**Ethical perspectives regarding End Of Life decisions among doctors belonging to Allopathic medicine and Ayurvedic medicine in India.**

**Contributors**

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**COMMENTS**

1. “In India, end-of-life decisions are influenced by the position they occupy along various dimensions,...”

Comment: “They” refers to?

1. It would be good to share some more details on the Ayurvedic system of medicine and its fundamental difference with the allopathic system – and how are these linked to the differences in the survey results.
2. Link between paternalistic attitude of doctors and their attitudes towards end of life decisions needs to be clarified.
3. “In India, while taking decisions for End of life, four ethical principles must be followed: a) Autonomy - the patient has the right to choose the manner of his treatment, b) Beneficence – it is acting in the best interest of the patient, c) Non maleficence - it impose no unnecessary or unacceptable burden upon the patient, d) Distributive justice – doctors need to take a responsible decision and to make good use of the infrastructure, finance and human resources.(4)The other factors like socio cultural norms, spiritual aspects, Consumer Protection Act and limited knowledge on legal issues put the Indian professionals in an ambiguous position.”

Comments:

i. Why just in India?

ii. What does “manner” of treatment imply?

iii. Non maleficence: can its scope of interpretation widened to include doing no harm in the context of end of life care and euthanasia?

iv. Operationalization of distributive justice in the context of euthanasia, as presented in the article, not clear.

v. “The other factors like socio cultural norms, spiritual aspects, Consumer Protection Act and limited knowledge on legal issues put the Indian professionals in an ambiguous position.” – point being made is not clear.

1. “The health professionals felt that palliative care during end of life averts request for euthanasia, however a study conducted by Cipla Palliative care institute Pune, showed that majority of the patients preferred to die at home as this is cost effective, relevant and practical.

Comments:

1. “The health professionals...” – continues to imply allopathic ones?
2. Is this para saying that the present study found that palliative care averts euthanasia requests and this is in contradiction to the evidence from a study in Pune?
3. It also needs to be noted that palliative care can take place at home.
4. Further, since the paragraph seems to indicate there is some kind of contradictory finding between the present study and Pune study – it is essential that the authors clarify the link between the perception amongst doctors that end of life care averts euthanasia decisions and patients preferring to die at home.
5. The Ministry of Health and Family welfare, along with Pallium (A palliative care centre in India) developed a national palliative care strategy which eventually formed the national program of palliative care for India. However this was implemented in only few states due to lack of budget allocation.

Comment:

1. This para is in not linked to the previous nor to the latter argument. Can it go in the introduction? It might be good to talk briefly about the palliative care strategy and euthanasia in the Indian context.
2. Link between advance directives and present study needs to be highlighted.
3. “In Indian philosophy the cultural customs and traditions are intricately woven where death is not considered as a final event, but more as a transition for the soul from one life to the next. However the study concludes that Ayurvedic Medicine is against euthanasia or administering lethal drugs and also feels that it spoils the Doctor-Patient relationship as compared to Allopathic Medicine”

Comment: Why “however”? What is the link between the stated Indian philosophy and the present study?

1. “However, upholding the right to die with dignity the Supreme Court...

Comments: why “however”?

1. The questions asked in the survey are good – unambiguous. However, the analysis and presentation of the findings needs to be strengthened. Example: the responses of the questions can be analysed against the principles stated earlier, such as autonomy. Another example is the last question, “Do you think euthanasia is more humane to end life than prolonging suffering?” – it should be explored as an ethical dilemma using secondary literature supported by findings of the present study on the basis of other questions asked.
2. The article needs extensive content and language editing.