Research Article

Euthanasia In Indonesia: Laws, Human Rights, And Medical Perspectives

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ABSTRACT

Euthanasia remains a contentious issue in Indonesia, where it is currently prohibited by law, posing significant challenges in balancing human rights, legal standards, and medical ethics. This research examines the legal framework, human rights considerations, and medical perspectives surrounding euthanasia in Indonesia, incorporating a comparative analysis of practices in the Netherlands. Utilizing a normative legal research methodology, the study employs legislative analysis, case studies, and comparative approaches to investigate regulatory gaps and societal implications of euthanasia in Indonesia. The findings reveal that, while active euthanasia is explicitly criminalized under Indonesian law, passive euthanasia occurs discreetly within society, representing a legal and ethical gray area. In comparison, the Netherlands' regulated approach offers valuable insights into balancing patient autonomy with societal ethics. The study concludes that Indonesia could consider legalizing passive euthanasia under stringent conditions that align with human rights principles and cultural values. Such legalization would require robust regulatory frameworks, including judicial oversight and ethical guidelines, to ensure accountability and protect vulnerable groups. The findings highlight the urgency of harmonizing legal, human rights, and medical perspectives to address this complex issue while respecting Indonesia's unique socio-cultural context.

Keywords: Euthanasia; Laws; Human Rights; Medical Ethics; Indonesia.

A. INTRODUCTION

Advances in societal thinking have led to greater awareness of human rights, along with various developments in science and technology, particularly in the field of medicine. These advancements have brought about significant and dramatic changes in the understanding of euthanasia. Regarding the concept of death, particularly how it occurs, the scientific community distinguishes three types of death: *orthothanasia*, which refers to death occurring naturally; *dysthanasia*, which describes death occurring unnaturally; and *euthanasia*, which refers to death that occurs with or without medical assistance.

Euthanasia is increasingly gaining attention and becoming a global focus. However, the right to die is not universally recognized. The issue arises because, despite the lack of recognition of the right to die, euthanasia continues to occur in several countries. In Indonesia, for example, there have been cases where requests for lethal injection were brought before local courts. These

legal debates have revealed a regulatory vacuum concerning euthanasia in Indonesia, which serves as the foundation for this article. The article examines and discusses key concepts regarding both short-term and long-term regulations for implementing euthanasia in Indonesia.

The debate surrounding euthanasia remains a highly controversial topic in the fields of medicine, human rights, and law. In general, euthanasia is closely related to the right to life, which is a fundamental human right (Kadir, Nurmala, & Ismail, 2021). Additionally, the concept of the right to self-determination supports the implementation of euthanasia (Xian, 2023). From a medical perspective, euthanasia may be carried out under strict conditions but must adhere to the ethical codes of health professionals and the applicable laws of the respective country (Wijaya et al., 2021).

In Indonesia, euthanasia is illegal. According to Indonesia's positive law, as stipulated in Article 344 and Article 345 of the Criminal Code of 1946 (*KUHP 1946*) and Article 461 of the Criminal Code of 2023, these articles explicitly prohibit the practice of active euthanasia. Furthermore, active euthanasia is also prohibited by the Indonesian Medical Code of Ethics (*KODEKI*) and the Decree of the Executive Board of the Indonesian Doctors Association (*SK PB IDI*).

Despite the legal prohibition, there was a case involving a request for euthanasia submitted to the District Court of Banda Aceh on May 3, 2017. The applicant, Berlin Silalahi, suffered from a chronic illness that rendered him unable to carry out any activities (Zamzami, 2017). Feeling that he had become a burden to his family, he sought to end his life legally, intending to ease his family's burden. However, the court rejected his application (Zamzami, 2017).

Several studies on euthanasia have been conducted, including the following: 1).Research by Barend van Leeuwen, titled *“Euthanasia and the Ethic of Free Movement Law: The Principle of Recognition in the Internal Market”* (van Leeuwen, 2018), which analyzes the free movement approach related to euthanasia, particularly in the European Union and the United Kingdom; 2). Research by Andrew McGee and colleagues, titled *“Informing the Euthanasia Debate: Perceptions of Australian Politicians”* (McGee et al., 2018), which examines the debate on euthanasia as perceived by Australian politicians; 3). Research by Yusriyanto Kadir, Leni Dwi Nurmala, and Nurwita Ismail, titled *“The Relevance of Legal Protection to Human Rights Related to Euthanasia Law in Indonesia”* (Kadir, Nurmala, & Ismail, 2021). This study highlights that regulating euthanasia in Indonesia is highly challenging due to the country’s philosophical foundation based on *Pancasila* and prevailing societal norms; 4). Research by Victoria Ajibola Adeleke, titled *“Euthanasia and Assisted Suicide: Sweetness in Bitterness”* (Adeleke, 2023), which examines the concept of euthanasia and assisted suicide from a legal perspective in Nigeria; 5).

Research by Xavier Nugraha and colleagues, titled *"Analysis of the Potential Legalization of Euthanasia in Indonesia: The Discourse Between the Right to Life and the Right to Make Choices"* (Nugraha et al., 2021), which explores the concept of the right to life, the human right to choose, and the review of legal norms in Indonesia and other contexts.

While research on euthanasia has been explored in various contexts, it remains a compelling and evolving area of discussion. This study seeks to contribute to the existing body of knowledge by examining euthanasia through three commonly debated perspectives: regulation, human rights, and medical ethics. Indonesia's history as a former Dutch colony has significantly influenced its legal framework, including its regulatory approach to complex moral and legal issues such as euthanasia. The Dutch colonial legacy introduced a legal system that emphasized codification and legalistic approaches, shaping contemporary Indonesian law.

This research employs a comparative study with the Netherlands, a country renowned for its pioneering stance on euthanasia regulation, making it a valuable framework for comparison. The Netherlands' experience with regulated euthanasia provides insights into potential regulatory models that could be adapted to suit Indonesia while respecting human rights and medical ethics.

The study focuses on three key research questions: 1). How is euthanasia regulated in Indonesia and the Netherlands?; 2). What is the perspective on euthanasia from a medical standpoint?; 3).How might euthanasia be adopted and implemented in Indonesia in the future?

B. RESEARCH METHODS

This research employs a normative legal approach, utilizing legislative, case, and comparative study methods (Soekanto & Mamudji, 2015). The legislative approach is used to analyze and construct the regulation of euthanasia in Indonesia. The case approach is applied to examine several euthanasia cases that have been brought before the courts. To justify the use of a comparative method, it is important to highlight Indonesia's historical connection to Dutch law, which makes the Netherlands a relevant point of comparison.

This paper adopts a comparative study approach to analyze the regulation, implementation, and case precedents of euthanasia in the Netherlands. The Netherlands serves as a particularly relevant comparison, not only because it has one of the most established frameworks for regulating euthanasia, but also due to Indonesia's historical ties to Dutch law, which have shaped Indonesia's legal culture and regulatory frameworks. By examining the procedural and ethical design of euthanasia regulation in the Netherlands, this research aims to explore how Indonesia might responsibly address the complex demands of euthanasia

regulation, while respecting both its legal heritage and modern human rights standards.

In analyzing the legal issues at hand, the author employs a literature study technique to process secondary data, including primary, secondary, and tertiary legal materials. Primary legal materials include laws and regulations applicable in Indonesia and the Netherlands regarding the implementation of euthanasia. Secondary legal materials consist of books, journals, and other scholarly works related to euthanasia. Tertiary legal materials include websites or online news sources that provide information and/or cases relevant to the legal issues at hand.

C. RESULTS AND DISCUSSION

1. Implementation of Euthanasia Based on Laws, Code Of Ethics For Health Workers, and Human Rights

a. Indonesian Regulation on Euthanasia

The Indonesian legal regulations, particularly the Criminal Code of 1946 and the Criminal Code of 2023, do not clearly regulate euthanasia. A deeper analysis reveals a legal gap in the implementation of the provisions outlined in Article 344 and Article 345 of the Criminal Code of 1946 concerning euthanasia. Article 344 of the Criminal Code of 1946 states, "Any person who takes the life of another person at his explicit and earnest desire shall be punished by a maximum imprisonment of twelve years," while Article 345 states, "Any person who, with deliberate intent, instigates another to commit suicide, aids him thereby, or provides him with the means thereto, shall, if the suicide ensues, be punished by a maximum imprisonment of four years." Based on these provisions, euthanasia is considered an illegal act in Indonesia. With the issuance of the Criminal Code of 2023, particularly Article 461, the explanation explicitly states that "this provision regulates a criminal offense known as active euthanasia."

Referring to the provisions in Article 461 of the Criminal Code 2023, there are similarities with the formulation of Article 344 of the Criminal Code 1946. However, the Criminal Code of 1946 does not provide an official explanation for the articles it formulates. In contrast, the official explanation of Article 461 of the Criminal Code 2023 specifically addresses the act of active euthanasia. Passive euthanasia, as regulated in the Criminal Code, can be classified as the crime of abandoning a person who requires assistance at their own request, as stipulated in Article 304 of the Criminal Code of 1946 (Nursanthy, 2019). This article states that a person is prohibited from leaving or neglecting someone who requires help (Article 304 of the Criminal Code 1946), as well as from committing murder at the request of the person himself (Article 344 of the Criminal Code 1946).

If analyzed further, Article 304 of the Criminal Code of 1946 is placed under Chapter XV - Abandonment of Persons in Need of Help, while Article 344 is placed under Chapter XIX -

Crimes Against Life. Similarly, Article 428 of the Criminal Code of 2023 is placed under Chapter XVI - Crimes Against the Abandonment of Persons, and Article 461 is placed under Chapter XXI - Crimes Against Life and Fetus, Part One - Murder. Referring to the position of the article formulations under these chapters, the legislator categorizes active euthanasia as a crime against life (murder), while passive euthanasia is considered an act of "abandoning people who should be helped." This legal construction implies that the formulation of the defendant's guilt is intentional in both active and passive euthanasia. The act of omitting help to those in need and committing murder at the request of the victim, as specified in the Criminal Code of 1946, does not provide an exception for doctors. Therefore, it can be concluded that both active and passive euthanasia practices are illegal.

If analyzed further, Article 304 of the Criminal Code of 1946 is placed under Chapter XV – Abandonment of Persons in Need of Help, while Article 344 is placed under Chapter XIX – Crimes Against Life. Similarly, Article 428 of the Criminal Code of 2023 is placed under Chapter XVI – Crimes Related to the Abandonment of Persons, and Article 461 is placed under Chapter XXI – Crimes Against Life and the Fetus, Part One – Murder. Referring to the positioning of these articles within their respective chapters, the legislator classifies active euthanasia as a crime against life (murder), while passive euthanasia is regarded as an act of "abandoning individuals who require assistance." This legal framework suggests that the determination of the defendant's guilt is intentional in both active and passive euthanasia. The omission of help for those in need and the act of committing murder at the request of the victim, as outlined in the Criminal Code of 1946, do not provide exceptions for doctors. Therefore, it can be concluded that both active and passive euthanasia practices are illegal.

Law Number 17 of 2023 on Health (Health Law) does not explicitly define euthanasia as an illegal act. Referring to Article 1, Number 1 of the Health Law, which states: "Health is a person’s state of well-being, both physically, mentally, and socially, and not merely the absence of disease, enabling them to live a productive life," it can be concluded that the concept of health encompasses not only being free from disease but also enabling a person to live a productive life. Referring to this broad concept of health suggests that the framework in the Health Law rejects acts of euthanasia that result in death.

The lack of legal provisions that explicitly state euthanasia is legal in Indonesia, along with the numerous opposing arguments in the euthanasia debate, and relying on the Hippocratic Oath and expert opinions, leads to the conclusion that doctors and other healthcare workers are not permitted to perform euthanasia (Xian, 2023). Doctors are required to use their knowledge and skills to preserve health and life, not to end it. Furthermore, there are criminal provisions in

Article 438, paragraph (1) of the Health Law, which states: "Heads of Healthcare Service Facilities, Medical Personnel, and/or Healthcare Workers who fail to provide first aid to patients in emergency conditions at Healthcare Service Facilities, as referred to in Article 174 and Article 275, paragraph (1), shall be subject to imprisonment for a maximum of 2 (two) years or a maximum fine of Rp200,000,000.00 (two hundred million rupiahs)."

The legal void regarding euthanasia in Indonesia arises because it is not explicitly addressed and regulated in Indonesian legislation, leading to the case of a request for a lethal injection, which is part of a euthanasia request. This application was submitted to the District Court following the procedures of the Indonesian National Legal System. Berlin Silalahi filed a request for a lethal injection at the Banda Aceh District Court on May 3, 2017. Berlin Silalahi, a 46-year-old man with two daughters, Tasya Maizura and Fitria Baqis, and a wife, Ermawati, a housewife with no income, submitted the request based on his suffering from chronic pain, bone inflammation, paralysis, and tightness, which left him unable to perform any activities, let alone earn a living to support his family (Zamzami, 2017). The applicant felt he had become a burden to his family. The situation became more complex when the Aceh Besar District Government evicted Berlin Silalahi along with other refugees. Berlin became increasingly depressed, both physically and psychologically, prompting him to choose to end his life. He wished to do so legally in order to reduce the burden on his family. Finally, Berlin Silalahi, represented by his wife, submitted the request for a lethal injection to the Banda Aceh District Court, asking the judge to grant this rare request (Zamzami, 2017).

Berlin Silalahi provided medical records and expert testimony regarding the applicant's psychological state to support his claim that the request was voluntary and based on his inability to live with his paralyzed and deteriorating condition. However, the court rejected the request for a lethal injection as part of the euthanasia process for Berlin Silalahi, with the verdict being read by a single judge on Friday, July 19, 2017. In the ruling, the judge's rejection was based on the following considerations: There is no positive law that justifies euthanasia; euthanasia is prohibited under the Code of Medical Ethics, and doctors performing euthanasia are criminalized; furthermore, Islamic law, as practiced by the applicant, and the customary and cultural values in Indonesia prohibit euthanasia (Ansori, 2022). Referring to the judge's decision, the reasons for rejecting euthanasia are clearly and explicitly grounded in positive legal considerations, ethics, and religious morals (Hangabei et al., 2021).

b. Controversy in the Code of Ethics for Health Workers

The Code of Ethics for Health Workers in Indonesia serves as a fundamental guideline outlining the moral and professional

responsibilities of medical practitioners. Rooted in the principles of deontological morality, the Indonesian Medical Code of Ethics emphasizes the duty of healthcare providers to preserve life and uphold a standard of conduct that respects the sanctity of human existence. According to the Indonesian Medical Code of Ethics and the Decree of the Executive Board of the Indonesian Doctors Association (No. 111/PB/A.4/02/2013), medical professionals are explicitly prohibited from performing actions that intentionally end a patient's life. Article 11 specifically prohibits euthanasia, affirming that doctors may not terminate the life of any individual, even if the patient's condition is deemed incurable by medical standards. The deontological values underlying medical practice reinforce the belief that only God has the authority to take human life.

According to the Decree of the Executive Board of the Indonesian Medical Association Number 111/PB/A.4/02/2013, practices such as abortion, euthanasia, and the death penalty, which cannot be morally justified, are deemed contrary to medical ethics, religious values, and applicable laws and regulations. Based on these guidelines, it is emphasized that doctors must respect human life and must not engage in practices like euthanasia or other actions that contradict the principles of deontological morality and medical ethics upheld by the medical profession in Indonesia.

From the perspective of healthcare workers, the **International Code of Ethics for Nurses**, first approved by the International Council of Nurses on July 10, 1953, aligns with the **Indonesian Nursing Code of Ethics** in emphasizing the importance of respecting human life and improving patient welfare. However, this can create ethical tensions when considering euthanasia (Zahedi et al., 2013). It is worth noting that the **Code of Ethics for Nurses** does not explicitly endorse or prohibit euthanasia. Instead, it provides a framework for nurses to evaluate the ethical implications of their actions and make decisions in line with the principles of their profession. Ultimately, the decision to support or oppose euthanasia remains complex and dependent on individual circumstances, ethics, laws, and cultural considerations.

Despite the ethical concerns surrounding euthanasia, there are groups advocating for it. For example, in early 1997, Philip Nitschke founded Exit International, a pro-euthanasia organization (The Associated Press, 1996). Supporters of euthanasia present several arguments, including: a) **The Right of Self-Determination (TROS):** Patients have the right to refuse care or treatment, decline medical interventions, and terminate ongoing treatment. These rights empower patients to make decisions about their own care, which could extend to supporting euthanasia (Zulhasmar, 2008); b) **Economic Considerations:** Euthanasia can alleviate the financial burden on families, especially when the costs of prolonged medical care strain resources that could otherwise be used for daily living needs

(Prihatin & Anggriawan, 2023); c) **Compassion for the Suffering:** For patients enduring unbearable pain, euthanasia is viewed as a way to end their suffering, offering a sense of justice and relief from prolonged agony (Atriani & Yulianto, 2023).

Euthanasia remains a controversial issue, particularly in the context of medical ethics. From the opposing perspective, several aspects are considered (Warasanti, 2018): a) **Religious and Theological Aspects:** Euthanasia is rejected on the grounds that it contradicts faith and religious teachings, which assert that humans do not have the authority to determine death, as this right belongs solely to God; b) **Legal Aspect:** Euthanasia conflicts with Article 28A of the 1945 Constitution of the Republic of Indonesia, which guarantees the right to life, and Article 28G(1), which ensures the protection of individuals from threats that could deprive them of this right; c) **Medical Aspect:** Doctors have a moral and professional responsibility to preserve life, as outlined in the Indonesian medical code of ethics.
This stance is supported by the opinion of Dr. Brotowasisto, Chairman of the Medical Ethics Council of the Indonesian Doctors Association (IDI), who emphasized that IDI opposes active euthanasia due to ethical, moral, and legal concerns. Dr. Brotowasisto stated that the primary duty of a doctor is to preserve and save human life, not to end it. He further argued that the assumption that euthanasia alleviates patient suffering is increasingly outdated, especially given advancements in medical technology that can provide better palliative care (DetikNews, 2005).

c. Is Euthanasia a Human Rights Violation?

In its development, euthanasia is often associated with human rights, allowing individuals to consider it as an option to end their lives (Nugraha et al., 2021; Febriansyah, 2022). Within the concept of euthanasia, the right to freedom is closely linked to the autonomy of individuals to choose between life and death. This perspective aligns with the protection of personal freedom rights in Indonesia, as enshrined in Law Number 39 of 1999 on Human Rights ("Human Rights Law").

However, the intersection of the right to life and the right to personal choice continues to fuel debate on the ethical and legal justification of euthanasia. Article 3 of the Universal Declaration of Human Rights declares: "Everyone has the right to life, liberty, and the security of person." This underscores that individuals are entitled to "the right to life," "liberty," and "the security of person." Furthermore, the **International Covenant on Civil and Political Rights**, which came into force on March 23, 1976, affirms in Part III, Article 6(1) that: “Every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life.”

The Indonesian Constitution recognizes the right to life as a fundamental human right, as stipulated in Article 28A of the 1945 Constitution of the Republic of Indonesia, which states,

"Everyone has the right to live and the right to defend his life." The right to life, as part of human rights, must be safeguarded by the state, particularly in a legal state like Indonesia. As a state committed to upholding the rule of law, Indonesia emphasizes the protection of the right to life as a cornerstone of its legal and ethical framework.

When considering Article 28A of the 1945 Constitution, an **argumentum a contrario** interpretation could suggest the existence of a "right to die." This interpretation aligns with the notion that the right to life is inherently connected to the right to choose death, particularly for individuals facing specific circumstances (Math & Chaturvedi, 2012). The "right to die" is often invoked by patients suffering from chronic illnesses who wish to end their suffering, either through medical assistance or by refusing treatment designed to prolong their lives (Nugraha et al., 2021). Euthanasia is frequently cited as an exercise of this right, offering patients an opportunity to achieve a dignified and painless death while alleviating unbearable or incurable pain. Consequently, euthanasia may be viewed as a corollary of the right to life, where the decision to end life becomes a means to resolve intolerable suffering (Nugraha et al., 2021).

Euthanasia is also linked to the right of self-determination, another integral aspect of human rights. This principle, encompassed within the patient's **Right of Self-Determination (TROS)**, includes the rights to refuse treatment, reject medical interventions, and halt ongoing care. However, the right of self-determination is closely tied to the right to information, as regulated by Article 19 of the Human Rights Law. The right of self-determination is further recognized in Articles 1 and 2 of the **Universal Declaration of Human Rights (UDHR)**.

In the context of health law, the relationship between a doctor and a patient is governed by a therapeutic contract or transaction (Njoto, 2023). This relationship establishes mutual rights and obligations, which are formalized through **Informed Consent**. Informed Consent serves as critical evidence that medical actions have been thoroughly communicated, understood, and agreed upon by the patient or their family. This process ensures the patient and their family are fully aware of the benefits, drawbacks, and risks of any proposed action (Sarastri, Saputro, & Hartini, 2021).

Informed Consent also connects to individual rights enshrined in the **Health Law**, such as the right to decide on personal health services and the right to accept or refuse medical assistance. These rights are detailed in Article 4 Paragraph 1 Letter F and Article 4 Paragraph 1 Letter H of the Health Law, which affirm that individuals have the autonomy to independently and responsibly determine their health care decisions after receiving and understanding complete information about the proposed medical actions.

2. Euthanasia in the Medical Perspective

The ongoing debate surrounding end-of-life care remains contentious, shaped by conflicting biomedical principles, legal frameworks, and societal beliefs. Within this multifaceted discourse, euthanasia stands out as a particularly divisive issue. The American Medical Association's Council on Ethical and Judicial Affairs defines euthanasia as the compassionate act of ending the life of a terminally ill individual suffering from unbearable pain in a swift and painless manner, often through the administration of lethal drugs. This process may involve either discontinuing life-sustaining treatments or administering medications to relieve suffering (Vizcarrondo, 2013).

Euthanasia is typically carried out by trained healthcare professionals and can be classified into two categories: **voluntary euthanasia**, performed with the explicit consent of the patient, and **involuntary euthanasia**, initiated without the patient's consent by healthcare providers. It is important to note that while voluntary euthanasia remains a subject of ethical and legal debate, involuntary euthanasia is universally prohibited by law (Have & Welie, 2014).

Euthanasia is categorized into two main types: **passive euthanasia** and **active euthanasia**. Passive euthanasia involves withholding or withdrawing treatments essential for sustaining life. Active euthanasia, on the other hand, is further divided into three subtypes based on consent: **voluntary euthanasia** (performed at the patient's request), **nonvoluntary euthanasia** (performed without the patient's explicit consent), and **involuntary euthanasia** (performed when the patient is unable to provide consent) (Danasekaran, Mani, & Annadurai, 2014). In many hospitals across the country, passive euthanasia is prevalent, with patients and their families often choosing to refuse or discontinue treatment due to the financial burden associated with life-sustaining measures (Math & Chaturvedi, 2012).

Patients who seek euthanasia often suffer from conditions such as terminal cancer, acquired immune deficiency syndrome (AIDS), uncontrolled chronic illnesses like diabetes mellitus and hypertension, or other terminal diseases for which there is no effective treatment. The decision to pursue euthanasia is influenced by both physical and psychological factors. **Physical factors** include unbearable pain, nausea and vomiting, difficulty swallowing, paralysis, incontinence, and breathlessness, all of which significantly reduce the quality of life (QoL) (Danasekaran, Mani, & Annadurai, 2014). **Psychological factors** include depression, feelings of being a burden, fear of losing control or dignity, and an aversion to dependency on others (Annadurai, Danasekaran, & Mani, 2014; British Broadcasting Corporation, 2014).

In euthanasia procedures, practitioners typically begin by administering a general anesthetic, often a barbiturate or a sedative like

propofol, to induce unconsciousness. In some cases, an anxiolytic (such as a benzodiazepine) is given beforehand to alleviate any potential pain caused by the administration of propofol. Once unconsciousness is achieved, a neuromuscular blocking agent is administered to paralyze all striated muscles, thereby preventing respiratory effort and muscular spasms, which could be misinterpreted by observers as signs of distress (Worthington, Finlay, & Regnard, 2023). The technique aims to cause a rapid loss of consciousness, followed by cardiac or respiratory arrest, and ultimately brain death (Worthington, Finlay, & Regnard, 2023).

However, the time to death has increased with the use of experimental drug cocktails like "DDMA" and "DDMP." Since 2015, the median time to death following ingestion of these combinations has doubled. Notably, 55% of patients administered "DDMP2" (containing 15 g of morphine sulfate) and 45% of those given "DDMA" have experienced prolonged dying processes, lasting over an hour.

The primary method for euthanasia involves administering lethal doses of drugs, commonly high doses of barbiturates such as pentobarbital or secobarbital. These drugs are recommended by guidelines such as the **Netherlands' Guidelines for the Practice of Euthanasia and Physician-Assisted Suicide** and the **Canadian Association of MAiD Assessors and Providers' Oral MAiD Medication Protocol**. In certain U.S. states where assisted suicide is legal, drug combinations like Digoxin 100 mg, Diazepam 1 g, Morphine 15 g, and Amitriptyline 8 g (DDMA), as well as Digoxin 50 mg, Diazepam 1 g, Morphine 15 g, and Propranolol 2 g (DDMP), have been employed, though their prevalence varies across regions.

Importantly, there is no universally agreed-upon drug or combination that is considered the most effective for euthanasia. Unlike medications used for medical purposes, drugs used for "assisted dying" lack rigorous approval processes to evaluate their safety and efficacy. Consequently, the safety profile of these lethal drug combinations remains largely unknown.

It is crucial to recognize that all medical interventions and procedures carry the risk of adverse outcomes or complications. However, euthanasia presents unique ethical and practical challenges. Some clinicians question whether death by lethal injection is as peaceful and painless as it is often portrayed. Sinmyee et al. (2019) raised concerns about the difficulty of accurately monitoring consciousness in euthanasia patients, particularly those administered paralytic agents. This limitation increases the risk of vulnerable individuals experiencing suboptimal or even cruel practices. Furthermore, a study by Caldwell, Chang, and Myers (2020) revealed that post-mortem examinations of individuals injected with lethal doses of drugs exhibited signs of flash pulmonary edema. This finding suggests that the toxic effects

of these drugs on the alveolar basement membrane could lead to a rapid influx of fluid, potentially causing sensations similar to suffocation or drowning if the patient were conscious. Such evidence challenges the perception of euthanasia as a universally safe and comfortable process, underscoring the need for patients to be fully informed about its potential risks and realities.

Worthington et al. (2022) further highlighted the practical difficulties associated with euthanasia, including the need to ingest large volumes of lethal drugs, the potential for adverse reactions, and the possibility of prolonged dying that can last several hours. These complications raise critical questions about the preparedness of physicians to remain present during prolonged deaths and whether they should intervene in cases of complications, such as drug regurgitation.

Given these potential risks and the psychological factors, such as depression and hopelessness, that often drive patients to consider euthanasia, healthcare workers must prioritize palliative and rehabilitative care as the optimal approach for providing a dignified end-of-life experience. This involves delivering comprehensive support not only to patients but also to their families, acknowledging the profound emotional impact of end-of-life decisions. In some instances, physicians might suggest discharging the patient from the hospital to allow for a natural death at home if preferred, rather than pursuing euthanasia.

Ultimately, healthcare providers play a critical role in offering compassionate guidance and support, ensuring that the wishes and emotional needs of patients and their families are respected throughout the end-of-life process. By adopting this approach, healthcare professionals can promote a sense of dignity, autonomy, and comfort for all parties involved during this profoundly challenging time.

3. The Implementation of Euthanasia: A Comparative Study in the Netherlands

The Netherlands was the first European country to legalize euthanasia. One of the pivotal cases leading to this decision was "the Postma case" in 1973, where a doctor performed euthanasia on her mother and was prosecuted. The court handed down only a symbolic sentence, which became a cornerstone in the movement toward legalizing euthanasia in the Netherlands (Otlowski, 2000).

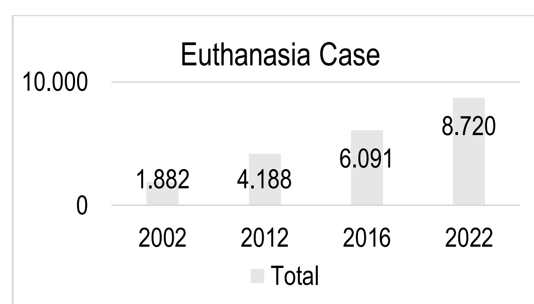
On November 27, 1984, the Netherlands Supreme Court introduced the concept of "force majeure" into case law, creating a legal pathway for doctors to perform euthanasia while adhering to medical ethics (Amarasekara & Bagaric, 2001). In 1988, a bill proposing the decriminalization of euthanasia and medically assisted suicide was submitted to amend provisions of the Netherlands' Criminal Code. The proposal led to the establishment of a national commission of inquiry in 1989 (Alliance Vita, 2017).

By November 1, 1990, procedures were instituted requiring doctors to report cases of euthanasia. On November 8, 1991, the Dutch government proposed to decriminalize euthanasia "de facto." This draft was accepted by Parliament on February 9, 1993. Throughout the late 1990s, parliamentary debates centered on formalizing the decriminalization of euthanasia and assisted suicide, culminating in the enactment of the Wet Toetsing Levensbeeïndiging op Verzoek en Hulp bij Zelfdoding (Termination of Life on Request and Assisted Suicide Act) on April 12, 2001.

The law was passed a year after the Netherlands Parliament approved the draft on November 29, 2000, with the Lower House voting in favor by 140 to 40 (Kouwenhoven et al., 2019; Hukumonline, 2000). Euthanasia was officially legalized with several considerations: 1). **Humanitarian Values**: Empathy and compassion for human suffering justified granting individuals the right to end their lives humanely; 2). **Individual Autonomy**: Recognizing a person's right to make decisions about their own life and death, the legalization of euthanasia allowed individuals to exercise control over their final choices; 3). **Protection Against Intolerable Suffering**: Terminal illnesses and incurable medical conditions often cause severe physical and emotional suffering. In cases where palliative care is ineffective, euthanasia was deemed a humane option to alleviate unbearable pain.

The Netherlands strictly regulates the implementation of euthanasia. Requests for euthanasia must be made voluntarily by the patient and must be well-considered (Kimsma, 2010). If the patient is no longer able to express their wishes, prior consent in the form of a written declaration may be considered, with a minimum age requirement of 16 years (Alliance Vita, 2017). The patient's suffering must be deemed unbearable, with no prospect of improvement. Before euthanasia is performed, the patient must consult with at least two doctors to assess whether the case meets the legal requirements for euthanasia, as evidenced by written confirmation of the patient's condition. If the request for euthanasia is made by a mentally ill patient, confirmation from two doctors and at least one psychiatrist is required (Alliance Vita, 2017). Euthanasia is only permitted for individuals over the age of 12, with the consent of a parent or guardian required for those under the age of 16. The number of euthanasia cases in the Netherlands has increased dramatically every year.

Table 1. Number of Euthanasia in the Netherlands



Source: Statista Research Department, 2024

In the Netherlands, the Assisted Living on Request and Assisted Suicide Act also applies to children (Legemaate & Bolt, 2013). This

regulation states that a doctor can accept a child's request if the parents participate in the decision-making process (when the child is between 16 and 18 years old) or provide parental consent (when the child is between 12 and 15 years old) (Mengual, 2021). Additionally, since 2005, a protocol known as the "Groningen Protocol" has outlined the conditions and measures required in the context of end-of-life decisions for young children, especially newborns (Kon, Verhagen, & Kon, 2022). Periodically, several organizations campaign for a broader interpretation of the Assisted Living on Request and Assisted Suicide Act. For example, in 2011, the Royal Dutch Medical Association (KNMG) proposed new guidelines to clarify what is or is not permissible within the legal framework, suggesting that suffering in the non-terminal phase of an illness could be a motivation to request euthanasia (Alliance Vita, 2017).

Initially, the law in the Netherlands only allowed euthanasia for children starting from the age of 12 (Verhagen & Buijsen, 2022). In 2014, the Ethical and Legal Commission of the Netherlands Association of Pediatrics suggested discussing the possibility of allowing euthanasia for children under the age of 12, with the decision to be made by both parents and doctors, without involving the child's consent (Deak & Saroglou, 2017). In 2015, the Dutch Association of Pediatrics expressed its support for euthanasia for children between the ages of 1 and 12, based on an analysis of the child's ability to understand. Doctors, with the consent of both parents, may choose euthanasia in cases where such children are unable to understand or speak for themselves, including newborns (Alliance Vita, 2017).

In 2016, the Minister of Health stated that no new legislation was needed to expand this practice, claiming that current legal guidance already allowed for the death of seriously ill children (Alliance Vita, 2017). The Netherlands Parliament approved the expansion of euthanasia to children under 12, with consent from both parents, by 2023 (Medical Press, 2023).

One example of a euthanasia case is that of Anneke. On the appointed day, a doctor trained in euthanasia came to Anneke's home. In the presence of her family and loved ones, Anneke consumed a medicinal drink to end her life peacefully and painlessly. The procedure was carried out following all legal and medical protocols in place in the Netherlands. The case of Anneke van der Meer exemplifies how euthanasia is applied in situations where the patient is suffering from unbearable cancer pain and has made a conscious and voluntary decision to end her life. It also demonstrates the importance of complying with strict legal requirements and consulting independent doctors in the euthanasia process in the Netherlands.

Furthermore, a recent and controversial case of spousal euthanasia involved Dries van Agt, a former Dutch Prime Minister, who died through euthanasia hand-in-hand with his wife

Eugenie at the age of 93. Director Gerard Jonkman told an NOS reporter that both were terminally ill but "could not live without each other." In 2019, Van Agt suffered a stroke and never fully recovered. At the same time, Eugenie's health also continued to decline. They then opted for joint euthanasia on February 5, 2024. The case of Dries van Agt and Eugenie is an example of how euthanasia is applied in situations where the patient has made a conscious and voluntary decision to end their life, considering the rights of the patient, especially the right to individual autonomy.

4. Design of the Implementation of Euthanasia in Indonesia

Amid advancements in medical technology and changing social values, euthanasia has become an increasingly urgent topic of discussion. In the context of the healthcare system in Indonesia, the question of how to handle patients suffering from incurable or terminal illnesses is gaining more attention. Unfortunately, there is still no clear and comprehensive regulation regarding euthanasia within the Indonesian legal framework (Haeranah et al., 2020). This uncertainty presents significant challenges for healthcare professionals, patients, and society at large. Without clear guidelines, end-of-life decisions are fraught with uncertainty and injustice. Moreover, this legal vacuum can also create opportunities for abuse of the system and serious human rights violations. Therefore, it is important to recognize that the issue of euthanasia is not only a medical matter, but also a legal, moral, and humanitarian issue (Titahelu, 2022). Performing euthanasia under the principles of medical ethics and human rights is a moral responsibility for a civilized society. In the context of Indonesia, where cultural and religious values play an important role in shaping views on death and suffering, a careful and comprehensive approach is needed to create a regulatory framework that is widely acceptable.

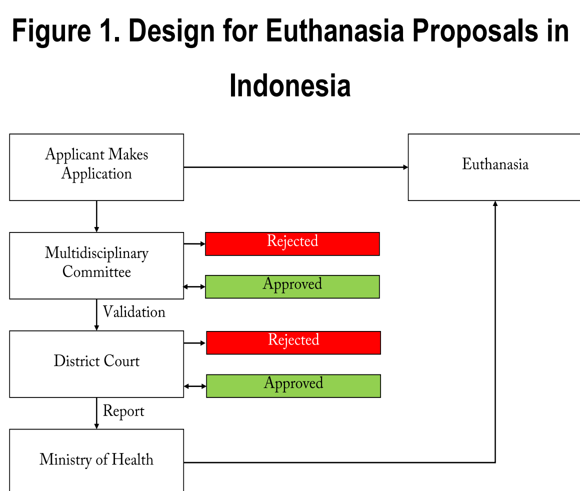
After understanding the importance of the debate on euthanasia in Indonesia, the next step is to design an appropriate and ethical implementation plan. This plan should consider cultural values, medical ethics, and relevant human rights principles. The approach to implementing euthanasia in Indonesia will adopt a strict framework, similar to the Netherlands, where euthanasia is only considered under certain strict and clear conditions (Kimsma, 2010). Specific criteria will be established to determine who is eligible for euthanasia. These criteria may include terminal illness or unbearable pain that cannot be alleviated by palliative care.

The euthanasia application process can be initiated by the individual seeking euthanasia or by the family representative of the applicant, who will submit the petition to the Multidisciplinary Committee. This committee, consisting of medical professionals, ethical experts, and community representatives, will be involved in the decision-making process. The committee will review each case individually to ensure that the decision to

perform euthanasia is made with full consideration of all relevant factors, including the patient's wishes and the impact on the family and society. The implementation plan will include a rigorous evaluation and monitoring process to ensure compliance with applicable regulations and ethical standards. This may involve regular audits of euthanasia cases, transparent reporting, and effective enforcement mechanisms to address violations.

Through this implementation approach, the practice of euthanasia in Indonesia can be regulated ethically and effectively, taking into account the needs and values of Indonesian society. This will allow individuals suffering from terminal illnesses to have access to the option of ending their suffering with appropriate regulations that protect human rights and uphold the integrity of the healthcare system. Furthermore, in the event of a request for euthanasia, an application must be submitted to the local District Court for authorization, and the decision will be reported to and known by the Ministry of Health.

Figure 1. Design for Euthanasia Proposals in Indonesia



Source: Author's Research

After designing the euthanasia implementation plan, the next discussion that needs to be reviewed is the short- and long-term strategies aimed at implementing the design effectively. Short-term strategies include several specific steps that can be taken immediately to begin the process of introducing euthanasia in Indonesia. First, a more detailed legal framework can be immediately created through a Supreme Court Regulation and a Minister of Health Regulation (Permenkes) to regulate the implementation of euthanasia. The Supreme Court Regulation will govern the application of euthanasia within the judicial system, while the Permenkes will establish clear criteria for when euthanasia can be considered, decision-making procedures, reporting obligations, and control mechanisms. In addition, intensive training and education should be provided to ensure that healthcare professionals are aware of the ethical aspects of euthanasia, decision-making protocols, and the communication skills needed to address patients and families considering euthanasia. Public socialization and education are also important to increase public understanding and awareness of euthanasia and reduce the stigmatization of those who choose to end their lives in this way.

As part of a long-term strategy, an amendment or revision of the Health Act could be undertaken. This revision is needed to create a stronger and more comprehensive legal basis for the practice of euthanasia. The revision should

consider Indonesia's cultural, ethical, and human rights values, ensuring adequate protection for patients and healthcare workers. Continuous research and evaluation are also essential to collect empirical data on the impact of euthanasia practices on patients, families, and society. This information will help refine and improve the system and ensure that euthanasia is performed appropriately and ethically. Collaboration with various relevant parties, including legal entities, healthcare organizations, patient advocacy groups, and civil society, is also essential to ensure that the implementation of euthanasia proceeds smoothly and aligns with the needs of all stakeholders. By taking these steps as part of a long-term strategy, we aim to ensure that the practice of euthanasia in Indonesia is well-regulated and enforced with ethics and human rights in mind.

Ethical and legal considerations play a central role in the debate on euthanasia, particularly in the context of its practice in Indonesia. From an ethical perspective, euthanasia raises profound questions about human dignity, suffering, and the right of individuals to control the end of their lives. Principles of medical ethics, such as patient autonomy, justice, and the absence of benefit from maintaining a patient's life, should be carefully considered in any euthanasia decision. Within the cultural and religious framework in Indonesia, values such as respect for life and the importance of palliative care should also be seriously considered. Therefore, the design of euthanasia implementation must balance the patient's right to choose with the moral and social responsibility to preserve life.

In terms of legality, the regulation of euthanasia must ensure that its application remains within ethical (medical) and moral boundaries, in accordance with the Indonesian legal framework. Since there is no specific regulation on euthanasia, the procedures, requirements, and limitations must be clearly defined. Consideration of the legalization of euthanasia should be based on the fulfillment of the following conditions:

a. As a manifestation of respect for the patient's absolute right to autonomy in refusing care, treatment, or medical actions that are explicitly stated by the patient;
b. Oriented towards relieving the patient from the suffering of severe, unbearable pain;
c. The patient has no hope of recovery, as assessed based on the latest medical technology;
d. Not carried out on individuals with mental disorders or children under the age of 12 who are unable to express an opinion or make decisions regarding their health condition;
e. The euthanasia procedure is carried out by the attending physician and consulted with a designated team of doctors (experts/specialists) familiar with the patient's condition;

f. The decision to proceed with euthanasia is made by the patient and/or their family, based on a judge's ruling.

The urgency of an evidentiary mechanism in court for euthanasia lies in the consideration and justification of judges in making decisions that are fair, transparent, and closely monitored. The judge's *ratio decidendi* in rejecting or accepting an application for euthanasia determination provides strong justification for all parties involved in the act of euthanasia, including medical personnel, healthcare workers, patients, and their families. Therefore, through court decisions, the design of euthanasia practices must include appropriate legal protection mechanisms for all parties involved.

The opinion of Peter Singer, an Australian philosopher of bioethics, provides a strong perspective in support of considering both ethical and legal aspects in the context of euthanasia. Singer explains that respecting individual autonomy and allowing a person to control their own end is of utmost importance. However, he also emphasizes that such decisions should be carefully considered and take into account serious moral consequences. In terms of legality, Singer's view underscores the importance of clear and strict regulations governing the practice of euthanasia, as well as the need for legal protection for all parties involved (Singer, 2021). Singer's view on euthanasia makes it clear that both ethical and legal aspects of the practice must be carefully considered. Therefore, the establishment of clear legal rules in the form of special laws and regulations in the healthcare sector—where the implementation of euthanasia is tested through court decisions in Indonesia—can at least fulfill the precautionary principle as stated by Singer. Firm action should be taken if there is a violation of euthanasia practices, which should be addressed and treated as a criminal act. Criminal law policy aims at preventing crime, and it has two components: the penal system and the non-penal system (Halif, Azizah, & Ratrini, 2023).

D. CONCLUSION

Indonesia considers active euthanasia an illegal act in its laws and regulations, while passive euthanasia is not considered illegal in practice within the community. Whether euthanasia is legal or illegal depends on each country's determination of its regulations. For this reason, from legal, human rights, and medical perspectives, the author proposes the need to regulate euthanasia with strict provisions. Euthanasia should only be allowed under special conditions related to health reasons, based on the protection of and respect for the patient's autonomy, and must be submitted through a court examination mechanism. To ensure legal certainty and protection for doctors, patients, and/or their families, regulations related to euthanasia are necessary in the special provisions of the Health Law, as well as its implementing regulations.

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