



## Reconstruction of Euthanasia Regulations by Medical Personnel Based on Dignified Justice

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### **Abstract**

Euthanasia by medical personnel in Indonesia is not yet systematically or specifically regulated, resulting in implementation that lacks dignified justice. Therefore, clear regulations based on the principle of dignified justice are urgently needed to guide euthanasia practices by medical personnel. The purpose of this study is to analyze and find out why the current regulation of euthanasia by medical personnel is not based on dignified justice, to analyze and find out what the weaknesses are in the current regulation of euthanasia by medical personnel and to analyze and find out how to reconstruct the regulation of euthanasia by medical personnel based on dignified justice. This study uses a constructivism paradigm with analytical descriptive research specifications, with sociological juridical methods, and with a qualitative research design. The types of data are primary, secondary and tertiary legal materials. Data collection methods include literature studies, observations, and interviews. Data are analyzed using qualitative analysis. The regulation of euthanasia by medical personnel in Indonesia is not yet based on dignified justice, with inconsistent implementation that fails to ensure legal certainty, justice, or public benefit. The main weakness lies in the absence of specific legal provisions, limited understanding of health law among law enforcers, and low public awareness of health law. This results in uneven law enforcement. To address these issues, it is necessary to reconstruct regulations by adopting international values from countries like the Netherlands, Malaysia, and the United States, along with national wisdom. Such regulation should aim to provide balanced protection for medical personnel, patients, families, and society as a whole. Reconstructing Article 192(1) of Law 17/2023 could create euthanasia regulations that ensure legal certainty, benefits, justice, and uphold human dignity in Indonesia.

**Keywords:** *Regulation; Euthanasia; Medical Personnel; Dignified Justice*

## Introduction

Euthanasia<sup>1</sup>, which in Greek is called *euthanatos*, comes from the word *eu* which means good and *thanasia* which means death. The literal meaning is the same as *good death or easy death*. Generally euthanasia is defined as the act of ending someone's life on the basis of pity because they suffer from illness, injury or helplessness that has no hope of recovery (*the mercy killing of the helplessly ill, injured or incapacitated*)

Euthanasia<sup>2</sup> can also be interpreted as a form of the process of ending the life of someone who is in a serious illness or severe condition. The termination of life in question is by using medical methods. Which easy and be humane. Euthanasia is action medically intentionally to shorten someone's life.

The topic of euthanasia<sup>3</sup> has generated much controversial debate, particularly regarding its legality. This is mainly due to the doctrine of the sanctity of life, which is a central tenet in many religions and is embedded in moral values. The underlying principle is that human life is sacred and demands respect, since all life comes from God and life can only be taken intentionally through due process of law. Thus, ending a person's life, even at their own request, is considered a criminal offence in many jurisdictions. Regardless of humanitarian motives, a physician who assists a patient in this act would be in breach of his strict medical duty and would be considered to have committed an unlawful act, subject to legal sanctions. Countries such as the UK, Australia, New Zealand and Turkey have explicit legal provisions prohibiting, in particular, active euthanasia, while countries such as the Netherlands, Belgium, Switzerland and certain states in the US have taken positive steps to legalise euthanasia in certain respects.

In Indonesia<sup>4</sup>, an attempt to apply for euthanasia occurred at the end of 2004, when Mrs. Again's husband applied for euthanasia to the South Jakarta District Court to end his wife's suffering, but the application was rejected by the court. The same thing was submitted by Rudi Hartono who submitted the same thing for his wife, Siti Zuleha.

Siti Julaeha<sup>5</sup>, a female patient who has been in a coma for a year. Siti Julaeha has been unconscious since undergoing a pregnancy operation at a hospital in East Jakarta. Her husband, Rudi Hartono, filed a request for euthanasia against his wife. According to Rudi Hartono, the decision to euthanize was a decision made by his extended family who could not bear to see his wife continue to suffer. This decision was further strengthened after he heard a statement from a doctor at Cipto Mangunkusumo Hospital who stated that his wife had experienced a vegetative state, and there was little hope for Siti Julaeha to recover. Another case is the case of Agian Isna Nauli, a patient in a coma due to stroke by her husband Panca Satriya Hasan, who filed a request for euthanasia against his wife at the Central Jakarta District Court. The reason for filing the euthanasia request was because of the inability and helplessness as a poor person to pay for his wife's treatment.

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<sup>1</sup>Sofwan Dahlan, *Health Law: Guidelines for the Medical Profession*, Diponegoro University Publishing Agency, 3rd edition, 2001, Semarang, pp. 135-136

<sup>2</sup> Slamet Sampurno Soewondi, Sharif Saddam Rivanie Parawans, and Ulil Amri, Concept Euthanasia in Various Country And The Update in Indonesia, *Media Iuris* Vol. 6 No. 2, June 2023p-ISSN: 2721-8384

<sup>3</sup> <https://pubmed.ncbi.nlm.nih.gov/30759949/>

<sup>4</sup>Muh. Amiruddin University, *Comparison of Euthanasia Implementation in Countries Adopting Continental European Legal System and Anglo Saxon Legal System* Islamic State University (Uin) Alauddin Makassar Email: [Udinktabrani@Yahoo.Co.Id](mailto:Udinktabrani@Yahoo.Co.Id) Jurisprudence | Volume 4 Number 1 June 2017

<sup>5</sup> implementation of euthanasia from the perspective of scholars and human rights sri warjiyati warjiyatisri@gmail.com uin sunan ampel jl. a. yani 117 surabaya, indonesia

In relation to the two cases above, it is worth noting that in formal legal terms in positive criminal law in Indonesia, only one form of euthanasia is recognized, namely euthanasia carried out at the request of the patient/victim himself (voluntary euthanasia) as explicitly regulated in Article 344 of the Criminal Code. Article 344 of the Criminal Code explicitly states: "Anyone who takes the life of another person at the request of that person himself which is clearly stated with sincerity shall be subject to a maximum imprisonment of twelve years". Based on the provisions of Article 344 of the Criminal Code, it is concluded that murder at the request of the victim is still subject to criminal penalties for the perpetrator. Thus, in the context of positive law in Indonesia, euthanasia is still considered a prohibited act.

Both cases above are conceptually qualified as non-voluntary euthanasia, but in terms of formal juridical (in the Criminal Code) these cases cannot be qualified as euthanasia as regulated in Article 344 of the Criminal Code. In terms of formal juridical qualifications (the most likely) for these two cases are ordinary murder as referred to in Article 338 of the Criminal Code, or premeditated murder as referred to. In Indonesia, euthanasia is indeed prohibited, especially for active euthanasia which can be punished with a maximum of 12 (twelve) years in prison. However, in practice it is not easy to ensnare the perpetrators of passive euthanasia which often occurs. Killing can be done legally. That is euthanasia, legal murder which is still controversial until now. <sup>6</sup>.

Euthanasia in the Netherlands <sup>7</sup>is basically an act that is prohibited based on Chapter 293 And Chapter 294 Criminal Code Dutch. However, there is exceptions for medical personnel or doctors who can exempt them from the practice of euthanasia. This is stated in Article 2 of *the Law Review of Life Termination and Life Termination* which stipulates that medical personnel or doctors are obliged to provide a report to the authorities regarding the decision to perform euthanasia. The requirements are as follows:

1. The request for euthanasia is a voluntary request and has been considered by the patient and his/her family;
2. The patient experienced unbearable suffering and was assessed as having no hope of survival;
3. Doctor Which handle patient moreover formerly must consult with patients about their medical situation and possibilities;
4. Doctor must own belief that patient Already No own choice other;
5. The existence of a written medical opinion from another independent doctor regarding the patient's condition;
6. Condition done seriously.

The Euthanasia Act was officially enacted in 2002, but the history of euthanasia recognition in the Netherlands has been a long and contentious process. The burial process in the Netherlands requires a death certificate or report made by a medical officer or doctor for every death that occurs. as Which set up in Chapter 2 Law Reviews of Life Termination and Life Termination. The report is then submitted to the Prosecutor to conduct a file study to determine the patient's status can be buried or cremated. In addition, based on the report, the doctor's status will also be determined whether the doctor is considered has do action Which oppose law and guilty on charges of criminal acts. In carrying out euthanasia must follow the procedures and long processes that are the provisions in the act of euthanasia.

In the Netherlands itself, there has only been one case that was decided by the Court and has binding force. law still namely Which known with Case Herring. Initially, a grandmother who

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<sup>6</sup>ibid

<sup>7</sup>Slamet Sampurno Soewondj, Sharif Saddam Rivanie Parawans, and Ulil Amri, Concept Euthanasia in Various Country and the Update in Indonesia, Media Iuris Vol. 6 No. 2, June 2023p-ISSN: 2721-8384

asked for euthanasia was rejected by the doctor and the commission. Next the grandmother and child his stepmother named Herring Then plan all over process euthanasia thoroughly by collecting information, drugs, and clinics that are specifically designed for this euthanasia process. When the appointed time has arrived, the euthanasia process is carried out and the death is very fast and painless. Heringa was then charged with Article 293 of the Dutch Criminal Code. Heringa then appealed on the grounds that he was in a desperate position and was in condition forced (*overpower*) with hope that Herring can forgive for his actions. In the Dutch Criminal Code the reason for forgiveness is related to forced circumstances set up in Chapter 40 Criminal Code Dutch. Herring to argue that obey the law is obligation in side other, however there is also obligation For helping her stepmother even though it was against the law. Helping her stepmother in carrying out euthanasia was help that her stepmother needed. However, the Judge Which inspect and to judge case This Then state that Article 2 in Constitution Euthanasia intended for for doctor and power medical and is not intended for ordinary people. Parties who can be forgiven based on the formulation Chapter 40 Criminal Code Dutch is doctor or power medical Which carry out euthanasia as long as the euthanasia process meets the requirements..<sup>8</sup>

Euthanasia in Islamic Law <sup>9</sup>, Islamic law highly respects human life. Therefore, Islam prohibits murder, let alone suicide. Islam recommends everyone to always think positively and be optimistic, especially in the face of disaster. Allah says in QS. AlAn'am verse 151: "And do not kill a soul which Allah has forbidden (killing) except for a just cause." The verse above explains the prohibition on killing. All types of killing are prohibited in Islam, including killing by euthanasia.

Based on the word of Allah in Surah Al-Mulk verse 2, it means: "The One who created death and life, so that He might test which of you has better deeds and He is the Mightiest, the Most Forgiving." 10 So the MUI in its review of the muzakarah held in June 1997 in Jakarta, the Fatwa Commission of the Indonesian Ulema Council (MUI) DKI Jakarta Province, in its meeting which took place on 20 Rabi' ats-Tsani 1422 AH coinciding with 12 July 2001 AD, discussed the euthanasia law. By relying on Allah SWT and asking for His blessing, after studying the matter from the Qur'an, as-Sunnah and the mu'tabar books, deliver the following fatwa: First, according to Islamic teachings, the law of euthanasia is haram, because the right to give life and death to humans is only in the hands of Allah SWT. As stated in Surah Al-Imran verse 156, which means: "Allah gives life and death. And Allah sees what you do.

Second, euthanasia is an act of suicide which is forbidden by Allah SWT as stated in Surah an-Nisa', verse 29, which means: "And do not kill yourselves, verily Allah is Most Merciful to you." Likewise, His word in Surah al-An'am, verse 151 means: "And do not kill a soul which Allah has forbidden (killing) but with something (cause) that is right."

Third, someone who deliberately commits suicide, even by euthanasia, will forever be a resident of hell. As Rasulullah SAW said in an authentic hadith narrated by Imam Bukhari from his friend Abu Hurairah ra as follows, "Whoever deliberately throws himself off a mountain to commit suicide and then dies, will later be placed in the hell of hell forever in a state of always throwing himself down. Whoever deliberately drinks poison to kill himself and then dies, will later be placed in the hell of hell forever in a state of drinking poison. And whoever deliberately commits suicide with iron then If he dies, he will be placed in hell forever in pain because of the iron thrust into his own body."

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<sup>8</sup>Ririn Novianti Putri, Comparison of Health Systems in Developing Countries and Developed Countries, Scientific Journal of Batanghari University Jambi, Volume 19, Number 1, February 2019, (Pages 139-146)

<sup>9</sup>Noer Azizah, Mila Rosyidah, Badrussholeh and Daman Huri, *Euthanasia Law according to Islamic Law and Comparative Indonesian Law Journal of Comparative Islamic Law and Thought* Volume 1, Number 2, December 2021

Fourth, a person who suffers from an illness, no matter how severe and even if there is no hope of being cured, is being tested by Allah, whether he is patient in facing the disaster or not. So is his family. Therefore, he should not ask the doctor or anyone else to hasten his death. The only thing that can be done is to pray to Allah, with the following prayer which means: "O Allah, give me life as long as life is better for me. And let me die as long as death is better for me". It can be concluded from the contents of the MUI Fatwa above, that euthanasia is an act of suicide. Logically based on the context of the development of science, euthanasia is not a problem because it is a consequence of the research and development process. Likewise, viewed from the perspective of humanitarian law, euthanasia seems to be an act that must be praised, namely helping fellow human beings to end their misery.

Regulation of Euthanasia in Malaysia<sup>10</sup>. The code of ethics and law in Malaysia is not fully developed in dealing with euthanasia issues. Although the Malaysian law contains provisions prohibiting active euthanasia, the legal position on passive euthanasia is still implied. In the absence of indicative legal provisions and judicial precedents governing the specific issues that arise, the Malaysian courts have practiced to refer to the relevant legal principles inherent in English cases. Since Islam is proclaimed as the official religion of the state, the Islamic perspective is also an important and influential factor in the development of the legal framework in Malaysia as a whole. Thus, there is a need for a clear and comprehensive regulatory framework governing the legality of euthanasia in Malaysia.

In Anglo-Saxon law countries such as America<sup>11</sup>, aggressive euthanasia is declared illegal in many states in America, even euthanasia is an act that violates the law. However, there is a state in America whose punishment explicitly allows terminal patients (patients who are no longer possible to be cured) to end their lives, namely the state of Oregon, which in 1997 legalized the possibility of euthanasia by enacting a law on a decent death. In this law there are several weaknesses, this euthanasia law only concerns assisted suicide, not euthanasia. The mandatory requirements are quite strict, where terminal patients aged 18 years and above may request assistance to commit suicide if they are expected to die within six months and this wish must be submitted up to 3 times, where 2 times verbally (with a 15-day interval between them) and once in writing (attended by 2 witnesses where one of the witnesses must not have a family relationship with the patient). The second doctor must confirm the diagnosis and prognosis and ensure that the patient is not mentally ill in making the decision. The law must also strictly regulate that the patient's decision to end his life must not affect the insurance he has, be it health, life or accident insurance or his retirement savings.

In Article 192 of Law Number 17 of 2023 concerning Health, it is mandated that; (1) The hospital is not legally responsible if the patient and/or his/her family refuses or stops treatment that could result in the patient's death after a comprehensive medical explanation. Meanwhile, in paragraph (2) it is mandated that the hospital cannot be sued for carrying out its duties in saving human lives.

Meanwhile, in Article 440 paragraph (1) it is mandated that every medical or health worker who is negligent resulting in a patient being seriously injured shall be punished with a maximum fine of Rp. 250,000,000.00 (two hundred million rupiah), while in paragraph (2) it is mandated that if the negligence as referred to in paragraph (1) results in death, every medical or health worker shall be punished with a maximum prison sentence of 5 (five) years or a maximum fine of Rp. 500,000,000.00 (five hundred million rupiah).

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<sup>10</sup> [Fadhlna Alias](#), [Mizan Muhammad](#), [Putri Nemie Jahn Kassim](#), *Legality of Euthanasia from Malaysian and Islamic Perspectives: An Overview of Medical Law*, September 2015;34(1):509-532

<sup>11</sup> Muh. Amiruddin Comparison of Euthanasia Implementation in Countries Adopting Continental European Legal System and Anglo Saxon Jurisprudentie | Volume 4 Number 1 June 2017, pages 98-100

Based on the background above, the author is interested in raising a discussion on this problem in the form of a dissertation research entitled Reconstruction of Regulation of Euthanasia Actions by Medical Personnel Based on Dignified Justice with the hope that this research can be useful and can increase legal knowledge, especially in the field of health law.

### **Research Methods**

The author in this study uses the constructivism paradigm (legal constructivism) to examine the diverse realities of community values in the Reconstruction of Euthanasia Regulation by Medical Personnel Based on Dignified Justice which sees the truth of a legal reality as relative. Legal reality is a plural reality that is diverse based on individual social experiences. According to the constructivism paradigm, the social reality observed by a person cannot be generalized to everyone, as is usually done by positivists. This reality is a human mental construction so that this study provides empathy and dialectical interaction between researchers and those being studied to reconstruct legal reality through qualitative methods.

Hermeneutical and dialectical methodology. The variable and personal (intramental) nature of social construction suggests that individual constructions can only be created and refined through interactions between and among researchers and respondents. These various constructions are interpreted using conventional hermeneutical techniques and compared and contrasted through dialectical exchange. The ultimate goal is to arrive at a consensus construction that is more mature and sophisticated than all previous constructions (including, of course, the researcher's ethical construction).<sup>12</sup>

Approach study Which di used in study This is study law sociological or normal called Socio - legal research research. In study This, law conceptualized as s u one symptoms of piris that he can die inside real life.

The type of research used in completing this dissertation is method study yuri d is d e sk r iptif analysis, namely research Which done with method research material pu s taka (da t a s secondary) or study law library, then described in the analysis <sup>13</sup>and discussion.

The types of data used are primary and secondary data. To obtain primary data, researchers refer to data or facts and legal cases obtained directly through field research including statements from respondents related to the research object and practices that can be seen and related to the research object. While secondary data is done by means of literature study. This secondary data is useful as a theoretical basis for the analysis of the main problems in this study.

Data collection is focused on what exists, so that this study does not deviate and is unclear in its discussion. This study uses primary data collection in the form of interviews, while secondary data collection uses *Library Research* (library study), namely data collection obtained from literature sources, scientific works, laws and regulations, other written sources related to the problem being studied as a theoretical basis.

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<sup>12</sup> Norman K. Denzin, Yvonna S. Lincoln, 2009, *Handbook of Qualitative Research*, translated by Dariyatno, Badrus Samsul Fata, Abi, John Rinaldi, Putaka Pelajar, Yogyakarta, p. 137.

<sup>13</sup>Ed iwarm an, 2010, Monograf, Me to dologi Legal Research, Meda: Program Postgraduate Univ. Muhammad madiyah Su m a t e r a North, Medan, Im. 2 4.

The data analysis method used is descriptive analysis, namely by paying attention to the facts in field practice which are then compared with the descriptions obtained from literature studies. From this analysis, the effectiveness of the legal system that is educational can be known.

## *Discussion*

### **1. Current Regulations on Euthanasia Actions by Medical Personnel**

The euthanasia application submitted by Berlin Silalahi (BS)<sup>14</sup> has actually been decided by the court. The euthanasia application was submitted by Berlin to the Banda Aceh District Court in May 2017. The applicant was a victim of the Aceh tsunami that occurred on December 24, 2004. Like a number of other victims, BS was placed in the Neuheun barracks, Mesjid Raya District, Aceh Besar Regency. For two years there, BS waited for decent housing assistance. He felt he had to end his life because the housing assistance promised by the government had not been provided so he had to move from one barrack to another for 2.5 years. In addition, he could not earn a living because he was paralyzed and chronically ill.

The long-awaited house has not been realized, BS was moved to another barrack in Gampong Tibang, Syiah Kuala sub-district. Here, BS with his wife and youngest child lived for 2.5 years. He was again moved to another barrack in Bakoy, Ingin Jaya sub-district, Aceh Besar. BS has lived in this barrack since 2009 until he applied for euthanasia.

The euthanasia application was submitted due to the illness suffered by BS since 2013. The man born in 1971 was paralyzed and could no longer earn a living for his family. His daily needs were largely assisted by the barracks residents. In addition to being paralyzed, BS suffered from chronic pain, bone inflammation infection, and asthma so that he could not do any activities. Medical treatment at the hospital and traditional medicine had been undergone but did not get better. The applicant's suffering became even more severe because the regional head ordered the forced demolition of the barracks where the applicant lived. That is why BS submitted a euthanasia application to the court. A statement letter from BS, a letter of consent from his wife, and a letter of consultation from a specialist doctor have been attached as evidence.

It turned out that BS's application was rejected by the court. In just two weeks, the sole judge had reached an agreement to 'reject the applicant's application'. The judge referred to Law No. 39 of 1999 concerning Human Rights, the Medical Code of Ethics, and Article 344 of the Criminal Code. In his considerations, the judge emphasized that he had an obligation to explore, follow, and understand the legal values and sense of justice that live in society, according to the mandate of Article 5 of Law No. 48 of 2009 concerning Judicial Power. In this regard, the judge not only looked at the laws and regulations, but also the Islamic law adhered to by the applicant, and local customary law.

Judge Ngatemin, who decided the petition, cited the view of the Indonesian Ulema Council that euthanasia is prohibited due to despair, and is not permitted in Islam. The judge then cited a number of verses of the Qur'an and Hadith which essentially prohibit suicide. "Considering that according to the religion embraced by the Applicant, namely Islam, despair in Islamic law is not permitted, as is the case with a disease that is being suffered by someone, so euthanasia should not be carried out in order to end suffering," among other considerations of the judge.

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<sup>14</sup> Hukum Online, [//www.hukumonline.com/berita/a/euthanasia-di-indonesia--masalah-hukum-dari-kisah-kisah-yang-tercatat-lt5dd4f5e2a4f7f/?page=all](http://www.hukumonline.com/berita/a/euthanasia-di-indonesia--masalah-hukum-dari-kisah-kisah-yang-tercatat-lt5dd4f5e2a4f7f/?page=all)

Even in customary law, death is considered God's destiny. Euthanasia by injection can be considered suicide. Suicide is an act that is prohibited in both custom and religion. From a positive legal perspective, there is also a prohibition on euthanasia, although the judge admitted that there is no regulation that specifically regulates euthanasia. Therefore, the judge was determined to reject BS's request.

In his consideration, the judge had time to 'nudge' the government. "If you look at and read the applicant's application, in essence the applicant expects the role of the government in this case the Aceh government towards the underprivileged community". The judge continued in his consideration: "so, from this case connected to the Aceh Government Law, it is hoped that the government's role will be better".

After that, the judge concluded that euthanasia is a wrong action for someone to do even with the reason to end suffering. Because, suffering can still be overcome with other efforts without having to do lethal injection or other euthanasia methods. The Human Rights Law, the panel emphasized, does not regulate the right to die. So, euthanasia is an action that is contrary to and violates the Human Rights Law.

BS's legal advisor from the Aceh People's Advocate Foundation, Safaruddin, explained that his client did not appeal the decision. After the euthanasia request was submitted, Social Service officers had come and provided assistance to his client. "Given a decent place," Safaruddin explained to *hukumonline*, Wednesday (11/20).

The judge rejected BS's application, referring to Law No. 39 of 1999 concerning Human Rights, the Code of Medical Ethics, and Article 344 of the Criminal Code. In his considerations, the judge hoped that the government could provide assistance to BS. After the judge's decision, Social Service officers came to provide assistance to BS.

## **2. Weaknesses of Current Regulations on Euthanasia Actions by Medical Personnel in Terms of Legal Substance**

### **a. Weaknesses in Legal Substantive Aspects**

The weakness of the legal substance aspect is that the legal substance contained in the positive legal provisions currently in force in Indonesia is still not concrete and there is no uniformity so that it is not based on dignified justice.

### **b. Weaknesses in Legal Structure Aspects**

The weakness of the legal structure aspect is the limited knowledge and understanding of law enforcement officers, especially those from the Indonesian National Police, in health law, so that their way of thinking and acting is still not in accordance with the provisions of health law and is not yet based on dignified justice.

### **c. Weaknesses of Legal Culture Aspects**

Weaknesses of the legal culture aspect, namely the legal culture in Indonesia is still thick with the culture of "ewuh pekuwuh", a culture of guarding people's feelings so that they do not dare to voice the truth even though injustice occurs everywhere. In addition, understanding and awareness of health law is still not high, so that a legal life, especially health law that is just and based on dignified justice, has not been created.

### **3. Reconstruction of Regulation of Euthanasia Action by Medical Personnel. Based on Dignified Justice**

#### **a. Regulation of Euthanasia Actions by Medical Personnel in Foreign Countries**

##### **1) Dutch**

The only exception is if the procedure is carried out by a doctor who has met six statutory precautionary criteria. These criteria are set out in the Termination of Life on Request and Assisted Suicide (Review Procedure) Act. The doctor is also required to notify the municipal pathologist.

The difference between termination of life on request and assisted suicide is that termination of life on request occurs when a doctor gives the substance to the patient. Assisted suicide occurs when a doctor gives the lethal substance to the patient who then swallows it.

Euthanasia Regulation in the Netherlands for minors. A child can apply for euthanasia from the age of 12. However, the following additional requirements apply, including; the child must be able to judge and understand what is best for them in their situation; if the child is 12-15 years old, euthanasia can only be carried out with the consent of the child's parents or guardians; if a child is 16 or 17 years old, the parents or guardians must be consulted in the decision-making process, but their consent is not required.

In the Netherlands, requests for euthanasia are made by way of an oral request. The patient does not need to make a written request for euthanasia. An oral request is sufficient. A patient who is competent to make decisions can draw up a written request for euthanasia, an 'advance directive'. An advance directive can replace an oral request for euthanasia if the patient is later unable to express his or her wishes regarding euthanasia (e.g. due to advanced dementia or reduced consciousness).

It is important for patients to explain in as much detail as possible the circumstances that led to their desire to end their life. It is the patient's responsibility to discuss their advance directive with their doctor when drafting or updating the document. The doctor must include this information in the patient's medical record. There is no prescribed format for an advance directive, and patients can write it in their own words.

##### **2) Malaysia**

Euthanasia regulations in Malaysia have a provision that patients should be able to make their own choices. Only patients truly know how they feel, and how the physical and emotional pain of prolonged illness and death affects their quality of life. Many who have witnessed the slow deaths of others believe that assisted dying should be allowed because the patients demonstrated a painless death. It is more humane to allow people who are in unbearable pain to be allowed to choose to end their suffering. It can help shorten the pain and suffering of loved ones. If a pet is suffering, euthanizing it is considered an act of kindness. Why should this kindness not be extended to humans?

One example of a case that happened in Malaysia<sup>15</sup>. A 75-year-old man had not left his bed for 5 years. He wanted to get up and walk in the park with his grandchildren - but his cancer would not allow it. He was completely dependent on his caregiver to change his diapers and pajamas before they became soaked with urine. His caregiver had to turn him every few hours to prevent bedsores.

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<sup>15</sup><https://eportfolio.utm.my/user/muhammad-aliemeen-farhan-bin-r/gsa-euthanasia>

Regarding passive euthanasia, such as the withdrawal of life support, Tharmaseelan added that it is only justifiable for brain-dead patients who are completely dependent on life support to stay alive. Because the patients have a low percentage of survival and return to normal life and also they experience a painful and prolonged death.

### 3) United States of America

Active euthanasia is illegal in all 50 states of the United States . The status of assisted suicide is disputed in Montana , although it is currently permitted under the Montana Supreme Court's ruling in *Baxter v. Montana* which stated "there is no Montana Supreme Court precedent or Montana law that [suggests] that physician assistance in dying is contrary to public policy."

Euthanasia advocacy in the US peaked again in the 1930s and declined sharply during and after World War II. Euthanasia efforts revived in the 1960s and 1970s, under the principles of the right to die, assisted dying by physicians in liberal bioethics, and through advance directives and do not resuscitate orders .

Several major court cases advanced the legal right of patients, or their guardians, to withdraw medical support with the expected outcome of death. These include the Karen Ann Quinlan case (1976), the Brophy and Nancy Cruzan cases . Recent years have seen the policy refined and redefined, as with *Washington v. Glucksberg* (1997) and the Terri Schiavo case . Many of the legislative decisions and legal precedents that emerged after the Quinlan case had their ethical basis in the landmark 1983 report completed by the President's Commission for the Study of Ethical Problems in Medicine, entitled "Deciding to Withdraw Life-Sustaining Treatment." <sup>[8]</sup> The Commission maintained in its findings that it was morally acceptable to withhold life-sustaining therapy and that withholding or withdrawing such therapy were ethically equivalent, while artificial feeding and other life-sustaining therapies were of equal importance to patients and physicians. Prior to this report, withholding medical therapy was considered a much more serious decision than not to initiate therapy at all, while artificial feeding was considered a special treatment. In 1990, just a decade and a half after the New Jersey Supreme Court's landmark decision, patients were well aware that they could refuse any form of medical therapy if they chose to do so directly or by expressing their wishes through a designated representative.

#### **b. Reconstruction of Regulatory Values of Health Service Promotion by Medical Personnel and/or Health Personnel Based on Dignified Justice**

Reconstruction of the value of International wisdom as it exists in the Netherlands, Malaysia, and the United States, as well as national wisdom, the value of justice. Regulation of health service promotion by medical personnel is to provide protection and law enforcement that humanizes medical personnel who carry out euthanasia, patients and their families who are affected by euthanasia by medical personnel and the community in general.

#### **c. Reconstruction of Regulatory Norms for Promotion of Health Services by Medical Personnel and/or Health Workers Based on Dignified Justice**

Reconstruction Regulation of euthanasia by medical personnel needs to be done because, as has happened in the Implementation of regulations, cases related to the implementation of euthanasia regulations by medical personnel are not easy to obtain a resolution that is considered fair for medical personnel who carry out euthanasia. Likewise, for the community affected by euthanasia actions carried out by medical personnel, they must also feel disadvantaged or feel the injustice that occurs. Moreover, if the euthanasia action is irresponsible and does not comply with the rules / provisions of the laws and regulations, it is directly related to themselves. Of course, the general public who are not directly related to euthanasia actions by medical personnel also feel the injustice that occurs, as if the euthanasia action is

irresponsible and does not comply with the rules / provisions of the laws and regulations, it seems to have no meaning for the law in Indonesia today. Whereas in Article 28 letter D of the Constitution of the Republic of Indonesia it is mandated that Everyone has the right to recognition, guarantees, protection, and certainty of fair law and equal treatment before the law.

Therefore, according to the author, there needs to be concrete regulation of euthanasia actions by medical personnel that can guarantee the legal system in Indonesia runs well, effectively and efficiently in accordance with the principle of dignified justice.

**Table 1: Reconstruction of Article 192 paragraph (1) of Law Number 17 of 2023 concerning Health**

<b>Reconstruction of Article 192 paragraph (1) of Law Number 17 of 2023 concerning Health</b>		
<b>Before Reconstruction</b>	<b>Weakness</b>	<b>After Reconstruction</b>
The Hospital is not legally responsible if the patient and/or his/her family refuses or stops treatment that could result in the patient's death after a comprehensive medical explanation has been provided.	Article 192 paragraph (1) before reconstruction, the Hospital is not legally responsible if the patient and/or his/her family refuses or stops treatment which could result in the patient's death after a comprehensive medical explanation has been provided. In this paragraph, the legal subject is unclear and does not protect medical personnel who carry out their professional work in euthanasia.	(1) The Head of the Hospital and the medical staff responsible for services are also legally responsible if the Hospital stops treatment which could result in the patient's death.  2) The Head of the Hospital and the medical staff responsible for the service are not legally responsible if the patient and/or his/her family refuses or stops treatment which could result in the patient's death after a comprehensive medical explanation has been provided.

**Conclusion**

The regulation of euthanasia actions by medical personnel in positive law in Indonesia that currently applies includes; Regulation of euthanasia actions by medical personnel according to Law Number 29 of 2004 concerning Medical Practice, Regulation of euthanasia actions by medical personnel according to Law Number 36 of 2009 concerning Health, Regulation of euthanasia actions by medical personnel according to Law Number 36 of 2014 concerning Health Personnel, Regulation of euthanasia actions by medical personnel according to Law Number 17 of 2023 concerning Health, Regulation of euthanasia actions by medical personnel according to Government Regulation Number 28 of 2024 concerning Implementing Rules of Law Number 17 of 2023 concerning Health, and Regulation of euthanasia actions by medical personnel according to the Indonesian Code of Medical Ethics. Indonesia is not yet based on dignified justice. Implementation of Regulation of euthanasia actions by medical personnel in the jurisdiction of the Central Java and South Sulawesi Regional Police today as the results of interviews and observations that have been carried out. Implementation of Regulation of euthanasia actions by medical personnel in Indonesia today as seen in the case of a dentist who did a promotion in Semarang, in the case of a midwife who tiktoked while helping with childbirth, and the case of a young doctor who tiktoked while helping with childbirth, the value of justice, benefits and legal certainty have not been felt. The weakness of Regulation of euthanasia actions by medical personnel in Indonesia at this

time from the legal substance, namely, the legal substance in the provisions of positive law that apply in Indonesia today is still not concrete and there is no uniformity so that it is not based on dignified justice. The weakness of Regulation of euthanasia actions by medical personnel at this time from the legal structure is that the knowledge and understanding of law enforcement officers, especially those from the Republic of Indonesia National Police in health law is still limited so that the way of thinking and acting is still not in accordance with the provisions of health law so that it is not based on dignified justice. The weakness of the regulation of euthanasia by medical personnel in Indonesia today from the legal culture, namely, the legal culture in Indonesia is still thick with the culture of "ewuh pekuwuh", a culture of protecting people's feelings so that they do not dare to voice the truth even though injustice occurs everywhere. In addition, understanding and awareness of health law are still not high, so that a legal life has not been created, especially health law that is just and dignified. Reconstruction of the value of International wisdom as in the Netherlands, Malaysia, and the United States, as well as national wisdom, the value of justice Regulation of health service promotion by medical personnel is to provide protection and law enforcement that humanizes humans to medical personnel who carry out euthanasia, patients and their families who are affected by euthanasia by medical personnel and the community in general. Reconstruction of the legal norm of Article 192 paragraph (1) of Law Number 17 of 2023 concerning Health can produce Regulation of euthanasia by medical personnel in Indonesia today that humanizes humans from the perspective of justice. legal certainty, and from the perspective of legal benefits.

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