

THE PRACTICE OF EUTHANASIA IN MEDICINE IN REVIEW OF MAQASHID ASY-SYARI'AH, MEDICAL CODE OF ETHICS, AND CRIMINAL LAW IN INDONESIA

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ARTICLE INFO	ABSTRACT
Article History Published : 18 October 2025	<p><i>Euthanasia is a medical procedure to end the life of a terminally ill patient. This study aims to examine the medical practice of euthanasia from three main approaches: maqashid asy-syari'ah, medical code of ethics, and Indonesian criminal law, distinguishing between active and passive euthanasia. The research approach used is qualitative with a literature study method, referring to primary and secondary sources such as classical and contemporary Islamic literature, KODEKI, the Criminal Code, and related journals and theses. The results show that from the perspective of maqashid asy-syari'ah, active euthanasia cannot be justified because it contradicts the objectives of sharia in protecting life. Meanwhile, passive euthanasia becomes a space for ijtihad with strict conditions, especially in cases of brain death and futility of treatment. Indonesian medical ethics state that the main duty of doctors is to protect human life, so that active euthanasia violates the principles of beneficence and non-maleficence. Passive euthanasia is not considered an ethical violation, but rather part of end-of-life care. However, it must be done carefully, according to procedure, and documented. In Indonesian criminal law, active euthanasia is categorized as murder, even if it is based on compassion or the patient's request, as stipulated in Article 344 of the Criminal Code. Indonesian criminal law does not explicitly regulate the termination of futile medical treatment. This creates legal uncertainty for doctors. All three approaches agree that active euthanasia is unacceptable, as it contradicts the fundamental principle of protecting life. All three still leave room for discussion in the case of passive euthanasia. The absence of clear regulations increases the potential for conflict between medical, legal, and spiritual values. Therefore, it is necessary to strengthen regulations, ethical education, and contextual understanding of maqashid asy-syari'ah to provide ethical and legal guidance in end-of-life medical decision-making.</i></p>
Keywords Euthanasia, Maqashid Asy-Syari'ah, Medical Ethics, Criminal Law, Futility Treatment	



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INTRODUCTION

Euthanasia, or the deliberate act of ending a patient's life to avoid prolonged suffering, is a crucial multidimensional issue in medical, legal, and religious discourse. Advances in medical technology allow patients to survive in critical conditions, but raise ethical debates about the limits of medical intervention in life and death.¹ In Indonesia, requests for euthanasia have arisen in real cases, such as those submitted by the families of Agian Isna Nauli, Berlin Silalahi, and Nazaruddin Razali. All of these requests were rejected by the courts because they lacked a clear legal basis, indicating a lack of public understanding of the legal and religious framework for dealing with end-of-life issues.²

This ignorance creates confusion for patients' families and medical personnel, especially in terminal cases that are psychologically and financially stressful. Although there are those who support euthanasia on the basis of compassion and the right to self-determination, those who oppose it consider it a form of covert murder that violates the right to life and contradicts medical ethics and religious norms.³ This situation indicates that the discussion on euthanasia is not only medical in nature, but also religious, ethical, and legal.

Based on this background, researchers are concerned about the prevalence of euthanasia requests in society and the public's lack of understanding of the law, medical ethics, and Islamic law related to this practice. Therefore, this research is important to comprehensively examine the medical practice of euthanasia from the perspective of maqashid asy-syari'ah, medical ethics, and Indonesian criminal law, so that it can provide conceptual contributions and practical recommendations for the community, medical personnel, and policy makers.⁴

RESEARCH METHOD

This study uses a qualitative method with a descriptive literature review approach. The author refers to various sources, including books, theses, scientific journals, and lecture modules. This type of research is library research with a descriptive normative qualitative approach, using a maqashidi (sharia) approach, medical ethics, and legal-normative approaches in Indonesian criminal law.

¹ Indah Setiyowati, "Regulasi Tindak Pidana Euthanasia dalam Perspektif Hak Asasi Manusia (HAM) dan Hukum Positif Indonesia" (Tesis, Universitas Islam Sultan Agung (Unissula) Semarang, 2022).

² Sri Warjiyati, "Implementasi Euthanasia Dalam Perspektif Ulama Dan Hak Asasi Manusia," *Al-Jinayah : Jurnal Hukum Pidana Islam* 6, no. 1 (2020), <https://doi.org/10.15642/aj.2020.6.1.257-284>; Noer Azizah Azizah dkk., "Hukum Euthanasia Menurut Hukum Islam Dan Hukum Indonesia," *Komparatif: Jurnal Perbandingan Hukum Dan Pemikiran Islam* 1, no. 2 (2021): 2, <https://doi.org/10.15642/komparatif.v1i2.1926>.

³ Fuadi Isnawan, "Kajian Filosofis Pro Dan Kontra Dilarangnya Euthanasia" (Thesis, Universitas Islam Indonesia, 2015), <https://dspace.uui.ac.id/handle/123456789/9002>.

⁴ I. B. Nugroho, "Euthanasia dan Bunuh Diri Ditinjau Dari Hukum Islam Dan Hukum yang Berlaku di Indonesia," *Ngabari: Jurnal Studi Islam Dan Sosial* 13, no. 2 (2020).

Primary data sources include the Qur'an and Hadith, the Indonesian Medical Code of Ethics (KODEKI), the Criminal Code (KUHP), related laws (Health Law, Medical Practice Law), Minister of Health Regulations, and fatwas from religious institutions or organizations on euthanasia. Secondary data consists of scientific literature, books, journals, previous theses, fatwas from scholars, and case studies. The data is analyzed using descriptive-comparative and normative analysis techniques, comparing the views of maqashid, medical ethics, and criminal law, as well as analyzing their similarities or differences in relation to the practice of euthanasia in Indonesia.

RESULTS AND DISCUSSION

Euthanasia, which literally means “good death” or “gentle death,” in modern terminology is the deliberate act of ending a person's life to avoid prolonged suffering due to a terminal illness.⁵ The main classifications of euthanasia are active and passive. Active euthanasia involves direct action by a doctor to end life (e.g., lethal injection), while passive euthanasia is the withdrawal or withholding of life-sustaining medical treatment and equipment.⁶

The discourse on euthanasia in Indonesia is not as intense as in Western countries, but it still has a significant history, especially in the context of medical, ethical, and religious debates. This issue began to be discussed more seriously in the late 1990s and early 2000s, along with growing awareness of patient rights and advances in medical technology capable of artificially prolonging life.⁷

Public attention to this issue increased when the media covered several cases of requests for lethal injections, especially from families of patients with serious medical conditions who were considered to have no hope of survival. One case that attracted considerable public attention was a husband's request to a doctor to euthanize his wife, who was in a prolonged coma due to an accident. Although this request was not granted, it sparked public debate about whether compassion can be used to justify ending a life.⁸

Traditionally, death has been identified based on cardiopulmonary death, which is when respiratory function and heartbeat permanently stop, although this manual detection is not always accurate. However, with advances in medical technology such as ventilators, life support devices, and

⁵ Endang Prihatin dan Ferry Anggriawan, “Konflik Norma Penolakan Euthanasia Di Indonesia,” *Bhirawa Law Journal* 4, no. 1 (2023), <https://doi.org/10.26905/blj.v4i1.10307>.

⁶ Chintya E. Waney, “Kedudukan Praktik Euthanasia Pasif dalam Hukum Pidana di Indonesia” (Tesis, Universitas Gadjah Mada, 2015), <https://etd.repository.ugm.ac.id/penelitian/detail/77470>.

⁷ Syaumi Jauza Hafidz dkk., “Analisis Pro Dan Kontra Euthanasia Dan Legalisasi Di Beberapa Negara Dalam Perspektif Kesehatan, Kemanusiaan, Dan Keagamaan,” *Medic Nutricia : Jurnal Ilmu Kesehatan* 8, no. 5 (2024), <https://doi.org/10.5455/nutricia.v8i5.6344>; Louisa Yesami Krisnalita, “Euthanasia Dalam Hukum Pidana Indonesia Dan Kode Etik Kedokteran,” *Binamulia Hukum* 10, no. 2 (2021), <https://doi.org/10.37893/jbh.v10i2.468>.

⁸ Nugroho, “Euthanasia dan Bunuh Diri Ditinjau Dari Hukum Islam Dan Hukum yang Berlaku di Indonesia”; Isnawan, “Kajian Filosofis Pro Dan Kontra Dilarangnya Euthanasia.”

advanced resuscitation equipment, there is a need for a new definition of death. This has led to the need to define death based on neurological parameters, not just cardiopulmonary ones. Brain stem death refers to the cessation of all activity in the part of the brain that controls vital functions such as breathing and consciousness. Patients with brain stem death usually still appear to be alive because devices such as ventilators maintain organ function, even though medically they have been declared dead. Patients with brain stem death experience loss of brain reflexes and inability to breathe independently.⁹

In modern medical practice, the term futility treatment has emerged, referring to treatment that is deemed to no longer provide significant medical benefits in improving a patient's condition. This term is typically used in the context of patients with terminal illnesses or critical conditions that do not respond effectively to therapy. Medical treatments such as ventilators, aggressive medications, and resuscitation measures in these situations often only prolong the patient's suffering rather than improve their quality of life.¹⁰

Euthanasia in the View of Maqashid Asy-Syari'ah

The maqasid of the Sharia are the values that form the basis for the establishment of law, and these values are universal, meaning they are not limited to one or two specific legal cases. The Sharia in all its parts aims to ensure benefits for the people or protect them from all harm and evil. According to their level of urgency for human welfare, scholars divide maqashid into three levels: Dharuriyyat are the most important requirements for human and social existence. Life would be chaotic and Sharia law would lose its purpose if dharuriyyat were not fulfilled. Five main components fall into this category: Hifz al-Din, which means preserving religion; Hifz al-Nafs, which means preserving the soul or life; Hifz al-Nasl, which means preserving offspring; Hifz al-'Aql, or protecting reason; and Hifz al-Mal, meaning protecting property. The second category is Hājiyyat (Secondary or Complementary): If not fulfilled, it will not destroy life, but it can cause problems and pain. Concessions (rukhsah) in worship for the sick, travelers, or in emergencies are examples of this. The last category is Tahsiniyyat (Tertiary or Aesthetic/Ethical): Tahsiniyyat are additional means to improve and enhance life. The goal is to develop principles of decency, morality, and ethics.¹¹

⁹ Dewi Septiana dkk., "Implementasi Penghentian Bantuan Hidup pada Pasien Terminal dalam Prespektif Perlindungan Hak Hidup," *Jurnal Hukum dan Pembangunan Ekonomi* 5, no. 2 (2017), <https://doi.org/10.20961/hpe.v5i2.18264>; Setiyowati, "Regulasi Tindak Pidana Euthanasia dalam Perspektif Hak Asasi Manusia (HAM) dan Hukum Positif Indonesia"; Nurul Azizah dkk., "Kontroversi Euthanasia: Perspektif Islam, Hukum Indonesia, dan Kajian Etika Kedokteran," *Aksioreligia* 3, no. 1 (2025), <https://doi.org/10.59996/aksioreligia.v3i1.688>; Krisnalita, "Euthanasia Dalam Hukum Pidana Indonesia Dan Kode Etik Kedokteran."

¹⁰ Ahmad Bin Muhammad Husni dkk., "Euthanasia and the Concept of Safeguarding Life a Literature Review," *Saudi Journal of Humanities and Social Sciences* 04, no. 11 (2019), <https://doi.org/10.36348/sjhss.2019.v04i11.009>; Septiana dkk., "Implementasi Penghentian Bantuan Hidup pada Pasien Terminal dalam Prespektif Perlindungan Hak Hidup."

¹¹ Muḥammad at-Ṭahir bin Asyur, *Maqashid Asy-Syari'ah* (Open University Indonesia, 2024); Safriadi, *Maqashid Al-Syari'ah dan Mashlahah: Kajian Terhadap Pemikiran Ibnu 'Asyur dan Sa'id Ramadhan Al-Buthi*

From the perspective of Maqashid Asy-Syari'ah, which emphasizes the objectives and wisdom of Sharia law to protect the welfare of the people, the protection of life (*hifz al-nafs*) is the highest value that must be prioritized. This principle is part of *Dharuriyyat*, which are the essential basic needs for human survival. Intentionally ending a life, even at the request of the patient, directly contradicts this basic principle. This is because life is considered a sacred divine gift and trust that must be protected. Ending someone's life without a valid basis in sharia is considered a grave sin and a violation of Allah's absolute power in determining death. Therefore, from this point of view, active euthanasia cannot be justified.¹²

Unlike active euthanasia, passive euthanasia, which is the discontinuation of treatment that is considered futile, is a matter of *ijtihad* (independent reasoning) for scholars. In certain conditions, such as cases where the patient is declared brain dead or is in a terminal condition that no longer responds to treatment, contemporary scholars allow the discontinuation of treatment. The rationale behind this is the avoidance of harm (*maḍharat*) and the protection of human dignity. The discontinuation of treatment is not considered an act of murder, but rather a decision to allow the natural process of death to occur after all medical efforts have been exhausted and have failed to produce results. This decision must be based on the consent of three competent doctors and the consent of the patient or their family.¹³

Euthanasia in the Context of Medical Ethics

The medical code of ethics is a set of moral and professional norms that govern the behavior of doctors in carrying out their professional duties. This code of ethics not only regulates the relationship between doctors and patients, but also with colleagues, other health workers, and the wider community. The Indonesian Medical Code of Ethics (KODEKI) serves as the foundation for doctors in Indonesia. In general, the medical code of ethics refers to the principles of modern bioethics that have been accepted internationally and are also accommodated in the Indonesian medical code of ethics. Some of the main principles include: The Principle of Autonomy. Respecting the patient's right to make decisions about their own care consciously and free from pressure; The Principle of Beneficence. The doctor's obligation to act for the good of the patient and provide medical treatment that brings maximum benefit; the

(Sefa Bumi Persada, 2021); Abd Rouf dan Zaenul Mahmudi, "Telaah Kompilasi Hukum Islam Pasal 173 Huruf a Terhadap Pelaku Euthanasia Pasif Perspektif Maqashid Syari'Ah," *Muslim Heritage* 7, no. 1 (2022), <https://jurnal.iainponorogo.ac.id/index.php/muslimheritage/article/view/3676>.

¹² Aliya Azizah dan Puteri Nabila Rahman, "Suntik Mati dalam Tinjauan Hukum Syariah," *Ikhlas : Jurnal Ilmiah Pendidikan Islam* 1, no. 4 (2024), <https://doi.org/10.61132/ikhlas.v1i4.146>; Asyur, *Maqashid Asy-Syari'ah*; Indah Puspitaningrum dkk., "Euthanasia (Suntik Mati) Dalam Pandangan Islam," *Religion : Jurnal Agama, Sosial, Dan Budaya* 2, no. 5 (2023), <https://doi.org/10.55606/religion.v1i5.326>.

¹³ Ezieddin Elmahjub, "Normative Account of Islamic Bioethics in End-of-Life Care," *Global Bioethics* 33, no. 1 (2022), <https://doi.org/10.1080/11287462.2022.2118977>; Mohammed Ghaly, *End-of-Life Care, Dying and Death in the Islamic Moral Tradition: أخلاق العناية في الإسلام: الرعاية الصحية عند نهاية العمر والاحتضار* (Brill Publisher, 2023), <https://doi.org/10.1163/9789004459410>; Rozzak Nawwir Qolby dkk., "Pandangan Hukum Islam terhadap Euthanasia atau Bantuan Bunuh Diri dalam Kasus Penyakit Terminal," *Hikmah : Jurnal Studi Pendidikan Agama Islam* 1, no. 3 (2024), <https://doi.org/10.61132/hikmah.v1i3.117>.

principle of non-maleficence. Doctors must not take actions that could harm or hurt patients; and the principle of justice. Justice requires doctors to provide health services without discrimination and to consider the allocation of resources fairly.¹⁴

Active euthanasia, which directly causes the death of a patient, is strictly prohibited by KODEKI. Article 11 of KODEKI stipulates that a doctor must always uphold human life and is not permitted to take actions that intentionally take the life of a patient. This action is considered a violation of the principles of non-maleficence and respect for life, because the primary duty of a doctor is to preserve and protect life, not to end it. Doctors are not permitted to become agents of death, even if the patient is suffering and requests to end their life.¹⁵

Conversely, the code of ethics also recognizes the principles of beneficence (doing good), non-maleficence (not causing harm), and respect for autonomy (respecting the patient's rights), which can open up ethical considerations regarding the discontinuation of medical treatment that is no longer beneficial. Passive euthanasia is permitted if it is based on informed consent and careful medical consideration. The discontinuation of medical treatment that no longer provides clinical benefit (futile) is considered part of palliative care and respect for the quality and dignity of the patient's life. This indicates a shift in focus from "prolonging life" to "maintaining the dignity of the patient" at the end of life.¹⁶

Euthanasia in Criminal Law Aspects

Criminal law is part of public law that regulates acts prohibited by law, accompanied by the threat of criminal sanctions for anyone who violates them. The purpose of criminal law is to protect legal interests that are considered most vital in society, such as life, liberty, honor, and public order. In the context of health services, criminal law is highly relevant because it concerns the protection of patients, the right to life, and the obligation of medical personnel not to commit acts that endanger or take someone's life unlawfully. Criminal law in the field of health regulates medical actions which, if carried out negligently, incorrectly, or in violation of procedures, can be categorized as criminal acts.¹⁷

¹⁴ Krisnalita, "Euthanasia Dalam Hukum Pidana Indonesia Dan Kode Etik Kedokteran"; PB IDI, "Kode Etik Kedokteran Indonesia," Pengurus Besar Ikatan Dokter Indonesia, 2012; Ayu Rahmawati dkk., "Euthanasia Dalam Perspektif Islam Dan Etika Kesehatan: Kajian Filosofis Dan Praktis," *YUDHISTIRA: Journal of Philosophy* 1, no. 1 (2025), <https://ejournal.bamala.org/index.php/yudhistira/article/view/256>; Intana Aji Safrima dkk., "Euthanasia Dipandang Berdasarkan Perspektif Hukum Islam dan Kode Etik Kedokteran Indonesia (KODEKI)," *Ikhlas : Jurnal Ilmiah Pendidikan Islam* 1, no. 4 (2024), <https://doi.org/10.61132/ikhlas.v1i4.153>; Ira Zahra dkk., "Hukum Etik Kedokteran Dan Perspektif Agama Islam Terhadap Tindakan Medis Euthanasia," *Religion : Jurnal Agama, Sosial, Dan Budaya* 2, no. 5 (2023): 5, <https://doi.org/10.55606/religion.v1i5.421>.

¹⁵ PB IDI, "Kode Etik Kedokteran Indonesia"; Krisnalita, "Euthanasia Dalam Hukum Pidana Indonesia Dan Kode Etik Kedokteran."

¹⁶ Septiana dkk., "Implementasi Penghentian Bantuan Hidup pada Pasien Terminal dalam Prespektif Perlindungan Hak Hidup"; Ghaly, *End-of-Life Care, Dying and Death in the Islamic Moral Tradition*.

¹⁷ Setiyowati, "Regulasi Tindak Pidana Euthanasia dalam Perspektif Hak Asasi Manusia (HAM) dan Hukum Positif Indonesia"; Isnawan, "Kajian Filosofis Pro Dan Kontra Dilarangnya Euthanasia."

Indonesian criminal law considers life to be a legally protected right and places the right to life as a fundamental value. Any act that directly causes the death of a person is a criminal offense. In this context, Article 28A of the 1945 Constitution and Article 4 of Law No. 39 of 1999 on Human Rights explicitly state that the right to life is a right that cannot be diminished under any circumstances.¹⁸

Active euthanasia is criminalized under Article 344 of the Criminal Code. This article specifically stipulates that “anyone who takes the life of another person at that person's own request, who sincerely wishes to end their life, shall be punished with imprisonment for a maximum of twelve years.” This article is the main legal basis for rejecting active euthanasia in Indonesia. The patient's request does not eliminate criminal liability, so this act is equated with mercy killing.¹⁹

Meanwhile, passive euthanasia remains in a legal gray area. Indonesian criminal law does not explicitly regulate the discontinuation of medical treatment that is no longer beneficial. However, doctors may face criminal charges, such as Article 304 of the Criminal Code (negligence), if there is suspicion of intentional killing or killing without proper informed consent. This regulatory uncertainty creates legal uncertainty and concern for doctors facing cases of futile therapy discontinuation.²⁰

Comparative Analysis: Similarities and Differences

The three approaches (Maqashid Asy-Syari'ah, Medical Code of Ethics, and Criminal Law) have common ground, differences, and challenges in addressing euthanasia:

The three perspectives, Maqashid Asy-Syari'ah, Medical Code of Ethics, and Indonesian Criminal Law have a strong common ground in rejecting active euthanasia. This common ground is based on the recognition of the right to life as a fundamental and sacred value that cannot be sacrificed. From the maqashid perspective, the protection of life (*ḥifẓ al-naḥs*) is the highest goal of sharia, so that any deliberate act to end life is a fatal violation. Similarly, in medical ethics, the principle of non-maleficence and the duty to preserve life prohibit doctors from becoming agents of death. Legally, the

¹⁸ Setiyowati, “Regulasi Tindak Pidana Euthanasia dalam Perspektif Hak Asasi Manusia (HAM) dan Hukum Positif Indonesia”; Adinda Nadia Kusuma dan Wulan Abidatul Khoiroh, “Euthanasia dalam Tinjauan Hukum Pidana Perspektif Kuhp Lama dan Kuhp Baru (Undang-Undang Nomor 1 Tahun 2023),” *Tarunalaw: Journal of Law and Syariah* 3, no. 01 (2025), <https://doi.org/10.54298/tarunalaw.v3i01.230>; Wina Nur Aeni dkk., “Tinjauan Hukum Mengenai Tindakan Euthanasia (Suntik Mati) Dalam Perspektif Hukum Pidana,” *Public Sphere: Jurnal Sosial Politik, Pemerintahan dan Hukum* 3, no. 1 (2024), <https://doi.org/10.59818/jps.v3i1.643>.

¹⁹ Gendrayani Poerbowati, “Legalitas Euthanasia Dari Segi Medis Dan Hukum Positif Di Indonesia,” *NOVUM: JURNAL HUKUM* 3, no. 4 (2016), <https://doi.org/10.2674/novum.v3i4.18193>; R. A. Siregara, “Euthanasia Dipandang Dari Perspektif Hak Asasi Manusia Dan Pasal 344 KUHPidana Di Indonesia,” *Yure Humano* 4, no. 1 (2020); Habibiellah Huda dkk., “Euthanasia Dalam Perspektif Hukum Pidana Indonesia,” *UNES Law Review* 6, no. 4 (2024), <https://doi.org/10.31933/unesrev.v6i4.1956>.

²⁰ Setiyowati, “Regulasi Tindak Pidana Euthanasia dalam Perspektif Hak Asasi Manusia (HAM) dan Hukum Positif Indonesia”; Bambang Ali Kusumo dan Ellectrananda Anugerah Ash-shidiqqi, “Euthanasia dalam Perspektif Hukum Islam dan Hukum yang Berlaku di Indonesia,” *Al Qalam: Jurnal Ilmiah Keagamaan dan Kemasyarakatan* 17, no. 3 (2023), <https://doi.org/10.35931/aq.v17i3.2165>.

right to life is guaranteed by the constitution and its violation is categorized as a criminal act of murder, regardless of the motivation.²¹

The fundamental difference lies in the flexibility of interpretation. Maqashid asy-syari'ah and medical ethics allow room for *ijtihad* and interpretation in special cases, such as medical futility and palliative care. Meanwhile, Indonesian criminal law tends to be more rigid and textual, lacking regulations that explicitly distinguish between intentional termination of life and the discontinuation of futile treatment.²²

A complex debate arises on the issue of passive euthanasia. This is where the biggest differences and challenges between the three approaches lie. Maqashid Asy-Syari'ah and Medical Ethics have the flexibility to tolerate the discontinuation of futile therapy under strict conditions, as this decision is considered an act that respects the dignity of the patient and avoids unnecessary suffering. In this view, death occurs not as a result of active intervention, but rather due to the cessation of ineffective interventions, allowing the natural process of death to proceed. This is the fundamental difference between “killing” and “allowing the natural process of death to proceed.”

However, this poses a challenge in criminal law, which has not provided explicit legitimacy and continues to place doctors at risk of criminalization if procedures are not carried out with extreme caution, good communication, proper procedures, and well-documented procedures. This situation creates a “gray area” that places doctors in a very dilemma. They are caught between the ethical obligation not to prolong the patient's suffering and the risk of criminalization. The absence of a clear legal umbrella regarding passive euthanasia can cause conflict between professional codes of ethics and legal provisions, which can ultimately hinder doctors in providing the best care at the end of a patient's life. This conflict also has the potential to trigger legal claims from dissatisfied families, even though doctors have acted in accordance with medical and ethical standards.²³

Implications and Recommendations

Although the issue of euthanasia has become a global and national debate in the context of bioethics, law, and religion, regulations in Indonesia have not provided sufficient clarity in addressing this practice, particularly passive euthanasia. The regulatory vacuum and legal uncertainty surrounding

²¹ Siregara, “Euthanasia Dipandang Dari Perspektif Hak Asasi Manusia Dan Pasal 344 KUHPidana Di Indonesia”; Septiana dkk., “Implementasi Penghentian Bantuan Hidup pada Pasien Terminal dalam Prespektif Perlindungan Hak Hidup.”

²² Lintang Ardiansyah dkk., “Analisis Tindakan Eutanasia Dalam Perspektif Hukum Islam dan Kode Etik Kedokteran Indonesia,” *Hukum Inovatif: Jurnal Ilmu Hukum Sosial dan Humaniora* 1, no. 3 (2024), <https://doi.org/10.62383/humif.v1i3.318>; Safriadi, *Maqashid Al-Syari'ah dan Mashlahah: Kajian Terhadap Pemikiran Ibnu 'Asyur dan Sa'id Ramadhan Al-Buthi*.

²³ Lintang Ardiansyah dkk., “Analisis Tindakan Eutanasia Dalam Perspektif Hukum Islam dan Kode Etik Kedokteran Indonesia”; Safriadi, *Maqashid Al-Syari'ah dan Mashlahah: Kajian Terhadap Pemikiran Ibnu 'Asyur dan Sa'id Ramadhan Al-Buthi*; Krisnalita, “Euthanasia Dalam Hukum Pidana Indonesia Dan Kode Etik Kedokteran.”

passive euthanasia have broad implications for the Indonesian healthcare system. First, medical personnel are in a very vulnerable position. They may face serious moral and legal dilemmas, where they must choose between following professional ethics or avoiding legal entanglements. Fear of legal action can lead to “defensive medicine,” where doctors continue to provide aggressive and ineffective treatment simply to avoid legal risks, which ultimately prolongs the patient's suffering and places a financial and emotional burden on the family.²⁴

Second, this hinders the development of comprehensive palliative care. Palliative care is a medical approach that focuses on improving the quality of life of patients and families facing terminal illness, and often includes the decision to discontinue ineffective treatment. Without legal guarantees, this practice will be difficult to develop, even though it is urgently needed to provide humane and dignified care.²⁵

Third, this ambiguity has the potential to trigger ethical and legal conflicts between hospitals, doctors, patients, and families. Without clear guidelines, end-of-life decisions become more difficult and prone to disputes.²⁶

Based on this analysis, several recommendations can be made:

1. Strengthening Regulations: The government, legal experts, doctors, religious scholars, and relevant institutions need to work together to carry out comprehensive and collaborative legal reforms and strengthen laws, as well as draft regulations that clearly distinguish between active and passive euthanasia. These regulations should provide legal protection for doctors who discontinue futile treatment in accordance with medical standards, ethics, and valid consent. These regulations could take the form of government regulations or specific laws on the rights of patients at the end of life.
2. Education and Socialization: There needs to be massive and targeted socialization to the public and medical personnel about the differences between active and passive euthanasia. This education must cover ethical, legal, and religious aspects. Medical personnel must also be given special training in effective communication regarding end-of-life issues with patients and families. In addition, ethical education and a contextual understanding of maqashid asy-syari'ah are also needed to provide guidance in end-of-life medical decision-making.

²⁴ Muhammad Alfi Reza dan Fathannia Rizky Diennillah, “Isu Terkini Euthanasia Antara Hak Hidup Dan Hak Menentukan Pilihan: Systematic Literature Review,” *Journal of Aqfiyah Health Research (JAHR)* 4, no. 1 (2023), <https://doi.org/10.52103/jahr.v4i1.1712>; Setiyowati, “Regulasi Tindak Pidana Euthanasia dalam Perspektif Hak Asasi Manusia (HAM) dan Hukum Positif Indonesia.”

²⁵ Septiana dkk., “Implementasi Penghentian Bantuan Hidup pada Pasien Terminal dalam Prespektif Perlindungan Hak Hidup”; Setiyowati, “Regulasi Tindak Pidana Euthanasia dalam Perspektif Hak Asasi Manusia (HAM) dan Hukum Positif Indonesia.”

²⁶ Krisnalita, “Euthanasia Dalam Hukum Pidana Indonesia Dan Kode Etik Kedokteran”; Niswatul Khasanah, “Euthanasia di Indonesia dalam perspektif Syariah” (Tesis, Sekolah Pascasarjana UIN Jakarta, 2018), <https://repository.uinjkt.ac.id/dspace/handle/123456789/44930>.

3. Multidisciplinary Approach: Decisions regarding the discontinuation of futile treatment must involve a multidisciplinary team consisting of doctors, nurses, ethicists, lawyers, and religious leaders. This team can provide comprehensive, ethical, and legal considerations, so that decisions are not based solely on medical aspects, but also take into account spiritual and humanitarian values.²⁷

CONCLUSION

Based on the results of the study, it can be concluded that: 1) Review of Maqashid Asy-Syari'ah: Active euthanasia contradicts the main principle of *ḥifẓ al-naḥs* (preservation of life) because it is considered human intervention in God's power. Passive euthanasia, such as the discontinuation of futile treatment, can be tolerated under certain conditions if it is based on *maṣlaḥat* (public interest) and without the intention to kill, as well as fulfilling ethical and medical requirements. 2) Review of the Medical Code of Ethics: KODEKI explicitly prohibits active euthanasia. However, KODEKI recognizes the principles of beneficence, non-maleficence, and respect for autonomy, which opens up ethical considerations for the discontinuation of medical treatment that is no longer beneficial. 3) Review of Indonesian Criminal Law: Active euthanasia is a criminal act of murder under Article 344 of the Criminal Code, with a maximum penalty of 12 years imprisonment. Passive euthanasia may be criminalized under Article 304 of the Criminal Code, although this depends on the context and medical procedures involved. All three approaches generally reject active euthanasia as it contradicts the fundamental principle of protecting life, while passive euthanasia remains open to discussion.

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²⁷ Nurdiah Lubis dan Darania Anisa, "Euthanasia Controversy in Indonesia from The Perspective of Islamic Law," *Ad-Dawl : Jurnal Islamic Studies* 1, no. 1 (2025), <https://doi.org/10.61590/jis.v1i1.203>; Henny Saida Flora, "Euthanasia In Indonesian Criminal Law And Health Law," *JURNAL HUKUM KESEHATAN INDONESIA* 2, no. 02 (2022), <https://doi.org/10.53337/jhki.v2i02.44>; Septiana dkk., "Implementasi Penghentian Bantuan Hidup pada Pasien Terminal dalam Prespektif Perlindungan Hak Hidup."

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