Legal Boundaries Between Palliative Care and Euthanasia in Indonesia: Reassessing End-of-Life Decisions Under Law No. 17 of 2023 on Health and Article 461 of the New Criminal Code

Rida Ista Sitepu[1], Niken Savitri[2], Rr. Catharina Dewi Wulansari[3]

Universitas Katolik Parahyangan

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ABSTRACT

This article examines the legal boundaries between palliative care, treatment limitation, and euthanasia in Indonesia after the enactment of Law No. 17 of 2023 on Health and Minister of Health Decree No. HK.01.07/Menkes/2180/2023 on Palliative Care Services. Using normative legal research, the study combines statutory, conceptual, and comparative approaches. It argues that Indonesian law does not decriminalize active euthanasia. Article 461 of Law No. 1 of 2023 concerning the Criminal Code continues to criminalize intentionally taking another person's life at that person's serious request. At the same time, Indonesian health law recognizes palliative care and permits clinically appropriate end-of-life decisions, including withholding or withdrawing medically futile treatment, where the purpose is to avoid disproportionate intervention and relieve suffering rather than to cause death. The absence of detailed procedural safeguards creates uncertainty for patients, families, hospitals, and healthcare professionals. The article distinguishes euthanasia from treatment refusal, limitation of futile treatment, and palliative sedation by examining intention, causation, medical indication, proportionality, and procedural accountability. Comparative lessons from the Netherlands, Belgium, and Victoria, Australia are used not to recommend automatic legalization of euthanasia, but to identify safeguards that can improve Indonesian end-of-life governance. The article proposes a rights-based framework consisting of capacity assessment, written informed consent, independent medical review, multidisciplinary consultation, ethics oversight, documentation, dispute resolution, and good-faith legal protection for professionals. This framework preserves the criminal-law prohibition on intentional life-ending acts while strengthening dignity, autonomy, and legal certainty in terminal care.

Keywords: euthanasia; palliative care; end-of-life decision-making; informed consent; criminal law; Indonesia.

INTRODUCTION

End-of-life care is one of the most demanding fields of legal and ethical decision-making. It concerns patients whose illness threatens life, families who must participate in difficult conversations, and clinicians who must decide whether further intervention is beneficial. Modern medicine can sustain biological life for extended periods, but the availability of technology does not mean that every intervention is clinically indicated or ethically required. Decisions about ventilation, resuscitation, artificial nutrition, hydration, dialysis, intensive care, and symptom control therefore require a legal framework that is sensitive to both the sanctity of life and the dignity of the person.

Indonesia has strengthened its health-law framework through Law No. 17 of 2023 on Health and the Minister of Health Decree on Palliative Care Services. These instruments recognize that care for patients with life-threatening illness must address physical, psychological, social, and spiritual suffering. They also acknowledge that treatment which is no longer beneficial need not be continued merely because it can technically be delivered. Yet the same legal system criminalizes intentional killing at the serious request of the person killed through Article 461 of the New Criminal Code. The coexistence of these rules creates a practical question: how can clinicians lawfully limit treatment without being accused of causing death?

The central claim of this article is deliberately narrow. Indonesia has not decriminalized euthanasia. The appropriate legal reform is not an automatic authorization of life-ending acts, but a clear and accountable framework for end-of-life decision-making. The framework must distinguish intention to kill from acceptance of natural death, and it must protect patients against abandonment while protecting clinicians who act according to professional standards.

RESEARCH METHOD

This study employs normative legal research to examine the legal boundaries between palliative care, treatment limitation, and euthanasia within the Indonesian legal system. The research adopts three complementary approaches: the statutory approach, the conceptual approach, and the comparative legal approach.

The statutory approach analyzes the applicable Indonesian legal framework, including the 1945 Constitution of the Republic of Indonesia, Law No. 17 of 2023 concerning Health, Law No. 1 of 2023 concerning the Criminal Code, and Minister of Health Decree No. HK.01.07/Menkes/2180/2023 concerning Guidelines for Palliative Care Services. These legal instruments are interpreted systematically to determine the relationship between criminal liability, patient autonomy, medical ethics, and professional responsibility in end-of-life decision-making.

The conceptual approach examines relevant legal and bioethical doctrines, including euthanasia, physician-assisted suicide, palliative care, informed consent, patient autonomy, beneficence, non-maleficence, proportionality, medical futility, and the doctrine of double effect. These concepts are analyzed to distinguish legally permissible treatment limitation from prohibited intentional life-ending conduct.

The comparative legal approach is employed to evaluate procedural safeguards adopted in selected foreign jurisdictions. The Netherlands, Belgium, and Victoria (Australia) were selected using purposive comparative criteria rather than geographical similarity. These jurisdictions represent three internationally recognized regulatory models that have developed comprehensive legal governance of end-of-life decision-making. The Netherlands was selected because it pioneered statutory regulation of euthanasia and has established extensive procedural oversight mechanisms. Belgium was chosen because it integrates palliative care within its broader euthanasia framework, allowing analysis of the relationship between symptom management and legal accountability. Victoria, Australia, represents a common-law jurisdiction within the Asia-Pacific region that regulates voluntary assisted dying through highly structured procedural safeguards emphasizing eligibility assessment, multidisciplinary review, documentation, and institutional supervision.

The purpose of this comparative analysis is not to recommend transplantation of foreign euthanasia laws into Indonesia. Rather, it seeks to identify procedural safeguards that may strengthen legal certainty in Indonesian end-of-life decision-making while maintaining the existing prohibition against intentional life-ending acts under Article 461 of Law No. 1 of 2023. Comparative findings are therefore evaluated critically in light of Indonesia's constitutional values, cultural diversity, religious pluralism, healthcare infrastructure, and professional medical standards.

Primary legal materials consist of legislation, official regulations, and judicially recognized legal norms. Secondary legal materials include books, peer-reviewed journal articles, WHO publications, bioethics literature, comparative health law scholarship, and international palliative care guidelines. The collected materials are interpreted using grammatical, systematic, teleological, and comparative methods of legal interpretation to produce a coherent doctrinal analysis and practical recommendations for future Indonesian end-of-life governance.

Empirical Support

Although this study primarily adopts a normative legal research methodology, it is supplemented by qualitative empirical evidence obtained through a semi-structured interview with a senior medical practitioner experienced in Indonesian healthcare services. The interview was conducted to obtain professional perspectives regarding the implementation of palliative care, the legal understanding of euthanasia, and ethical considerations encountered in clinical practice. The interview findings were not intended to replace doctrinal legal analysis but to complement statutory interpretation by illustrating how legal norms are understood within healthcare practice. The interview data were analyzed thematically and integrated into the discussion to strengthen the practical relevance of the study.

The Legal Framework Of End-Of-Life Care In Indonesia

The Indonesian Constitution protects life, personal security, dignity, and the right to health. These guarantees do not create a simple hierarchy in which one value eliminates all others. Protection of life requires the state to prevent unlawful killing and neglect, while respect for dignity requires that patients not be reduced to objects of treatment. A legally sound approach must therefore reject both intentional killing and futile intervention that merely prolongs suffering without reasonable clinical benefit.

Law No. 17 of 2023 provides the contemporary health-law context for patient rights, professional responsibility, and quality care. Informed consent is important because medical intervention ordinarily requires information, understanding, voluntariness, and decision-making capacity. However, consent is not a blanket waiver of criminal law. It supports a patient's right to accept or refuse treatment, but it cannot transform an intentional act of killing into lawful care.

The Palliative Care Decree is particularly significant because it directs attention to quality of life and recognizes that clinicians are not required to provide treatment that is medically non-beneficial and merely prolongs dying. This is best understood as a rule against futile treatment, not as a rule authorizing euthanasia. The legal justification for withholding or withdrawal depends on a genuine clinical judgment, proportionality, careful communication, and documented decision-making.

Article 461 of the New Criminal Code establishes the outer boundary. It criminalizes taking another person's life at that person's serious request. The provision focuses on intentional deprivation of life. Accordingly, an act whose direct purpose is death remains prohibited even when motivated by compassion. The difficult cases are those in which death is foreseeable after a lawful decision to discontinue treatment. In those cases, the law should examine the purpose of the decision, the medical indication, the alternatives considered, and the procedure followed.

Conceptual And Legal Distinctions in End-Of-Life Decisions

Terminology matters because imprecise labels can create fear, stigma, and legal error. Active euthanasia is generally understood as a clinician's intentional administration of a lethal intervention to cause death at the patient's request. Physician-assisted suicide differs because the final act is performed by the patient, although a clinician provides means or information. Neither category has a legal basis in Indonesia. Treatment refusal is different. A competent patient may reject an intervention, including one that could prolong life. The clinician's obligation is to ensure that the decision is informed and voluntary, to offer alternatives, and to continue appropriate comfort care. Withholding and withdrawal of treatment are likewise distinct from euthanasia when the treatment is medically futile or disproportionate and the objective is to avoid burdensome intervention rather than to cause death.

Palliative sedation presents another difficult boundary. It involves proportionate reduction of consciousness to relieve refractory symptoms in a patient approaching death. Its ethical and legal defensibility depends on the clinical objective, proportional dose, monitoring, and absence of an intention to hasten death. The doctrine often described as double effect is useful only as a disciplined inquiry: a harmful foreseeable consequence cannot be

used to conceal an impermissible objective. The decision must remain clinically justified and transparently documented.

Table 1. Legal And Clinical Distinctions Between End-Of-Life Practices

Practice	Primary intention	Actor	Indicative legal position
Active euthanasia	Cause death	Clinician	Prohibited under Article 461
Assisted suicide	Enable self-caused death	Patient with assistance	No legal basis
Treatment refusal	Decline intervention	Competent patient	Potentially lawful
Futile-treatment limitation	Avoid disproportionate care	Clinical team	Potentially lawful with safeguards
Palliative sedation	Relieve refractory symptoms	Clinical team	Potentially lawful if proportionate

As summarized in Table 1, the legal distinction between end-of-life practices depends primarily upon the intention of the medical intervention, the identity of the decision-maker, and the applicable legal consequences. Active euthanasia and physician-assisted suicide remain prohibited or unsupported under Indonesian law because their primary objective is intentionally to cause death. By contrast, treatment refusal, limitation of medically futile treatment, and proportionate palliative sedation may be legally and ethically justified when their primary purpose is to respect patient autonomy, relieve suffering, and avoid disproportionate medical intervention rather than to hasten death. The table therefore illustrates that the decisive legal criterion is not merely the occurrence of death but the underlying intention, clinical indication, proportionality, and procedural accountability supporting the medical decision.

Legal Uncertainty In Indonesian Clinical Practice

Indonesian clinicians may face uncertainty when patients lose capacity, when families disagree, or when continued treatment appears burdensome but relatives insist on "doing everything." Uncertainty also arises when a patient refuses treatment but the family fears that refusal will be interpreted as abandonment. These situations cannot be solved by a signature alone. They require a process that tests capacity, confirms diagnosis and prognosis, considers alternatives, and records reasons.

A further risk is economic pressure. Decisions about limiting treatment must never become a substitute for equitable access to care. Poverty, lack of insurance, inadequate hospital resources, or caregiver exhaustion can distort choice. A lawful framework must therefore ensure that palliative care, pain relief, psychosocial support, and spiritual care are genuinely offered before a decision is treated as voluntary.

Hospitals also need institutional guidance. Without standardized procedures, clinicians may practice defensively by continuing non-beneficial treatment, while families may receive inconsistent information. Conversely, vague rules could permit premature withdrawal without adequate review. Legal certainty requires safeguards that are practical, not merely aspirational.

Comparative Legal Lessons

The Netherlands and Belgium regulate euthanasia under strict statutory conditions, including voluntary requests, unbearable suffering, consultation, and reporting or review mechanisms. Victoria, Australia regulates voluntary assisted dying through staged eligibility assessments, trained practitioners, and oversight. These jurisdictions differ in scope and moral premises, and their substantive legalization models should not be assumed suitable for Indonesia.

Their most relevant lesson is procedural. High-stakes end-of-life decisions require independent assessment, written records, consultation, and review. These safeguards are useful even where euthanasia remains prohibited. Indonesia can adopt procedural protections for treatment limitation and palliative care without adopting the substantive permission to intentionally end life. Comparative law therefore supports a model of accountability rather than a model of automatic legal transplantation.

Table 2. Comparative Safeguards and Their Relevance for Indonesia

Safeguard	Comparative lesson	Indonesian relevance
Independent consultation	Second opinions reduce unilateral decisions	Required for withdrawal of life support
Written records	Review depends on traceable reasons	Mandatory standardized forms
Oversight	External or institutional review promotes accountability	Hospital ethics committee review
Capacity assessment	Voluntariness must be tested	Clinical and psychiatric assessment where needed
Reporting	Transparency supports public trust	Internal reporting and audit

Table 2 demonstrates that despite substantial differences in substantive legal regulation, the comparative jurisdictions share common procedural safeguards designed to ensure transparency, accountability, and patient protection. Independent consultation, comprehensive documentation, ethics oversight, capacity assessment, and reporting mechanisms function as essential governance instruments regardless of whether euthanasia is legally permitted. These procedural elements provide valuable guidance for Indonesia because they strengthen legal certainty in end-of-life decision-making without requiring the legalization of euthanasia. Accordingly, the comparative analysis supports procedural adaptation rather than substantive legal transplantation.

Comparative Limitations and the Indonesian Context

Although comparative legal analysis provides valuable insights into procedural safeguards governing end-of-life decision-making, foreign legal models cannot be transplanted into the Indonesian legal system without careful consideration of their constitutional, cultural, religious, and institutional contexts. Comparative law serves not as a mechanism for legal imitation but as an analytical instrument for identifying principles that may be adapted to domestic legal systems while preserving their constitutional identity.

The Netherlands, Belgium, and Victoria (Australia) have developed comprehensive legal frameworks regulating euthanasia or voluntary assisted dying through extensive statutory safeguards, independent medical assessments, mandatory reporting systems, and institutional oversight. These jurisdictions are frequently cited in comparative bioethics because they provide transparent procedural mechanisms designed to protect patient autonomy while minimizing the risk of abuse. Nevertheless, these legal frameworks emerged from historical, philosophical, and societal developments that differ substantially from those of Indonesia.

Indonesia adopts a constitutional order founded upon the values of Pancasila, which recognizes belief in the Almighty God as the first constitutional principle while simultaneously protecting human dignity, social justice, and the right to health. Consequently, legal regulation concerning end-of-life decisions cannot be assessed solely from the perspective of individual autonomy. Instead, Indonesian law seeks to balance patient autonomy with the constitutional obligation to protect human life, uphold professional medical responsibility, preserve public morality, and respect the religious values embraced by Indonesian society. This constitutional orientation differs from many Western jurisdictions where personal autonomy constitutes the dominant normative principle underlying assisted dying legislation.

Religious diversity also significantly influences the Indonesian legal context. Although Indonesia recognizes multiple officially protected religions, virtually all major religious traditions practiced within the country regard

intentional termination of human life as morally impermissible except under very limited circumstances. Consequently, public acceptance of euthanasia remains substantially lower than in jurisdictions where secular ethical reasoning has become the principal foundation of healthcare legislation. Any future legal reform concerning end-of-life decision-making must therefore accommodate constitutional protection of religious freedom while maintaining equal respect for diverse theological perspectives.

Another important contextual distinction concerns the role of the family in medical decision-making. In many European jurisdictions, healthcare law primarily emphasizes individual patient autonomy, whereby competent patients independently determine their medical treatment. By contrast, Indonesian healthcare practice frequently involves collective family deliberation, particularly when patients suffer terminal illness or lose decision-making capacity. Family members often participate actively in discussions regarding continuation or withdrawal of treatment, reflecting broader cultural values emphasizing solidarity, mutual responsibility, and communal decision-making. Consequently, legal procedures developed in jurisdictions prioritizing individual autonomy require careful adaptation before being incorporated into Indonesian clinical practice.

Significant differences also exist in healthcare infrastructure and institutional capacity. Countries such as the Netherlands, Belgium, and Australia possess relatively well-established palliative care systems, multidisciplinary hospital ethics committees, standardized advance care planning mechanisms, and specialized medical personnel trained in end-of-life care. By contrast, access to comprehensive palliative care remains uneven across Indonesia, particularly in rural and remote regions. The availability of palliative medicine specialists, hospital ethics committees, psychological support services, and standardized clinical guidelines varies considerably among healthcare institutions. These disparities increase the risk that legal reforms designed for highly developed healthcare systems may produce unintended inequalities if implemented without corresponding institutional strengthening.

Socioeconomic conditions further distinguish Indonesia from the comparative jurisdictions. Decisions regarding treatment limitation should never be influenced by financial hardship, unequal access to healthcare, or limited hospital resources. In a developing healthcare system where disparities in medical facilities and insurance coverage remain evident, procedural safeguards must ensure that requests to withhold or withdraw treatment genuinely reflect informed clinical judgment and patient preferences rather than economic constraints. Strengthening universal access to palliative care therefore constitutes an essential prerequisite for any future regulatory development concerning end-of-life decision-making.

These contextual differences do not diminish the value of comparative legal analysis. Instead, they clarify its appropriate function. The principal contribution of the Netherlands, Belgium, and Victoria lies not in the substantive legalization of euthanasia but in the procedural safeguards developed to ensure transparency, accountability, professional responsibility, and legal certainty. Independent medical review, multidisciplinary consultation, ethics committee oversight, comprehensive documentation, capacity assessment, and standardized reporting mechanisms are procedural instruments that may strengthen Indonesian healthcare governance regardless of whether euthanasia remains prohibited.

Accordingly, this study argues that Indonesia should adopt a model of selective procedural adaptation rather than substantive legal transplantation. Comparative experience demonstrates that legal certainty in end-of-life decision-making depends less upon whether euthanasia is legalized than upon the existence of clear procedural standards governing treatment limitation, informed consent, professional accountability, and institutional oversight. Such an approach remains fully compatible with Article 461 of Law No. 1 of 2023, Law No. 17 of 2023 concerning Health, and Minister of Health Decree No. HK.01.07/Menkes/2180/2023 concerning Palliative Care Services. It also reflects Indonesia's constitutional commitment to protecting human dignity, safeguarding life, promoting legal certainty, and ensuring that end-of-life care remains patient-centered without transforming palliative care into a mechanism for intentional life-ending conduct.

Empirical Perspectives From Indonesian Healthcare Practice

To complement the normative legal analysis, this study incorporates qualitative insights obtained through a semi-structured interview with an Indonesian physician who has professional experience in public healthcare services. The interview provides practical perspectives regarding the understanding of euthanasia, the implementation of medical ethics, and the legal challenges surrounding end-of-life decision-making in Indonesia.

The interview demonstrates that euthanasia is generally understood by healthcare professionals as an intentional medical intervention aimed at ending a patient's life. According to the respondent, although requests concerning euthanasia have occasionally been discussed in Indonesian society, euthanasia has never become an accepted medical practice within Indonesian healthcare institutions. This professional understanding is consistent with Article 461 of Law No. 1 of 2023, which continues to criminalize intentionally ending another person's life at that person's serious request.

The respondent further emphasized that Indonesian physicians remain guided primarily by the Indonesian Medical Code of Ethics rather than by any legal provision permitting euthanasia. Clinical decision-making is therefore directed toward preserving life, relieving suffering, and providing appropriate palliative care without intentionally accelerating death. This finding reinforces the distinction between palliative treatment and euthanasia established in Indonesian health law.

The interview also highlights the respondent's understanding of the distinction between active and passive euthanasia. Active euthanasia was described as the deliberate administration of substances intended to cause death, whereas passive euthanasia was associated with the discontinuation of medical interventions that no longer provide therapeutic benefit. However, the respondent acknowledged that such distinctions remain legally sensitive because Indonesian legislation does not expressly regulate euthanasia as a lawful medical practice. Consequently, healthcare professionals continue to rely upon professional ethics, informed consent, and accepted standards of clinical practice when making end-of-life decisions.

Another important finding concerns the absence of direct clinical experience with euthanasia. The respondent confirmed that neither during professional practice nor within hospital services had euthanasia been performed. This observation supports the conclusion that euthanasia remains primarily a theoretical legal issue in Indonesia rather than an established clinical practice. Nevertheless, physicians recognize the importance of having clearer procedural guidance concerning treatment limitation, withholding or withdrawing medically futile treatment, and palliative care in order to reduce legal uncertainty in terminal care.

Table 3. Summary of Interview Findings and Their Legal Implications

Theme	**Interview Findings**	**Legal Implications**
Definition of euthanasia	The respondent defines euthanasia as a medical act intentionally intended to end a patient's life.	Consistent with Article 461 of Law No. 1 of 2023, which prohibits intentional life-ending conduct.
Clinical experience	The respondent has never performed or encountered euthanasia in professional practice.	Indicates that euthanasia remains a theoretical legal issue rather than an accepted medical practice in Indonesia.
Medical ethics	Physicians primarily follow the Indonesian Medical Code of Ethics when making end-of-life decisions.	Professional ethics serve as an important safeguard alongside statutory regulation.
Active and passive euthanasia	The respondent distinguishes active euthanasia from treatment limitation but recognizes continuing legal ambiguity.	Demonstrates the need for clearer legal guidance distinguishing lawful treatment limitation from prohibited euthanasia.
Existing legal framework	Indonesian Health Law does not expressly regulate euthanasia but emphasizes professional ethics and patient care.	Supports the need for implementing regulations governing end-of-life decision-making.

Future governance	The respondent emphasizes procedural clarity rather than legalization of euthanasia.	Supports the proposed framework of procedural safeguards developed in this study.

As summarized in Table 3, the interview findings generally support the doctrinal analysis developed throughout this study. The respondent consistently emphasized that euthanasia is neither recognized nor practiced within Indonesian healthcare institutions. Instead, physicians rely primarily upon professional ethics, informed consent, and accepted standards of medical care when making difficult end-of-life decisions.

Overall, the interview findings support the central argument of this study that Indonesia does not require the legalization of euthanasia. Instead, greater legal certainty can be achieved through clearer procedural regulation governing palliative care, treatment limitation, informed consent, multidisciplinary consultation, ethics committee review, and professional accountability. The empirical findings therefore complement the normative legal analysis by demonstrating that healthcare professionals themselves prioritize ethical practice, patient dignity, and legal certainty over substantive changes to the criminal prohibition against intentional life-ending conduct.

Practical Implications For Indonesian Healthcare Governance

The legal distinction between palliative care, treatment limitation, and euthanasia is not merely a theoretical issue but one with significant practical implications for healthcare governance in Indonesia. The absence of detailed procedural regulations may expose healthcare professionals to legal uncertainty, create inconsistent clinical practices among hospitals, and reduce public confidence in end-of-life decision-making. Accordingly, strengthening procedural governance is essential to ensure that patient rights, professional accountability, and legal certainty are protected simultaneously.

Implications for Healthcare Professionals

For physicians and other healthcare professionals, clearer legal guidance would reduce uncertainty when making difficult end-of-life decisions involving terminally ill patients. Many clinicians remain concerned that withholding or withdrawing medically futile treatment may later be interpreted as an unlawful act resulting in criminal liability. Establishing standardized legal procedures would distinguish lawful treatment limitation from prohibited euthanasia by emphasizing clinical indication, proportionality, informed consent, multidisciplinary consultation, and comprehensive documentation. Such procedural safeguards would enable healthcare professionals to exercise sound clinical judgment while remaining accountable under Indonesian law.

Professional education should also be strengthened through continuing medical education programs addressing palliative care, bioethics, informed consent, communication with patients and families, and legal responsibilities in end-of-life care. Improved legal literacy among healthcare professionals would reduce defensive medical practice while promoting ethically appropriate patient-centered care.

Implications for Hospitals and Healthcare Institutions

Hospitals play a central role in implementing legally accountable end-of-life decision-making. Every hospital should develop standardized operating procedures governing treatment limitation, palliative sedation, withholding or withdrawal of life-sustaining treatment, documentation requirements, and dispute resolution mechanisms. These procedures should be harmonized with Law No. 17 of 2023 concerning Health, Minister of Health Decree No. HK.01.07/Menkes/2180/2023 concerning Palliative Care Services, and existing professional medical standards.

Hospital Ethics Committees should be empowered to review complex or disputed cases involving end-of-life decisions. Institutional ethics review provides an additional layer of procedural accountability by ensuring that difficult clinical decisions are assessed collectively rather than resting solely upon individual physicians. Ethics

committees may also facilitate communication between healthcare professionals, patients, and families, thereby reducing misunderstandings and potential legal disputes.

Hospitals should further establish standardized documentation systems recording diagnosis, prognosis, assessment of decision-making capacity, informed consent discussions, multidisciplinary consultations, clinical justification for treatment limitation, and follow-up palliative care. Comprehensive documentation not only supports continuity of care but also provides important legal evidence should future disputes arise.

Implications for Patients and Families

Patients benefit from greater legal certainty when informed consent procedures are transparent and comprehensible. Clear legal regulation reinforces patients' rights to receive complete information regarding diagnosis, prognosis, available treatment options, expected benefits, potential burdens, and palliative care alternatives. Patients should be empowered to participate actively in healthcare decisions while retaining access to adequate pain management, psychosocial support, and spiritual care.

For families, procedural clarity reduces uncertainty during emotionally challenging situations. Indonesian culture places considerable emphasis on collective family involvement in healthcare decisions, particularly where patients lose decision-making capacity. Clear legal procedures help define the respective roles of patients, families, and healthcare professionals, thereby minimizing conflict while ensuring that family participation complements rather than replaces patient autonomy whenever the patient remains competent to decide.

Implications for Government and Health Policy

For policymakers, the findings of this study demonstrate the need for more detailed implementing regulations governing end-of-life decision-making. Although Law No. 17 of 2023 and Minister of Health Decree No. HK.01.07/Menkes/2180/2023 recognize palliative care and medically appropriate treatment limitation, they do not comprehensively regulate procedural safeguards for withholding or withdrawing life-sustaining treatment.

Future regulations issued by the Ministry of Health should establish nationally standardized procedures concerning assessment of medical futility, patient capacity evaluation, informed consent, second medical opinions, multidisciplinary consultation, ethics committee involvement, documentation standards, and conflict resolution. Uniform national guidance would reduce variations in hospital practice while strengthening legal certainty throughout Indonesia.

Government policy should also prioritize equitable expansion of palliative care services across all regions of Indonesia. Legal certainty cannot be achieved solely through legislation if patients lack meaningful access to pain management, palliative medicine specialists, psychological counseling, community-based services, or spiritual support. Strengthening healthcare infrastructure therefore constitutes an essential complement to legal reform.

Implications for Future Legal Development

This study does not advocate the legalization of euthanasia within Indonesia. Rather, it demonstrates that substantial improvements in end-of-life governance can be achieved while maintaining the existing criminal prohibition contained in Article 461 of Law No. 1 of 2023. The principal objective of future legal reform should therefore be procedural clarification rather than substantive decriminalization.

A comprehensive regulatory framework emphasizing legal certainty, transparency, professional accountability, patient dignity, and institutional oversight would reduce ambiguity surrounding treatment limitation while preserving Indonesia's constitutional commitment to protecting human life. Such a framework would strengthen public trust in healthcare institutions and provide a balanced legal foundation for end-of-life decision-making consistent with Indonesian constitutional values, medical ethics, and international standards of palliative care.

Normative And Ethical Analysis Of End-Of-Life Decision-Making In Indonesia

The legal regulation of end-of-life decision-making cannot be adequately understood through statutory interpretation alone. Questions concerning treatment limitation, palliative care, and euthanasia involve competing constitutional values, ethical principles, and legal philosophies that require a broader normative analysis. The Indonesian legal framework must therefore be interpreted in light of legal certainty, justice, human dignity, patient autonomy, and professional medical responsibility.

Legal Certainty, Justice, and Utility: Gustav Radbruch's Perspective

Gustav Radbruch argued that every legal system should strive to balance three fundamental values: legal certainty (*Rechtssicherheit*), justice (*Gerechtigkeit*), and utility or purposiveness (*Zweckmäßigkeit*). These values are particularly relevant in regulating end-of-life decision-making because excessive emphasis on one value may undermine the others.

Within the Indonesian context, Article 461 of Law No. 1 of 2023 provides legal certainty by maintaining the criminal prohibition against intentionally ending another person's life at that person's serious request. This provision establishes a clear legal boundary protecting the constitutional value of human life. However, legal certainty alone is insufficient if healthcare professionals remain uncertain about the legality of withholding or withdrawing medically futile treatment. Ambiguity regarding lawful treatment limitation may encourage defensive medical practice in which clinicians continue disproportionate interventions primarily to avoid potential criminal liability rather than to benefit the patient.

Justice requires that terminally ill patients receive compassionate care that respects their dignity while ensuring equal protection under the law. Justice is not achieved by prolonging biological life through interventions that no longer provide reasonable clinical benefit, nor by permitting intentional life-ending acts prohibited by criminal law. Instead, justice requires a balanced legal framework that protects vulnerable patients while recognizing the ethical legitimacy of palliative care and medically appropriate treatment limitation.

The principle of utility further supports regulations that promote effective healthcare governance by reducing legal uncertainty, preventing unnecessary litigation, strengthening public trust in healthcare institutions, and encouraging high-quality palliative care. Accordingly, procedural safeguards such as multidisciplinary consultation, ethics committee review, and comprehensive documentation promote not only legal certainty but also justice and social welfare.

Ronald Dworkin: Autonomy, Human Dignity, and Respect for Individual Choice

Ronald Dworkin distinguishes between the intrinsic value of human life and the individual's right to make deeply personal decisions concerning dignity and self-determination. His conception of autonomy emphasizes respect for individuals as moral agents capable of making meaningful choices regarding their own lives, provided those choices are made freely and with adequate understanding.

Although Indonesian law does not recognize a legal right to euthanasia, Dworkin's theory remains relevant for interpreting informed consent and treatment refusal. Respect for patient autonomy requires that competent individuals receive complete, accurate, and comprehensible information regarding diagnosis, prognosis, available treatment options, expected outcomes, and palliative care alternatives. Patients should therefore retain the legal right to refuse disproportionate or medically futile treatment without such refusal being equated with euthanasia.

However, Dworkin's autonomy-based theory cannot be applied in isolation within Indonesia. Constitutional values embodied in Pancasila require balancing individual autonomy with collective responsibility, professional ethics, constitutional protection of life, and the public interest. Consequently, Indonesian law adopts a relational rather than purely individualistic understanding of autonomy, recognizing the important role of families and

healthcare professionals while preserving the patient's fundamental right to participate in healthcare decision-making.

Beauchamp and Childress: Principles of Biomedical Ethics

The four principles developed by Beauchamp and Childress provide a comprehensive ethical framework for evaluating end-of-life decisions.

Respect for autonomy requires that competent patients participate actively in decisions concerning their own medical treatment through valid informed consent. Beneficence obliges healthcare professionals to recommend interventions that genuinely promote the patient's well-being, while non-maleficence prohibits treatments that impose unnecessary suffering without corresponding clinical benefit. Justice requires fair access to palliative care, equitable allocation of healthcare resources, and equal legal protection for all patients regardless of socioeconomic status.

These principles collectively support treatment limitation where continued intervention becomes medically futile and inconsistent with the patient's interests. At the same time, they do not justify intentional life-ending conduct. Rather, they reinforce the ethical distinction between allowing the natural progression of terminal illness and deliberately causing death. This distinction is fundamental to Indonesian health law and professional medical ethics.

Doctrine of Double Effect and the Legal Distinction Between Palliative Care and Euthanasia

The Doctrine of Double Effect provides an important ethical framework for distinguishing lawful palliative care from prohibited euthanasia. According to this doctrine, an action producing both beneficial and foreseeable harmful consequences may be ethically permissible when four conditions are satisfied: the action itself is morally legitimate; the beneficial effect is intended; the harmful consequence is not intended although foreseen; and the anticipated benefit is proportionate to the foreseeable risk.

Within palliative medicine, this doctrine is particularly relevant when administering opioid analgesics or palliative sedation to relieve severe pain or refractory symptoms in terminally ill patients. Although these interventions may foreseeably shorten life in exceptional circumstances, their primary clinical objective remains symptom relief rather than causing death. Accordingly, the physician's intention, the proportionality of treatment, and careful clinical documentation become decisive legal considerations.

The doctrine therefore supports the legal distinction adopted by Indonesian law between palliative care aimed at alleviating suffering and euthanasia involving intentional life-ending conduct. It further reinforces the importance of transparent clinical decision-making supported by professional standards, multidisciplinary consultation, and appropriate procedural safeguards.

WHO Palliative Care Framework and Human-Centred Healthcare

The World Health Organization defines palliative care as an approach that improves the quality of life of patients and families facing life-threatening illness through prevention and relief of suffering by means of early identification, comprehensive assessment, and treatment of pain and other physical, psychosocial, and spiritual problems. This framework emphasizes that palliative care neither intends to hasten death nor unnecessarily prolong the dying process.

The WHO framework aligns closely with the objectives of Law No. 17 of 2023 concerning Health and Minister of Health Decree No. HK.01.07/Menkes/2180/2023 concerning Palliative Care Services. Both prioritize holistic, patient-centred healthcare that respects dignity while maintaining professional responsibility. Consequently, strengthening access to palliative care should be understood not merely as a healthcare policy but also as a constitutional obligation to protect the right to health, human dignity, and equality before the law.

Integrating the WHO framework into Indonesian healthcare governance also demonstrates that improving end-of-life care does not require decriminalizing euthanasia. Instead, expanding access to comprehensive palliative care, strengthening procedural safeguards, and improving professional competence provide more appropriate mechanisms for protecting patients while preserving the criminal-law prohibition against intentional life-ending acts.

Integrating Legal Philosophy and Bioethics into Indonesian End-of-Life Governance

Taken together, these theoretical perspectives demonstrate that Indonesian end-of-life regulation should not be viewed as a conflict between the sanctity of life and patient autonomy. Rather, the legal challenge is to construct a coherent governance framework capable of balancing legal certainty, justice, human dignity, patient autonomy, professional accountability, and compassionate healthcare. Such a framework remains fully consistent with Article 461 of Law No. 1 of 2023 while simultaneously advancing the objectives of Law No. 17 of 2023 concerning Health through strengthened palliative care services, transparent decision-making, and effective procedural safeguards. By integrating legal philosophy with biomedical ethics, Indonesian healthcare law can provide clearer guidance for healthcare professionals while ensuring that end-of-life care remains patient-centred, constitutionally grounded, and ethically accountable.

A Proposed Indonesian End-Of-Life Decision-Making Framework

Indonesia should establish a national regulation, supported by hospital standard operating procedures, for end-of-life decision-making. First, the treating team should determine whether the patient has decision-making capacity and whether the clinical condition is terminal, irreversible, or marked by treatment futility. Second, the patient should receive comprehensible information about diagnosis, prognosis, options, burdens, benefits, and available palliative support.

Third, decisions to withdraw life-sustaining treatment should ordinarily receive an independent medical opinion. Fourth, a multidisciplinary consultation should involve relevant specialists, nursing staff, and palliative-care professionals. Fifth, contested cases should be referred to a hospital ethics committee. Sixth, the entire process should be documented, including the patient's wishes, family communication, clinical reasons, and alternatives considered.

The framework should distinguish a patient's refusal of treatment from a request to cause death. It should require continuing comfort care after treatment limitation. It should also establish a rapid dispute-resolution pathway for conflicts between clinicians and family members. Finally, good-faith legal protection should be available to professionals who follow the prescribed process and professional standards. This is not immunity; it is accountability-based protection.

Drawing upon the statutory analysis, comparative legal lessons, empirical findings, and normative-ethical framework discussed throughout this study, a procedural governance model for end-of-life decision-making in Indonesia is proposed. Rather than introducing a mechanism for euthanasia, the framework aims to strengthen legal certainty, patient protection, professional accountability, and institutional governance while remaining fully consistent with Indonesian constitutional values and existing healthcare legislation.

Figure 1. Integrated Governance Framework for End-of-Life Decision-Making in Indonesia

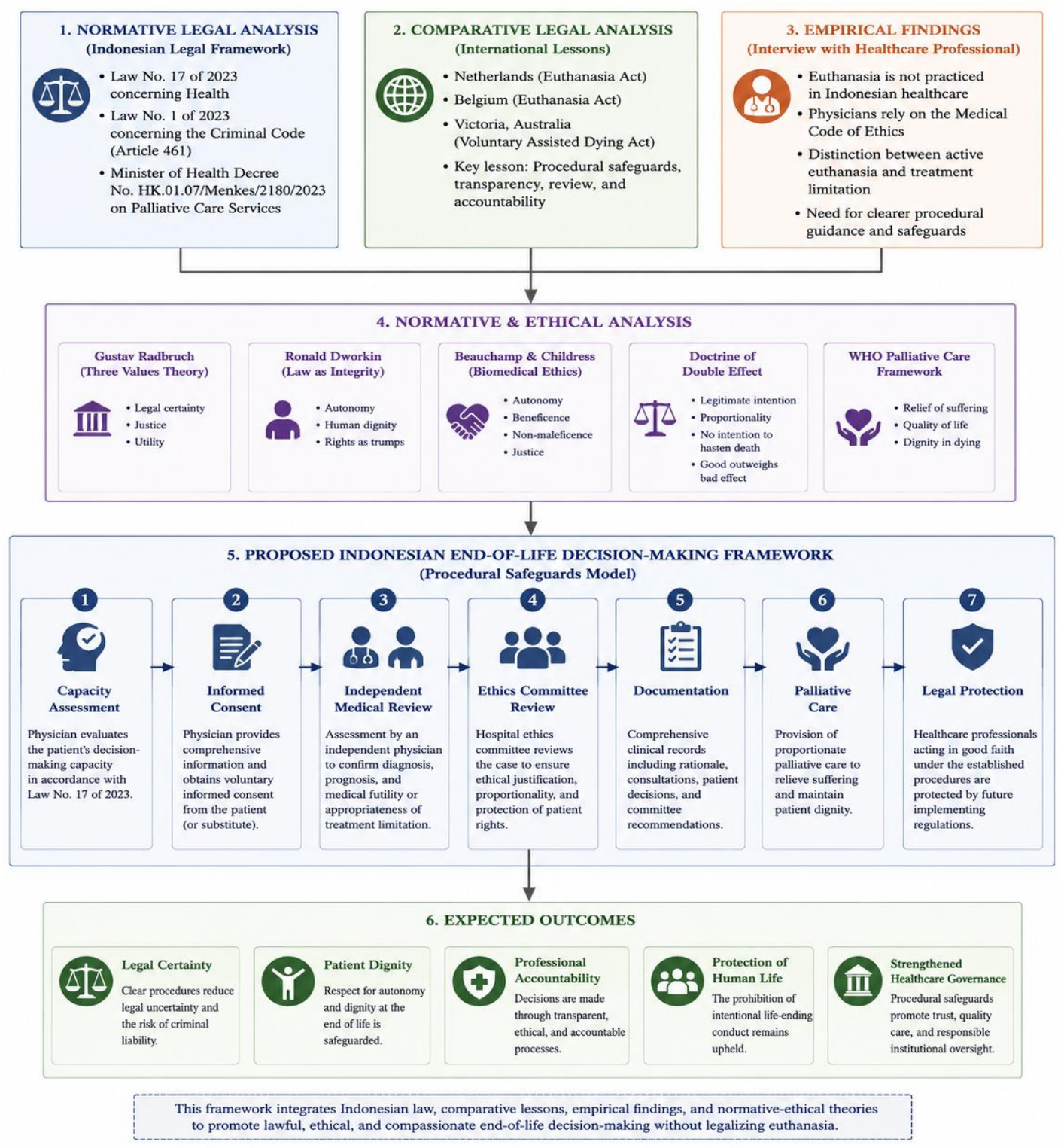

Figure 1 illustrates the integrated governance framework proposed by this study. The model demonstrates how Indonesian statutory law, comparative legal analysis, empirical findings, and normative-ethical principles are synthesized into a structured procedural framework for end-of-life decision-making. The framework emphasizes capacity assessment, informed consent, independent medical review, ethics committee oversight, comprehensive documentation, and palliative care as interconnected safeguards that strengthen legal certainty while protecting patient dignity and professional accountability. Rather than promoting substantive legalization of euthanasia, the proposed model focuses on procedural governance that supports transparent, ethically justified, and legally accountable clinical decision-making within the Indonesian healthcare system.

Table 4. Proposed Procedural Framework for End-of-Life Decision-Making in Indonesia

Procedural Step	Responsible Party	Legal Basis	Expected Outcome
Capacity Assessment	Physician	Law No.17/2023	Confirm competence
Informed Consent	Physician & Patient	Health Law	Respect autonomy
Second Opinion	Independent Physician	Proposed Framework	Clinical validation
Ethics Committee Review	Hospital Ethics Committee	Proposed Regulation	Accountability
Documentation	Hospital	SOP	Legal certainty
Palliative Care	Multidisciplinary Team	Ministerial Decree	Symptom relief
Legal Protection	Government	Future Regulation	Protection for professionals

Table 4 summarizes the procedural framework proposed by this study for regulating end-of-life decision-making within the Indonesian healthcare system. The framework integrates legal requirements, ethical principles, and clinical governance into a structured decision-making process that emphasizes patient autonomy, professional accountability, and legal certainty. Beginning with assessment of decision-making capacity and informed consent, followed by independent medical review, ethics committee oversight, comprehensive documentation, and the provision of palliative care, each procedural step functions as a safeguard against arbitrary or unlawful decision-making. Rather than creating a legal pathway for euthanasia, the proposed framework strengthens procedural justice by ensuring that treatment limitation is undertaken only when clinically justified, ethically defensible, and transparently documented. Accordingly, the framework provides a practical model for future implementing regulations under Law No. 17 of 2023 concerning Health while remaining fully consistent with Article 461 of Law No. 1 of 2023, which continues to prohibit intentional life-ending conduct.

Research Limitations and Future Directions

This study adopts a normative legal research methodology that focuses primarily on statutory interpretation, conceptual legal analysis, and comparative legal examination. Consequently, the findings are based on legal doctrines, legislation, judicial principles, bioethical literature, and comparative regulatory frameworks rather than empirical evidence obtained from healthcare practice. While this doctrinal approach is appropriate for clarifying the legal boundaries between palliative care, treatment limitation, and euthanasia, it cannot fully explain how legal norms are interpreted and implemented in everyday clinical settings.

Although supported by one qualitative interview, the study does not incorporate broader empirical data obtained from multiple physicians, nurses, hospital ethics committee members, patients, family caregivers, or policymakers.

Furthermore, the comparative analysis is intentionally limited to the Netherlands, Belgium, and Victoria (Australia). These jurisdictions were selected because they represent well-developed regulatory models with comprehensive procedural safeguards governing end-of-life decision-making. Nevertheless, they do not represent the full diversity of international legal approaches. Other jurisdictions, including Canada, Spain, New Zealand, Portugal, and several Asian countries, have adopted different legal and institutional responses that may provide additional comparative perspectives. Future comparative research may therefore expand the range of jurisdictions examined to enrich understanding of procedural safeguards applicable to Indonesia.

Another limitation concerns the dynamic nature of healthcare regulation. Indonesian legal and administrative policies regarding palliative care continue to evolve following the enactment of Law No. 17 of 2023 concerning Health and Minister of Health Decree No. HK.01.07/Menkes/2180/2023 concerning Guidelines for Palliative Care Services. Future implementing regulations, professional standards, judicial decisions, and hospital policies may further clarify legal responsibilities surrounding end-of-life decision-making. Consequently, continuous legal evaluation will remain necessary as Indonesia's healthcare governance develops.

Future research should adopt interdisciplinary and socio-legal approaches that integrate normative legal analysis with empirical investigation. Qualitative interviews involving physicians, palliative care specialists, nurses, hospital ethics committee members, legal practitioners, policymakers, patients, and family caregivers would provide valuable evidence regarding the practical challenges of implementing end-of-life decision-making in Indonesia. Mixed-methods research combining legal analysis with clinical observation, case studies, and policy evaluation would also strengthen understanding of how procedural safeguards operate within Indonesian healthcare institutions.

Despite these limitations, the present study contributes to the existing literature by providing a comprehensive doctrinal analysis that clearly distinguishes euthanasia from lawful treatment limitation, palliative sedation, and refusal of treatment under Indonesian law. It further demonstrates that comparative legal analysis can be used not to justify the legalization of euthanasia, but to identify procedural safeguards capable of improving legal certainty, professional accountability, patient protection, and institutional governance while remaining fully consistent with Indonesia's constitutional principles and the continuing criminal prohibition of intentional life-ending conduct under Article 461 of Law No. 1 of 2023.

CONCLUSION

This study demonstrates that Indonesian law has not decriminalized euthanasia and continues to maintain a clear criminal prohibition against intentionally ending another person's life under Article 461 of Law No. 1 of 2023 concerning the Criminal Code. At the same time, Law No. 17 of 2023 concerning Health and Minister of Health Decree No. HK.01.07/Menkes/2180/2023 concerning Guidelines for Palliative Care Services recognize the importance of comprehensive palliative care and permit clinically appropriate end-of-life decisions, including withholding or withdrawing medically futile treatment. The principal legal challenge therefore lies not in determining whether euthanasia should be legalized, but in establishing a clear legal boundary that distinguishes prohibited life-ending conduct from lawful treatment limitation undertaken to relieve suffering while respecting professional medical standards.

Through statutory, conceptual, comparative, and empirically supported normative analysis, this study concludes that the absence of comprehensive procedural regulation remains one of the most significant sources of legal uncertainty for healthcare professionals, patients, and healthcare institutions in Indonesia. Existing legislation provides general legal principles concerning patient rights, professional responsibility, and palliative care but does not comprehensively regulate procedures governing treatment limitation, capacity assessment, informed consent, multidisciplinary consultation, ethics committee review, documentation, and dispute resolution. Consequently, physicians may continue medically non-beneficial treatment primarily out of concern for potential legal liability rather than clinical appropriateness, while patients and families may encounter uncertainty regarding their legal rights during end-of-life decision-making.

The comparative analysis undertaken in this study further demonstrates that valuable lessons may be derived from the Netherlands, Belgium, and Victoria (Australia), not because Indonesia should adopt their substantive legalization of euthanasia, but because these jurisdictions have developed transparent procedural safeguards that strengthen accountability, professional responsibility, and public trust. Nevertheless, the study also emphasizes that comparative legal transplantation must remain selective and context-sensitive. Indonesia's constitutional commitment to Pancasila, religious pluralism, collective family participation, and the protection of human life requires that foreign legal models be critically adapted rather than directly replicated. Accordingly, comparative experience should primarily inform procedural governance rather than substantive criminal law reform.

The incorporation of qualitative interview findings with an Indonesian physician further reinforces the doctrinal analysis. The empirical evidence demonstrates that euthanasia is neither accepted nor practiced within Indonesian healthcare institutions and that physicians continue to rely primarily upon professional ethics, informed consent, and established standards of medical care when addressing difficult end-of-life decisions. These findings support the conclusion that Indonesian healthcare professionals seek greater procedural clarity rather than legalization of euthanasia. The interview therefore strengthens the practical relevance of the study by

illustrating how legal uncertainty is experienced within clinical practice and how clearer procedural regulation could better protect both patients and healthcare professionals.

From a theoretical perspective, this study contributes to the development of Indonesian health law by integrating legal philosophy and biomedical ethics into the analysis of end-of-life decision-making. Gustav Radbruch's conception of legal certainty, justice, and utility demonstrates that effective healthcare regulation must balance legal protection with compassionate clinical practice. Ronald Dworkin's theory of autonomy provides an important foundation for understanding informed consent and treatment refusal while simultaneously illustrating the need to interpret individual autonomy within Indonesia's constitutional and cultural framework. Likewise, the principles of biomedical ethics developed by Beauchamp and Childress, together with the Doctrine of Double Effect and the World Health Organization's palliative care framework, collectively support the legal distinction between ethically justified treatment limitation and prohibited intentional life-ending conduct. These theoretical perspectives provide a coherent normative foundation for future legal development in Indonesia.

This study also offers practical and policy contributions. It proposes that future healthcare governance should prioritize the development of nationally standardized procedural regulations governing end-of-life decision-making. Such regulations should include assessment of decision-making capacity, valid informed consent, independent medical review, multidisciplinary consultation, hospital ethics committee oversight, comprehensive documentation, standardized reporting mechanisms, continuing palliative care, and legal protection for healthcare professionals acting in good faith. These procedural safeguards would strengthen legal certainty without weakening the criminal prohibition against intentional life-ending acts, thereby enhancing public trust in Indonesian healthcare institutions while protecting patient dignity and professional accountability.

Although this research is primarily normative in methodology and supported by limited qualitative evidence, it provides an important foundation for future interdisciplinary scholarship. Subsequent research should combine doctrinal legal analysis with broader empirical investigation involving physicians, nurses, palliative care specialists, hospital ethics committees, legal practitioners, policymakers, patients, and family caregivers. Such socio-legal research would generate deeper understanding of how legal norms governing end-of-life decision-making are implemented in everyday clinical practice and would assist policymakers in developing evidence-based healthcare regulation.

Ultimately, this study argues that the future of Indonesian end-of-life governance should not be framed as a choice between criminal prohibition and euthanasia legalization. Rather, it should focus on strengthening procedural justice, legal certainty, ethical accountability, and universal access to high-quality palliative care. By clearly distinguishing lawful treatment limitation from prohibited euthanasia while reinforcing patient dignity, professional responsibility, and constitutional protection of life, Indonesia can develop a balanced and human-centred legal framework that remains fully consistent with its constitutional values, healthcare legislation, and international standards of palliative care.

Ethical Approval

According to the institutional policy governing this type of normative legal research supported by a voluntary qualitative interview, formal ethical approval was not required.

Conflict Of Interest

The authors declare no conflict of interest.

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Data Availability

All materials used are publicly available legislation and published literature.

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