
LEGAL ANALYSIS OF EUTHANASIA IN INDONESIA: PERSPECTIVES OF MEDICAL ETHICS AND THE NEED FOR REGULATION

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ABSTRACT

Euthanasia is a highly controversial issue in Indonesia, related to the fundamental principle of the non-derogable right to life. This study aims to examine the key legal issues and the regulatory ambiguity concerning euthanasia from the perspective of medical ethics and the urgent need for regulation. The study highlights that the absence of a clear legal framework results in legal uncertainty for medical practitioners and patients seeking the right to end their suffering voluntarily. This research employs a normative juridical method to analyze the regulatory framework in Indonesia and compare it with countries that have legalized euthanasia. The study highlights the need for a comprehensive legal framework to ensure legal certainty, protect medical professionals, and uphold patients' rights while balancing the right to life and dignified death in line with Indonesia's social and cultural norms.

KEYWORDS *Euthanasia Law, Human Rights, Legal Reform, End-of-Life Decision-Making*



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INTRODUCTION

Euthanasia, or often referred to as "*mercy killing*," is a very complex and controversial issue in the realm of law and medicine. The practice of euthanasia generally refers to the act of ending a person's life with the intention of reducing uncontrollable suffering, especially in patients who are in terminal condition. Although this practice has been regulated and implemented in several countries, such as the Netherlands and Belgium, in Indonesia euthanasia is still a topic that triggers fierce debates both from the perspective of law, medical ethics, and human

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rights. The lack of clarity in the regulations governing euthanasia creates a gap in the legal system, resulting in uncertainty for medical personnel and patients (Hartawan et al., 2020). In this context, this study seeks to analyze the legal issues arising from the absence of specific regulations regarding euthanasia in Indonesia, as well as the urgency of establishing a comprehensive legal framework to ensure legal certainty.

Euthanasia can be defined as a death that is consciously chosen to end suffering. In medical terminology, euthanasia is often associated with *physician-assisted death*, *assisted suicide*, or *elective death* (Zhang, 2017). (Doering, 1994; Doerflinger, 1989) From a philosophical perspective, euthanasia is associated with the right to death which is recognized in several legal systems in the world, especially countries that have continental legal systems such as the Netherlands and Belgium (Amiruddin, 2017). This right to die is closely related to the concept of individual autonomy and free will in self-determination. John Stuart Mill (1859), in his book "*On Liberty*" emphasized the importance of individual freedom as long as it did not harm others, and this concept is often the basis of arguments in favor of euthanasia (Cholbi, 2015).

The debate on euthanasia is inseparable from the development of international law, medical ethics, and human rights. In various countries, regulations regarding euthanasia are formulated by considering various aspects, ranging from the patient's medical condition, the principle of individual autonomy, to ethical and moral considerations. Countries such as the Netherlands and Belgium have legalized euthanasia by implementing strict oversight to ensure that the practice is in line with ethical principles. In the Netherlands, for example, the regulation on euthanasia includes very detailed procedures, such as assessments by several independent doctors to ensure that the patient's decision is made voluntarily and based on a medical condition that does not allow for recovery. Similarly in Belgium, strict procedures are in place to ensure that euthanasia is not abused and carried out with dignity. Consultation with a mental health professional is also necessary if there is any doubt about the patient's mental capacity to make decisions (Krisnalita, 2022).

In addition to the Netherlands and Belgium, several other countries such as Switzerland and Canada have also allowed euthanasia with very strict conditions. In Switzerland, euthanasia is better known as assisted suicide, where the patient can receive help to end his or her own life, without the direct involvement of the doctor in administering the lethal dose. Meanwhile, in Canada, euthanasia is known as *medical assistance in dying* (MAID) which was legalized in 2016 (Hartawan et al., 2020). In practice, euthanasia decisions in these countries are taken with regard to clear ethical principles, patient well-being, and ensuring that the patient's decisions are not influenced by pressure from other parties.

The Netherlands was the first country to officially legalize euthanasia in 2001 through the "*Wet toetsing levensbeëindiging op verzoek en hulp bij zelfdoding*," known as the Dutch Termination of Life on Request and Assisted Suicide (Review Procedures) Act. including assessments by independent physicians and reports to regional review committees (Government of the Netherlands, 2024).

In Germany, regulations on euthanasia were regulated by the Federal Constitutional Court in 2020, which struck down a law banning organized "assisted suicide". The court affirmed that the right to determine life and death is included in the basic right of personal freedom, including the right to voluntarily ask for the help of others to end his life. However, this regulation does not legalize active euthanasia, and doctors are still allowed to refuse involvement in the procedure with the right of moral objection (Wiesing, 2022).

France has a fairly cautious approach to euthanasia. French law currently does not legalize active euthanasia but allows terminal patients to stop treatment and receive palliative sedation until death occurs. In 2023, a new draft law on death assistance is being considered, but President Emmanuel Macron slowed down the process and there is still debate over whether euthanasia will be allowed under certain circumstances (Biedermann, 2023).

In Japan, until now there is no special regulation related to euthanasia or voluntary assisted dying (VAD). Discussions on the VAD have been brought to parliament several times, but have met with strong resistance. There have been cases where euthanasia has been carried out illegally, but discussions to regulate this practice have only begun in recent years with reference to the Voluntary Assisted Dying Act of Victoria, Australia, which is considered a conservative and safe policy for the implementation of euthanasia (Asai et al., 2023).

South Korea has adopted the Life-Sustaining Treatment Decision-Making Act in 2018, which allows terminal patients to refuse medical treatment aimed at prolonging life. However, the practice of active euthanasia remains prohibited, and discussions about the legalization of euthanasia or assisted suicide are still ongoing with significant rejection among the public and legislature (Yun et al., 2022).

In Indonesia, euthanasia is still considered contrary to the principle of the right to life which cannot be reduced under any conditions, as stipulated in Article 28A and Article 28I paragraph (1) of the 1945 Constitution and Article 9 paragraph (1) of Law Number 39 of 1999 concerning Human Rights (Hartawan et al., 2020). This law affirms the right of every individual to sustain his or her life and improve his or her standard of living. The absence of special regulations regarding euthanasia in Indonesia causes this act to be subject to criminal articles based on the Criminal Code (KUHP), including Articles 344 and 338 (Huda et al., 2024).

In European countries such as the Netherlands and Germany, euthanasia regulations are strictly regulated through laws that provide protection to patients and medical personnel (Emanuel, 2023). Similarly, in France, although regulations regarding active euthanasia have not been fully legalized, the patient's right to refuse treatment and receive palliative sedation has been recognized. These countries show a respect for patient autonomy, with procedures that guarantee that the decision to end life is a carefully considered personal decision without coercion (Spurgeon, 2024).

In Japan and South Korea, regulations related to euthanasia do not exist or are still in a strong discussion stage at the public and legislative levels. Both countries, such as Indonesia, have strong cultural backgrounds and social values that influence the debate about euthanasia. In this context, in Indonesia and several other Asian countries, cultural and religious norms play a major role in shaping

public opinion regarding euthanasia, in contrast to countries in Europe which tend to be more secular and prioritize the right to individual autonomy.

Article 344 and Article 304 of the Criminal Code (KUHP) are two articles that are often used to categorize the act of euthanasia as a criminal act against life. Article 344 of the Criminal Code regulates the criminal penalty for a person who deliberately takes the life of another person at the request of that person, while Article 304 of the Criminal Code regulates negligence in providing assistance that can cause death (Huda et al., 2024). In addition, Articles 338, 340, and 345 of the Criminal Code are also often associated with the issue of euthanasia because it relates to the crime of murder and actions that cause the loss of a person's life (Dhamayanti & Nurmawati, 2024). According to Cut Megawati and Zul Aidy (2019), the act of euthanasia is often based on compassion for patients who are experiencing unbearable suffering. Therefore, it is necessary to consider a more humane approach in regulating euthanasia. This more humane approach is in line with the principles of bioethics, especially the principle of beneficence, which emphasizes that medical measures must be taken for the good of the patient and reduce suffering. Current regulations do not provide sufficient legal certainty to accommodate situations where euthanasia is carried out on humanitarian grounds and at the request of the patient himself. Therefore, a clear and appropriate legal framework is needed that can provide protection for medical personnel and respect the rights of patients.

Regulatory Uncertainty in Indonesia and Its Impact

According to Siregar (2021), the legal dilemmas faced by medical personnel in the context of euthanasia are very complex because the lack of clarity in regulations not only threatens their professional freedom but also presents serious criminal risks. Siregar emphasized that, without a strong legal basis, medical personnel risk being considered criminal offenses even if they act on the mercy and desire of the patient to end his suffering. This puts doctors in a situation where they have to choose between following their conscience or obeying the existing rule of law, which is often contrary to the humanitarian needs of the patient (Atriani & Yulianto, 2023).

Furthermore, the challenges faced by medical personnel in euthanasia cases are not only related to criminal law aspects, but also psychological and emotional aspects. Medical personnel, especially doctors, often have to deal with patients and families who face terminal situations with very limited expectations. Pressure from the family, compassion for the patient's suffering, and the desire to respect the patient's autonomy are challenges that doctors must face in their daily practice. When clear regulation is not available, doctors are often faced with a difficult choice between carrying out their professional obligations to sustain life and respecting the wishes of patients who want to end their suffering. According to Beauchamp and Childress (2013), the criteria for euthanasia must consider four main bioethical principles, namely autonomy, beneficence, non-maleficence, and justice. The principle of autonomy emphasizes the importance of respecting patients' decisions regarding the end of their own lives. The principle of beneficence requires that the action be taken for the good of the patient, while the principle of non-maleficence ensures that the act does not cause unnecessary harm. The principle of justice

demands that all patients be treated equally and with regard to their specific needs. In a social context, euthanasia is also influenced by social constructions regarding death and suffering. In Indonesia, death is often considered a divine destiny that must be accepted with resignation. This view is supported by strong religious values, especially in a society that is majority Muslim. In the Islamic view, life and death are God's prerogative, and man has no right to end his own life or the life of others (Flora, 2022). Therefore, euthanasia is considered an act that is contrary to the prevailing religious teachings and morality.

In addition to the criminal law aspect, the absence of regulations regarding euthanasia also has an impact on the civil law aspect, especially related to informed consent. Informed consent, which is supposed to be a legal protection for doctors in providing medical care, also cannot provide sufficient protection in cases of euthanasia. Article 1320 of the Civil Code regulates the conditions for the validity of an agreement, and in the context of euthanasia, these conditions often cannot be met. For example, in the case of terminal patients who request euthanasia, the agreement agreed between the patient and the doctor is not recognized by law because it is not in accordance with existing regulations. Essentially, informed consent gives patients the right to determine the treatment they want, including the right to refuse medical treatment. However, in the context of euthanasia, the patient's right to end his or her own life is not recognized by Indonesian law, which means that the doctor who carries out the patient's request may be considered unlawful (Atriani & Yulianto, 2023). This not only creates legal uncertainty for medical personnel, but also creates injustice for patients who want to end their suffering voluntarily and with dignity. According to Rahayu (2023), doctors who are faced with requests for euthanasia from patients experience a major dilemma due to the absence of a legal basis that protects them. Rahayu stressed that the absence of specific regulations puts doctors in high-risk situations, where they can be subject to criminal sanctions even if they act out of compassion and in accordance with the patient's desire to end his suffering. This results in uncertainty and uncertainty in clinical decision-making (Sofyant et al., 2022).

The regulation of euthanasia in Indonesia's positive law is very different from countries that have legalized this practice. In the Netherlands, euthanasia has been legalized since 2001 through the Wet van of April 12, 2001, which regulates the procedure for voluntarily ending life with an exemption from the criminal provisions. This regulation regulates strict procedures to ensure that patient decisions are made voluntarily and based on medical conditions that cannot be cured (Juwanda & Mahfud, 2019). The procedure involves the assessment of several independent doctors to ensure that the patient's decision is completely free from external pressure and is carried out on a humanitarian basis.

From the perspective of human rights (HAM), euthanasia is also considered contrary to the right to life guaranteed in Article 28A and Article 28I paragraph (1) of the 1945 Constitution, as well as in Law Number 39 of 1999 concerning Human Rights. The right to life is a fundamental right that cannot be reduced under any circumstances, and therefore euthanasia is considered a violation of this right (Hartawan et al., 2020). In addition, in the context of international law, the Declaration of Human Rights and the International Covenant on Civil and Political

Rights affirm that euthanasia is contrary to the right to life, while the right to die is not explicitly recognized (Huda et al., 2024). This raises questions about how the patient's right to determine his or her own end of life can be considered within the framework of applicable human rights law, especially when the patient is experiencing tremendous physical suffering and there is no hope of recovery.

However, on the other hand, some countries that have legalized euthanasia, such as the Netherlands and Belgium, argue that the right to die with dignity is also part of human rights. (add expert opinions from the Netherlands and Belgium). These countries argue that intolerable and untreatable suffering should provide a basis for patients to have control over the end of their lives. In the regulations implemented, these countries have designed strict and transparent procedures to ensure that the patient's decision is truly based on personal will that is free from external pressure, and that the patient's medical condition does not give hope of recovery. This kind of regulation includes independent medical evaluations and consultations with mental health professionals, who ensure that the patient understands the consequences of his or her decisions and that the decision is made consciously. The establishment of such regulations provides protection for both patients and medical personnel, as well as reduces the risk of abuse of euthanasia practices (Isnawan, 2016).

The debate about euthanasia in Indonesia does not only revolve around legal and medical ethical aspects, but is also related to strong religious and cultural values in society. Indonesian society in general still views life as a gift from God that must be maintained, and human intervention to end life is often considered contrary to the religious and moral values adhered to. In the Islamic religious tradition, for example, life and death are considered destiny under God's power, so the act of euthanasia is considered unjustified. This is in contrast to the view in some European countries, where societies tend to be more secular and place individual autonomy above religious considerations. Therefore, the establishment of regulations on euthanasia in Indonesia needs to take into account the views of the community and applicable cultural norms, and involve various stakeholders, including medical circles, legal experts, religious leaders, and the general public. This inclusive dialogue is important to ensure that the regulations that are formed later will not only provide legal certainty, but can also be accepted and obeyed by the wider community (Wijaya et al., 2022).

It is also important to compare the approach used in euthanasia regulation in other countries with the conditions in Indonesia. For example, in the Netherlands, the law on euthanasia clearly regulates the conditions that must be met by patients who wish to undergo euthanasia, including the evaluation of several independent doctors to ensure that the patient is in a terminal condition and that his decision is made without coercion. These rigorous procedures are designed to protect patients and ensure that decisions are made based on free will and a thorough understanding of the consequences of such actions. In Indonesia, there is no clear procedure on this matter, thus creating uncertainty for medical personnel who want to provide the best service for their patients. Therefore, the regulations that will be established in Indonesia need to include clear guidelines on the procedures that must be followed by medical personnel, including the conditions that must be met by patients who

wish to apply for euthanasia, as well as monitoring mechanisms to ensure that the euthanasia decision is truly in accordance with the patient's wishes and does not involve pressure from any party (Wang et al., 2022).

The selection of the Netherlands and Japan as a comparison with Indonesia is based on a significant contrast in the approach to euthanasia. The Netherlands was chosen because it was the first country to comprehensively legalize euthanasia and provide a strict legal framework, which allows legal protection for medical personnel and upholds patient autonomy. On the other hand, Japan was chosen because it has a significantly different cultural background from the Netherlands and Indonesia. Japan has very strong social values, influenced by religious teachings and traditions, which oppose the practice of euthanasia, so there are no specific regulations related to euthanasia. This provides a concrete perspective on the influence of culture and tradition on euthanasia regulations. The comparison also includes Switzerland, where euthanasia and assisted suicide have been legalized in a very strict context. In Switzerland, euthanasia is regulated under Article 115 of the Swiss Penal Code, which allows assisted suicide as long as it is not committed on the basis of selfish motives. This process is closely monitored to ensure that patients who opt for euthanasia actually do so voluntarily without any external pressure. Additionally, it is important to note that no country in Asia has officially legalized euthanasia, including Japan, South Korea, and other Asian countries. This shows that countries in Asia in general are still heavily influenced by cultural norms, traditions, and religions that oppose these practices. Switzerland was chosen because it provides additional perspectives on how euthanasia regulation can be applied with different approaches, especially in the context of strict control and legal protection against potential abuse. This comparison provides contrasting perspectives and shows how cultural, legal, and social factors affect the acceptance and regulation of euthanasia in each country.

The regulation of euthanasia in the Netherlands, Japan, Switzerland, and Indonesia shows fundamental differences that reflect different cultures, social values, and legal approaches in each country. In the Netherlands, euthanasia has been legalized since 2001 through "Wet toetsing levensbeëindiging op verzoek en hulp bij zelfdoding." The Act provides a comprehensive and detailed legal framework, which includes assessment procedures by independent physicians as well as review committees to ensure that patient decisions are made voluntarily and with appropriate medical reasons. This regulation provides legal protection for medical personnel who perform euthanasia in accordance with the law, and emphasizes the importance of patient autonomy to determine the end of their life freely and transparently (Emanuel, 2023).

In Japan, until now there is no specific regulation regulating euthanasia or VAD. Despite discussions regarding VAD, strong resistance from the public and the legislature hindered the formation of regulations. Cases of euthanasia in Japan often occur illegally without legal protection for patients and medical personnel. Japanese culture, which highly values life as something sacred, influences the attitude of the public and the government in dealing with this issue, so the legalization of euthanasia becomes difficult to implement (Asai et al., 2023).

Indonesia also does not have specific regulations related to euthanasia, and this action is considered unlawful under the Criminal Code (KUHP), such as Articles 344 and 338 (Siregara, 2020). The right to life is considered a fundamental right that cannot be reduced under any conditions, as stipulated in the 1945 Constitution and Law Number 39 of 1999 concerning Human Rights (Disurya, 2024). The absence of this regulation puts medical personnel in a vulnerable position and faces criminal risks if they are involved in euthanasia cases, even though they act on the basis of compassion and the patient's request to end his suffering.

Overall, the Netherlands has a more progressive legal framework compared to Japan, Switzerland, and Indonesia when it comes to euthanasia. In Switzerland, *euthanasia and assisted suicide* are legalized with strict supervision to ensure that there is no abuse of these practices, especially in protecting the patient's autonomy and avoiding external pressure. Meanwhile, Japan and Indonesia are still heavily influenced by strong cultural and religious norms, which hinder the legalization of euthanasia. The Netherlands provides legal protection for medical personnel and the right to autonomy for patients, while Japan and Indonesia are still heavily influenced by strong cultural and religious norms, which hinder the legalization of euthanasia. This shows that cultural, social, and legal contexts greatly influence the acceptance and regulation of euthanasia in each country.

As a writer, I am of the opinion that the dilemma related to euthanasia in Indonesia is very complex and involves various dimensions, both from legal, ethical, and social aspects. The current regulatory uncertainty creates a difficult situation for medical personnel and patients. I believe that a more humane approach should be taken, taking into account the patient's right to determine his or her own end of life, but still accompanied by strict legal supervision to protect medical personnel from unnecessary criminal risks. The establishment of comprehensive regulations is a must to accommodate various perspectives and provide legal certainty, so that all parties involved can go through this process with a sense of security and respect.

Overall, the issue of euthanasia in Indonesia requires special attention from various related parties. Both in terms of law, medical ethics, human rights, and religious and cultural considerations, all of these aspects need to be considered thoroughly in formulating regulations that can accommodate the interests of all parties. Clear and comprehensive regulations are essential to provide legal certainty for medical personnel, provide protection for patients, and ensure that decisions to perform euthanasia are made based on careful consideration, without pressure, and with respect for human dignity. With clear regulations, it is hoped that medical personnel can carry out their duties more calmly and without worrying about legal implications, while patients who suffer can gain the right to end their suffering in a dignified manner and in accordance with their personal wishes. Comprehensive regulations can also reduce the psychological burden on patients and their families, as well as ensure that the practice of euthanasia is carried out responsibly and in accordance with high standards of medical ethics (Rahmatullah & Michael, 2024).

Thus, the establishment of regulations regarding euthanasia in Indonesia is not only important to provide legal certainty and protect the rights of patients, but

also to ensure that decisions made by patients and medical personnel are based on clear humanitarian, ethical, and legal principles. This requires cooperation from various parties, including the government, medical professional organizations, legal experts, religious leaders, and the wider community, in order to create a legal framework that is fair and acceptable to all parties. Good regulation will not only provide legal certainty, but can also serve as an ethical guide for medical personnel in dealing with complex moral dilemmas related to the end of human life.

RESEARCH METHODS

This study uses a normative legal research method that was chosen because the main focus is the analysis of laws and regulations in Indonesia related to euthanasia, as well as comparison with regulations in other countries. This normative approach is considered relevant given the urgency to explore in depth the legal aspects in the context of the current legal vacuum.

This study has significance because of the unclear regulations regarding euthanasia in Indonesia which poses ethical and legal dilemmas for medical practitioners and patients, especially patients in the terminal stage. This regulatory vacuum creates legal vulnerabilities for medical personnel and patients' families, which ultimately has the potential to hinder sound and dignified decision-making. This research aims to build a solid argument for the formation of regulations that integrate medical ethics and legal considerations.

To strengthen the argument regarding the urgency of regulatory needs, this study also applies a comparative method by analyzing regulations in countries that have explicitly regulated euthanasia. This comparative analysis is expected to provide a broader perspective on an effective legal framework that is responsive to the needs of the community. In addition, philosophical analysis is used to delve into the dimensions of medical ethics, which aims to provide a more comprehensive understanding of the moral dilemmas that arise in the practice of euthanasia.

This research is expected to be able to make a significant contribution to academic and practical discourse related to euthanasia regulation in Indonesia, by offering a perspective that considers the balance between legal and medical ethics aspects. The final conclusion is expected to produce concrete recommendations related to the formation of comprehensive regulations, which not only consider legal aspects but also respect the rights of patients as well as the moral responsibility of medical personnel in the implementation of euthanasia.

Results and Discussion

Current Conditions of Euthanasia in Various Countries

The legality of euthanasia in different countries shows significant variation, influenced by the applicable legal framework, social norms, and ethical perspectives. In the Netherlands, euthanasia and assisted suicide have been legalized for more than two decades and are used as a global model, although it still faces controversy, especially in Germany, which is still affected by a dark past that has hindered legalization (Schürmann, 2024). Studies in the Netherlands show that the practice of euthanasia is only allowed if the patient's request is made consciously and sincerely, and there is no prospect of improvement in the medical condition

(Government of the Netherlands, 2024). These rigorous standards demonstrate efforts to protect patients' rights, as well as the importance of balancing ethical and legal aspects.

In France, on the other hand, uncertainty in the implementation of euthanasia regulations is still ongoing. Although a bill related to medical assistance in death has been introduced, political debate as well as ethical concerns have hindered further progress (Biedermann, 2023). This situation reflects how difficult it is to reach a national consensus on the issue of euthanasia, especially because there is strong opposition from churches and conservative groups who oppose legalization.

As a specialist who understands the clinical impact of terminal patient suffering, the author sees that the approach of countries such as the Netherlands that impose strict standards in the implementation of euthanasia can be an example to adapt, noting that adjustments to local norms and values are still needed. This regulation must be seen as an effort to protect the rights of patients while maintaining the integrity of the medical profession.

Medical Ethical Approach to Euthanasia

In the context of medical ethics, euthanasia remains the subject of complex debate. In South Korea, the survey showed that a majority of respondents supported the legalization of euthanasia, citing the right to die with dignity and avoiding meaningless suffering (Yun et al., 2022). This view is in line with the principle of patient autonomy which respects the right of the individual to determine his or her fate, including in situations of unbearable suffering. However, the rejection of euthanasia is also quite significant on the grounds of respect for life and the risk of abuse (Bouvet et al., 2015).

As a medical practitioner, the author understands the dilemma faced by doctors when it comes to deciding whether or not euthanasia should be performed. On the one hand, there is an obligation to preserve the patient's life in accordance with the Hippocratic Oath, but on the other hand, there is consideration to alleviate suffering that there is no hope of overcoming. Therefore, a clear ethical framework is needed to assist doctors in making decisions based on strong medical and legal principles.

In Germany, the Federal Constitutional Court ruled that the ban on assisted suicide is contrary to a fundamental right, namely human dignity. This ruling provides a philosophical basis for pluralistic countries to reconsider the relationship between the state and citizens regarding the right to end life (Wiesing, 2022). This argument emphasizes the importance of respecting individual choice while maintaining a balance with ethical responsibility in medical practice.

Comparative Analysis: Regulatory Needs in Indonesia

Based on the development of regulations in various countries, it is clear that Indonesia needs more structured regulations regarding euthanasia. Studies in Japan show that while there is no formal regulation, there are cases that encourage discussions about the right to die and the need for clear legal guidance. Japan is

considering a conservative approach implemented in Victoria, Australia, to protect individual rights while ensuring safety for vulnerable parties (Asai et al., 2023).

In Germany, the Constitutional Court's ruling on assisted suicide provides an important lesson about individual freedom to make end-of-life decisions. Meanwhile, in Switzerland, data shows a significant increase in the number of assisted suicide cases over the past two decades, with the majority of patients being elderly cancer patients (Montagna et al., 2023). This trend shows a real social need for safe and clear regulations in regulating medical assistance for death.

This study emphasizes that Indonesia must formulate regulations that are in accordance with the social, legal, and cultural context in the country. As a master of law and specialist doctor, the author is of the view that the approach taken by countries such as Japan and the Netherlands can be selectively adapted in Indonesia. Regulations must ensure that the patient's right to determine the end of his or her life remains respected without violating the basic principles of national law and cultural values.

The comparison of regulations between Indonesia and New Zealand shows a striking difference. In Indonesia, there are no specific regulations related to euthanasia, so the act of ending life can be subject to articles in the Criminal Code, such as Articles 344 and 338 which regulate crimes against life (Rahmatullah & Michael, 2024). In contrast, in New Zealand, there are special regulations that provide exceptions to euthanasia if carried out in accordance with the law, which better guarantees individual rights and legal certainty for medical personnel.

The Ideal Concept of Euthanasia Regulation in Indonesia

Based on normative and philosophical analysis, euthanasia regulations in Indonesia should be applied with a conservative and cautious approach. These regulations should include strict criteria, such as incurable medical conditions, unbearable suffering, and the existence of repeated and conscious requests from patients. The role of doctors should be limited to providing information and objective evaluation without the obligation to carry out euthanasia, as implemented in Victoria, Australia (Rahmatullah & Michael, 2024).

As a doctor and legal expert, the author understands the importance of providing adequate legal protection for medical personnel in complex situations like this. Clear and specific regulations related to informed consent will greatly help doctors in making the right decision, especially in conditions involving euthanasia. In addition, this regulation will also provide legal protection for medical personnel from potential criminal charges due to actions taken based on patient requests.

In addition, it is important to strengthen regulations regarding informed consent. Informed consent plays an important legal basis for doctors in carrying out medical procedures, including euthanasia. However, currently the legal force of informed consent in Indonesia is not enough to protect doctors who perform euthanasia because the legal conditions of the agreement have not been met, as stipulated in Article 1320 of the Civil Code, and there are no special regulations regarding euthanasia (Atriani & Yulianto, 2023).

Hartawan et al. (2020) show that euthanasia regulations are contrary to various legal provisions in Indonesia, including Articles 28A, 28G paragraph (2), and 28I paragraph (1) of the 1945 Constitution, as well as Articles 338, 340, and 344 of the Criminal Code which emphasize the protection of the right to life. On the other hand, there is an urge to pay attention to the human rights aspect, where patients should be given the opportunity to make decisions regarding the end of their lives under difficult conditions. Therefore, regulations must provide a balance between the right to life and the right to die with dignity, while still respecting the basic principles of human rights.

Henny Saida Flora (2022) highlighted that the main challenge in the implementation of euthanasia in Indonesia is the strong religious views and medical codes of ethics that prohibit this act because it is considered to violate the safety of human life. A normative approach is needed so that the regulations that are drafted still take into account the ethical values embraced by the Indonesian people, including respect for human dignity and the moral responsibility of doctors.

On the other hand, Siregara (2020) emphasized that euthanasia is contrary to the principles of human rights guaranteed in Articles 28A and 28G of the 1945 Constitution, as well as violating Article 344 of the Criminal Code which states that intentional termination of life is a form of crime against life. This reinforces the urgency of the need for careful and thoughtful regulation to avoid abuse and ensure protection for all parties involved, especially patients and medical personnel.

Based on the comparison with the Netherlands, it appears that the country has a more structured legal framework, which allows the termination of life to be carried out with strict conditions and clear procedures (Megawati & Aidy, 2019). In contrast, Indonesia does not have explicit regulations regarding euthanasia, which causes legal uncertainty for doctors and patients. By learning from the Netherlands, Indonesia can design regulations that provide legal clarity and certainty, thereby reducing the risk of abuse and uncertainty in the implementation of this sensitive medical procedure.

In a social context, Soetjipto (2000) underlines that euthanasia must be understood in a broader social and cultural framework, where every decision involves not only patients and doctors, but also families and communities. This approach ensures that euthanasia regulations take into account the unique social and cultural context in Indonesia, so that any decision regarding the end of life is socially acceptable and does not cause conflict in society.

As a specialist doctor and master of law, the author is of the view that euthanasia regulations in Indonesia must consider local cultural values, medical ethics principles, and human rights. Clear and firm regulation is needed to ensure a balance between the right to life and the right to die with dignity, while still respecting the basic principles of human rights. By taking lessons from practice in other countries such as the Netherlands, Indonesia can develop a regulatory framework that not only provides legal certainty but also protects the dignity and rights of each individual.

Conclusion

The conclusion of this study highlights that euthanasia is a complex issue that includes legal, medical ethics, and socio-cultural dimensions, with unclear regulations in Indonesia that pose serious legal uncertainty for medical personnel and terminal patients. Therefore, a comprehensive legal framework is needed that ensures legal certainty for medical personnel while respecting patients' right to determine the end of their lives in dignity. The regulations should include strict and transparent procedures, ensure patient decisions are made consciously and without external pressure, and involve independent medical evaluation and consultation with mental health experts to the highest ethical standards. In addition, this regulation must take into account the cultural and religious norms that apply in Indonesia so that it can be accepted by the public and in accordance with human rights principles. The formation of regulations needs to involve various stakeholders, including legal experts, medical personnel, religious leaders, and the community to create a balanced, fair, and inclusive legal framework. Further research is also needed to explore the perspectives of patients and families, as well as the psychological and emotional impacts caused, so that the regulations formed are able to provide adequate legal protection, maintain the dignity of patients, and support medical personnel in carrying out their duties with high professionalism, integrity, and ethics.

Reference

- Amiruddin, Muh. (2017). Perbandingan Pelaksanaan Euthanasia di Negara yang menganut Sistem Hukum Eropa Konitental dan Sistem Hukum Anglo Saxon. *Jurisprudentie : Jurusan Ilmu Hukum Fakultas Syariah Dan Hukum*, 4(1), 83. <https://doi.org/10.24252/jurisprudentie.v4i1.3666>
- Asai, A., Okita, T., Shimakura, Y., Tanaka, M., & Fukuyama, M. (2023). Japan should initiate the discussion on voluntary assisted dying legislation now. *BMC Medical Ethics*, 24(1), 5. <https://doi.org/10.1186/s12910-023-00886-0>
- Atriani, D., & Yulianto, A. Y. (2023). The Legal Power of Informed Consent in the Practice of Euthanasia in Indonesia. *Legal Treatises*, 20.
- Beauchamp, T. L., & Childress, J. F. (2013). *Principles of biomedical ethics* (7th ed.). Oxford University Press.
- Biedermann, F. (2023). France Cools on Assisted dying and Euthanasia. *The Lancet*, 402(10416), 1955.
- Bouvet, R., Desmarais, P., & Minvielle, E. (2015). Legal and organizational barriers to the development of eHealth in France. *Medicine and Law*, 34(3).
- Cholbi, M. (2015). Kant on euthanasia and the duty to die: clearing the air. *Journal of Medical Ethics*, 41(8), 607–610. <https://doi.org/10.1136/medethics-2013-101781>
- Dhamayanti, N. G. A. A. F., & Nurmawati, M. (2024). *Tinjauan Yudiris Euthanasia Ditinjau dari Aspek HukuM Pidana*. Universitas Udayana.
- Disurya, R. (2024). *Euthanasia is reviewed from the criminal law in Indonesia*. PGRI University of Palembang.

- Emanuel, E. J. (2023). Euthanasia: where the Netherlands leads will the world follow? *BMJ*, 322(7299), 1376–1377.
<https://doi.org/10.1136/bmj.322.7299.1376>
- Flora, H. S. (2022). Euthanasia In Indonesian Criminal Law And Health Law. *Jurnal Hukum Kesehatan Indonesia*, 2(2), 82–96.
<https://doi.org/https://doi.org/10.2776-477X>
- Government of the Netherlands. (2024). *Euthanasia, assisted suicide, and non-resuscitation on request in the Netherlands*. *Government.nl*.
<https://www.government.nl/topics/euthanasia/euthanasia-assisted-suicide-and-non-resuscitation-on-request>.
- Hartawan, I. G. A. G. U., Dewi, A. A. S. L., & Utama, I. N. (2020). Euthanasia in The Perspective of Human Rights And Positive Law in Indonesia. *Jurnal Konstruksi Hukum*, 1(2), 310-314|. <https://doi.org/https://doi.org/10.22225/jkh.1.2.2564.310-314>
- Huda, H., Ismansyah, I., & Elda, E. (2024). Euthanasia Dalam Perspektif Hukum Pidana Indonesia. *UNES Law Review*, 6(4), 10674–10686.
<https://doi.org/https://doi.org/10.31933/unesrev.v6i4.1956>
- Isnawan, F. (2016). Philosophical study of the pros and cons of the prohibition of euthanasia. *Court*, 2(1), 334–337.
- Juwanda, M., & Mahfud, M. (2019). Perbandingan Hukum Euthanasia Di Indonesia dan Belanda. *Jurnal Ilmiah Mahasiswa Bidang Hukum Pidana*, 3(1), 20–28.
- Krisnalita, L. Y. (2022). Euthanasia dalam Hukum Pidana Indonesia dan Kode Etik Kedokteran. *Binamulia Hukum*, 10(2), 171–186.
<https://doi.org/10.37893/jbh.v10i2.468>
- Megawati, C., & Aidy, Z. (2019). Euthanesia Menurut Perspektif Hukum Positif (KUHP). *Semdi Unaya*, 930–937.
- Montagna, G., Junker, C., Elfgén, C., Schneeberger, A. R., & GÜth, U. (2023). Long-term development of assisted suicide in Switzerland: analysis of a 20-year experience (1999–2018). *Swiss Medical Weekly*, 153(3), 40010.
<https://doi.org/10.57187/smw.2023.40010>
- Rahmatullah, M. I., & Michael, T. (2024). The Regulation of The Use of Euthanasia In Indonesia and New Zealand In The Framework of International Human Rights. *International Journal of Social Sciences and Humanities*, 2(2), 53–63.
<https://doi.org/https://doi.org/10.55681/ijssh.v2i2.1297>
- Schürmann, N. (2024). *Is medically assisted suicide feasible in Germany?* *Medscape*. <https://www.medscape.com/viewarticle/1000135>
- Siregara, R. A. (2020). Euthanasia Dipandang dari Perspektif Hak Asasi Manusia dan Pasal 344 KUHPidana di Indonesia. *Yure Humano*, 4(1), 44–57.
- Soetjipto, H. P. (2000). Konteks dan Konstruksi Sosial Mengenai Kematian Elektif (Euthanasia). *Buletin Psikologi*, 8(1).
- Sofyant, A. R. I., Nawi, S., & Makkuasa, A. (2022). Euthanasia Ditinjau Dari Hukum Pidana Dan Hak Asasi Manusia. *Journal of Lex Generalis (JLG)*, 4(2), 278–293.
- Spurgeon, B. (2024). France passes “right to die” law. *BMJ*, 329(4), 1307–1310.
- Wang, Y., Zhang, H., Zhang, Z., Gu, Y., & Shao, F. (2022). Assisted Suicide and Euthanasia: A Comparative Analysis of Dutch and East Asian Cases. *The*

- American Journal of Bioethics*, 22(2), 74–76.
<https://doi.org/10.1080/15265161.2021.2013986>
- Wiesing, U. (2022). The Judgment of the German Federal Constitutional Court regarding assisted suicide: a template for pluralistic states? *Journal of Medical Ethics*, 48(8), 542–546. <https://doi.org/10.1136/medethics-2021-107233>
- Wijaya, H., Firmansyah, Y., Sylvana, Y., & Angelika, M. (2022). Legal review of euthanasia in Indonesia. *Muara Journal of Social Sciences, Humanities, and Arts*, 6(3), 757–762.
<https://doi.org/https://doi.org/10.24912/jmishumsen.v6i3.9454>
- Yun, Y. H., Sim, J.-A., Choi, Y., & Yoon, H. (2022). Attitudes toward the Legalization of Euthanasia or Physician-Assisted Suicide in South Korea: A Cross-Sectional Survey. *International Journal of Environmental Research and Public Health*, 19(9), 5183. <https://doi.org/10.3390/ijerph19095183>
- Zhang, Y. (2017). *The choice theory and the right to life: capital punishment, abortion and euthanasia* [Doctoral dissertation]. Macquarie University.