choices. Each course of action by a person must be aligned to the previously established individual moral law and to the fulfilment of imperatives as a rational being. The modern era is characterized by this concept, exerting enormous power on philosophical values and the realm of applied ethics [2]. Accordingly, bioethics has evolved during the past decades, to include two additional key principles, namely justice in treating patients and the respect for their autonomy, as propounded by Beauchamp and Childress in 1979 [3]. The repercussions of this process were the swift replacement of the largely paternalistic approaches in the practice of medicine by the respect of patients' autonomy [4].

Living will

Death with dignity has been an essential element among various cultures for centuries, though different meanings were ascribed at times. These include cultural-specific moral traits, avoidance of being a burden to others, and self-related

dignity, implying the avoidance of living with severe physical and mental disability [5]. The principle of autonomy in bioethics indicates that every patient has the right to accept or deny any form of treatment and thereby make decisions regarding life and death. The legal actions derived from these rights were first proposed in the USA in the late 1960's [6] and went into effect in December 1991, termed *The Patient Self-Determination Act* [7]. Similar legislation was subsequently passed in several countries, including Australia, Canada, United Kingdom, Japan, Germany, Italy, The Netherlands, Israel, Switzerland, and India. A '*living will* provides directives to healthcare providers about future conditions, in case of incapacity for informed consent. However, this issue is by no means resolved, with its moral and legal implications stirring ongoing discussions [8]. The recently published paper by Konduru and Das [9] adds an important spark to the topic, examined under the prism of traditional Indian philosophy.

Lessons from traditional Indian philosophy

Konduru and Das [9] explore a dilemma not uncommonly encountered in clinical practice, namely the conflict between beneficence and autonomy. The article describes a case study and elegantly discusses it from a point of view of traditional Indian philosophy. In their case, a conflict was raised between the conscientious objection of two physicians on how to pursue beneficence and the living will of their patient. Based on the ethical principles of Jain, Buddhist, and Hindu philosophical traditions, the authors argue that the physical and emotional pain of the patient, caused by not enforcing a '*living will*, overrides the practicing physician's moral standards. In a broader sense, denying the wishes of a patient can cause immense suffering, hence it can be viewed as contradicting the principle of nonmaleficence.

The input provided by the paper of Konduru and Das [9] is substantial and adds to bioethical discussions held among the legal, medical and philosophical community. Furthermore, it may go beyond the conflict between beneficence and autonomy, touching upon issues arising from societal beliefs and how these can affect medical practice. For example, different practices based on the patient's life-style habits [10] or age [11] have been advocated, in the framework of financial constrains in health-care systems. The opposite holds also true in some cases, when practicing physicians are urged to over-utilize treatments without clear-cut benefit to their patients [12]. The work of Konduru and Das [9] cautions against these practices and underscores the importance of the care for each individual patient. Perhaps this paper may be viewed as a step towards a universal code in Bioethics [13].

References

1. Orfanos, C.E. From Hippocrates to modern medicine.*J Eur Acad Dermatol Venereol***2007**, *21*, 852-858, doi:10.1111/j.1468-3083.2007.02273.x.

2. Papakonstantinou, T.; Kolettis, T. Investigational Therapies and Patients' Autonomy.*Can J Bioeth***2020**, *3*, 115-117, doi:10.7202/1073786ar.

3. Beauchamp, T.; Childress, J. *Principles of biomedical ethics*; Oxford University Press: Oxford, 1979.

4. Campbell, L. Kant, autonomy and bioethics. *Ethics, Medicine and Public Health* **2017**, *3*, 381-392, doi:10.1016/j.jemep.2017.05.008.

5. Liu, L.; Ma, L.; Chen, Z.; Geng, H.; Xi, L.; McClement, S.; Guo, Q. Dignity at the end of life in traditional Chinese culture: Perspectives of advanced cancer patients and family members. *Eur J Oncol Nurs* **2021**, *54*, 102017, doi:10.1016/j.ejon.2021.102017.

6. Kutner, L. Due process of euthanasia: The Living will, a proposal. *Indiana Law Journal* **1969**, *44*, Article 2.

7. Stewart, K.; Bowker, L. Advance directives and living wills. *Postgrad Med J* **1998**, *74*, 151-156, doi:10.1136/pgmj.74.869.151.

8. Charisi, A.; Deliligka, A.; Koutsoukis, D.; Raikos, N.; Chatzinikolaou, F. Living wills in Greece: Bioethical dilemmas and legal parameters. *Aristotle University Medical Journal* **2014**, *41*, 15-17.

9. Konduru, L.; Das, N. Conscientious objection to enforcing living wills: A conflict between beneficence and autonomy and a solution from Indian philosophy *Qeios* **2023**, doi:10.32388/FUZZHG.

10. Glantz, L. Should smokers be refused surgery? *BMJ* **2007**, *334*, 21, doi:10.1136/bmj.39059.532095.68.

11. Nguyen, Y.L.; Angus, D.C.; Boumendil, A.; Guidet, B. The challenge of admitting the very elderly to intensive care. *Ann Intensive Care* **2011**, *1*, 29, doi:10.1186/2110-5820-1-29.

12. Rosenbaum, L. The Less-Is-More Crusade - Are We Overmedicalizing or Oversimplifying? *N Engl J Med* **2017**, *377*, 2392-2397, doi:10.1056/NEJMms1713248.

13. Winkler, E.A. Are universal ethics necessary? And possible? A systematic theory of universal ethics and a code for global moral education. *SN Soc Sci* **2022**, *2*, 66, doi:10.1007/s43545-022-00350-7.