

Research Article

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Author for correspondence: Dina Anggraini

✉ dinaanggrainiafda@gmail.com

✉ Mutiara Cendekia Foundation



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Legal Analysis of Euthanasia in Indonesian Medical Practice

Dina Anggraini

Mutiara Cendekia Foundation, Lubuklinggau

Abstract

The disconnect between formal science education and students' socio-cultural Euthanasia, or "mercy killing" remains a highly controversial issue globally, sparking complex legal, ethical, and social debates. This article presents a comprehensive legal analysis of euthanasia in the context of medical practice in Indonesia. This article examines the applicable Indonesian legal framework, including the Criminal Code (KUHP), health laws, and medical codes of ethics, to illustrate the current legal position of euthanasia. The analysis revealed that active euthanasia is strictly prohibited under Indonesian law, primarily seen as a criminal offense. Furthermore, this study explores the strong influence of religious and socio-cultural values that reinforce the sanctity of life, thus shaping legal and ethical norms that oppose such practices. While recognizing the principle of patient autonomy, the Indonesian legal system prioritizes the doctor's obligation to preserve life and a blanket legal prohibition against termination of life, even on request. This article also briefly mentions the development of palliative care as an alternative approach to end-of-life issues in Indonesia. It concluded that, despite ongoing global discussions, euthanasia remains legally unpermitted in Indonesia, with significant legal and ethical barriers to its acceptance.

1. Introduction

Euthanasia, derived from the Greek words 'eu' (good) and 'thanatos' (death), refers to the practice of intentionally ending life to relieve pain and suffering (Sulistomo & Hasan, 2021). Debates around its legality and morality span across a variety of jurisdictions, with some countries allowing it under strict conditions, while many others maintain strict bans. In Indonesia, a nation with a diverse cultural and religious landscape, the concept of euthanasia intersects with deep-rooted legal principles and societal values that emphasize the sanctity of life.

This article aims to critically analyze the legal status of euthanasia in medical practice in Indonesia. This article will examine relevant legislation, including the Criminal Code (KUHP), health-related laws, and the Indonesian Medical Code of Ethics (KODEKI). By examining this framework, this paper seeks to clarify the legal consequences for medical practitioners involved in euthanasia and to understand the basic principles that underpin Indonesia's attitude towards this complex issue.

To understand the legal implications, it is important to distinguish between the types of euthanasia. In general, euthanasia is categorized into: **Active Euthanasia:** Involves deliberate actions by a doctor or third party to end a patient's life, such as administering lethal injections. **Passive Euthanasia:** Involves the detention or termination of life support care, allowing the patient to die due to his or her underlying medical condition. **Voluntary Euthanasia:** Performed at the explicit request of a competent patient. **Non-Voluntary Euthanasia:** Performed when the patient is unable to give consent (e.g., in a coma), and a decision is made by a guardian or surrogate. **Forced (Involuntary):** Performed against the patient's wishes (universally condemned and considered murder).

This analysis will mainly focus on voluntary active euthanasia, as it is the most debated form in terms of patient autonomy and physician-assisted suicide.

2. Indonesian Legal Framework on Euthanasia

The Indonesian legal system does not explicitly allow euthanasia; Instead, some legal provisions effectively criminalize it.

Criminal Code:

The Criminal Code is the main legislation that regulates actions that result in loss of life. Some relevant articles: **Article 344 of the Criminal Code:** This article specifically regulates euthanasia on request. This article states: "Whoever takes the life of another person at the request of the person himself which is clearly stated with sincerity, shall be punished with imprisonment for a term of twelve years" (Republic of Indonesia, t.t.). This provision clearly criminalizes voluntary active euthanasia, regardless of the patient's consent or compassionate motives.

Article 338 of the Criminal Code (Ordinary Murder/Doodslag): "Whoever deliberately takes the life of another person, because he is guilty of murder, shall be sentenced to imprisonment for a maximum of fifteen years." This article can apply if the element of "clear and earnest request" in Article 344 cannot be proved.

Article 340 of the Criminal Code (Premeditated Murder/Moord): If there is a prior planning to end the patient's life, even for reasons of mercy, it has the potential to fall under this article, which carries a heavier punishment (death penalty, life imprisonment, or a maximum of twenty years).

Article 304 of the Criminal Code: "Whoever intentionally places or allows a person to be in a state of misery, even though according to the law applicable to him or by consent or according to custom he is obliged to give life, care or maintenance to that person, shall be punished with imprisonment for a term of two years and eight months or a fine..." Although more commonly associated with neglect, some interpretations may extend the principle to certain forms of passive euthanasia if it constitutes neglect (Pranata & Dewi, 2022).

Article 306 paragraph (2) of the Criminal Code: If the act mentioned in Article 304 results in death, the punishment is increased to a maximum of nine years.

Law No. 36 of 2009 concerning Health (Health Law):

The Health Law emphasizes the right of every individual to live a healthy life and receive health services. Article 32, for example, stipulates that in critical or emergency situations, medical personnel must prioritize saving the patient's life (Republic of Indonesia, 2009). Although this law regulates the rights of patients, including the right to information and consent (or refusal) to medical procedure, it does not provide any legal basis for euthanasia. The focus remains on preserving life and providing care (Wijaya & Setiawan, 2020).

Law No. 29 of 2004 concerning Medical Practice (Medical Practice Law):

This law outlines the obligations and responsibilities of medical practitioners. The core principle is the duty of physicians to act in the best interests of patients and to uphold the standards of the medical profession. Performing euthanasia would be contrary to the fundamental obligation to preserve life, potentially leading to disciplinary action or revocation of medical practice licenses, in addition to criminal prosecutions (Nasution, 2021).

Indonesian Medical Code of Ethics (KODEKI):

KODEKI explicitly states that a doctor must always protect human life. Article 7c of the KODEKI (2012 version) states that "A doctor must always remember the obligation to protect the life of human beings." Further, Article 9 states, "A physician in carrying out his medical work shall not be influenced by anything that results in the loss of professional freedom and independence." This implies a commitment to life-saving measures. The Indonesian Doctors Association (IDI) has consistently asserted that euthanasia is unethical and contrary to the principles of the medical profession (Putra & Adhitama, 2023).

3. Ethical Considerations and Community Values

The legal prohibition against euthanasia in Indonesia is strongly strengthened by the prevailing ethical and socio-cultural norms.

Sanctity of Life: Indonesian society, which is largely influenced by religious values (Islam, Christianity, Hinduism, Buddhism, Confucianism), upholds the principle of sanctity of life. Life is generally considered a divine gift, and only God has the authority to end it. This perspective forms a significant barrier to the acceptance of euthanasia (Hidayat, 2022).

Role of Doctor: The traditional role of a doctor is to heal and maintain life (beneficence and non-maleficence). Engaging in euthanasia would fundamentally change this role, potentially eroding public trust in the medical profession.

Patient Autonomy vs. Public Interest: Although patient autonomy is a recognized ethical principle, which allows individuals to choose the time and manner of their death, its application in the context of euthanasia is limited by Indonesian law, which prioritizes the protection of life as the higher public and moral interest.

Slippery Slope Argument: Concerns often arise that legalizing euthanasia, even under strict conditions, could lead to a "slippery slope," potentially extending to involuntary or forced euthanasia or being applied to vulnerable populations due to social pressures.

4. Emphasis on Palliative Care

In contrast to the ban on euthanasia, there is a growing recognition of the importance of palliative care in Indonesia. Palliative care aims to improve the quality of life of patients and their families who face problems related to life-threatening diseases, through the prevention and alleviation of suffering by means of early identification and perfect assessment and treatment of pain and other problems, both physical, psychosocial, and spiritual (World Health Organization). The development and integration of palliative care services is seen as a humane and ethical approach to managing suffering at the end of life, in line with legal and social values that prioritize compassionate care without inadvertently accelerating death (Sari et al., 2023).

5. Conclusion

The legal framework in Indonesia expressly prohibits active euthanasia. The Criminal Code, in particular Article 344, directly criminalizes the act of ending the life of a patient, even at their explicit request. This legal

stance is strongly supported by the Health Law, the Law on Medical Practice, and the Indonesian Code of Medical Ethics, all of which emphasize the obligation of doctors to maintain life. In addition, deeply rooted religious and socio-cultural values underscore the sanctity of life, creating a formidable ethical barrier to the acceptance of euthanasia.

Although the global discussion on euthanasia continues to grow, with some jurisdictions moving towards legalization, Indonesia maintains a firm position against it. The focus in Indonesia's healthcare system is increasingly on improving palliative care services to address the suffering of terminally ill patients, offering compassionate end-of-life care without resorting to intentionally shortening measures. For medical practitioners in Indonesia, compliance with existing legal and ethical prohibitions on euthanasia is paramount to avoid severe legal repercussions and uphold professional integrity. Future discourse in Indonesia is more likely to center on the expansion and quality of palliative care than the legalization of euthanasia.

Declarations

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